

# Modernisation of the Abortion (Guernsey) Law, 1997.

Summary of Public Feedback - June 2020



Committee *for*  
Health & Social Care

## 1. Introduction

The Committee *for* Health & Social Care (the 'Committee') advised of its intention to review the Abortion (Guernsey) Law, 1997 (the 'Law') in June 2019, as part of its update to the Policy & Resource Plan ([Billet d'État IX of 2019](#)).

After considering the available scientific evidence and following a review of the Law and those of other British jurisdictions, the Committee consulted with local clinicians involved in abortion services and formed the recommendations contained within its Policy Letter 'Modernisation of the Abortion (Guernsey) Law, 1997.'

The Policy Letter was published on 2<sup>nd</sup> March 2020 and can be accessed at [www.gov.gg/abortionlaw](http://www.gov.gg/abortionlaw). This provides further background information about the context for the Committee's recommendations and references to other valuable sources of information.

This document summarises the feedback received from members of the public following the publication of the Policy Letter and provides a response to the key themes arising from these comments.

It is recognised that abortion is a subject matter which attracts a range of views and is often deeply personal. The Committee is respectful of this and is grateful to everyone who has shared their thoughts on its recommendations for changes to the Law.

## 2. Proposals to amend the Law

The States voted to legalise abortion twenty four years ago, on 13th June 1996. In so doing, it recognised, by a majority, that the previous prohibition dating back to 1910 was ill-placed in a modern jurisdiction and inappropriately forced women to travel to the UK for a fundamental healthcare procedure.

**The proposals due to be debated by the States shortly are not about revisiting that decision. They are instead focussed on ensuring that the resultant Law continues to reflect good clinical practice and provide effective and safe standards of care for women who seek abortions.**

It is the Committee's responsibility to review and evaluate the scientific evidence available and place clear recommendations before the Assembly. The recommendations due to be debated on a review of the 1997 Law seek to improve clarity in the existing legislation, ensuring it remains evidence based and reflective of good medical practice. Importantly, it seeks to ensure that women are not subject to undue financial barriers or forced into making a rushed decision because of strict time pressures.

The Policy Letter asks the States to debate a number of Propositions, setting out proposed amendments to the Law. These are not repeated here, but the document is accessible using the following link: [www.gov.gg/abortionlaw](http://www.gov.gg/abortionlaw).

The recommendations, in their entirety, aim to provide women in Guernsey with an abortion service that is more easily accessible, is focused on them as a service user and is supported by a scientific evidence base. These are the principles with which the Committee reviews and makes changes to any of its services, guided by the values of the Partnership of Purpose that was agreed by the States in 2017. (Further information about the Partnership of Purpose is available at: [www.gov.gg/futuremodelofcare](http://www.gov.gg/futuremodelofcare).)

### 3. Useful reports

The Committee has carried out extensive research and has reviewed many important and valuable sources of information to support its decision making, as referenced in the Policy Letter. This includes, but is not limited to, the following:

- Guernsey Abortion Statistics Summary 2017-19 (including data trends for 2009-18). Available at: [www.gov.gg/abortionlaw](http://www.gov.gg/abortionlaw)
- The Guernsey and Alderney Wellbeing Survey 2018. Available at: <https://www.gov.gg/wellbeingsurveys>
- Better for women. Improving the health and wellbeing of girls and women. Royal College of Obstetricians & Gynaecologists. Available at: <https://www.rcog.org.uk/better-for-women>
- MBRRACE-UK Perinatal Mortality Surveillance report for births in 2017. Available at: <https://www.npeu.ox.ac.uk/mbrance-uk/reports>
- Why do women need abortions after 20 weeks? Available at: <https://www.bpas.org/media/3301/lates-report-why-do-women-need-abortions-after-20-weeks.pdf>

Other sources of information include:

- Royal College of General Practitioners to support decriminalisation of abortion. Available at <https://www.rcgp.org.uk/about-us/news/2019/february/rcgp-to-support-decriminalisation-of-abortion.aspx>
- Royal College of Midwives. Position Statement - Abortion. Available at <https://www.rcm.org.uk/media/2296/abortion-statement.pdf>

