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# The 8<sup>th</sup> Amendment and Medical care

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# The 8<sup>th</sup> Amendment and medical care; 8 points to ponder

1. Doctors for life Ireland
2. The 8<sup>th</sup> Amendment
3. Medical care of pregnant women
4. Pregnancy arising from sexual assault
5. Life limiting conditions / disability
6. Consequences of losing the 8<sup>th</sup>
7. Abortion in practice
8. The Referendum, what can you do?

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# 1. Doctors for life Ireland: Mission statement

- “Doctors for life is an organisation for doctors who wish to uphold the practice of medicine as a service to human life at all stages.
- It is open to medical practitioners and healthcare professionals of all specialities, both working and retired.
- It aims to provide evidence based and factual information to doctors and others who are concerned about the ethical questions relating to patient care and practitioner responsibility at all stage of life.
- It is not affiliated to or part of any organisation.
- Doctors for Life Ireland offers educational and professional support to doctors and others who are involved in ethical questions relating to patient care and practitioner responsibility at all stages of human life.”

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## 2. The 8<sup>th</sup> Amendment

- Article 40.3.3 of The Irish Constitution 1983
- “The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right”.

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# The 8<sup>th</sup> Amendment in practice.

- Equality for all in Irish law
- The unborn baby has the right to life
- The mother has the right to life saving medical care, even if this unintentionally compromises the life of her unborn baby
- Irish doctors will do their best to save both lives
- The 8<sup>th</sup> Amendment prevents abortion on demand
- Irish women have very low abortion rates
  - (4.4/1000 Ireland vs. 17.5/1000 UK)
- 100,000 lives saved since 1983

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# Ireland an inspiration to other countries

- World leader in maternity care without abortion, Consistently safer place for pregnant women than countries with abortion
- The 8<sup>th</sup> amendment does not compromise the care of expectant mothers.
- Ireland ranks among countries with the lowest maternal mortality ratio, maternal deaths per 100,000 live births MMR in the world (>25 years)
- MMR 1990-2015: Ireland 8/100,000; USA 14/100,000; UK 9/100,00
- Currently rank 6<sup>th</sup> lowest MMR in the world

Reference: Trends in Maternal Mortality: 1990 to 2015 Estimates developed by WHO, UNICEF, UNFPA and The World Bank.

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## 3. Medical care of pregnant women

- No medical evidence that abortion is ever necessary to save the mother's life.
- Good obstetric practice: follows evidence based clinical guidelines:
  - Provide all medical treatment to save the mother's life, even if that unintentionally compromises the life of her baby (e.g. chemotherapy)
  - Early delivery may be necessary to save the life of the mother (e.g. sepsis, preeclampsia, ectopic..).
  - Pregnant women can safely receive treatment for medical conditions: asthma, epilepsy, depression, diabetes, BP, UTI....
  - Multidisciplinary and cross specialist care in high risk pregnancies to ensure best outcome for mother and baby

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# The Dublin Declaration on Maternal Healthcare 2012

- As experienced practitioners and researchers in obstetrics and gynaecology, we affirm that direct abortion – the purposeful destruction of the unborn child – is not medically necessary to save the life of a woman.
- We uphold that there is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the loss of life of her unborn child.
- We confirm that the prohibition of abortion does not affect, in any way, the availability of optimal care to pregnant women.”
- 1013 signatories...



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# The tragedy of Savita Halappanavar 2012

- 3 separate investigations: Coroner, HSE, HIQA.
- Multiple deficiencies in the medical and nursing care
- A catalogue of system failures
- Medical mismanagement of sepsis
- 13 missed opportunities to save her life, none of which related to the 8th amendment
- A rare and virulent form of E.Coli ESBL Extended Spectrum Beta-Lactamase, septic shock
- 9 clinical staff referred to professional regulatory body
- National clinical guidelines on management of sepsis 2014

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## 4. Pregnancy arising from sexual assault

- The prolife answer:
  - ❑ Rapid access to SATU: sexual assault treatment unit
  - ❑ Forensic samples to apprehend the perpetrator
  - ❑ Post coital contraception preconception
  - ❑ Support the mother through pregnancy
  - ❑ Consider other options: adoption
  - ❑ The baby is innocent
  - ❑ Abortion adds more trauma
- People conceived thro rape: Eartha Kitt, Pam Stenzel, Juda Myers, Zahara Jolie-Pitt....
- Roe V Wade: Norma McCorvey subsequently admitted that she had deliberately lied about rape

