BRIEF REPORT

A survey of attitudes to abortion law in Northern Ireland amongst obstetricians, gynaecologists and family planning doctors

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Abstract

Context. The Abortion Law in Northern Ireland – professional attitudes to change.

Objective. To elicit the attitudes of doctors in Northern Ireland, practicing obstetrics and gynaecology or family planning.

Method. Questionnaires (n = 155) were sent to all grades of doctors working in obstetrics and gynaecology or family planning in Northern Ireland during 1996.

Results. One hundred and two (65.8%) of the questionnaires were returned. The majority of doctors believed that abortion should be legalised and a service provided. There was no consensus on how this should be achieved. Fifty percent of family planning doctors supported importing the British Abortion Law, but the majority of hospital doctors favoured a new law specific to Northern Ireland. Over 90% were in favour of providing medical abortions in certain circumstances. There was no agreement on who should be responsible for the service.

Introduction:

The 1967 Abortion Act is not applicable in Northern Ireland and this is probably because of the population's make-up, which has not allowed the act to be translated into the separate Northern Ireland (N.I.) legislature. Therefore Northern Ireland's doctors performing pregnancy terminations are not protected by the 1967 Abortion Act. In fact they are liable for prosecution under The Offences Against the Person Act 1861. 1,2

Professor Simon Lee (formerly of The Queen's University of Belfast) has said that the existing laws in N.I. could not withstand a challenge from the European Court of Human Rights because of the disparity within a single jurisdiction (i.e. Great Britain and Northern Ireland).³ A similar disparity of law existed in the Catholic state of Bavaria which was recently ordered by a Federal Constitutional court in Germany to bring it's law regarding termination of pregnancy (T.O.P.) into line with German National Law.⁴ Recently a ship offering T.O.P. to Irish women docked near Dublin and succeeded in highlighting the anomalies within the European Union. It may not be too long before Professor Lee's prediction comes true.

Between 1000 and 2000 women and girls travel from N.I. seeking terminations in Great Britain each year.^{5,6} Their counselling and follow-up cannot be ideal under the present circumstances.

With improvements in technology allowing more accurate pre-natal diagnosis, the requests for T.O.P. for fetal

abnormality are now more common in N.I. Although these are performed in the province, the issue of the potential legal implications weigh heavily on the minds of those involved.

Method

A questionnaire was sent to all grades of doctor working in obstetrics and gynaecology in N.I. during 1996. (Local opinions were being assessed and so overseas trainees were excluded). Family planning doctors on the trainers register were also invited to give their opinion. A covering letter explained the nature of the survey and also that it was entirely confidential. Questions included: knowledge of the number of women seeking T.O.P. outside N.I. each year; opinions regarding changing the law in N.I.; willingness to use mifepristone as an abortion agent; who should perform the terminations, if available; religious faith.

Results

Of the 155 questionnaires, 102 were returned (65.8% response rate). The greatest response was from the family planning doctors, with 16 of the 22 questionnaires returned (73%). Of the 54 consultants, 38 returned their forms (70%) and the response rate from junior doctors was 61%.

Responses to the question on changing the law and use of mifepristone are shown in Tables 1 and 2.

Table 1 Response to the question 'Should the law be changed to legalise abortion in Northern Ireland?'

Group of doctors	Yes (Import 1967 Act)	Yes (Specific Law to N.I.)	No
Family planning	8 (50%)	6 (37%)	2 (13%)
Junior O+G	14 (29%)	28 (58%)	6 (13%)
Consultant O+G	6 (16%)	19 (50%)	13 (34%)

Interestingly no group believed that they should be the ones responsible for performing the terminations if it were legalised. Most consultants in gynaecology felt that their colleagues in family planning should provide the service, and vice versa.

Discussion

Although T.O.P (except for fetal abnormality) has not been an issue for those doctors working in family planning and

Table 2 Responses to the question 'Should mifepristone be licensed for termination of pregnancy in Northern Ireland?

Group of doctors	Yes	Yes (Special circumstances only)	No
Family planning	5 (31%)	11 (69%)	0
Junior O+G	21 (44%)	23 (48%)	4 (8%)
Consultant O+G	14 (37%)	20 (53%)	4 (10%)

gynaecology in N.I., it remains a problem for those women of all ages who travel to the mainland each year to have one.

These results show that the majority of doctors in this field working in N.I. believe that a service should be provided for women, although they do not agree who should be responsible for it. It was also clear that a lot of the doctors in favour of some kind of legislation did not wish to import the 1967 Abortion Act directly. Several comments made at the end of the survey forms suggested that people felt the Abortion Act was 'too liberal'. How that would be addressed is another issue.

Although N.I. doctors have little experience of surgical terminations, over 90% appear willing to use medical abortifacients such as mifepristone and a prostaglandin, at least in some circumstances.

Conclusion

This survey highlights the limited options available for those women with unplanned pregnancies in N.I. In addition, the province's doctors appreciate the shortfall in services and are willing to improve the situation if new legislation is passed specifically for N.I. It is hoped that the Northern Ireland Assembly will be able to confront these difficult issues.

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 Abortion Act 1967 (15 and 16 Eliz. 2,C87)
 Section 58 and 59 Offences Against the Person Act 1861.
 Lee S. Abortion Law in Northern Ireland: The Twilight Zone. Paper submitted to the Standing Advisory Commission on Human Rights 1993.
 Gunning J. Human I.V.F., Embryo Research and Abortion. International Information. 1989
- National Office of Statistics (England and Wales) the latest figures available are for 1998 when 1581 women gave N.I. addresses when having terminations in England and Wales. Fox J, Murphy D. Irish Abortion: Seeking refuge in a jurisprudence of doubt and delegation. *J Law Society* 1992; **19**: 454.