- The removal of criminal sanctions for abortion: British Medical Association Position Paper. Available at <https://www.bma.org.uk/media/1963/bma-removal-of-criminal-sanctions-for-abortion-position-paper-july-2019.pdf>
- Termination of Pregnancy. An RCN nursing framework. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-005957>

## 4. Public engagement

The Committee has taken the following steps to raise awareness of the review the Abortion Law, to advise the public of the submission of its proposals and to engage with members of the public:

- The Committee's intention to review the Law was published in its update to the Policy & Resource Plan debated by the States of Deliberation in June 2019. This is available from [Billet d'État IX of 2019](#). This intention was widely reported via local media outlets at that time;
- The Committee has conducted a small number of focus group discussions;
- The Committee's Policy Letter was published on 2<sup>nd</sup> March 2020 and a series of supporting information documents were uploaded to the dedicated page on [www.gov.gg/abortionlaw](http://www.gov.gg/abortionlaw). A series of videos are also available covering key aspects of the Committee's recommendations. A media statement was released at this time advising of the publication and was widely reported via local media outlets;
- The Committee released a further media statement in June 2020 encouraging islanders to contact Health & Social Care, or elected officials, with their comments on the proposals. This has been shared through all media outlets and re-shared on a number of occasions on social media. Many individual responses to questions, comments or concerns have been sent directly to members of the public.

In addition to the above, the Committee had arranged from the immediate Past-President of the Royal College of Obstetricians and Gynaecologists, Professor Dame Lesley Regan, to attend the Island in March to take part in a series of engagement events. These arrangements were regrettably postponed due to inclement weather and it has not been possible to rearrange this event due to the subsequent lockdown and quarantine restrictions in place due to the COVID-19 pandemic.

The Committee considered the Scrutiny Committee discussion document 'Public Engagement in the States of Guernsey,' and undertook what it considered appropriate for what is a women's health care matter. The Committee does not consider that because the original planned public presentation did not take place, due to extraordinary circumstances, that the

engagement is in anyway incomplete and, therefore, ineffective. The Committee is satisfied that adequate information, time and opportunity has been given for the community to consider and respond to its proposals.

## 5. Summarising the feedback received

Since publishing its Policy Letter in March 2020, the Committee has received in excess of 300 responses from members of the public expressing wide ranging views regarding its proposals, to add to the feedback already received from the focus groups. Feedback that was received by the 12<sup>th</sup> June has been collated and is summarised in this document by grouping the content with the comments which are recurring together as themes.

The majority of the responses received - 203 individual responses, or 66% of the total number received - expressed support for the recommendations of the Policy Letter, for the reasons summarised in Section 6 of this document.

Those not in support of the recommendations – 102 individual responses\*, or 33% of the total number received - expressed views against abortion, often citing the procedure as being morally wrong due to religious or personal beliefs. Feedback that is not in support of the recommendations is summarised in Section 7.

Views for and against the proposals were expressed strongly.

3 further responses (1%) were received which it was not possible to group as either positive or negative. Two of these related to the timing of the debate. One respondent commented generally on the need for mental health support for women who may have had, or may be considering, having an abortion.

The Committee’s response to the comments or questions posed is italicised in each area below.

\*Included in this figure are those who required clarity regarding the proposals, as they had been misunderstood.

## 6. Feedback in support of the Committee’s recommendations

<b>1. The Law is considered to be outdated</b>	
Feedback received from the public frequently sites the Law in its current form being outdated. It is described as being “embarrassingly behind the rest of the world,” “dickensian,” and “patriarchal.”	<i>The Committee agrees that “many of the legal conditions that must be met in order for a procedure to take place are now considered to be outdated and disparate with other areas of care within the</i>
Current restrictions are described to “serve merely as hidden, archaic pressures that restrict and constrain.”	



