

In January this year Dr Alex Allinson, MHK for Ramsey, was given leave to introduce a Private Member’s Bill aimed at reforming the 1995 Termination of Pregnancy (Medical Defences) Act.

It is 50 years since David Steel brought in the 1967 Abortion Act to England, Scotland and Wales. Since then the world has changed, as have social attitudes and medicine. He has attempted to craft a new Bill that will address these changes whilst protecting women and healthcare professionals.

“Abortion is an emotive subject. I do not apologise for trying to tackle this issue but also sincerely respect people’s deep felt feelings on this subject. In order to ensure that as many people as possible could contribute to the creation of this Bill a consultation process was carried out for the six weeks ending on 18th September.”

The consultation asked for views on the draft Bill which has been published online. It also asked for opinions on a range of the key principals underlying the proposed new legislation.

Written submissions were also included for people without internet access.

In total 3644 individual submissions were received including 24 from groups and professional organisations. This is the largest response to a public consultation in recent years and shows both the strength of feeling about the subject and a willingness to take part in debate on the key issues.



This briefing seeks to present some of the findings to you. There were thousands of free text comments added by numerous individuals. All these have been recorded and analysed. Some people chose to remain anonymous and didn’t want their comments published, but all the others will be made available in full on the Government’s consultation website <https://consult.gov.uk/> from Friday 27th October.

One of the most humbling aspects of the consultation was the way people especially women, shared their own stories:

“I am filling this in on behalf of my grandmother who sadly I never had the chance to meet her as she died as a result of a back street abortion. My mother was only 1 and went on to be adopted.”

General observations

The majority of the responses reflected very compassionate, insightful and respectful views, whether for or against the choice to have an abortion. Many people highlighted the importance of mental health and counselling throughout their responses.

Some people told very personal stories about their own experiences and their experiences of supporting friends or family members through pregnancy, abortion and childcare.

A number of people highlighted that they would like to see the Bill considered by a select committee. Generally these were people who had indicated in the rest of their survey that they disagreed with the Bill.

Question 5: What is your gender?

gender



Option	Total	Percent
Female	2829	77.63%
Male	794	21.79%
Not Answered	21	0.58%

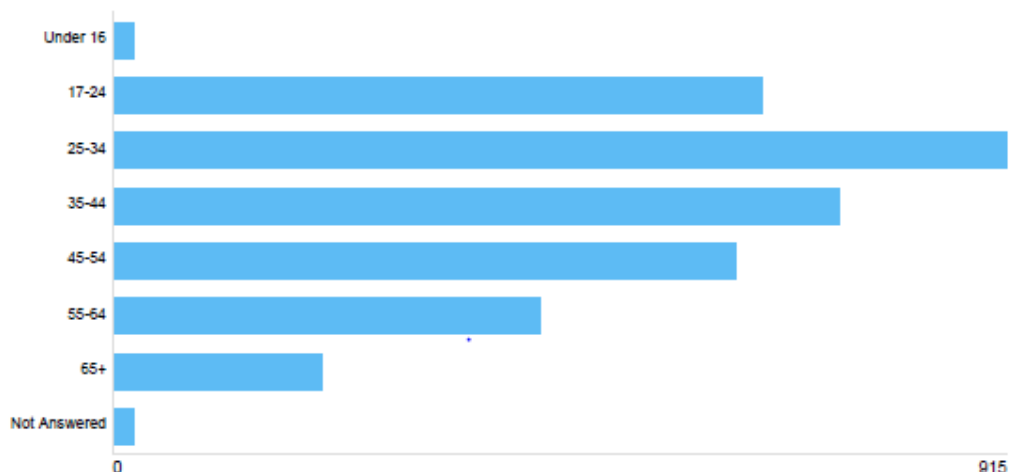
There were some comments made concerned that the consultation would in some way be overwhelmed by responses from outside the island or by groups with a particular political view.

Reading through the individual responses there is evidence to substantiate this concern and the responses do genuinely seem to reflect the views of a significant cross-section of our population.

“I am a Christian and as such do not agree with abortion in a moral sense. However, it is not the church's place to make legal decisions about the bodies of Manx women, stripping them of their autonomy and individual agency. The government must separate church and state, discounting all influence from the church, whilst reforming this bill.”

Question 6: What age are you?

Age



Option	Total	Percent
Under 16	21	0.58%
17-24	663	18.19%
25-34	915	25.11%
35-44	741	20.33%
45-54	636	17.45%
55-64	435	11.94%
65+	212	5.82%
Not Answered	21	0.58%

Question 7: Are you ordinarily resident in the Isle of Man?

