



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Severe Fetal Impairment Abortion
(Amendment) Bill:
Alliance for Choice; Alliance for Choice Derry

24 June 2021

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mr Gordon Lyons (Deputy Chairperson)
Ms Paula Bradshaw
Mr Jonathan Buckley
Mr Gerry Carroll
Mr Alan Chambers
Ms Órlaithí Flynn
Ms Cara Hunter
Ms Carál Ní Chuilín

Witnesses:

Ms Emma Campbell	Alliance for Choice
Dr Maeve O'Brien	Alliance for Choice Derry

The Chairperson (Mr Gildernew): I welcome via video link Ms Emma Campbell, co-convener for Alliance for Choice. Can you hear us, Emma?

Ms Emma Campbell (Alliance for Choice): I can, thanks. Thanks for having me today, Colm and the rest of the Committee. I am in the Metropolitan Arts Centre (MAC) in Belfast. I cannot control the windows, and there is drilling outside, so I apologise in advance in case that happens.

The Chairperson (Mr Gildernew): OK. That is grand. Hopefully, it will not be too bad. We are also joined by Dr Maeve O'Brien, a member of Alliance for Choice in Derry. Can you hear me, Maeve?

Dr Maeve O'Brien (Alliance for Choice Derry): I can indeed, Colm. Thanks.

The Chairperson (Mr Gildernew): Thank you both. Tá fáilte romhaibh. Thank you for coming to the Committee. I remind panel and Committee members to ensure that they are on mute when they are not contributing. If people have access to headsets, that usually helps the sound quality. Emma and Maeve, I invite you to give a five-minute briefing — five minutes each or however you want to divide that — on your key points. We will then go to members for questions and answers. If that is OK, go ahead.

Ms Campbell: Along with Derry, we are the largest grassroots group campaigning for abortion rights in Northern Ireland. We are people who have had abortions, people who support full access to abortion and people who facilitate and have facilitated abortions, even when abortion was illegal. We

are mostly concerned that the Severe Fetal Impairment Abortion (Amendment) Bill is drafted in bad faith and that the ultimate intentions of the Bill, which are to reduce abortions in certain circumstances, will not have the intended effect and, in fact, will make people travel for the same abortion services. I will run through a few summaries.

We know from experience in Ireland that legislation that allows abortion only in cases of narrowly defined fatal fetal anomaly exerts an awful lot of pressure on clinicians to produce indisputable evidence that a fetus will not survive after 28 days of birth. That strict legal definition does not comport with medical understandings, and it results in many women and pregnant people with a heartbreaking diagnosis being exiled to England for treatment. It delays treatment and exacerbates what they are going through. We have yet to see the full and proper implementation of the abortion regulations in Northern Ireland as set out in March 2020. We all know why that is: there is a lack of commissioning and an Executive veto on it. It is insulting to all families having to deal with a severe fetal anomaly that the Bill exacerbates their grief by making them travel to England, even at the height of a pandemic.

We were heavily involved in providing evidence and witnesses for the original Committee on the Elimination of Discrimination against Women (CEDAW) inquiry. Removing any part of the CEDAW recommendations from the law opens up the Assembly to further legal action, as it directly contradicts the measures needed to prevent further breaches of rights. Increasing the legal and political scrutiny of abortions for fetal anomaly will have a negative effect on clinicians' ability to do their job fully and on any support that can be provided to families that are dealing with that diagnosis, especially if their access to multiple options is restricted by the proposed Bill.

We understand that the UK Government's funding of abortions for people in Northern Ireland who have to travel will still go ahead, and we welcome that. However, we note that that was originally introduced as a stopgap until provision was enacted properly in Northern Ireland. It has always been said that travel is not a tenable solution for breaches found by the UN inquiry. In fact, the CEDAW report reiterates again and again that travel is one of the biggest breaches, yet we still force families to do that.

Difficulty in accessing abortion is one thing. However, as I said, that does not necessarily prevent abortion for the reason stated in the Bill. The only thing that can ameliorate potential discrimination towards having a child with a Down's syndrome diagnosis is a wide range of social supports for people with Down's syndrome and their parents, as well as the other measures that I mentioned. Reintroducing criminalisation does not do anything to change the shame associated with effectively being disowned by Northern Ireland because of your pregnancy choices.

Despite the changes that we kind of almost already have, healthcare professionals here still lack clear guidance on what advice, care and pathways can be offered. That leaves abortion seekers in the dark. In our first-hand experience in Alliance for Choice in Belfast, that means that people call us confused and scared. They often say, "I don't understand; I thought this was all sorted now", and yet they still do not have access. On some occasions, we have had to write to health trusts on their behalf to ensure that they get treatment. No one should be made to run a gauntlet like that, especially on top of the pregnancy decision that they already face in a pandemic.

One of the biggest issues is the lack of public information on the health trust and Department of Health websites about the supports and services available. More than 2,000 people a month use our website to find out information about how to get an abortion in Northern Ireland. Although we are happy to provide that information, we are an NGO not a health provider. We are not a statutory body that people should rely on for that information. The other problem is that it often leads people to rogue providers: people pretending to be abortion providers trying to direct women in a different direction.

Public opinion polls show that citizens in Northern Ireland support abortion law reform and decriminalisation, despite a reluctant Northern Ireland Assembly — most notably, the DUP, which is the majority. The most recent survey showed that 87% of people are against any criminal penalties for abortion seekers. Although we do not believe that rights should be based on popular opinion, that is indicative of a broader problem of proper representation on issues of social justice in our tribal, post-conflict society.

Harassment and stigmatising language are unnecessary and traumatic additional barriers to the already difficult access to reproductive healthcare for people with crisis pregnancies. They are, however, allowed to continue unchecked, with no consequences, and openly supported by the leading party in Northern Ireland, even for those arrested for harassment.

The human rights standard recommended by CEDAW in its 2018 report are:

"that abortion on the ground of severe fetal impairment be made available to facilitate reproductive choice and autonomy, States parties are obligated to ensure that women's decisions to terminate pregnancies on that ground do not perpetuate stereotypes towards persons with disabilities. Such measures should include the provision of appropriate social and financial support for women who choose to carry such pregnancies to term."

Please note that CEDAW expressly recognises the right to abortion on the grounds of severe and not just fatal fetal impairment. That is clear. My concern is that the Bill seeks to limit abortion access, but does not seek to put forward any of those measures for extra social and financial support for anyone faced with such a decision.