<p>“By outdated, I of course mean deliberately designed to oppress women.”</p>	<p><i>health service.” (Paragraph 1.4 of the Policy Letter).</i></p>
<p>“I’m writing to voice my support for the modernisation of the abortion law and urge you to vote in favour of updating our horribly outdated law.”</p>	
<p>“The current law is outdated and oppressive.”</p>	
<p>“I had read the abortion laws a little while ago and honestly was so shocked at how backward they sounded for such a modern island.”</p>	
<p>“It is unacceptable that Guernsey is so far behind the UK.”</p>	
<p>“The current law is outdated and disrespectful to women.”</p>	

## 2. The current service is not accessible to all women equally

<p>Concern has been expressed over the “unnecessary financial requirements” that currently exist and the “additional trauma and expense of travelling to the UK.”</p>	<p><i>The Committee addresses the inequitable access to services by recommending the removal of the requirement for women to consult with two medical practitioners (paragraphs 5.3-5.13 of the Policy Letter) and by increasing the gestational threshold within which an abortion can occur under section 3(1)(c) and 3(1)(d) of the Law (paragraphs 5.14-5.29 of the Policy Letter). These changes aim to ensure that income is not a barrier to receiving care.</i></p>
<p>“Abortion should not be a privilege” for those who can access it.</p>	
<p>“An equitable and affordable process is needed.”</p>	
<p>“I believe this change is paramount in order to remove barriers and allow everyone equal access, regardless of their income or wealth.”</p>	

## 3. Women’s right to body autonomy

<p>Comments include that women “should have control over their bodies,” and have “the right to choose what happens and when.”</p>	<p><i>Section 3 of the Policy Letter discusses reproductive health and acknowledges that reproductive health services in their entirety “work towards enabling women to exercise body autonomy and choose freely whether and when they wish to have a family.” (Paragraph 3.2 of the Policy Letter).</i></p>
<p>“The laws and regulation surrounding abortion should exist predominantly to keep women safe and to protect their bodies and autonomy they should have over them.”</p>	
<p>“I am firmly of the belief that women should have control over their bodies.”</p>	



Some disbelief was expressed about why the views of the general public were being sought on changes to the Abortion Law and whether this occurs in respect of any other medical procedure.	
“The misogynistic idea that a woman's reproductive system is not her own to make decisions on is abhorrent.”	
“Bodily autonomy is something all women be entitled to.”	

#### 4. The proposals being supported by scientific evidence

Support was expressed for the proposals “that are clearly supported by the science and research,” and are in line with “modern medical opinion.”	<p><i>The Committee proposals recommend change where there is evidence to support it, or not, as the case may be. The recommendations to increase the thresholds within which a procedure can take place (Paragraphs 5.14-5.29 of the Policy Letter) and removing the current requirement for two medical practitioners to certify an abortion, where there is no evidence to support the continuation of this practice (Paragraphs 5.3-5.13 of the Policy Letter), are examples of this.</i></p>
“We should trust the medical advisors.”	
“I think it is good to keep the abortion laws up to date, according to the latest science.”	
“If medical professionals are overwhelmingly supportive of change then everyone should be and to suggest otherwise is harmful.”	
“Continuing to follow the advice of the relevant professionals seems, if you’ll pardon the colloquialism, a no-brainer.”	

#### 5. Empathy for women in difficult circumstances

Understanding of the many circumstances that can lead to the decision to end a pregnancy - “none of them easy” - is expressed.	<p><i>The Committee’s proposals in their entirety seek to improve the overall service that is available to women who choose to end their pregnancy and further recommends removing the criminal sanctions that are currently in place which could see a woman prosecuted for attempting to end her pregnancy outside the remit of Health &amp; Social Care. The Committee understands that</i></p>
The decision to have an abortion is described as a “burden,” and concern is shared for the wellbeing of women having to do so with the current “undignified limitations.”	
“No woman takes the decision to have an abortion lightly.”	
“Imagine if you can, how desperate a person attempting a home abortion must be.”	
“I review these changes to be of paramount importance if we are to better protect, support and care for women who embark on what can be a challenging decision.”	