IOM resident

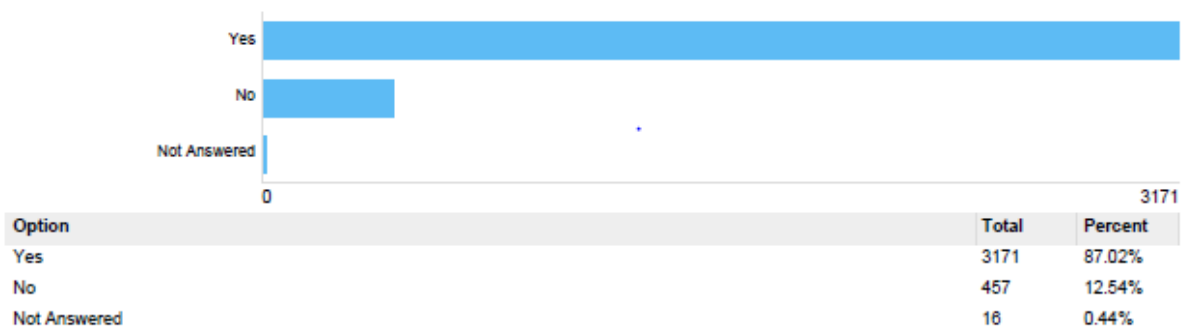


Option	Total	Percent
Yes	3411	93.61%
No	233	6.39%
Not Answered	0	0%

“I am not Manx, but had an abortion at the age of 16; in the UK (I am now 60yrs of age). I have never regretted it, and was very relieved to have the opportunity to have a frightening, youthful mistake corrected without fuss. I want all women to have the same chance that I had for their own reasons and peace of mind.”

Question 9: Do you agree that a woman should have the choice to request an abortion up to 14 weeks?

14 weeks request



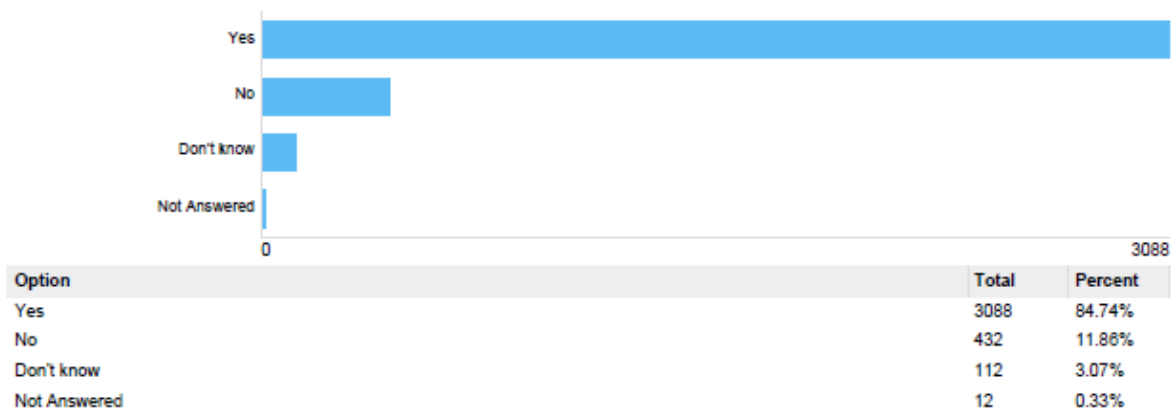
Although there was no comments box for this question responses elsewhere in the documents indicate support for a range of differing timescales.

Shorter – some suggested 10-12 weeks was a more appropriate timescale.

Longer – others felt that some people may take longer to come to terms with becoming pregnant or may not recognise that they are pregnant, especially if they are quite young or mistake it for the menopause.

Question 10: Do you agree that a woman who has become pregnant after being raped should have the choice to request an abortion without having to report the rape?

rape



Many respondents who answered yes to this question raised the difficulty of reporting sexual assault as an issue. These respondents highlighted issues such as:

- Low conviction rates
- Confidence in being believed
- Situations where the rapist may be a partner or husband
- Ongoing danger
- Inability to report immediately

Several respondents recounted personal experience of rape and some of subsequent pregnancy.

