

# **Repressing Abortion in Ireland**

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2003

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**The Republic of Ireland has one of the most draconian abortion laws in the world. At present abortion may only be performed where continuation of pregnancy poses a ‘real and substantial’ risk to a pregnant woman’s life — about 5 cases per year of 50,000 pregnancies. In reality a woman must be dying before a lifesaving abortion can be performed.**

The long-standing ban on abortion was strengthened in 1983 by a constitutional referendum. However in 1995 the Supreme Court ruled that a minor in the care of the state could travel to England for an abortion because her life was at risk from suicide. Right wing groups saw this as a breach of a total ban on abortion and further attempts at restricting abortion were introduced as a constitutional amendment in March of 2002. This attempted to include in the constitution a specific prohibition on the provision of an abortion for a woman whose life was at risk by suicide.

Yet in spite of the ban on abortion and continued attempts to make all access virtually impossible, approximately 7000 Irish women every year exercise their right to choose abortion and travel to England to access legal abortion there, largely through charities providing abortion services and private clinics. This figure of 7000 includes only those who are documented in English statistics by the giving of an Irish address. It does not include those who use UK addresses for reasons of confidentiality or those who travel to other countries. There has been about a 10% rise in the figures every year. An interesting statistical fact is that the majority of Irish women who have had abortions are married and already have children. It is estimated that about 150,000 Irish women have had an abortion — this averages about 1:10 of adult Irish women. Thus for Irish women abortion is common and important.

Unlike previous abortion referenda which had focused on religious issues (1983), and legal issues (1992), the public debate on the 2002 referendum was largely about medical issues, particularly women’s mental health and foetal abnormality. This was a significant change from abstract religious and legal arguments as it involved issues people could themselves identify with. With considerable effort and organisation across a broad range of groups the referendum was narrowly defeated. This was significant in a number of ways. It was a defeat of the conservative forces of the Right that were attempting to further restrict nonexistent abortion access in this country. Pro-life organisations had been particularly successful in getting their message heard in political circles in Ireland in the 1980’s and 90’s. Successive governments have buckled under the well-funded pressure and agreed to regressive referenda. Most recently a minority government relied on the support of four independents that were actively ‘pro-life’ and their agreement to support the government was traded for another referendum to further restrict access to abortion particularly in the area of suicide risk.

## **Silence**

The referendum was actively supported by the main government party, Fianna Fail and by the Catholic Church. The significance of the defeat of these combined forces by the Irish people should not be underestimated. It marks a turning point in the Irish church/secular divide and in the Irish urban/rural divide. The considerable ability of the church to influence national political debate was eroded and exposed as being a waning force. Furthermore all significant urban areas such as the main cities and towns defeated the regressive referendum while it was substantially

carried in rural areas. This marks the end of the historic dominance of rural culture and politics in Ireland — a welcome development for progressive politics.

A further important result of the referendum debate was the ending of the silence around abortion. Until now the thousands of women who have had abortions and returned to their lives and families in Ireland were a silent group who have had no voice and whose experiences were never heard. This changed with a number of women making public statements about their abortion experiences. With an approximate ratio of 1:10 Irish women having had an abortion, there is someone in everyone's family who has had an abortion yet nobody knows them, as it is not discussed. For the first time, abortion as an important public issue was discussed without the usual 'baby killer' name-calling, (probably a sign of a change of strategy by pro-life groups rather than evidence that they have gone away). It is now apparent that one of the positive results of the referendum for those who support a woman's right to choose, and a huge setback for those who reject it, is that the genie is out of the bottle as regards publicly discussing and considering abortion. The ending of the silence has been slow and is by no means complete, however its progress is inexorable and is to be celebrated as a coming of age for Irish political debate.

A further benefit of the referendum was the emergence of organisations that actively support a woman's right to choose. Some groups also went on to publicly support the right of Irish women to access abortion services in Ireland. One such organisation was Doctors for Choice. The emergence of Doctors for Choice isn't that surprising. While there is a constitutional ban on abortion in Ireland, women's lives are not any different to those who live in countries where abortion is legally available. Wherever they live women need access to comprehensive reproductive health care, including abortion. For better or worse, women have always used abortion as a way of controlling their fertility. If it is not legal, they will, in desperation, seek it illegally. In many developing and fundamentalist countries doctors see the results of this desperation every day, in the form of infection, infertility and agonising death from botched abortions. In Ireland, women are fortunate that they live close to a country that has legal accessible abortion — England. If this escape route did not exist we would also see the horrors of back street abortion here. However, one of the down sides of our proximity to the UK is the safety valve it has provided to successive right wing governments who refuse to acknowledge the need for abortion services yet acknowledge that 7000 Irish women travel to England every year. As one prominent politician (Mary Harney) who supported the failed amendment, stated in 1992 'if we were an island in the middle of the Atlantic we would have an abortion service by now in this country...'

## **Low Pay**

In their daily work family doctors see the reality of the failure of the state to legalise abortion. They see the palpable horror of the woman who awaits a pregnancy test that she fears is positive. She must face this situation in the knowledge that she can not have an abortion in Ireland. Most often, women who have unwanted pregnancies make decisions about abortion without support and in silence. In spite of this many women chose abortion as the best option for them. However it is not always as simple as that. As with so many other health issues, class issues have a significant impact on any decision that will be made. It costs approximately 1000 Euro to travel to England from Ireland for an abortion, covering clinic costs, and travel and accommodation costs. This amount of money is rarely immediately available to women in poverty or low-paying jobs or

who are raising children alone. Family doctors have seen women get credit union loans, not pay the mortgage, take the Holy Communion savings, the holiday money and money from under granny's mattress. Money lenders have been involved, with the woman eventually paying several times over — such is the desperation of women to control their fertility as they see fit. Child-care issues are highly significant for many women particularly in a silent community where excuses must be made for why one is away for the weekend. Teenage women are particularly vulnerable to cost issues and many opt to continue the pregnancy as the costs become insurmountable.