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## 5. Babies diagnosed with Life limiting conditions before birth

- Perinatal hospice care
  - Principals of palliative care:
    1. Neither hasten nor postpone death
    2. Affirms life and regards dying as a normal process
    3. Provide relief from pain and other distressing symptoms
    4. Integrate psychological and spiritual aspects of care
    5. Support to help patient live as actively as possible
    6. Support to help patient and family cope during illness and bereavement
- Irish midwives experts in perinatal palliative care
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## Babies diagnosed with disabilities before birth

- 8<sup>th</sup> amendment ensures these children have equal rights as other babies
- Right to be born alive
- Right to access medical care
- What about babies who confound medical expectation?
- What about misdiagnosis? False positive / false negative prenatal test results?
- Irish paediatricians are experts in managing complex congenital conditions

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# 6. Consequences of losing the 8th

- No longer be any legal protection for the unborn
- Future government free to legislate for abortion on any grounds, people will never have a say again
- Abortion rates will increase
- Mothers in difficult situations will feel pressured into abortion
- Cultural change in medicine and society
- All lives will no longer be equal
- Grounds will widen, abortion will be normalized
- Inevitably lead to abortion on demand, as happened in all other countries

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# The UK experience:

- 1967: “restricted” abortion introduced
- 2018: 200,000 abortions PA
- 1/5 pregnancies end in abortion
- 37% occur in women who had previous abortion
- 98% of abortions are for “Social Reasons”
- Abortion is legal for any disability up to birth
- 90% babies with disabilities are aborted
- Babies born with chromosomal abnormalities and other congenital conditions are a rarity
- 66 babies survive abortion PA (Confidential enquiry into maternal and child health UK 2007 Perinatal Mortality report)

# 7. Abortion in practice: procedures

- **< 10 weeks:** Chemical abortion, RU486/ Mifepristone (anti progesterone) with Misoprostol pessary in 24-48 hours (“A GP service”, Minister Harris)
- **First trimester 5-13 weeks:** Vacuum Aspiration using a wide bore suction catheter
- **Second trimester 13-24 weeks:** Dilatation and Evacuation using Sopher clamp and curette
- **Late term 25 -40 weeks:** Digoxin injection to the babies heart and induction of still birth
- Abortion is the ***deliberate*** destruction of the child’s life, if the child lives the abortion has failed
- “***Feticide*** should be performed before medical abortion after 21 weeks and 6 days of gestation to ensure that there is ***no risk of a live birth.***”

Reference: The Care of Women Requesting Induced Abortion Evidence-based Clinical Guideline Number 7 RCOG 2011

# Risks of Abortion to the mother RCOG

- Haemorrhage
- Nausea, vomiting, abdominal pain
- Infection / sepsis
- Perforation of uterus
- Laceration of cervix
- Death
- Risk of future fertility issues
- Psychological and emotional distress
- Risk of future preterm birth

Reference: For further discussion see American Association of Pro-life Obstetrician and Gynaecologists

[www.aaplog.org](http://www.aaplog.org)



# Abortion and Suicide

- Abortion is not an evidence based treatment for suicidality
- No medical evidence that abortion provides mental health benefit or reduces suicide in pregnant women
- Pregnancy protects against suicide
- Risk of suicide in pregnancy 1/2 – 1/3 risk in non pregnant woman
- Suicide post abortion: three fold increase
- Suicide difficult to predict

Reference: ~~submissions from psychiatrists, Hearings on the Heads of the~~  
Protection of Life during Pregnancy Bill 2013 [www.oireachtas.ie](http://www.oireachtas.ie)

# Mental health problems post abortion

- Abortion increases risk of mental illness by 30-81%
- Risk factors:
  - Past psychiatric history
  - Young mother
  - Mother felt ambivalent about abortion
  - Mother felt coerced
  - Late term abortion
  - Women with strong maternal instincts
  - Those who already have children
  - Poor supports
  - Those with moral objections
  - Those who have multiple abortions

References: Coleman et al 2005, 2008 & 2011, Fergusson et al 2006, 2008, 2011, Medical Royal Colleges 2011, Gissler et al 2005, Mota et al 2010, Kersting et al 2009.