The devolved Government of Northern Ireland have a history of stripping away the human rights of disabled people. We saw that in the support of restrictive welfare reform and austerity. If political parties are really concerned about how disabled people are treated, there are many more meaningful ways that they can support us, such as ensuring personal assistance, widespread access to the health service, a decent standard of living and tackling discrimination against disabled people. Many of the heartbreaking stories that won over the public, who voted for a more progressive Ireland and helped to open up conversations in the North, were from people with those diagnoses. To continue to force them to travel to England is to continue a shameful history of denying women and pregnant people the ability to decide about their own bodies, lives, families and futures. Party policies can be changed, but the trauma from forced travel for healthcare cannot.

We want the Health Committee to note that the person and the party that proposed the Bill has always voted against abortion in all circumstances. We also note that, as I said before, there are no Bills to extend provision for disabled people, especially for disabled women or pregnant people, with their particular and specialist needs in relation to abortion and maternal healthcare. It is, therefore, disingenuous to claim that the Bill makes any difference to the lives of disabled people. There are ways that that can happen that are embedded in public health and social care systems and do not need to impinge on a pregnant person's bodily autonomy.

Finally, we would like to reflect that a governing body that attempts to skirt around and avoid the recommendations of an international human rights inquiry by undermining the importance of UN treaties or how binding the inquiry's findings are is one that merely invites further legal scrutiny of its inability to understand or implement fundamental and minimum human rights standards. It is not a good look, either for its voting public or in a global setting. Frankly, for us, it is embarrassing.

I understand that there are a lot of supportive people on the Committee. We presented our evidence and wrote our presentation on the basis of the people and the party that sponsored the Bill.

The Chairperson (Mr Gildernew): Thank you, Emma. Are you going to make a presentation, Maeve, or will we go straight to questions and answers?

Dr O'Brien: I have a brief presentation, if that is all right.

The Chairperson (Mr Gildernew): Absolutely. Go ahead, Maeve. *[Pause.]* The Committee Clerk is indicating that there is an issue with the streaming of the meeting. I may need to pause for a few minutes, just so that we can get the live stream on again in preparation for your presentation. Will we have to suspend the meeting, or can we stay online?

The Committee Clerk: We will stay online, and, hopefully, it will be resolved in the next few seconds.

The Chairperson (Mr Gildernew): OK. We will pause for a moment. I remind members that they are online and that we are still in public session, even though we have paused the Committee meeting. I will wait for the Committee Clerk to confirm whether we have a resolution or that we are going to proceed.

The Committee Clerk: We have had confirmation that there is an issue on the Assembly website but that we are streaming live on YouTube and Facebook at the moment. We are going out live, but there seems to be an issue with the Assembly website. We are OK to continue.

The Chairperson (Mr Gildernew): OK, thank you. I apologise for the disruption, Maeve. Please make your presentation.

Dr O'Brien: I thank the Health Committee for agreeing to hear from Alliance for Choice Derry today. It is decent of you all, and we look forward to working with you in future.

I will just deliver a brief statement from Alliance for Choice Derry. As you know, we submitted evidence on the Severe Fetal Impairment Abortion (Amendment) Bill. While we will leave it to healthcare professionals to outline the nuances of why the Bill is deeply problematic, we would like to state that the discourse surrounding the Bill has been subject to much misinformation.

Paul Givan has inaccurately suggested that clause 1 will increase or pressure women and pregnant people to seek terminations for pregnancies in cases of uncomplicated Down's syndrome, cleft lip and palate and club foot. That is an inaccurate and misleading claim. We refer members to the stringent General Medical Council (GMC) regulations, as well as words from healthcare professionals in Northern Ireland and members of the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) in order to illustrate that point really clearly. Accordingly, in agreement with those experts, we strongly condemn the Bill, which is neither rooted in fact nor best practice healthcare for women in Northern Ireland.

It is interesting to note that statistics from England and Wales indicate that abortions over 24 weeks accounted for only 0.1% of all procedures. That means that Paul Givan's Bill targets a minority of people and families who will experience much wanted but complex pregnancy scenarios. Ultimately, this misguided Bill will put pressure on that 0.1% to make healthcare decisions before 24 weeks' gestation. Preventing abortion access beyond 24 weeks is ill considered and cruel, because serious abnormalities are detected only at the 20-week scan or later, which leaves a four-week window between receiving that news and being able to make a decision that is right for the individual and their family.

Despite the Bill's being modelled as a protection for disabled people, it, in fact, erases and victimises disabled people, who also need access to reproductive healthcare. As we have seen in the case of Sarah Ewart, the traumatic result of restricted abortion access in Northern Ireland has meant that women have been forced to travel to Great Britain for essential healthcare and, as a result, do not receive the proper support or aftercare that they need. The Bill will mean a continuation of those painful journeys and that our shameful history of exporting tragedy in Northern Ireland will continue. We will be abandoning women and pregnant people in their time of need.

As grassroots activists in Derry and the north-west and in rural areas, we have for decades helped women in Northern Ireland to procure abortions. We want to explain to you guys exactly what will happen if the Bill goes through. If a woman is given a diagnosis of serious abnormalities in and around the 20-week scan, which is the earliest date in Northern Ireland that such diagnoses can be given, and that woman decides that she wants to terminate, she has to make her decision and will find a way to have an abortion regardless of availability here. We know that because we have assisted women in their choice to do that, and we know it because figures from the UK Government show that, in 2020, during the coronavirus pandemic, seven women a week travelled from Northern Ireland to England to have abortion healthcare. So, we know that, once women make their decisions, come hell or high water, they will realise that decision. In that scenario, Paul Givan's Bill will mean that, having been given a diagnosis of severe fetal impairment at 20 weeks, there is a four-week window for a woman to make a decision on whether to carry on with her pregnancy.

What goes on in that four-week window? You have to have time to come to terms with your diagnosis, you then have to organise the scheduling of further testing to really get to grips with the situation and what is happening and then you might want to explore supports that might help families and women continue to choose going on with their pregnancy. However, if Stormont imposes this strict time limit, you will in effect pressure women to make a decision about their family planning in an extremely short space of time. As a result, that heightened tension and pressure will hurt women with likely much wanted pregnancies by forcing them to make a rushed decision without adequate time to reflect and process the information that they have been given. So, not only does this have a traumatic effect in the short term for women but it has an untold impact on her family, her mental health and any further pregnancies.