<p>“I’ve seen first hand the stress and anxiety that these conditions have caused the women in my life.”</p>	<p><i>a situation such as this to be rare in occurrence, reflecting extremely challenging circumstances (paragraphs 5.32-5.35 of the Policy Letter).</i></p>
<p>“I believe this is something nobody does lightly. It can be a lonely and frightening time for women.”</p>	
<p>“I find it heartbreaking to imagine the immense stress and mental suffering that they endure.”</p>	

<p><b>6. Abortion as a women’s health issue</b></p>	
<p>It is felt that a woman’s decision to have an abortion “is a matter between herself and her doctor,” and hope that “women’s health is kept at the forefront of any decision making.”</p>	<p><i>In paragraph 3.2 of the Policy Letter, the Committee acknowledges that “abortions form an important part of reproductive health services alongside the provision of information and education, contraception services and screening for sexually transmitted infections or disease and their treatment.” The Committee has aimed to take an objective approach to the review of the Law, founded in medical evidence, to ensure that the legal framework enables women to be supported to make the decision they feel is appropriate to their specific circumstances.</i></p>
<p>Abortion is described as “a health issue, not a religious or moral one,” and “should be treated like any other medical procedure.”</p>	
<p>“Such matters must predominantly consider the views of women.”</p>	
<p>“The right to reproductive health, as defined by the Universal Declaration of Human Rights, includes the right to full autonomy over reproductive decision.”</p>	
<p>“I think it is right and proper for legislation to be brought in line with the UK and to improve access to what are women’s health procedures.”</p>	

<p><b>7. Providing more time to make a decision</b></p>	
<p>“...the extension of the time limit makes absolute sense, by offering those in this position more time to come to their own decision and weigh up all the factors in their own lives that will affect this. Not having to worry about making a hasty decision on such a serious matter will ease this pressure greatly.”</p>	<p><i>The Committee understands, and seeks to address, the experience of local clinicians which suggests that women sometimes feel rushed into making decisions about their pregnancy as a result of the limitations of the timescales set out in the 1997 Law.</i></p>
<p>“There are many factors for a pregnant woman to consider and the 12 week time limit may not allow sufficient time for all factors to be properly considered.”</p>	
<p>“I do believe that 12 weeks is not a fair enough time for an abortion to take place.”</p>	
<p>“12 weeks limits the time women have to make this important decision.”</p>	

### 8. Addressing the stigma associated with abortion

“I have felt first-hand the opinion of others, both supportive and otherwise.”

“I also believe women should not be made to feel a criminal for opting to have an abortion.”

“Women must feel that their wellbeing is as much a priority as any patient and help stimulate change in the societal criminalisation and judgement over a women’s choices she makes to her body.”

“I was made to feel guilty, ashamed and questioned quite personally.”

“Women seeking abortions should not be penalised, criminalised or harassed.”

*The Committee’s recommendations centre on providing user-centred care and to reduce the stigma associated with abortion.*

### 9. Abortion as an individual choice

“No-one is forcing anyone to have abortions, it remains an individual’s choice.”

“If some women don’t agree with abortion, no one will force them to have one.”

“I don’t believe that any situation where abortion is considered needs to have the opinion from anyone else but the woman involved.”

“The proposed changes offer a far simpler and private process for those women who make the decision, a decision which is theirs to make.”

*As per paragraph 4.1 of the Policy Letter, the Committee is aware that “the variety of reasons why a woman may feel unable to continue with a pregnancy are broad and the decision as to whether to have an abortion or not is often a deeply personal judgment, far better made by the pregnant woman herself than by the State or others.” The fact that abortions services exist locally does not compel any women to use those services, if this is not their wish.*

### 10. Concern regarding the influence of others with different beliefs

Concern is expressed that the focus on women will be “sidelined in favour of the voices of religious middle aged men,” and that we should “not let personal opinion or religious beliefs determine whether or not these proposals are passed.”

