



Both Lives Matter Guernsey

Dieu Donne
La Bellieuse
St Martin
Guernsey
GY4 6RP

**Advocacy for the UNBORN and for WOMEN.
If ONE life matters, EVERY life matters.**

~~ BothLivesMatterGuernsey@gmail.com ~~ <http://facebook.com/BothLivesMatterGuernsey> ~~

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Top Twelve Concerns surrounding the 'modernisation' of Guernsey's abortion law

- 1) Timing:** this proposed law is being put forward while everyone is preoccupied with the coronavirus crisis, not allowing for adequate debate or consultation.
- 2) Recognition of the value and life of the unborn child:** the Policy letter gives no recognition of the value and life of the unborn child. We believe both lives matter, that of the unborn child and the mother.
- 3) Support and care services:** the Policy letter treats abortion as a medical procedure to be made more easily accessible. Both Lives Matter believes the way forward is through supportive care services for women considering an abortion.
- 4) Disability Discrimination:** this proposed law will allow for abortion up until birth where there is 'fetal anomaly'. This is beyond the proposed 24 week threshold for all other cases. What message does this distinction send out regarding the value and dignity of those living with disabilities?
- 5) Fetal Abnormalities:** Information being put out presently by the Health & Social Care Committee suggests late terminations would be allowed in cases of "*rare, extremely severe forms of fetal abnormality*". However there is no such restriction within the proposed law or guidelines, leaving open the possibility of abortion up until birth for minor or 'possible' fetal abnormalities.
- 6) Medical Safeguards:** The current law requires two doctors to 'sign off' an abortion. The new law proposes to reduce that to one doctor. This removes an important safeguard, that only recently was deemed 'wise' in the United Kingdom when it was not removed in the emergency provisions introduced during lockdown.

7) Medical Significance: The proposed new law would allow nurses and midwives, rather than doctors, to perform certain abortions, allowing for abortions to be carried out in someone's home. This (along with item 4 above: the reduction of medical safeguards) downgrades the common perception of abortion from a significant medical procedure to a routine, minor one – something advocates of this new law are keen to do.

8) Criminal Sanctions: Advocates of the law are trumpeting its proposed removal of all criminal sanctions from women seeking an abortion outside of the law. However, this would mean there would be no sanctions even in cases of self-administered abortions at an extremely late stage where the child's life is clearly viable.

9) Conscientious Objections: the proposed law seems to unnecessarily limit 'Conscientious Objection' beyond that of the General Medical Council guidance. There is also no extension of any rights of Conscientious Objection to other medical staff who may have concerns about their less direct role in abortion (eg. administrative or managerial staff). Health and Services Committee under proposition 10, are requesting further powers to regulate the exercise of conscientious objection.

10) Outdated Limit of Viability: the proposed law would increase the threshold at which an abortion can take place to 24 weeks of pregnancy (with no threshold in cases of fetal abnormality). To increase the threshold seems astounding in an era where neonatal care and the outcomes for extremely premature babies are improving all of the time.

11) Pain Relief: the proposed law makes no provision for pain relief for the unborn child, despite NHS guidelines for other medical procedures (eg. surgery for spina bifida) requiring such, and scientific opinion shifting towards recognising that pain is experienced, perhaps as early as 12 weeks.

12) Regulation and Safeguarding: the proposed law removes many of the existing safeguards. This is being debated at a time when Guernsey's healthcare system is necessarily focused on the virus pandemic and health regulation is currently undergoing reform, with concerns having been expressed about the adequacy of safeguarding provision generally.

Maria O'Brien

Spokesperson

Both Lives Matter - Guernsey

Tel: 07781 168234