At Alliance for Choice Derry, we can decisively say that limiting time for decisions will drive desperate and traumatised women to travel to England or to seek dangerous backstreet options. If the Bill passes, please make no mistake that this is explicitly the situation that Stormont is creating. We argue

that what Stormont needs to do is provide the best care available for women to make informed decisions. That requires time, so the imposition of restrictions will only pressure women to make decisions before they are ready. We just want to demonstrate that point. Person A described how the Bill would affect her:

"In 2016, I was diagnosed with Brugada syndrome following genetic testing due to a sudden cardiac arrest in my family. Brugada syndrome is a rare genetic condition that is usually only diagnosed once a sudden cardiac arrest occurs. There is no treatment. I was told that it was likely that any children I have will have the same condition and they would have to undergo the similar testing, need frequent monitoring across their lives and are likely to experience a cardiac arrest."

Person A became pregnant in 2017, and she said:

"Knowing this child would also likely have the same condition as me and that my health would be at risk, I was not only thinking about the immediate future, but I had to imagine a situation where this child, or I, might have a sudden cardiac arrest."

Person A went on to say:

"If I was placed in the position of a woman who faced a diagnosis of a severe fetal impairment, I would not have had adequate time to make a decision and take into consideration or cope with all the information I was given. It is cruel to force pregnant people and their families to make life-changing decisions in a matter of weeks. The pregnant person is the only one who knows if they can cope with a pregnancy and understands the impact it will have on their life and the life of their family."

That is from person A, and we are grateful to her for that perspective. Stormont needs to reject the Bill, provide funding for better antenatal screening and put in place clear guidance for clinicians to support medics and women who are affected by severe fetal impairment diagnoses.

On that note, we understand that the term "severe fetal impairment" has been manipulated by those who seek to restrict women's healthcare choices. We take the opportunity to affirm our support for the clinicians at the Royal College of Obstetricians and Gynaecologists and fetal medicine experts, who provide empathetic care in the strictest adherence with General Medical Council regulations. We trust our medical professionals, and we must take our lead from them.

As activists in the north-west, we fully support the right of women to decide what is best for them and their families in consultation with their doctors. We believe that it is a private matter that should not be interfered with. We ask Stormont this: do you think so little of women and believe that the women of Northern Ireland are so callous that restrictions on their healthcare are necessary?

Finally, in response to some of the narratives about abortion and morality from people with extreme religious views that have been heard in the Committee sessions, Alliance for Choice Derry posits that it is, in fact, the height of immorality to put women and pregnant people in situations in which they are forced to give birth. We turn to the Christian clinician Dr Willie Parker, who provides abortions in the United States of America. He said:

"The Scripture came alive and it spoke to me. For the Samaritan, the person in need was a fallen traveler. For me, it was a pregnant woman. The earth spun, and with it this question turned on its head. It became not: Is it right for me, as a Christian, to perform abortions? But rather: Is it right for me, as a Christian, to refuse to do them?"

With that in mind, we urge the Health Committee to remember the diverse theological perspectives on abortion, and we remind members that, regardless of your personal feelings on the matter, your job is to enact healthcare in line with human rights regulations. It is then up to service users to privately make their own decisions. Providing access for women to have abortions at home, surrounded by their families, midwives, consultants and fetal medical experts, is the most sensible decision medically, economically and emotionally for women in Northern Ireland.

As activists, we know that those who are forced to travel to England for abortion services often experience trauma due to having to travel and go through the healthcare procedure without their support networks. The Bill will cause deep harm to those women and their families, and it is imperative that it is not brought into law. Thank you very much for hearing us this morning.

The Chairperson (Mr Gildernew): OK, thank you both for your presentations. I have a couple of questions, and then I will bring in members. I advise everyone that all streams are now working and that the Assembly live feed is also now streaming the meeting.

Emma, you mentioned early on in your presentation that the Bill could put pressure on clinicians to provide indisputable evidence. Could you elaborate on what you mean by that and what the impact of that could be?

Ms Campbell: Currently, the Twenty-six Counties have a law similar to what is being proposed in the Bill that requires doctors to provide irrefutable evidence that the condition means that the child will die within 28 days of the pregnancy. That is an almost impossible diagnosis, as anyone in this room who has experience of relatives in end-of-life care will know. It is almost impossible to make those kinds of absolute decisions. Effectively, even people who are arguably within the law in the Twenty-six Counties are still travelling to England for those services. It means that those services are not available at all, because, with the reintroduction of any level of criminalisation, clinicians are rightly worried about the impact on their being able to provide all the other services that they provide.

The Chairperson (Mr Gildernew): Both of you touched on the issue of supports. Emma, you said that there needed to be wide range of social supports in place. What type of supports need to be in place? What supports are lacking in the North? What are the key supports that do not exist?

Ms Campbell: Specifically, for disabled women and people who can get pregnant in Northern Ireland, there is a huge lack of understanding of reproductive healthcare. For disabled people and people with disabled children in Northern Ireland, we all know there is a lack of specialist school services. In the last decade, universal credit has meant that people have had their welfare massively slashed. The countries that have the most supports for people with disabilities are the counties where disabled people are happier, and we should be aiming for that. We should not restrict anyone's reproductive healthcare decisions.

There is something else that neither of us got to talk about because of the time. If families travel to England for this type of reproductive healthcare, they will be forced, once again, to make a decision on the airline they use based on whether it will transport fetal remains in a cool box for them. We should never make anyone make that decision.

The Chairperson (Mr Gildernew): OK. I will move to members. I have indications from Paula, Carál, Jonathan and Gerry. I ask members to be conscious of the sensitive nature of the issues that we are considering and to be aware of that at all times.

Ms Bradshaw: Thank you, ladies for your presentations this morning. I watched a news item last night about mother-and-baby homes in Scotland. Decades ago, women were forced to make decisions at a time of huge emotional stress in an environment of taboo and shame. I will liken the Bill, and what is happening to women trying to access reproductive healthcare, to a modern-day mother-and-baby homes scandal. Can you talk about how reproductive healthcare continues to be used to oppress women in our society?

Ms Campbell: One of our members, Ashleigh Topley, was involved in the Supreme Court case that was eventually moved back here and taken forward by Sarah Ewart.