“I am sure you will have received many messages from religious people on this issue, arguing various moralities. I hope you can see these people are

*The Committee is guided by the values established by the Partnership of Purpose, which makes a commitment to a process of transformation of services based on several key aims, including the provision of user-centred care.*

<p>using faith to control and make the same, rather than forgive and be passionate.”</p>	
<p>“I urge you not to make choices that affect each individual woman so deeply based on the faith of others.”</p>	
<p>“Knowing full well that the topic is an emotive one where the voices against often shout the loudest, I would formally like to register my support for the updates to the abortion law.”</p>	
<p>“I beg you to not let the voices of a small minority who call themselves ‘All lives matter’ to halt the much needed modernisation of these laws. I am deeply concerned with the messaging on their facebook page, which implies that all women should and do want children, and that abortion serves to ‘help rapists and sex traffickers.’</p>	
<p>“I want to make clear that the views of this group are not representative of many people on the island, including myself.”</p>	
<p>“This is not a matter which should be muddied or dispelled by interpretations of religious texts as they hold no gravitas with regards to the entire diverse population of women in Guernsey.”</p>	

### Other comments include:

“I do not feel that Guernsey should always follow the laws of England but in this case I think that if we do not introduce the reforms we would be driving people to travel to England for procedures, as used to be the case in Ireland.”

“It really does seem incredulous to me that this is a major point of contention in 2020, in a developed country.”

In addition to the feedback above, the Committee has received many poignant accounts from women in Guernsey who have had an abortion and who emphasise the importance of this service for women’s health and how the proposals, if in place, would have made their experience more comforting.

## 7. Feedback not in support of the Committee’s recommendations

<p><b>1. The recommendations do not conform with religious beliefs</b></p>	
<p>Concern was expressed that “some politicians want to make our Island a front runner in so many things contrary to God’s laws,” and that the island should “Turn to God, not ungodly ways.”</p>	<p><i>It is recognised that abortion is a subject matter which attracts a range of views, both religious and secular. HSC fully understands, and respects, that these views are strongly held.</i></p>
<p>It was suggested that “all this is doing is adding yet one more ungodly law to our ever increasing number of ungodly laws.”</p>	
<p>“I do appreciate the pressures and dilemmas faced by anyone unintentionally pregnant but churches pledge to do all they can to assist and support them.”</p>	
<p><b>2. Concerns relating to embryonic and fetal development, and premature survival rates</b></p>	
<p>A belief was expressed by some that “by 8 weeks all the major organs are formed and the baby can feel pain,” and “by the end of the eighth week, the child, now scientifically known as a ‘fetus’ has developed all of his organs and bodily structures.”</p>	<p><i>Scientific evidence demonstrates that a fetus is fully developed when it reaches 36 weeks of gestation.</i></p> <p><i>The most recent data from MBRRACE-UK concerning preterm survival was published in June 2019. This report focuses on survival up to one year of age of <b>all</b> babies born from 22+0 to 26+6 weeks gestational age for births from 1 January 2016 to 31 December 2016 in Great Britain. The data shows that for babies born very prematurely between 22+0 and 22+6, only 3 per cent survive to 1 year of age.</i></p> <p><i>For babies born at 23 weeks gestational age, the percentage of <b>live</b> births admitted for neonatal care has increased since 2006 from 52% to 74% and their survival has improved. In terms of <b>live</b> births, 3 out of 10 births (34%) survived to 1 year in 2016 compared to 2 out of 10 (19%) surviving to hospital discharge in 2006.</i></p> <p><i>Placing viability at 24 weeks gestation does not preclude the survival of babies born before this point in time but provides an indication of the very high mortality and morbidity rate, where a small proportion of babies born before 24 weeks only survive with very intensive treatment. Those that do survive, will very often have significant and ongoing complex care needs. With</i></p>
<p>“There is far too much evidence that babies at 22 weeks are surviving in large numbers with medical intervention.”</p>	
<p>“A baby is a living being from day one of its conception.”</p>	
<p>“Increasing the gestational threshold to 24 weeks particularly alarms me when that is an age where 40-70% of babies can survive after birth.”</p>	
<p>“A baby of 24 weeks is viable, so that is tantamount to murder.”</p>	



