

Public Consultation on the Abortion Reform Bill 2017

The [public consultation](#) generated a record response and gathered comments, criticisms and suggestions from all sides of the debate. I'm thankful to the 3,644 individuals and organisations who gave valuable feedback and insights, which has provided a substantial body of evidence, and shaped the final draft of the Bill for debate by Tynwald. This input was closely analysed, and specific changes to the Bill resulting from the consultation responses are listed below. This includes comments from the 24 campaign groups, charities and professional bodies who responded.

Whilst the key principles of the Bill remain, changes have been made to a number of Clauses:

- a) The definition of 'woman' on page 8 is expanded to include transgender people at the suggestion of Handmaids IOM.
- b) There is added explanation of consent and the meaning of the term 'on behalf' on pages 8 and 9, to reflect that this in no way facilitates coercion. The question of consent and competence was highlighted by the Royal College of Obstetricians and Gynaecologists (RCOG), British Society of Abortion Care Providers (BSACP), British Pregnancy Advisory Service (BPAS) and the British Medical Association (BMA).
- c) There are changes to the language used, especially removing out-dated terms such as handicapped, defect and abnormality. Alternatives were suggested by HEAR, BSACP, Family Planning Association (FPA), Don't Screen Us Out, Humanists UK and We're All Equal.
- d) There are also changes to terms such as 'fatal foetal abnormality', and an emphasis on the serious nature of foetal anomalies to be considered grounds for later termination as recommended by FPA, BPAS, Antenatal Results and Choices (ARC) and We're All Equal.
- e) The proposed list of social reasons for second trimester terminations, which some people criticised as being too prescriptive, has been removed from **Clause 6 (7)**. This change was supported by Women on Web, BSACP, FPA, BPAS and Humanists UK.
- f) There are clearer guidelines for counselling especially in the event of foetal anomaly, so that abortion is not presented as a default position. HEAR and BSACP made the point that all options should be discussed, using specialist advice and literature from groups who represent people with disabilities such as the Down's Syndrome Association where relevant.

- g) **Clause 8** on conscientious objection has been re-written to reflect UK practice in response to comments from the General Medical Council (GMC). It was also mentioned by Women on Web, RCOG, LIFE, HEAR and BSACP.
- h) **Clause 10** includes a reference to telephone advice and counselling. The choice of off-island counselling was supported by RCOG, BPAS, CARE, LIFE and the Broadway Baptist Church.
- i) **Clause 11** clearly states that a woman who takes abortion pills, however obtained, is not committing an offence. This was opposed by HEAR but supported by RCOG, BSACP, FPA, BMA and Humanists UK.
- j) **Clause 13** clearly states the role for post-termination counselling which was suggested by HEAR.

The current time limits have remained unchanged, although Women on Web, BSACP and Humanists UK wanted abortion on request available for longer than the first 14 weeks. Whilst HEAR, LIFE, CARE and some other groups objected to any termination after 24 weeks, this option was supported by RCOG, BSACP, Abortion Support Network, BPAS, ARC, BMA and Doctors for a Woman's Choice on Abortion (DWCA).

The risk of sex selection was raised by HEAR, Stop Gendercide, the Broadway Baptist Church and Lord Alton of Liverpool. The GMC have clearly stated that any such procedure would be against their code of conduct and it is illegal in the UK. The UK Department of Health has not found any evidence for this taking place. Our own Public Health Division monitors sex ratios at birth, and the Department of Health and Social Care is able to give clear guidance to medical staff on the island that abortion purely on the grounds of the sex of the foetus is unacceptable.

Whilst the public consultation showed widespread support for a clause to prevent demonstrations outside any facility offering abortion services, legal advice has suggested that this could be dealt with through existing laws if it became a problem in the future. Although HEAR objected to the idea of safety zones, this was supported by RCOG, BSACP, FPA, Humanists UK, Prospect and BMA. The recent visit to the island of the group Abort67 has also generated discussion about the need for more formal public safeguards.

The Bill will now be brought to the [Isle of Man Parliament](#) early next year for a full debate. If you have any comments please contact the proposer of this Private Members' Bill:

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You can also make your views known to [your own MHK](#) before the debate.