There was an inability to make a quick decision in Ashleigh's case, and that was not on her. The delay was caused by an inability to find a consultant and get the testing done in time, and Ashleigh missed her opportunity to access an abortion. She had to carry her pregnancy for 14 weeks knowing that the baby would not survive. When she was in public, which she eventually stopped doing because it was so traumatic, people would congratulate her because she was very clearly pregnant. She had to tell people that her baby was going to die. It was incredibly traumatic for Ashleigh — six years later, the health trust still provides a psychologist for her. Why on earth would we ask to go back to that? Why on earth would we force women to carry a pregnancy for 14 weeks knowing that the baby will not survive?

Ashleigh also had to have quite intense pain relief injections throughout the end of her pregnancy. If it had been a normal healthy pregnancy, she would not have been given those injections because of the risk they would have posed to the fetus. The Bill has been proposed for only one reason, and, given the beliefs and background of the person who proposed it, we all know why.

Ms Bradshaw: Thank you, Emma. I will direct my next question to Maeve. Thank you for highlighting the discourse about the Bill and the misinformation that is out there. Last week, Dr John Manderson, a fetal medicine consultant, knocked it out of the park about how ridiculous it was that any consultant with that level of expertise and training would ever terminate just on the basis of a club foot or a cleft palate.

What sentiment is there in the Derry area about the stop-start nature of the services in the Western Trust? How is that impacting the rural community?

Dr O'Brien: We are in the process of lobbying the Western Trust. I am sure that you all know that early medical abortion services have collapsed in the Western Trust, leaving a healthcare inequality for women in the trust area. We are dealing with people on the ground who, as Emma said, come to us, the activists, for medical help. The stigma and shame that are created as a result of the collapse of services is producing a real chill factor. We have women self-administering. We have women looking for pills online and being afraid to reach out to their GP or their healthcare providers. It is a really difficult situation up here in the north-west at the moment. We are working to resolve it.

Throughout the pandemic, Informing Choices Northern Ireland (ICNI) has had so many service users. Throughout the pandemic also, we know that seven women a week travelled to GB, and that situation is ongoing. We have women who are deeply distressed and women who are attempting suicide. They reach out to us, but it really should not be that way. We need the healthcare infrastructure in place. We need it done professionally and to the letter of the law. We need to grow up now and roll out the services.

Ms Bradshaw: Thank you very much, ladies, and thanks to both your organisations for your work, which has been fantastic.

Ms Ní Chuilín: Thank you, Emma and Maeve, for your presentations. They were compelling.

Paula said that fetal medicine experts, the RCOG, the RCM and NIACT have all presented to the Committee. The two witnesses two weeks ago, however, were almost insulted — no, they were insulted — that the people behind the Bill are suggesting that terminations happen because of a diagnosis of club foot, cleft palate or non-complicated Down's syndrome. They were clearly hurt by that suggestion.

The other issue that I want to raise is that, in the middle of a global pandemic, Informing Choices also told the Committee that at least seven women a week whom they know of — they suspect that there are probably more — are forced to travel for a termination. I have seen the situation in Newry, where people protest at any woman trying to access healthcare. I want your thoughts on that, because the witness from NIACT, whose name I cannot remember, told us that nurses and other medical professionals have to escort women to their vehicle because of the abuse that they receive. Despite all of that and despite the Bill, women are still travelling to Britain to terminate. That is mostly happening where it is a wanted pregnancy but they have no option. I want your views on that.

I appreciate your sentiments, Emma, about blockages and the vetoing of rights. To have it on record, I will say that we now sit after agreement was reached on the continuation of welfare rights, protections and mitigations and, indeed, protections and mitigations for the most vulnerable, including the disabled, so these rights need to progress as well. We have people who are for rights and people who are against them. You can make up your mind as to who is who.

Do you believe that, if the Bill is passed, the protests at women trying to access healthcare will have an impact on women and on professionals working to provide healthcare, including reproductive healthcare for women and pregnant women?

Dr O'Brien: Thank you, Carál. I will go first on this one. Yesterday, in Coleraine, we saw an escalation of the problems on the Castlerock Road. There are weekly protests at the Waterside Health Centre in Derry city. Derry City and Strabane District Council has voted in support of buffer zones. Belfast has done the same, and I am sure that Emma can talk a little more to that. The key issue is that it is not about denying people their right to protest; rather, it is about saying that you should not protest outside a healthcare centre, which is a place that women are going into, for whatever reason, to avail themselves of medical care. It is frightening for women and their children, as we have seen in Newry. We see grassroots groups, such as Supporting Women Newry, off their own bat and with little support

from the council or the police, protecting other members of their community. Going forward, extending that protection has to be key.

Carál, I have been watching the Health Committees sessions on the Bill, and the suggestion that medical professionals would coerce women into aborting is abhorrent. Those medical professionals are the people who tend to our wounded and sick and are motivated to do their job through a deep sense of empathy and care. The suggestion that medics would somehow skirt the line when it came to the strict GMC regulations and risk their life's work — that is what the medical profession is: it is a calling to a life's work — by coercing women and doing medical procedures willy-nilly, which is the narrative that is being peddled, is absolutely disgraceful. It is so disrespectful to the professionals who have been the linchpin, especially in Northern Ireland, through the decades. We need to take our lead from those professionals, cut out that false narrative and put our trust in the people whom we put our trust in during the worst days of our lives.

Ms Campbell: Today, in about an hour and a half, College Street in Belfast will be full of anti-choice protesters, some of them with graphic and, let us face it, completely inaccurate images that are designed to scare people.

I make the point that we have taken calls, quite regularly, from people who have been through the hands of Stanton Healthcare. Recently, I received a call from someone who was clearly shaken and was crying on the other end of the phone. She had been for three appointments with Stanton and was under the illusion that it was an abortion-providing clinic in Northern Ireland. It takes women in who are under the belief that they will get abortion healthcare. It sends them for scans at a private scanning centre purposely to delay them beyond the 10 weeks, which, essentially, is the point up until which abortion is most available for people in Northern Ireland at the moment. Once it was clear to the people in Stanton that that woman was not going to change her mind, they started being quite abusive to her, and it was at that point that she realised that it perhaps was not a legitimate provider after all.

As Maeve knows, that same organisation is advertising abortion reversal pills all across the North. A doctor in England was struck off for offering that same abortion reversal medicine. It is dangerous. One study into it began in America after it caused lots of unnecessary bleeding during pregnancy. It was so harmful that its use has been stopped. I do not understand how Stanton is allowed to do that with impunity, to pretend that it is an abortion clinic and to bring in people. If we had accurate and up-to-date information on statutory websites, that would not happen. If you were to ask the doctors — I have spoken to them — they would also testify that people have come through their doors in a panic after being taken in by Stanton. Make no mistake: the people who run Stanton are the same people who are standing outside the clinic in College Street in Belfast. It is really unacceptable.