	<p><i>regards to abortions that might occur at a later gestation due to a fetal abnormality, data from England and Wales shows that the vast majority of diagnoses are made before 24 weeks. In 2018, only 0.1% were carried out beyond this time. Late term abortions are therefore very rare. Health professionals agree that abortions should occur at the earliest opportunity and the vast majority of local clinicians support the Committee’s proposals which will remove unnecessary barriers that delay the procedure taking place. However, it is also important to ensure that there is sufficient time for supportive decision-making to take place.</i></p>
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### 3. Concern for the existing rights of individuals living with a disability

<p>“How must people with Downs Syndrome feel to know that society doesn’t value their lives?”</p>	<p><i>The Committee does not consider that its recommendations in any way undermine the rights or value of those people living with a disability in our community.</i></p>
<p>“Who is to say that a child or adult with learning difficulties or other disabilities is of no value to the community.”</p>	<p><i>It is acutely aware of the sensitive nature of abortion services when a fetal anomaly is detected. This provision already exists in the Law. The Committee is therefore not recommending a new policy but rather extending the timeframe in which the procedure can occur to enable informed decision making in situations where complex abnormalities have been detected, ensuring that all diagnostic measures can be taken to support informed decision-making. The Committee is reassured by data from England and Wales that demonstrate only 0.1% of abortion procedures occur at a later gestation for this category.</i></p>
<p>“Many disabled people live happy and fulfilled lives.”</p>	
<p>“I am astonished that there hasn’t been any consideration for the disabled community.”</p>	
<p>“Just think about the effect this could have on Down’s syndrome children and other disabled people.”</p>	
<p>“They have much to give and much to teach us about courage and human endurance and spirit.”</p>	<p><i>For those women who receive a diagnosis of a life-limiting anomaly and choose to have an abortion after 24 weeks, this may be due to results of invasive tests not being available or, in fewer cases, due to late presentation. Recent advances in genetic testing has allowed for more detailed information and often a longer time interval until those results are available. Significant maternal co-morbidities may also influence decision-making.</i></p>
<p>“To allow late term abortion in cases of disability also sends a worrying message to those in our community who live with disability.”</p>	

	<p><i>These rare late cases are discussed by a multidisciplinary team (to include fetal medicine specialists, neonatologists, medical geneticists, paediatric surgeons, fetal cardiologists and others) to include discussion of all available options to allow informed decision-making. If the Committee’s proposals are agreed the service for women whose pregnancies have reached a later stage will be supported by a service provider in the UK, where all of the above medical specialists are available and can provide the information to enable informed decision making and a safe level of care if the decision to have an abortion is made.</i></p>
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#### 4. Belief that abortion is unlawful

<p>Disbelief is expressed “that a mother could want to kill her own child is unbelievable.”</p>	<p><i>As above, the Committee recognises that abortion is a subject matter which attracts a range of views. It fully understands, and respects, that these views are strongly held. Its recommendations, however, seek to improve clarity in the existing Law, rather than to revisit the principles of whether an abortion is accepted by all in society.</i></p>
<p>“Murder is murder and not acceptable by law.”</p>	
<p>“Abortion is murder no matter what terminology is used to describe it.”</p>	
<p>“I would also wish to state that this proposal to take an unborn child’s life up to the age of 24 weeks is abhorrent and I can only call it murder.”</p>	
<p>“The current law is already far too lenient in terms of allowing the unjustified killing of unwanted, unborn children.”</p>	
<p>“It is morally wrong to kill a baby.”</p>	

