Methodist Church in Ireland - Abortion consultation response.

1. This response is drafted by the Council on Social Responsibility (Northern Executive) on behalf of the Methodist Church in Ireland (MCI). Members of the MCI will have slightly differing views on the details of this important and difficult issue of abortion. Here we will try to give a concise account of the views of the MCI in general.

2. We lament the collapse of the devolved assembly and the failure to re-establish it over the last three years. This issue should be dealt with by locally elected politicians who have a sense of the thought and feelings of local people in Northern Ireland and who are accountable to those same people.

3. We also regret the failure of the Assembly to deal with this matter in the years when it was ‘up and running.’ For many years in Northern Ireland there were a small number of abortions carried out here safely, about 50 a year. These dealt with the ‘hard cases’ of severe foetal abnormality, severe risk to the mother’s health and some cases of sexual crime. We regard it as most unfortunate that in about 2013 the Minister of Health issued new guidelines that made it difficult it difficult for doctors to continue doing that small number of abortions without the threat of serious repercussions. (This is turn lead to the well-publicised case of a woman whose child was diagnosed with anencephaly having to go to England for the care she needed. In our view that care should have been provided here – with safety – both for the woman and her doctors.)

4. We responded to the consultation carried out by the Department of Justice in 2014/15. At that time we said, “The Methodist Church in Ireland (MCI) through its Council on Social Responsibility welcomes this opportunity to respond to the DoJ consultation on abortion.

The MCI believes that life is a precious gift from God. We recognise the value of every life and we have a special responsibility to care for those who are weak and vulnerable. This care clearly precedes birth. The Bible gives examples of the recognition of life in the womb. John the Baptist, at about six months gestation responds to the visit of Mary, or more strictly speaking, to the visit of the life that was in Mary’s womb.

MCI believes that abortion should only be considered in rare and extreme cases . . . .”

We went on to describe the position that the MCI has held for many years that in the extreme and rare cases; to protect the life of the mother, serious foetal abnormalities and sexual crime, an abortion could be permissible.

Of course is must be understood that this position is held in the context of giving the utmost value to the lives of both mother and child. For us it is not a cliché to say, ‘both lives matter.’ The position of MCI may be a little less ‘black and white’ than that of some others but we are definitely not in favour of abortion for almost any reason or as it is sometime characterised ‘abortion on demand.’

5. The failures of the NI Assembly notwithstanding, we were very disappointed that Members at Westminster ‘hijacked’ the Northern Ireland (Executive Formation) bill and without regard to views in Northern Ireland, and at a stroke, decriminalised abortion in Northern Ireland. An issue of such importance, with deep moral implications, should not have been dealt with in this way. Nevertheless, we are where we are and so we respond to the present consultation.

6. We will make a fuller response to the consultation answering each of the 15 questions in an online response. In this short summary paper we want just to highlight a few things that are of most concern to us as a church. We recognise that the time-scale that the NIO is having to work to is very tight and even the time to consider responses to the consultation will be constrained, so we expect brevity and clarity will be appreciated!

A. Without necessarily being critical of the framing of the consultation, we observe that the consultation seems to take a maximalist approach to the implementation of the CEDAW recommendations.

B. We note some areas that are not included in the consultation – for example

* + Absence of care for women beyond the practicalities of offering a termination – what thought is being given to the provision of counselling both pre- and post- abortion?
	+ Consideration of options other than termination e.g. adoption
	+ CEDAW recommends that changes are introduced “without perpetuating stereotypes towards persons with disabilities” – how is this recommendation incorporated into the proposed new framework?
	+ Absence of creation of criminal offence for terminations that take place outside the limits of the new legal framework

 C. The preamble to Question 1 goes to the heart of our fundamental concern. We note the requirement to -

‘Adopt legislation to provide for expanded grounds to legalize abortion at least in the following cases:

(i) Threat to the pregnant woman’s physical or mental health

(ii) Rape and incest;

(iii) Severe fetal impairment, including fatal fetal abnormality,

As already stated MCI has for many years held the position that in all three of these situations an abortion could be permissible.

It is with great concern that we read on to discover that because of the difficulties of dealing with rape and incest (which we recognise) that the Government intends to suggest “a period of unrestricted access for early terminations, so that termination of pregnancy is available without conditionality, where a pregnancy has not exceeded 12 or 14 weeks gestation.”

Hopefully with sounding disrespectful, this sounds like asking a condemned man if he would like to be executed by a squad of 12 or 14 marksmen.

To extrapolate from rape and incest to termination without conditionality is a leap we find hard to comprehend and certainly cannot accept. In effect this is introducing ‘abortion on request’ and we contend that this goes well beyond what is necessarily required by Section 9 of the Northern Ireland (Executive Formation etc) Act.

D. Conscientious objection.

Given that that effective ‘abortion on request’ may be introduced in Northern Ireland, though we hope and pray that this will not be the case, we are very concerned that effective protections are secured for those who have conscientious objections to abortion. This must go beyond just those in the medical professions.