I have also spoken to the people who run the businesses across the street from the College Street clinic, and they have told me that nobody comes anywhere near their shops on Thursdays any more. That is the centre of Belfast on a Thursday afternoon, and no one comes near their shops any more because they are too scared to deal with those anti-choice protesters. Any Bill that purposely tries to limit reproductive choice for women will give ammunition to such groups to continue.

Ms Ní Chuilín: I thank you both. I am old enough to remember what happened at the Brook clinic. It was not acceptable then, and it most definitely is not acceptable now. I put on record my gratitude to you both and, indeed, to the many people with whom you work.

Mr Buckley: Thank you, Emma and Maeve, for your presentations. First and foremost, one of the participants said that our primary objective is to provide healthcare. I state that my primary objective is to save lives, and that has informed and will continue to inform my decision-making on the Committee.

Emma, in your submission for Alliance for Choice, you express concerns about the Bill, because you say that it will lead to — is there a lot of background noise?

Ms Campbell: Apologies. There is a drill outside, and the window is open. There is nothing that I can do about it. I am sorry.

Mr Buckley: OK. In your submission, you express concern that the Bill will lead to the re-criminalisation of women. The Abortion (Northern Ireland) (No. 2) Regulations 2020, however, are clear, in particular regulation 11(2)(a), which the Severe Fetal Impairment Abortion (Amendment) Bill does not amend in any way. There is therefore no context in which the mother can be criminalised.

Given that the Bill that we are discussing today clearly does not criminalise or re-criminalise the mother, why do you suggest that it does?

Ms Campbell: This is a bit like the —.

The Chairperson (Mr Gildernew): Before you come in, Emma, I want to say, Jonathan, that a lot of that feedback seems to be coming from your end. I am not sure whether you can grab a set of headphones. We heard your question.

Mr Buckley: I am not sure what it is, Chair. I can hear it feeding back from your end as well. It is almost as if there is a delay on the line.

The Chairperson (Mr Gildernew): We caught the question, so, hopefully, Emma will be able to work her way through it.

Ms Campbell: It is similar to the likes of the Morrow legislation, which attempted to criminalise people who purchase sex rather than sex workers but what in effect happened was the criminalisation of sex workers. That is similar to what is proposed in this Bill, in that, although you are effectively seeking to criminalise or punish healthcare providers, what you will end up doing is punishing the people who seek those healthcare services in the first place.

My understanding of signing up to be part of the UK is that you are signing up to be part of all the international human rights treaties that it has ratified, including the CEDAW treaty, under which the CEDAW inquiry falls. To deny the ratification of that human rights treaty is to deny your part of the Union.

Mr Buckley: Emma, in your submission, you state:

"It's very concerning to see anti-choice spokespeople using the lives of people with disabilities as political footballs, and to see anti-choice myths about conditions such as Down Syndrome making their way into everyday conversation."

Most of the evidence that you have both given is probably directed at the position that political parties, including mine, have taken on the pro-life argument. What is striking is that we have received evidence in favour of the Bill from two Down's syndrome disability charities, while a number of what you describe as "anti-choice" groups have commended the Bill. What do you have to say to the disability charities calling on the Assembly to pass the legislation? Is it fair to call them "anti-choice", given their record of trying to help those with disabilities in everyday life?

Ms Campbell: Alliance for Choice has worked closely with disabled people, disabled women and women who can get pregnant, and we did a course with a lot of participants, some of whom had disabled children. I do not think that anybody who has ever been in Sarah Ewart's or Ashleigh Topley's situation would want to limit choice in any way. I am prepared to accept that some people have a different opinion, but Alliance for Choice very strongly believes that the Bill's intentions are misguided. Nothing in the Bill would prevent any of the abortions that it talks about. They would just happen in England — in a different place — and involve severe trauma for those people, for reasons that we have talked about already, such as having to find someone who will transport the fetal remains back to Northern Ireland on a low-budget airline for a proper burial. We do not think that that is acceptable. There are also disabled women who have made submissions to the Committee not in support of the Bill. I am not really sure what you are trying to say.

Mr Buckley: Your submission talks about "anti-choice spokespeople". Do you hold the position that Down's syndrome disability charities that have presented in favour of the Bill are "anti-choice"?

Ms Campbell: Some people are against abortion in all circumstances, such as many people in the DUP, and that is completely up to them. That position, however, is not allowing people to make their own decisions about their pregnancy, and a Bill such as this would do exactly that: prevent people making their own decisions. One person's beliefs should not affect somebody else's healthcare. You are within your rights to have those beliefs, but they should not impact on other people's access to healthcare.

Mr Buckley: OK. I note that you did not answer the question directly. Sarah Ewart made it clear that she does not support abortion for disability. You did not say whether you stand over your claim that those charities are "anti-choice".

I am probably running out of time to ask questions, but I have one for you, Maeve, if you do not mind. Last month, Tommy Jessop, an actor who has Down's syndrome and who recently appeared in the popular BBC crime drama 'Line of Duty', publicly said:

"I want to see people with Down's syndrome treated equally with others before and after they are born. We are the only group of people in the UK where people try to end our lives before we are born just because we have Down's syndrome. This is not fair. It scars our lives and causes mental health problems."

How do you justify opposing the Bill to people such as Tommy Jessop?

Dr O'Brien: Thank you, Jonathan. That is a very emotional statement. I ask that you consider and we all consider the women who decide to have an abortion. They are not monsters; they are women in our communities. They are our sisters and our friends. Do we think so little of women to think that they would decide willy-nilly, "I will just do something that is very light and easy"? Do you think that the women of this region are so cruel as to act in that way and do what the quotation that you have just read out suggests?

Mr Buckley: I have never described any woman as a "monster" or called a woman "a criminal" for doing anything, Maeve; I am simply asking how you respond to Tommy Jessop's statement about how those with Down's syndrome feel as a result of a Bill such as this being opposed.

Dr O'Brien: Jonathan, you cannot talk about that in the abstract. The situation is that women make a decision to continue with their pregnancy or not based on medical advice, the supports available to them and their ability to continue on their personal journey. Do you think that women are so callous as not to take into consideration all those issues? Do you think that women would do what Tommy said?

