

**RESPONSE OF THE COUNCIL FOR PUBLIC AFFAIRS OF THE
PRESBYTERIAN CHURCH IN IRELAND TO THE CALL FOR EVIDENCE BY THE
NORTHERN IRELAND ASSEMBLY COMMITTEE FOR HEALTH ON THE
SEVERE FETAL IMPAIRMENT ABORTION (AMENDMENT) BILL**

MAY 2021

7. The Presbyterian Church in Ireland (PCI) has over 217,000 members belonging to 535 congregations across 19 Presbyteries throughout Ireland, north and south. Included in our membership are many medical and health professionals who will be directly affected by the introduction of the new framework for abortion services, and families who have personal experience of the issues covered by this legislation.
8. The Church's Council for Social Witness seeks to deliver an effective social witness service on behalf of PCI and to the wider community through the provision of residential care, nursing care, respite care and supporting housing for vulnerable people including the elderly, those with disabilities and those transitioning from the criminal justice system. The Council for Public Affairs is authorised by the General Assembly of the Presbyterian Church in Ireland to speak on behalf of PCI on matters of public policy. We welcome the opportunity to respond to the Committee for Health call for evidence on the Severe Fetal Impairment Abortion (Amendment) Bill (SFIA Bill). PCI representatives are willing to make a presentation to the Committee as part of its deliberations on the legislation.
9. PCI recognises that the issues raised by this legislation are not only sensitive but cut across the lives and personal experiences of women and their families who have faced a crisis pregnancy situation in the past, or who may do so in the future. It is also worth noting that the pregnancy is often not the crisis itself, but rather the crisis is about the circumstances around the pregnancy, which precipitate the consideration of a termination, in this instance due to a pre-birth diagnosis of non-fatal abnormality.
10. Consideration of abortion and related issues are matters of ethical, as well as legal and pastoral concern. This response reflects PCI's current position on abortion as laid down by resolution of the General Assembly, the highest decision-making body of the Church. Any change in the Church's position on abortion can only come through resolution of the General Assembly, and there are no plans to seek a change to the current position.
11. The current position of PCI was established in 1985 when a resolution was agreed "*that the General Assembly accept the position that human life begins at conception and therefore believe that from that moment the human embryo should be treated in a manner in accordance with full human dignity.*"

The General Assembly revisited the issue in 2016 when a report was received that stated the following in relation to:

- a. necessary intervention to preserve the life of the woman and where there is a real and serious adverse effect on her physical or mental health, which is either long term or permanent:

“... It is only extremely rarely a case of either mother or baby dying. It is a case of either mother and baby dying or the baby alone dying. In that situation, direct action with the intention or foreseen effect of taking the life of the unborn baby is justified.

- b. fatal fetal abnormality:

“... in refusing to take the life even of the child doomed shortly to die, simply on the grounds of its serious or fatal malformation, we pay proper homage to our co-humanity, honour its Creator and respect the sadly malformed creation... whatever the rights of the mother, they reach their limit when it comes to taking the life of the child.”

- c. pregnancy as a result of sexual crime:

“...since we are dealing with innocent human life, there is no suggestion here of the propriety of taking life beyond the stage of implantation on the grounds that a sexual crime has been committed.”

12. This is not simply a theological or academic exercise for the church as many of our ministers, and others in congregations, have journeyed alongside women and families who have experienced a pregnancy crisis and been presented with difficult decisions. That continues as they support those who care for loved ones born with a disability. As a denomination we are actively considering how we can better support women and their families who face these challenges.
13. The purpose of the SFIA Bill is to amend the Abortion (Northern Ireland) (No. 2) Regulations to remove the ground for an abortion in cases of non-fatal disabilities. In its response to the Northern Ireland Office consultation on a new abortion framework for Northern Ireland in December 2019 PCI made a number of points which remain relevant to this call for evidence.
 - a. The NIO proposals took a maximalist approach to the implementation of what was required by the recommendations of the CEDAW Report, which had been transposed into law through the NI (Executive Formation etc.) Act 2019. Abortion services in NI should be delivered within a legislative framework where provision is safe, legal and most importantly rare. The SFIA Bill will help to ensure that abortion provision is rare by protecting the lives of unborn children diagnosed with a non-fatal disability.
 - b. We noted that the CEDAW report recommended legalising abortion in cases of “severe fetal impairment, including fatal fetal abnormality without perpetuating stereotypes towards persons with disabilities.” It was our view that the NIO proposals subsequently made into legislation allowed for a subjective judgement to be made on the quality of life of a baby with a severe impairment, and did perpetuate stereotypes towards persons with disabilities.