Question 11: Do you think that a woman should have the choice to request an abortion if it is detected that the foetus has a fatal abnormality, at any stage of the pregnancy including after 24 weeks?

fatal abnormality



Option	Total	Percent
Yes	2470	81.50%
No	447	12.27%
Don't know	218	5.98%
Not Answered	9	0.25%

Respondents who answered yes to this question generally also indicated that they recognised that very few abortions are requested after 24 weeks. This is reflected in the reasons for saying yes, which were generally 'medical reasons only' and included:

- Life of the mother
- Survival after birth
- Severe foetal abnormalities

Respondents who answered no to this question highlighted a range of issues including that:

- medical diagnoses can be wrong
- 'fatal foetal abnormality' is not a condition and they therefore would not agree with its use in the legislation
- This should not be taken to mean 'any' abnormality such as a 'cleft lip' or 'club foot'

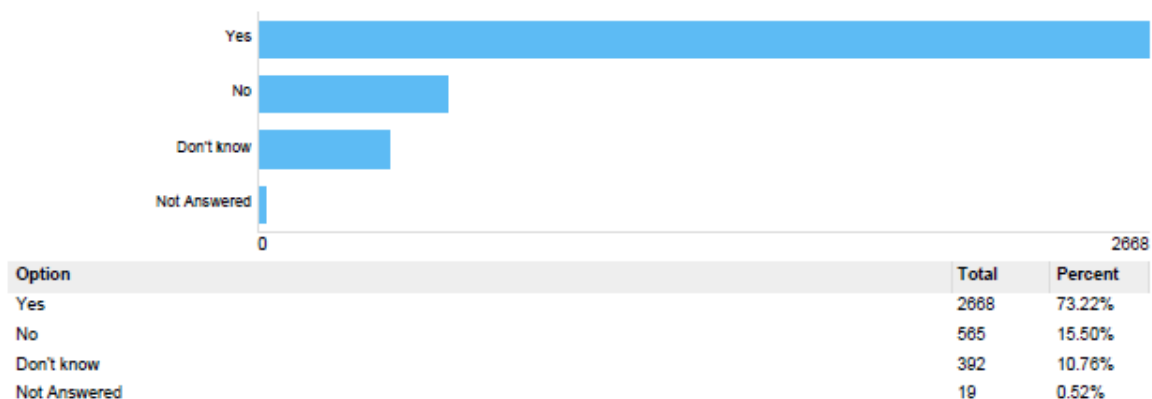
Those answering no, and some of those answering yes, generally felt that 24 weeks was too late, and gave examples of babies being born at 24 weeks and surviving.

Respondents who answered no also objected to the use of the terms 'handicapped' 'defect' etc.

“Don't force medical practitioners or women into impossible situations. Don't try to define the severity of social factors. Why should legislation define that an addict partner is worse than an abusive one? Or that detention is worse than crippling debt? Don't purposely put loopholes into legislation that desperate people will try to exploit. Let the woman be the judge of her own social circumstances and their severity. If abortion is to be permitted up to 24 weeks, make it as per clause 6(2) - upon request of the pregnant woman.”

Question 12: Do you think that there are any circumstances in which an abortion should be provided after the 24th week?

24 weeks



Overwhelmingly people stated that this should be for medical only reasons.

Time was a factor – if diagnosed late, the time needed to have scan, think about options etc. 24 weeks might be too soon a cut-off point in these cases. Many people recognised that abortions carried out after 24 weeks are rare and would have to be considered in extreme circumstances and on a case by case basis.

Quality of life was a frequent theme among those mentioned in the 1130 comments made to this question.

The actual wording of the draft Abortion Reform Bill was:

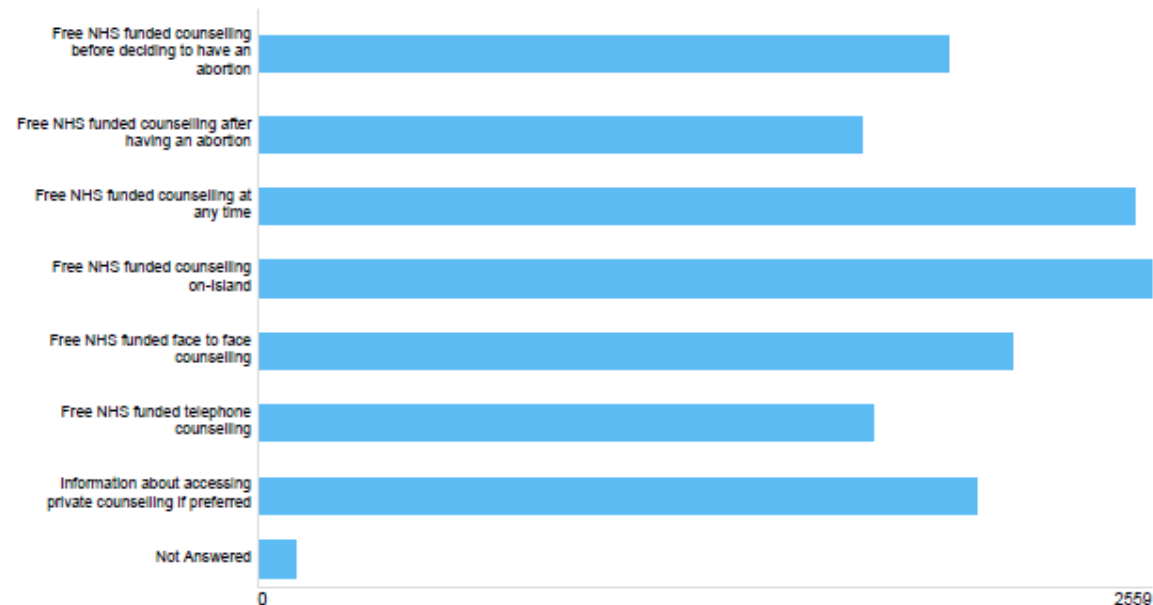
- (1) *From the start of the 24th week of the gestation period abortion services may be provided upon the request by or on behalf of a pregnant woman if the registered medical practitioner attending her is of the opinion, formed in good faith that –*
- (a) *the termination is necessary to prevent grave permanent injury to her health;*
 - (b) *the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated;*
 - (c) *there is a substantial risk that because of its physical or mental condition the child would die before or during labour;*
 - (d) *there is a substantial risk that, were the child born alive –*
 - (i) *it would suffer early neonatal death by virtue of severe foetal abnormality; or*
 - (ii) *it would suffer mental or physical abnormalities that would result in a serious handicap.*

At the present moment on the Isle of Man all terminations after 20 weeks are usually carried out in the UK at a specialist foetal medicine unit rather than at Noble's hospital. Late terminations require specialist counselling and skills.

"I think that any woman who is pregnant and wants a termination should have the choice to have an abortion. If the pregnancy is a result of rape of course she should be able to have an abortion! whether it is reported to the police or not .I also question your use of the word "request " why not have the" choice" to have an abortion rather than request ? And also a request to whom and what is their remit?"

Question 13: The Bill proposes that the NHS should routinely provide professional counselling to women at all or any stages of their pregnancy, to make the decision that is right for them about their pregnancy. How do you think this could best be provided?

counselling - checkboxes



Option	Total	Percent
Free NHS funded counselling before deciding to have an abortion	1975	54.20%
Free NHS funded counselling after having an abortion	1728	47.42%
Free NHS funded counselling at any time	2507	68.80%
Free NHS funded counselling on-Island	2559	70.23%
Free NHS funded face to face counselling	2156	59.17%
Free NHS funded telephone counselling	1759	48.27%
Information about accessing private counselling if preferred	2058	56.48%
Not Answered	105	2.88%

The majority of people agreed that funded NHS counselling should be offered. Those who agreed counselling should be offered also said that they disagreed that groups with a religious affiliation should be permitted to carry out this counselling.

Question 13 generated some very interesting responses around living on an island. Of those who said that they thought off island counselling should be an option, circumstances where this might apply included:

- Going to the UK for a procedure should involve counselling
- University students (including those studying abroad), and people who may live between both jurisdictions
- Specialist situations of any kind
- Experience of counsellors – at least initially – people were keen to see the experience of local counsellors grow
- Confidentiality and privacy – with many people describing the small community that could mean counsellor and client were known to each other
- Concern over availability of counsellors and mental health services more generally – should be timely, not long waiting times

Few people felt that going off island specifically for counselling was practical, unless there were serious and specific issues that might warrant this. Couples counselling was also mentioned, so that the father could access the same help.

Several people said that they felt any counselling could be biased (both towards and against abortion) and that it should be impartial. Many felt it should not be provided by organisations who wish to push either agenda. Some of the people who said no to all kinds of counselling said that they 'assumed it would be counselling people not to keep their baby'.

Respondents also highlighted that it should not be mandatory. Some women do not require any counselling.

Responses to this question showed that many people would find telephone, online or video link counselling acceptable. This is an option that could be included in the design of any future services.