#### 5. Alternatives to abortion

<p>It was suggested that women who find themselves pregnant and do not wish to continue with the pregnancy should “let it be born and given to someone who has miscarried many times. Perhaps someone who is going through IVF.”</p>	<p><i>The Family Placement Service operates an adoption scheme, should a woman with an unwanted pregnancy wish to continue her pregnancy and place the baby for adoption. However, the Committee respects the individual choice of women and would not support a policy that would force a woman to carry a</i></p>
<p>“I would like to think they could be adopted instead of destroyed.”</p>	
<p>“Don’t murder an unborn child, give it to someone who will give it the life that it deserves.”</p>	
<p>“Whatever happened to taking precautions, like not having sex outside of marriage?”</p>	

<p>“Do you want to encourage young women to have an abortion without consultation on the joys of parenthood?”</p>	<p><i>pregnancy to full term if this was not in their interests.</i></p>
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<p><b>6. An expression that all life is precious</b></p>	
<p>“I believe that all human life is precious”</p>	<p><i>The Committee respects the right to individual beliefs on this matter.</i></p>
<p>“An unborn baby is also at a stage of development, but just as alive as you and me.”</p>	
<p>“I feel very strongly that all life is precious and it is not for us to decide that one life is more important than another.”</p>	
<p>“I believe that life must be protected from the moment of conception.”</p>	
<p>“Life begins at conception.”</p>	

<p><b>7. Concern that healthcare professionals who hold a conscientious objection will be forced to perform abortion procedures</b></p>	
<p>“It is morally wrong to manipulate or pressurise the conscience of another person – yet we would be doing so by removing the right of health workers to conscientious objection.”</p>	<p><i>The Committee is not recommending that the right to exercise a conscientious objection is removed from the Law. Rather it is making recommendations that will prevent serious injury to a woman’s health by her being refused care by a healthcare professional that is not related to an abortion procedure itself (Paragraph 5.45 of the Policy Letter). In making this recommendation the Committee considered, among other things, the position of the British Medical Association, the Royal College of Midwives and the Royal College of Nursing, who make clear to their members that conscientious objection only extends to direct participation in an abortion procedures, as opposed to the pre and post care of the woman, and the Supreme Court ruling on this matter (Paragraph 5.52 of the Policy Letter). Healthcare professionals who do not wish to take part in an abortion procedure will still be able to choose not to do so.</i></p>
<p>“There is no extension of any rights of conscientious objection to other medical staff who may have concerns about their less direct role in abortion (e.g. administrative or managerial staff).”</p>	
<p>“Eroding the rights of those who object to providing the service is a grave change.”</p>	
<p>“I am particularly concerned at the open-ended nature of clause 10 of the proposals regarding conscientious objection. This reads as a licence for HSC to make up rules as it wants, according to the prevailing ideology of HSC.”</p>	
<p>“This could lead to the coercion of health professionals opposed to abortion.”</p>	

## 8. Concerns relating to abortion procedures

Concern is expressed that “the proposed new law would allow nurses and midwives, rather than doctors, to perform certain abortions.”

“I am concerned about the idea of nurses and midwives performing abortions.”

“I also understand that the current safe guard requiring two doctors to sign off on an abortion will be reduced to one, and that nurses and midwives would be allowed to perform these abortions instead of a doctor.”

“Is going to be abortion on demand, with no checks or concerns?”

“I would ask you to reconsider, and not go ahead with, the proposal to downgrade abortions in terms of where it can take place and under whose supervision.”

*It is the case that nurses and midwives already take part in abortion care, as set out in paragraph 5.41 of the Policy Letter. The large majority of medicines administered in a hospital, be it chemotherapy or pain relief or another type of drug, are administered by nursing and midwifery staff. For medical abortions, which are those that do not require a surgical procedure, a specialist doctor reviews and writes a plan of care for the woman and prescribes the required medication. This is provided by nursing or midwifery staff. This practice has been in operation locally and in other jurisdiction for many years. When the current Law was enacted, it reflected a time when abortions were largely performed surgically under a general anaesthetic by a specialist doctor. This is no longer the case.*

*Most abortions are now performed medically (i.e. through the administering of medication) due to the decreased risks to the woman and the Committee is therefore recommending the Law be updated to reflect this.*

## 9. Concerns relating to the timing of the debate

“This proposed law is being put forward when everyone is preoccupied with the coronavirus.”

