

## **Preamble**

The Church of Ireland affirms the fundamental biblical principle of the value of all life and recognises that every human being is made in the image and likeness of God. In ethical terms the Church of Ireland affirms the right to life as a fundamental ethical value from which all other values derive. The Church places value on the right to life of an unborn baby and the life of his/her mother. However, the Church also recognises that in circumstances of strict and undeniable medical necessity the care that medical professionals need to give may result in the termination of her pregnancy. The Church affirms the importance of compassionate, professional and ongoing supportive care for parents and families in these very difficult circumstances. The Church of Ireland's position on abortion as articulated in previous consultations is outlined in Addendum A.

Lethal foetal abnormality is a devastating reality for parents and their unborn baby. The Church affirms that the life of this baby is as important as any other baby and that he/she should receive the highest standards of care. The experience and wishes of parents in partnership with the expertise of clinicians are central to the care that is provided. Some parents use the limited time of their baby's life to find meaning in their loss and they should be supported in this choice. Other parents find that to continue their pregnancy is something that they cannot do, as to do so might place unnecessary suffering and anguish in a situation where their baby will never survive. In both situations the value of life is the core ethical principle. In both situations parents want what is best for their baby, and whatever decision is made they should receive the highest level of supportive and compassionate care.

The Church of Ireland recognizes that sexual crime is a gross violation of the integrity of a human being and that every sensitivity and care must be provided in these very tragic and devastating situations. We believe that early access to emergency support, counselling and care - which may include emergency contraception - is the most preferable pathway of care that will also facilitate healing and recovery. Consonant with our position on the value of life we believe that the circumstances of the conception do not alter the value of that baby's life. Alongside this, it is self-evident that ongoing support for those who are the victims of sexual crime must be readily available and of the highest standards.

## **Lethal foetal abnormality**

1. Several options have been put forward in chapter 4 to create an exemption in the criminal law on abortion, to provide for termination of pregnancy in cases of lethal foetal abnormality. The Department has set out its preferred option for defining what is meant by 'lethal' and ensuring that the law will apply only to such cases. The paper seeks views from respondents.  
This paper outlines the response prepared by the Church and Society Commission of the Church of Ireland.
2. Should the law allow for abortion in cases of lethal foetal abnormality?  
Yes. However we would like further clarity about how and when this might be considered. We believe that expediting birth and providing perinatal palliative care and support is consonant with our understanding of the value of the life of a baby with a lethal abnormality. We have objections to feticide (the direct and intentional killing of human life) as a form of termination in cases like this. We support the de-criminalisation of intervention only in these exceptional cases.
3. If so, how is this best achieved?  
Option 4 as proposed, based on clinical judgement, we believe is the best way to provide for termination of pregnancy in situations of lethal foetal abnormality. Please also refer to 2 above.
4. How would you define 'lethal'?  
We would define lethal as a diagnosis that a baby has a condition that is incompatible with life outside the womb or in the immediate period of time following birth.

5. Do you agree that the best way is to allow clinical judgement to decide when a foetus is not compatible with life?

Yes. We believe that this is the most prudent way as it allows for clinical judgement to be exercised within a clear statutory framework, especially in situations where there is a gradient of severity.

### **Sexual Crime**

6. Should the law also provide for abortion to be a choice in the event of rape?

We do not advocate a change in the law with regard to abortion and sexual crime. Rape is a profound violation and all victims deserve the utmost compassion and professional support. The Church of Ireland remains utterly committed to the pastoral support of those who find themselves in such a situation, and will remain committed to providing pastoral care to victims. We affirm the value of life of both a mother and her unborn baby. Consonant with this position many people in the Church feel that to intentionally terminate the life of a baby conceived in these circumstances cannot be sanctioned as to do so would inflict a violation on the right to life of a baby. This is the most straightforward outworking of our longstanding position of termination being appropriate only when there is 'strict and undeniable medical necessity'. In such instances, there is no way forward that will bypass trauma, and it is imperative that pastoral, clinical and where appropriate judicial support is made available in a simple, accessible manner regardless of circumstance.

7. Should the law allow abortion only for women who have been the victim of rape?

We refer to our answer in Q6.

8. Should the law allow for abortion for victims of other sexual crime, such as sexual activity with a person under the age of 16, abuse of a position of trust, unlawful sexual activity with a vulnerable adult?

We refer to our answer in Q6.

9. Should the law provide for abortion in cases of familial sexual activity with a person under 18, and sex between adult relatives?

We refer to our answer in Q6.

10. Should it be necessary to have made a complaint to the police before accessing a termination?

We refer to our answer in Q6. All victims of sexual crime should be supported to report this crime and to receive all the support required. To this end, adequate resources must be allocated to make the reporting of such a traumatic experience as straightforward, unthreatening and accessible as possible. The Consultation paper does not explore this fully and we have not done so but we would welcome further comparative research and analysis on this issue.