Question 14: Do you believe that there are some social factors or situations when a woman should be able to choose to have an abortion?

social factors



Option	Total	Percent
Yes	3019	82.85%
No	503	16.27%
Not Answered	32	0.88%

Many who said yes selected the examples used in the question

- Addiction, homelessness, death of a partner, imprisonment

Others included factors which might have an impact on the quality of life of the mother, child, or wider family members:

- Low income, financial instability
- Lack of family or partner support
- Being too young, wanting to further their education or career, not ready
- Lack of childcare, current caring responsibilities
- Mental health
- Illness or disability
- Unwanted or accidental pregnancy, failed contraceptives
- Domestic abuse

Respondents who said yes often commented that social factors shouldn't be a factor because any situation that the woman deems to be important should be reason enough.

Of those who said no,

- Some suggested that these situations could be grounds for the medical profession to persuade a woman to have an abortion
- Many said that women in one of these situations should be assisted by society, government or local authorities as duty of care - social grounds could be fixed easily – i.e. homeless. Some respondents thought these situations were more complex.

Question 15: Do you think that the cost of abortion services should be provided by the NHS as part of women's overall reproductive healthcare?

overall healthcare



Option	Total	Percent
Yes	2952	81.01%
No	651	17.86%
Not Answered	41	1.13%

Respondents to this question who answered yes – talked about:

- Equality of access – not only for people who have the money to travel and pay for private treatment
- Future financial and social costs being avoided in benefits, foster care for unwanted children
- Some suggested that a limit on the number of times, or 'first free only' was acceptable

Respondents who said no felt that

- Sex education and access to contraception should be increased
- As taxpayers who did not believe in abortion they did not wish to fund it
- They did not wish to see abortion used as a form of contraceptive

Options mentioned by many respondents (who said yes and no) included:

- First free or limit the number of times
- Provide free
- Self-fund if can afford it
- Means test or part payment

- Provide on prescription
- Retain the option to go private

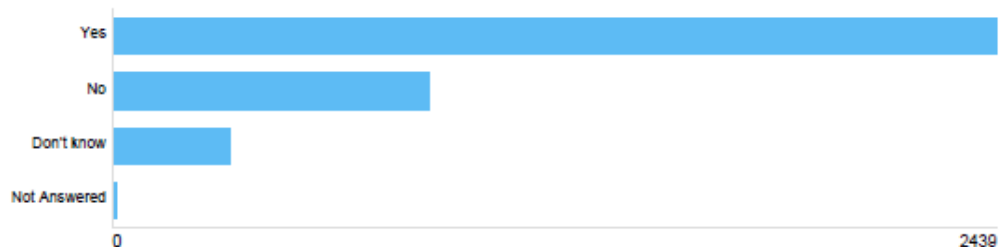
Many people wanted extra money to be spent on sex education and contraception.

Some people had confused the morning after pill with the abortion pill.

Some suggested that abstinence was the only 100% effective method of contraception.

Question 16: Do you believe that healthcare staff should be able to opt out of taking part in an abortion if they have conscientious objections?

opt out



Option	Total	Percent
Yes	2439	66.93%
No	871	23.90%
Don't know	324	8.89%
Not Answered	10	0.27%

This question had a much bigger split than the rest of the questions in the consultation.

No comments box was provided here – but a number of people provided comments on this in the next available space.

- Professionalism
- Bias
- Some cited out of hours or bank holiday treatments – when someone is unable to get the morning after pill or is refused assistance by an objector – taking them over the limit to access the abortion pill

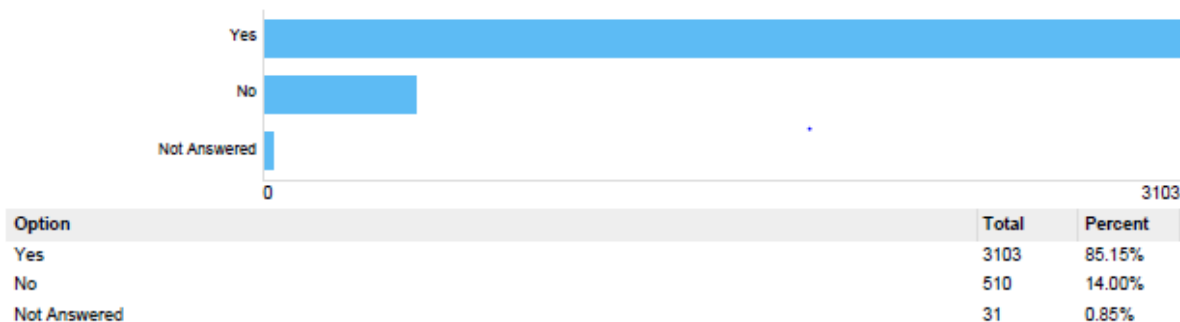
In their response to the consultation the General Medical Council pointed out:

“Where a patient requests a treatment to which a doctor has a conscientious objection, we tell doctor to explain this to the patient, advise them they have a right to see another doctor and to make sure they have enough information to do so. The guidance was framed in this way to ensure that doctors would not have to be involved in making arrangements for a procedure to which they have a conscientious objection (unless it is not practical for the patient to make arrangements to see another doctor). However the Abortion Reform Bill goes slightly further than this, in proposing to provide doctors with the legal right to opt out of abortion procedures but requiring them to make referrals. If the proposal is taken forward, the government and GMC would therefore need to consider the implications for regulating doctors practising in the Isle of Man.”

These comments will be taken into account during the re-drafting of the Bill so that the regulation of doctors on the Isle of Man remains the same as in the UK.

Question 17: Should there be legal protection to prevent demonstrations or protests outside any facility which provides abortion advice or treatments on the Isle of Man?

demonstrations -radio buttons



For those who said yes common themes were:

- Harassment
- Being faced with protesters was deemed 'traumatic' by many respondents

A few cited personal experience of being harassed / bullied by protestors

- That other public places would be more appropriate for protests or demonstrations, and that people should protest to their political representatives not to the women themselves
- Many highlighted mental health issues
- Safety and privacy

For those who said no:

- Some thought it was just not necessary in the IOM – people will not protest in this way, or 'the novelty will wear off'
- Some said they thought it was not needed as, if procedures were carried out at Nobles there would be no obvious target for anti-abortion protests
- Some felt that anti-abortion protests were justified as part of freedom of speech
- Others wrote that they 'had never seen pro-life supporters be aggressive' and that silent prayers, information about adoption etc. had been known to change women's minds.

In light of these comments, enabling legislation is being drafted for consideration as part of the proposed Bill.

Q18 - Is there anything else you would like to tell us about the proposed legislation to reform abortion law in the Isle of Man?

Overwhelmingly, respondents said they thought reform was overdue. People who expanded on this talked about the Island's reputation as a modern society, with some saying they had not realised the current law did not legally permit abortions.

- Choice was a big theme in the answer to this question
- Specific suggestions for wording of the Bill
- Transgender / gender neutral language
- Safe, legal access – equality was a recurring theme
- Stop the need for delays and travel leading to more surgical abortions than might otherwise be necessary
- Respect, compassion, safety – e.g. medical support following abortion if performed on island and not secretly in UK
- Prevent backstreet abortions
- Improve IOM reputation as a forward thinking modern society

Additional information in question 18 from those who were not supportive of the Bill (or the majority of the Bill). Themes include:

- Slippery slope to euthanasia, abortion tourism, most permissive laws in the British Isles
- Religious viewpoints
- Birth rate declining
- Women should be given advice about other options such as help to support child after birth, adoption – high demand by childless people. Others added that the adoption process should be made simpler.
- Should not copy UK
- Felt that the current law was good enough and should be kept as it is
- Improve IOM reputation by being known for caring for children and supporting the vulnerable

Conclusion

"I believe this public consultation has been a success in that it has enabled a public debate on all aspects of abortion and amassed a huge amount of evidence to support reform of our existing legislation.

The range of submissions from groups and professional organisations was also very important in helping me to change the wording of some clauses, and correct the emphasis of others.

I hope in the near future to be able to present a final draft Bill to the House of Keys."

Dr Alex Allinson

Appendix: list of groups and Professional organisations who submitted responses.

Women on the Web International Foundation
British Society of Abortion Care Providers
Royal College of Obstetricians and Gynaecologists
Humanity and Equality in Abortion Reform (HEAR)
Abortion Support Network
Family Planning Association
Alliance for Choice
British Pregnancy Advisory Service
Stop Gendercide
Don't Screen Us Out
Humanists UK
Prospect
Living Hope Church
Broadway Baptist Church
Doctors for a Woman's Choice on Abortion (DWCA)
Antenatal Results and Choices (ARC)
British Medical Association
We're All Equal
Handmaidens IOM
Royal College of Midwives
Christian Action research and Education (CARE)
Isle of Man TUC
General Medical Council
Churches Alive in Mann
Campaign for Abortion Law Reform (CALM)
Lord Alton of Liverpool
Women Help Women
Professor Wendy Savage