“The timing of this debate seems inappropriate to me.”

“I understand that the States are preparing to debate this emotive issue, and I am concerned at the timing. We are in the middle of a covid-19 pandemic and all our resources should be used to fight this deadly virus.”

“This change is not in line with public opinion and is being proposed at a

*The Committee first published its intention to review the Law in June 2019. Significant resource has been used to review the Law, consult with Health Professionals and liaise with St James Chamber during the development of the Policy Letter, which was published on 2<sup>nd</sup> March 2020.*

*The first confirmed case of COVID-19 in the Bailiwick was announced on 9<sup>th</sup> March 2020 and at the time of writing, there has been no new positive confirmed cases for 44 consecutive days. It has been announced that the final lockdown restrictions relating to the pandemic will be lifted on 20<sup>th</sup> June 2020, other than the requirement to*

<p>time when attention is directed elsewhere.”</p>	<p><i>self-isolate for those entering the island from outside the Bailiwick.</i></p>
<p>“We are writing to express our dismay not only at the content of the proposed abortion law but also the timing of its passage through the States.”</p>	<p><i>The Committee considered the Scrutiny Committee discussion document ‘Public Engagement in the States of Guernsey,’ and undertook what it considered appropriate for what is a women’s health care matter. The Committee does not consider that because the original planned public presentation did not take place, due to extraordinary circumstances, that the engagement is in anyway incomplete and, therefore, ineffective. The Committee is satisfied that adequate information, time and opportunity has been given for the community to consider and respond to its proposals, particularly given the extensive media coverage that these proposals have attracted.</i></p>

#### Other comments include:

“It’s sickly ironic that many ardent Pro-Abortion feminists are vegan because they believe in animal rights. It is almost that we want to save the planet - except our babies.”

“It (*the Policy Letter*) refers to abortion euphemistically as a ‘termination’ with help from the ‘professionals’. In 1930’s Germany, similar euphemisms – such as ‘special treatment’ were used to describe getting rid of disabled or ‘inconvenient’ children.”

“Eugenics were part of the Nazi evil ideologies, the disabled and handicapped were disposed of as worthless, just as this would be if legalised.”

One common theme was expressed by those both supportive of the Committee’s proposals and by individuals who do not support the proposals:

<b>Concern for the mental health of women who are considering or have had an abortion</b>	
<p>“Decriminalising the attempt to induce your abortion will allow for such women to be better cared for through mental health support.”</p>	<p><i>The Committee shares the belief that mental health is of equal importance to physical health and should not be considered separately.</i></p>
<p>“What about the trauma of the mother, if not straight away, at a later date?”</p>	



<p>“I have great concern that allowing any form of abortion to take place at home is a highly traumatic one that could live with that person and affect them for the rest of their life.”</p>	<p><i>The Committee is satisfied that a range of services for mental health support is available, whether provided by the trained health professionals involved in providing abortion care, through formal counselling provided by Choices or support from the Hospital Chaplaincy, or another service.</i></p>
<p>“My colleague and myself wanted to reassure you of our continuing non-judgemental support for those who have a termination for medical complications or due to other factors,” and it is our role “to be alongside patients and provide compassionate support in many different circumstances, one of these times would be when a decision has been made to end a pregnancy.”</p>	<p><i>The Committee also respects that women are best placed to decide the type of support they require and acknowledges that it may be provided by family and friends, rather than through one of its services or via another provider.</i></p>
<p>“Although a decreasing number of people see abortion as a matter of public concern or debate, your department’s priority should always be the physical and mental health of islanders.”</p>	

The Modernisation of the Abortion (Guernsey) Law, 1997 is due to be debated at the meeting of the States of Deliberation starting on Wednesday 17<sup>th</sup> June 2020.