Mr Buckley: I think that the public discourse on people with disabilities, particularly Down's syndrome, is discriminatory. Look at the statistics in England, for example: 69% of women were offered a termination in the same conversation as receiving a positive diagnosis from a test for Down's syndrome, while 50% of women who had a high chance of Down's syndrome resulting were offered a termination a second time, having already refused it once. Tommy, along with the many people who have written to me as their MLA about the Bill, is highlighting the impact of the continuing stigmatisation of those who oppose the new abortion regulations put through Westminster. There is a deep concern about the rights of the unborn, and particularly about the rights of those with disabilities such as Down's syndrome. It is in that context that I read the statement from Tommy. I would like to know how you would respond to a person such as Tommy in that instance.

Dr O'Brien: I can put your mind at ease. In England and Wales in 2019, Down's syndrome was mentioned in connection with 12 abortions that were carried out after 24 weeks. If you speak to the many medical professionals who have taken the time to speak to the Health Committee, you will know that Down's syndrome alone is not a qualifier for abortion in the sense that the Bill intends. Rather, it is a complicating factor.

You are dealing with very severe and fatal impairments. Listen to the medical doctors. Doctors work with severe impairments that are wide-ranging and can include — in the context of Down's syndrome — chromosomal abnormalities, congenital anomalies and anomalies related to the nervous system. We are talking about severe impairments and the most extreme cases, with the Givan Bill allowing women a four-week window in which to make a huge decision. I posit, Jonathan, that if you really cared about preserving life and choices for women, you would allow women the time to think, "Can I cope with this? Can I continue with this?". Surely a four-week window runs counter to that objective.

Ms Campbell: There is evidence to show —.

The Chairperson (Mr Gildernew): Briefly, Emma. I want to move on.

Ms Campbell: OK. There is evidence to show that forcing women to make a decision quickly increases the number of abortion decisions for various reasons. It does not decrease the number in

any way. Jonathan and others in his party have failed to answer the question of what exactly the party is doing for people who have Down's syndrome, aside from bringing forward a Bill that is trying to restrict people's reproductive rights.

The Chairperson (Mr Gildernew): OK. I move on to other members. We used a substantial amount of time there.

Mr Carroll: Thanks, Emma and Maeve. I think that I was at the inaugural Alliance for Choice meeting many years ago, so I declare an interest. Fair play to you, Emma and Maeve, for all the important advisory and campaigning work that you do. Alliance for Choice is a really important organisation, so I thank you for all your work.

Emma, as you touched on this more than Maeve, I will ask you to tease out the point in the Alliance for Choice paper about anti-disability discrimination being a real issue in our society, which it is. Alliance for Choice is adamant about not going back on rights for people with disabilities or for people who are pregnant and in need of a termination.

A report by the Public Services Ombudsman that was published this morning — I do not know whether you have seen it — stated that too many people on the personal independence payment (PIP) had their claims unfairly rejected. As far as I am aware, Paul Givan is not introducing a Bill to overturn PIP, which is a benefit for people with disabilities. A lot of the arguments about standing up for people with disabilities being an aim of the Bill are bogus. That is my first point.

The idea that limiting the time for people to make a decision about termination to before 23 weeks, even though it is difficult after 12 weeks, increases the number of abortions is very important. I will make one other point and then ask a quick follow-up question. There has been a lot of talk recently about divergence in trade, the protocol, sausages and all those whatever-you-want-to-view-them-as issues. Will you speak briefly on the divergence of services for women in the North in some of the trusts, but also on the limitations currently and what fears you have that those will be extended by this Bill?

Ms Campbell: We are really uncomfortable that this Bill has even been proposed, long before any commissioning of services. The fact that we have services up to 10 weeks is testament to the health providers on the ground and the medical professionals who scrambled to make provision happen without the support of the Department of Health. We were so frustrated at the start of lockdown. We were having dozens of calls a day. People were at their wits' end, not knowing where to go or what to do. We had young women living with their parents saying, "We're all supposed to be self-isolating. How can I get out of the house to get access?" We are still an outlier as the only jurisdiction in the whole of the UK and Ireland that does not have access to telemedicine at the height of a global pandemic, despite it being recommended by the World Health Organization and the UN. It is actually a disgrace. On paper, we have now one of the best laws in Europe, because it uses the text of the human rights inquiry that happened in Northern Ireland and is based on the evidence of the women whom it interviewed and the medical professionals that it spoke to.

All the Bill is doing is trying to limit people's reproductive choices. Where is the evidence they have that shows that a move such as this would in any way make fewer of those abortions happen? There is no evidence. They cannot provide that evidence. In fact, it is the opposite. We have very clear evidence from the Twenty-six Counties in Ireland, which has a similar law as what is being proposed, that people are still travelling in their hundreds over to England to access care. If there are parties on this call that are working towards a Thirty-two Counties country, then in no way should we be relying on England to pick up our healthcare that we find personally distasteful. That is not how healthcare works, and it should never be how healthcare works. I know that a lot of people on the ground in the country are just dismayed and confused that there is still no real access. We should have access for mental health or health reasons up to 24 weeks, essentially, with the sign-off of two doctors. That is not happening. There is a cut-off at 10 weeks. There is then the cliff edge, and people have to go and find their abortion healthcare in other ways.

I will let Maeve jump in here.

Dr O'Brien: I am in absolute agreement, Emma. It is unacceptable. I work with women on the ground and, as Emma said, we have people calling us in tears, desperate for help. That is not how healthcare should be run. If it is not something that you personally agree with, that is absolutely fine. However, the job of government is to provide the institutions to eliminate healthcare inequalities and provide

access to free, safe, legal, local abortion. That is the bare minimum. It is really time to get the services commissioned, ensure protections for the staff and service users of the trusts, and let us just move on.

Mr Carroll: Thank you. Just a quick follow-up. The description of the fetal remains experience of women is quite horrendous. To me, it obviously points to people, or parties, who are anti-abortion and who just really do not want to consider that or take that into consideration when designing Bills or legislation. There is obviously a lack of post-mortem services for women as well, which has not been addressed or talked about. Finally, it was mentioned in your written submission, Emma and Maeve, but can you speak to the difficulties for migrant women and people of colour getting access to abortion services now, and also any further barriers that would be in place if this Bill were to pass?

Thank you for coming this morning.