- c. We noted the Concluding Observations on the Initial report of the United Kingdom of Great Britain and Northern Ireland of the United Nations Committee on the Rights of Persons with Disabilities (UNCPRD) from October 2017 which included the following²⁵:

“The Committee is concerned about perceptions in society that stigmatize persons with disabilities as living a life of less value than that of others and about the termination of pregnancy at any stage on the basis of fetal impairment.

The Committee recommends that the State party amend its abortion law accordingly. Women’s rights to reproductive and sexual autonomy should be respected without legalizing selective abortion on the ground of fetal deficiency.”

- d. Unlike CEDAW, the UNCPRD is a binding treaty within EU, and therefore UK, law. We therefore questioned why the CEDAW report has been allowed to be given legal standing over and above that of the UNCPRD.
- e. We expressed concern about the potential for a range of minor conditions to fall under this definition, noting that there was no indication of what might be included under the auspices of ‘severe fetal impairment’. We were also concerned about the potential for significant negative societal and cultural change in attitude towards people with disabilities. In this regard we were surprised to note that the Equality Screening Document assessed that the new framework would have a ‘minor’ impact on equality of opportunity based on disability. It was our view that these proposals had the potential to have a profoundly negative impact on perceptions of disability, and in turn on equality of opportunity for people of all ages who are disabled.
- f. We highlighted the importance for parents, and other family members where appropriate, to be given all the available options with regard to fatal and severe abnormality, allowing them to make informed choices, which would include continuing with the pregnancy.

14. Almost 80% of the 21,000 responses to the NIO consultation were against the proposed changes. PCI also notes the report of the 2016 Working Group on Fatal Fetal Abnormality which agreed with, and supported, the arguments that “it is wrong that because a child is severely, or likely to be severely disabled and only have a very short life, it can be aborted. That is saying that a child likely to be severely disabled has fewer rights”²⁶. Additionally, the NI Assembly debate of 2 June 2020 found majority support amongst MLAs for rejecting the inclusion of abortion on the ground of non-fatal disability.

15. It was deeply troubling therefore that the Secretary of State for Northern Ireland introduced a non-gestational time limit on abortion for “severe fetal impairment” through the Abortion (Northern Ireland) (No. 2) Regulations, and has taken further steps to undermine both devolution and the will of the people of Northern Ireland as expressed in the consultation and reflected in the June 2020 Assembly debate.

²⁵ [Committee on the Rights of Persons with Disabilities: Concluding Observations UK \(2017\)](#) [pars. 12 & 13]

²⁶ [Microsoft Word - report-fatal-fetal-abnormality-April-2018 \(health-ni.gov.uk\)](#)

16. PCI therefore wishes to put on record its support for the Severe Fetal Impairment Abortion (Amendment) Bill as it is more representative of the expressed wishes of the people of Northern Ireland as expressed in the public consultation to the NIO proposals, and the June 2020 Assembly debate. The legislation also addresses the CEDAW directive that stereotypes towards persons with disabilities should not be perpetuated.
17. Finally, we would note that the public discussion about living with a disability, and caring for a loved one with a disability, prompted by the debates on this legislation, should remind us all of the need to do more in terms of attitudes and resources in creating a context in which all of us can flourish and reach our full potential.

A handwritten signature in black ink, appearing to read 'D Kane', with a horizontal line underneath.

**Rev Daniel Kane (Convener of the
Council for Public Affairs)**

A handwritten signature in black ink, appearing to read 'T. Gribben', with a horizontal line underneath.

**Rev Trevor D Gribben
(Clerk of the General Assembly)**