11. Does this need to be time limited?

We refer to our answer in Q. 10

12. Should a police report be required and what would this say?

We believe that medical care and police reports should not be co-dependent. No patient should require a police report to access a lawful medical procedure.

13. How would all this be achieved to allow for an early termination and is this an issue?

We refer to our answer in Q. 12

14. Or should the exemption apply with no requirements, other than a declaration to her medical practitioner by the woman, that the pregnancy is the result of a sexual crime committed against her?

We refer to our answer in Q. 12

15. In the case of incest, who is going to determine when an incestuous relationship has occurred and how is this proved?

We refer to our answer in Q. 12

16. In other words, how could we ensure that the law would work as intended, has no unintended consequences and that there would be legal certainty in these cases?

We refer to our answer in Q. 12

### **Conscientious objection**

17. Should there be a right to conscientious objection for those who participate in treatment for abortion in respect of (i) lethal foetal abnormality and (ii) sexual crime?

Yes. We believe in the right of conscientious objection where there are ethical concerns on the part of a member of staff except in situations of life saving procedures. However we also believe that healthcare facilities must make provision for adequate staff to care for patients who wish to access services that are lawful.

18. Should that right be confined to involvement in the actual procedure which results in termination (e.g. giving the abortion medication, carrying out or assisting in the surgical procedure?)

We believe that conscientious objection should only apply to those involved in the direct provision of care as outlined in the question.

19. Should the right cover participation in all treatment related to abortion, including both pre and post procedure nursing care?

Please refer to answer to 18.

20. Should it also cover all associated, but not direct duties, such as supervising and supporting other staff, and delegating tasks to staff involved in the provision of care to patients undergoing medical termination at any stage of the process?

Please refer to answer to 18.

## **ADDENDUM A**

This consultation document is in the name of the Church and Society Commission of the Church of Ireland. The Commission exists as an advisory group, serving the Standing Committee of the General Synod and engaging with government on particular issues, including issues of legislation such as this consultation. An informal reference group provided an initial draft which was commented on by the Standing Committee before a final draft was produced by the Church and Society Commission.

The Commission does not in and of itself determine the opinion of the Church of Ireland, and is empowered only to reflect the theological standpoint of the Church as expressed through the General Synod. Any changes to such an ethical or theological stance can only be made by the General Synod of the Church of Ireland. This is the first time a body within the Church has addressed the matter of termination of pregnancy resulting from sexual crimes. This document is very much a reflection of the existing ethical stance the Church has taken on termination of pregnancy over the years, as outlined below:

### **Church of Ireland's Position on Abortion**

In 1958, the Lambeth Conference (a decennial conference of Anglican Bishops Worldwide) adopted a resolution stating:

'In the strongest terms, Christians reject the practice of induced abortion or infanticide, which involves the killing of a life already conceived (as well as a violation of the personality of the mother) save at the dictate of strict and undeniable medical necessity'.

While Lambeth Conference resolutions are only binding on individual Churches when formally incorporated into the internal legal systems of those Churches, the Church of Ireland has generally used this resolution as its starting point in previous submissions to Oireachtas Committees on the issue of abortion beginning in 1982. The phrase 'strict and undeniable medical necessity' clearly carries with it the implication that there are circumstances where abortion is a medical necessity.

In 1982, the Standing Committee of the General Synod made an official comment on behalf of the Church of Ireland to the government which said that 'we cannot emphasise too strongly the right to life and this includes the right of the yet unborn.' After quoting the Lambeth Council resolution referred to above and highlighting the words 'strict and undeniable medical necessity' the statement went on to add, 'we greatly doubt the wisdom of using constitutional prohibitions as a means of dealing with complex moral and social problems.'

In 1998, the Church's Role of the Church Committee made a submission to the Interdepartmental working group on abortion which said inter alia:

'The deliberate termination of an intra Uterine life cannot be right but many in our Church believe that exceptional cases may arise which mean that abortion ought to be an option and may even be a necessity in a few very rare cases. No abortion is ever desirable – at most it can only be described as the lesser of two evils, and always undertaken with a profound sense of sadness and regret. The legal framework should allow for such exceptional cases so that the tragedy is not compounded by public debate.'

It is fair to say that there are different opinions amongst Church of Ireland members at all levels, as to what constitute 'exceptional cases.'

The Church of Ireland's position can be summed up as recognising that there are (regrettably) exceptional circumstances of strict and undeniable medical necessity where an abortion should be an option (or more rarely a necessity) whilst also a concern to avoid a situation whereby legislating for such exceptions provides a 'back door' to widespread abortion, to which the Church is strongly opposed.