Dr O'Brien: Thanks, Gerry. Before Emma comes in, I will just draw attention again to the situation in the Western Trust, where all women are unable to avail themselves of early medical abortion. There are migrant women who, depending on their community background, may need to speak to a doctor privately, and the barriers to that are pronounced. You have women who do not know where to turn. They turn to people like us and places like Stanton Healthcare. They are misinformed. Again, the lack of telemedicine inhibits. As Emma rightly pointed out, this is the only region of the British Isles and Republic of Ireland that does not have telemedicine. What white women experience is only more pronounced, with more difficulties and barriers, for women of colour in Northern Ireland.

Ms Campbell: A study in 2019 specifically interviewed women of colour and immigrant women. It found that they described

"an unexpected personal tragedy when faced with a prenatal diagnosis of foetal anomaly, and emphasised the importance of respectful and empathic psychological support",

which they would not get if they had to travel, and that

"Their experiences of insufficient and incomprehensible information call attention to the importance of tailored approaches".

We need to think about their access through an unfamiliar language and with probably far fewer social support networks than settled communities have here. Travel to England becomes intensely more complicated when your migration status is at risk or you have complex visa arrangements. Similarly, overseas students, whom Northern Ireland is trying to attract all the time, often find travel difficult due to the restrictions of their student visas. Often, they cannot even travel to access abortion healthcare.

For all women, access to abortion in Northern Ireland currently requires a really complicated navigation of the health system, which it should not. Most GPs and hospital staff do not even know. We have had GPs phone us to ask us what the care pathway is. That just should not happen. Those complications will make it more difficult for women who do not have English as their first language or do not have access to the internet or to the networks of women who have always given help to other women in Northern Ireland. They may not have those networks and, if they are new to the country, may just not have the same access to information or know where to get help. Therefore, whatever problems we already have, migrant women and women of colour will face them threefold.

The Chairperson (Mr Gildernew): Thank you. I will move on. I ask the remaining members who have indicated that they want to ask a question, and the panel, to be as brief as possible. I am very conscious of time, and we have several more sessions. I will go to Gordon Lyons. Go ahead, Gordon, please.

Mr Lyons: Thanks very much, Chairman. Thanks, Emma and Maeve, for your evidence. You will not be surprised to hear that I come from a different perspective on the issue, having regard to both mother and child. I recognise, Emma, that you have said that you are prepared to accept that some people have different opinions. That is welcome. However, I caution against describing people who have given evidence to the Committee previously as coming from extreme religious positions. I think that those views are fairly mainstream for many people. I know that you take issue with the sponsor of the Bill and his political party, but it is important that we keep focused on the issue itself.

I have some brief questions. The first relates to a comment that you made in your submission, which is that you have difficulty with the term "abortion for disability" because:

"It immediately affords the fetus personhood, as only a born person can be described as disabled".

I find that to be an unusual comment to make. I suppose that it is in contradiction with the 2020 regulations as well, because what the Bill is trying to do is amend those regulations, insofar as they state that:

"if the child were born, it would suffer from such physical or mental impairment as to be seriously disabled."

That term is actually used in the regulations that you want to ensure are not amended. My question to you is this: if you do not believe that a disability can be diagnosed, do you have a problem with the way in which that was drafted in the first place, mentioning "disability"? Do you think that "disability" should be mentioned at all within those regulations? The way I see it at the minute, you can have an abortion up to 24 weeks for any reason, but after that you can only have one if there is a serious disability. That seems to be discrimination and it seems to be wrong, because you are making a distinction between whether someone can continue to live based on whether they have a disability. I was just wondering how you marry those things.

Ms Campbell: The problem with the term is, as Maeve eloquently said earlier, that people having been talking about abortions for disability, but in actual fact that is not what this is. This is abortion for severe fetal impairment or anomaly, which is completely different. It is often a number of different comorbidities that have been diagnosed in the fetus. What is really, really important is that it is perfectly reasonable for people to have completely different opinions and make their own decisions on whether to terminate if they find themselves in that situation, but it is not OK for those opinions to direct the choices of someone else who is going through that decision. That is probably the most important thing: you can absolutely have your own personal views about pregnancy and choice, but the difficulty that we mostly have is you giving someone else a lack of choice because you think that your opinion is worth more than that person's about their own body. One of the real-life testimonies that we included in the report starts off by saying:

"For us the decision to end a much wanted pregnancy was made easier because we were given a definitive diagnosis. Being exported was the most traumatic part."

The key issue is that we are devaluing the people who make those decisions and saying that Northern Ireland does not want them. We are sending families to England because we find it too distasteful to treat them here. That is completely unacceptable and flies in the face of very basic minimum fundamental human rights recommendations.

Mr Lyons: I do not really feel that the question was answered, so let me see if I can simplify it. Do you think that, post 24 weeks, someone should be able to get an abortion because their child has Down's syndrome?

Ms Campbell: Maeve also brought this up earlier. It is not as simple as a straightforward Down's syndrome diagnosis. Quite often, there are different kinds of Down's syndrome. There is uncomplicated Down's syndrome, but there is also Down's syndrome that is part of a suite of comorbidities, including congenital heart defects. Maeve was quite clear on that in her presentation. In the countries where abortion is widely available for those reasons, there are still people with Down's syndrome who live happy and full lives. There is no question that people will always want to have babies that have Down's syndrome. That is not in question here. What is at question is limiting people's choices when they are given a diagnosis of severe fetal anomaly.

Mr Lyons: To be clear on this, does Alliance for Choice support that difference being made post 24 weeks? There are many types of Down's syndrome and many ways in which it can impact, but is Alliance for Choice saying that provision should be made post 24 weeks, in a separate way from the rest of the regulations, so that a baby's having Down's syndrome should be a reason for abortion?

Ms Campbell: I am not really sure what part you do not understand, Gordon, but Down's syndrome is not listed in the Bill. The words are —

Mr Lyons: It is "severely disabled".

Ms Campbell: — "severe fetal impairment". I am not really sure what you are trying to get at or what words you are trying to get to come out of my mouth, but I am not really sure that it is that helpful.

Mr Lyons: I am just asking whether Alliance for Choice is saying that Down's syndrome should be a reason for termination post 24 weeks.

Ms Campbell: Alliance for Choice made it clear in our submission and Maeve and I have made it clear today that we absolutely support the requirement and need for healthcare for families who have a diagnosis of a severe fetal impairment or anomaly with the support of their clinicians and of healthcare professionals who are experts in the field to help them make that decision.

Mr Lyons: What I take from that answer is that you do not support abortion for Down's syndrome after 24 weeks. That is positive.