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# Abortion litigation..

- **Wrongful birth:**

- Baby born alive due to failed abortion (Gianna Jessen, Melissa Ohden)
- Disabled child born due to misdiagnosis pre-birth

- **Failure of the doctor to:**

- Pass crucial information to the patient
- Verify if the procedure has been completed

- **Complication of abortion procedure:**

- Haemorrhage
- Damage inflicted to womb or cervix
- Any other kind of an abortion related injury

- **Effects of the failed abortion on dependents**

NHS: £10 million PA on wrongful birth claims (NHS Litigation authority)

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# Conscientious objection & the doctor

Hippocratic oath:

- ❑ “I shall not give a woman a pessary to procure an abortion” 500BC

Primum non nocere, first do no harm

International code of medical ethics, WMA 1949 a physician shall:

- ❑ Always bear in mind the obligation to respect human life.
- ❑ Always act in the patient’s best interest when providing medical care.

Bunreacht na hEireann 44.2.1:

- ❑ “Freedom of conscience and the free profession and practice of religion are, subject to public order and morality, guaranteed to every citizen.”

8<sup>th</sup> Edition of Professional conduct and ethics IMC, section 4, 49:

- ❑ You may refuse to provide or to take part in the provision of lawful treatments or forms of care which conflict with your sincerely held ethical or moral values.

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# However, conscientious objection under threat...

## **8<sup>th</sup> Edition of Professional conduct and ethics IMC, 4.49 also states:**

“If you hold a conscientious objection to a treatment, you must: inform the patient that they have a right to seek treatment from another doctor; and give the patient enough information to enable them to transfer to another doctor to get the treatment they want.”

## **Protection of life in pregnancy 2013:**

“A person who has a conscientious objection referred to in subsection (1) shall make such arrangements for the transfer of care of the pregnant woman concerned as may be necessary to enable the woman to avail of the medical procedure concerned.”

## **World Health Organisation:**

“Barriers to accessing safe abortion include ...restrictive laws...conscientious objection of health-care providers..”

## **Case law:**

UK Scottish Midwives: Greater Glasgow health board vs Doogan & Woods. 2014

IPPF successfully complained Italy to European Social Rights Committee because 70% Italian doctors exercise conscientious objection 2016

Ireland vs UNHCR (Whelan, Mellett) Irelands violation of international abortion rights, “discriminating, cruel, inhuman and degrading” 2016 /2017

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# The Liberal view:

Savulescu BMJ 2006:

“If people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, they should not be doctors.”

Authors from Karolinska Institute Sweden 2016:

“Conscientious objection' in reproductive health care should be called dishonourable disobedience because it violates medical ethics and the right to lawful health care, and should therefore be disallowed.”

Let's Talk About: Refusals to Provide Abortion Care on Grounds of Conscience, Abortion rights campaign, Ireland February 2018:

“If medical professionals refuse care on grounds of conscience, this will mean that, for many women, significant practical barriers to abortion care will replace the current legal barriers.”

“ There must be an obligation on every public healthcare institution (in Ireland) to provide care, regardless of its tradition or ethos.”

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## 8. The Referendum; what can you do?

- Look beyond the headlines
- Research the facts for yourself
- Make your own informed decision
- Speak to colleagues
- Write letters to medical and general press
- Volunteer with PLC / Dr4L
- Host pro-8<sup>th</sup>-Amendment healthcare meeting in your locality

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# Doctor Google

## Prolife medical information:

[www.irishdoctorsforlife.com](http://www.irishdoctorsforlife.com)

[www.abortionprocedures.com](http://www.abortionprocedures.com)

[www.dublindeclaration.com/](http://www.dublindeclaration.com/)

[www.aaplog.org](http://www.aaplog.org)

## General information:

[www.prolifecampaign.ie](http://www.prolifecampaign.ie)

## Abortion survivors:

[www.giannajessen.com](http://www.giannajessen.com)

[www.melissaohden.com](http://www.melissaohden.com)