A direct consequence of the financial issue is that Irish women have more late abortions than the average English woman. Late abortions after 14 weeks involve more invasive procedures, general rather than local anaesthetics and a greater risk to health. The delay is contributed to by difficulties in getting good information about abortion services in the England, delays in raising the money and the need to arrange the trip in secret. Airline strikes and bad weather on the ferries take on a new meaning on Monday mornings when the distraught woman rings the surgery to see if she still has time to reschedule. Similarly an asylum seeker must be told that if she travels to the UK for an abortion she is likely to forfeit her asylum application. The result is she must now face an enforced pregnancy. These are examples of the silence around women and abortion in Ireland — their distress is not documented or considered valid.

Doctors have traditionally expressed a conservative voice on abortion. In reality many doctors have been dealing with the issues of abortion in their daily work and have formed opinions not usually expressed publicly. In the past, public statements have been left to those doctors who have generally adopted a pro-life position. This has become the safe, acceptable position on abortion for doctors. With the advent of Doctors for Choice this has changed. The group developed from an ad hoc group of pro-choice doctors that felt an alternative medical position needed to be strongly stated in the debate around the referendum. The organisation quickly grew from there. Doctors for Choice represents all the specialities of medicine but particularly general practice, probably because this is the group of doctors who actually see the female patients that abortion impacts on. The aims of Doctors for Choice are to give a voice to doctors who support a woman's right to choose and to work towards the provision of comprehensive reproductive health care services including abortion in Ireland. We see this as a basic health entitlement of women resident in Ireland. To do this there needs to be provision of quality abortion services that are accessible regardless of ability to pay. To this end medical education must include abortion provision training and abortion must not be excluded from public hospitals by the religious governance of the hospital. Similarly, doctors who provide care to patients seeking abortion must be protected by law.

## **Open and public**

Doctors for Choice has been considerably more successful than initially expected. What was thought of as a long haul to encourage doctors to join a pro-choice organisation was met with many messages of support and membership subscriptions. It is notable that as doctors we had also internalised the silence around abortion in Ireland. We had allowed the agenda to be set by right wing doctors. To do otherwise was to risk being labeled an abortion doctor and to suffer the subsequent silent professional discrimination considered inevitable in Catholic Ireland.

As an organisation we plan to ensure that our message is heard amongst the medical profession so as to provide support to those doctors who thought they were working alone. We also aim to give support to those women who thought the medical profession in Ireland did not include doctors who respected their right to make their own decisions about their reproductive health. The organisation is small but growing steadily. Our immediate priority is consolidating our membership. By being open and public, we will make the subject an easier one for doctors to express a pro-choice opinion on. This task will be slow, and hasn't been without difficulties. Not all groups working to defeat the recent referendum agreed with our unequivocal statements about the right of Irish women to access abortion in Ireland. It is an unfortunate fact the even those on the left have internalised the message of silence — that the unmentionable of abortion in Ireland is too radical to be discussed at this time. It is our contention that this plays in to the hands of the conservative, Catholic right wing who have, to date, set the agenda — one where we can't talk about the right of Irish people to a quality reproductive health care service, including abortion. As pro-choice advocates we must be prepared to publicly identify with the 7000 women who access abortion in England every year — we must state that this service should be available in Ireland. To do otherwise is defeatist and hypocritical. It is frustrating and undermining for all the women who travel to England every year, to see political groups support their right to do so, but not take the next logical step of publicly supporting abortion provision in Ireland. By shying away from this statement women's choices are not being fully respected and validated.

## **Reality**

To change this reticence will be slow, however Doctors for Choice as a group would argue that only by doing so can we build strength and unity for what will be a long campaign to achieve abortion provision in Ireland. However, we don't doubt it will eventually be successful. Ireland is changing in spite of the efforts of the Catholic Church and the main political parties. This social and cultural liberalisation will be much faster in the next twenty years than the last twenty. With hard work and committed campaigning by pro-choice groups it is likely that in twenty years time there will be some form of legalised abortion in Ireland. An important part of this transition will be informing and changing the opinions of the medical profession, as their participation is intrinsic to any abortion provision. To date this has been easier than expected but a lot of work remains, particularly as prolife organisations are likely to regroup after their recent defeat and may now choose to target specific influential groups such as doctors. However the medical profession is also changing and becoming less conservative and isolationist. It is this momentum for change that Doctors for Choice will work with and encourage.

It is likely that there is going to be minimal political will to change Irish abortion laws. Commitments made by political parties to legislate along the lines of the X case are likely to evaporate as they seek to distance themselves from this contentious issue. Furthermore, any change to allow for suicide risk and foetal malformation would involve only a very small change in the law and would not substantively affect the lives of Irish women seeking abortion. The Labour Party has supported such a change in the law, if they were returned to government. They argue that this is all that can be achieved now and is thus better than nothing. It serves their private expressions of a pro-choice position while publicly sitting on the fence. Pro-choice activists need to be cautious about being drawn in to any broad alliance of support for such a limited legal change.

Doctors for Choice would argue that this is a mistake as it continues to deny the reality of the 7000 women travelling to England every year. At all times this issue should remain the focus of any campaign to change the law. Scarce energy and resources are better spent on creating an acceptance of abortion as a reality in Ireland. Any campaign should start with where it means to end – Irish women have a right to access abortion services in Ireland and the law needs to be changed accordingly.

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This page is from *Red & Black Revolution* (no 7, Winter 2003)

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