I have a final point —.

Dr O'Brien: *[Inaudible owing to poor sound quality.]*

Ms Campbell: *[Inaudible owing to poor sound quality]* into my mouth. I did not say that. I said specific —.

The Chairperson (Mr Gildernew): The answer has been clear and put on the record, and witnesses are entitled to have the answers considered in their own words.

Very brief last question, Gordon.

Mr Lyons: The issue of coercion, then. You said that coercion does not take place and that medical professionals have not been involved in coercion or in offering abortion whenever a disability has been diagnosed. Why the lack of trust towards the women who have had that experience, who say that they have been offered or felt pressurised or felt coerced into getting an abortion? Does it concern you that women experience that?

Dr O'Brien: Honestly, Gordon, medical professionals adhere to General Medical Council regulations. They cannot act in an unprofessional manner and continue to practise medicine. What you say is deeply insulting to clinicians, experts and to the Royal College of Obstetricians and Gynaecologists. Those are the people we should take our lead from. They are the people whom we should trust. In any situation where coercion has occurred, those medics will be struck off. That will be flagged. Those institutions have been running for decades, and absolutely stringent and professional conduct is adhered to at every moment. Do you genuinely have such a lack of faith in the medical professionals of Northern Ireland that you would even consider that?

Mr Lyons: Do you have a lack of faith and trust in the women that say that those are their experiences? One woman in England said that she was offered an abortion 15 times. You often talk about trusting women. Those women are coming forward with their experiences, and I do not think that we should be dismissive —.

The Chairperson (Mr Gildernew): I remind all members and participants that remarks should be made through the Chair.

Mr Lyons: I have made those points, Mr Chairman. I appreciate the opportunity and the evidence today. I thank Emma and Maeve for their presentation. It has been insightful. Thank you.

Ms Hunter: Thank you for being here, Maeve and Emma. It was a detailed briefing. I found it helpful, especially around the contributions of lived experience.

I will try to be brief. I just have two questions. Over the past number of weeks, the Committee has mentioned the crucial issue of counselling for mothers, whether they decide to keep the pregnancy or to seek an abortion. Can I have your assessment of the current counselling provision and where you feel it can be improved? Secondly, hypothetically, if the Bill were to be implemented, how do you feel that it would impact the appropriate genetic testing of fetal remains?

Dr O'Brien: On your first point, Informing Choices NI produced a press release this week saying that, if there is no funding from the Department of Health, the central access point, which has referred thousands of women in Northern Ireland to counselling, non-directive advice and NHS services will collapse. The central access point is an integral pathway to counselling. That situation is indicative of the difficulties that women who require pre- or post-abortion counselling experience. That is a warning shot across the bow as to how we need to be prepared in order to continue those facilities and supports for women. I implore the Health Committee to lobby the Department of Health to provide funding for the central access point, which is very important.

Ms Hunter: Thank you.

The Chairperson (Mr Gildernew): Thank you, Cara. Is that —.

Ms Hunter: I would find it helpful if anybody had any contributions on that second point about the appropriate genetic testing of fetal remains.

Ms Campbell: There has been an issue with that for families in Northern Ireland whereby remains have had to be sent to Alder Hey in Liverpool. We need to think about what the wrap-around services are and what we require when we, hopefully, finally commission abortion services in Northern Ireland. Not only that, but there are a number of various tests that people in —. When I moved back to Northern Ireland, I suddenly lost the ability to have a number of different tests during my pregnancy. We need to address that for the health and well-being of women and pregnant people in Northern Ireland.

Ms Hunter: Absolutely. Over the past weeks, we have mentioned the financial and socio-economic barriers to the IONA test and things like that. I want to thank you both. It has been a very informative session for me. Thank you for your contributions.

Ms Flynn: Thanks to Emma and Maeve. I know that we have gone over time, so I will be quick. I just want to make a couple of points. Emma, in your remarks, you touched on, as opposed to looking at different aspects of the Bill, how you can try to improve services for women at all those different stages of pregnancy. That lack of information has come up in a couple of Health Committee sessions. I think Carál touched on it earlier. We heard from the fetal doctors last week the issue around that clinic in particular. To me, it is almost false advertising. It advertises to provide a service, and then women are going through trauma during that process and all that delay and uncertainty. I just want to make you both aware that, last week, the Committee agreed to write to the Minister about a couple of things. It was around the protests at the clinics and obviously calling that out. It was also around the issue that had come up around lack of information about what services are available, so that people are not being hoodwinked into a service that is not practical or not what they need. The final issue is about the abortion reversal pills. There was a bit of conversation about that last week too. When we receive any correspondence back from the Minister, we will, obviously, let you know what he has said.

Another issue came up around access to NHS psychological services for women at all the different stages of pregnancy. Last week, one of the doctors said that those services are really, really stretched and that there are long waiting lists. At times, when women are in really difficult positions and have to make really complex and difficult choices about their lives, their future and the possibility of a child and all the rest, they are not always getting that psychological support from the NHS. Just FYI, that is something that we are raising and I will go back and raise with the Minister directly.

For me, what I am taking out of today's conversation and the briefing that you both have provided to the Committee today —. I know we have talked about different things, and there are different viewpoints and perspectives and all the rest. That is fair enough. Maeve, you made a remark about the Bill, because that is what we are here to talk about. You referred to how, if the Bill passes, it targets an extremely small number of vulnerable families and women with wanted pregnancies, who will then possibly be forced into a scenario where they have to make decisions about termination at different timescales or within that small period of time. I just have to say that that is what I have taken away from today's session.

Thank you for your briefings. If all of us go away thinking of one thing, it is that extremely small number of vulnerable families that are going through complete distress. Thank you very much.

Dr O'Brien: Thank you. I talk about the four-week window: that is a maximum. That is four weeks from the day of diagnosis to running out of time. Look at the waiting lists. We are in a pandemic. There are

so many impediments to getting all the information and unpacking what you have been told. You have four weeks to make such a huge decision. It is plainly cruel and unnecessary, and the Bill should not go through.

Ms Campbell: Thanks for your comments. We really appreciate that that is what you are taking away, and we really appreciate the work that you are doing with letters about the information and so on.

The Chairperson (Mr Gildernew): Thank you very much, Emma and Maeve, for coming to the Committee this morning, for providing your evidence in written format prior to that and for taking and addressing questions from members. I wish you all the very best in the time ahead.