

Question 1:

<b>Should the gestational limit for early terminations of pregnancy be:</b>	<b>Yes</b>	<b>No</b>
<b>Up to 12 weeks gestation (11 weeks + 6 days)</b>		
<b>Up to 14 weeks gestation (13 weeks + 6 days)</b>		
<b>If neither, what alternative approach would you suggest?</b>		

- From the moment of conception, the human person has all of the genetic information necessary for their development. He or she is a growing human person. The proposed legal framework completely disregards the humanity of the unborn child without having the appropriate legal underpinning to do so.
- The proposed legislation is in violation of the devolution agreement with Northern Ireland. No legally binding action has occurred which has deemed Northern Ireland's previous abortion restrictions to violate UK human rights obligations.
- As was clear from the earlier consultation on abortion in Northern Ireland, no one wants this incursion on Northern Irish sovereignty. The majority of respondents have been clear that they prefer a law which saves lives rather than ends it.

Question 2:

<b>Question 2: Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?</b>	<b>Yes</b>	<b>No</b>
<b>If no, what alternative approach would you suggest?</b>		

- What Parliament seems to be signalling is that they want abortion on demand. Seeking to bypass any form of certification suggests that Parliament was never interested in this issue

as a matter of “human rights” obligations, but was seeking a vehicle for getting around the devolution agreement.

- Forgoing certification is completely ignoring the rights and humanity of the unborn child and removing any safeguards for his/her existence.

Question 3:

<b>Question 3: Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be:</b>	<b>Yes</b>	<b>No</b>
<b>21 weeks + 6 days gestation</b>		
<b>23 weeks + 6 days gestation</b>		
<b>If neither, what alternative approach would you suggest?</b>		

- At 23 weeks, an unborn child's heartbeat can be heard with a stethoscope, their movement (kicks, for example) are felt more acutely by the mother, weight is gained and the child's natural life support system has been completed, transferring oxygen and nutrients to the baby and removing waste products.
- Breakdown in a relationship or poor financial circumstances cannot justify the taking of a human life. Abortion this late in the pregnancy for the reasons proposed in the consultation speak to utility rather than necessity. The lack of interest in the unborn child is shocking.

Question 4:

<b>Question 4: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that:</b>	<b>Yes</b>	<b>No</b>
<b>The fetus would die in utero (in the womb) or shortly after birth</b>		
<b>The fetus if born would suffer a severe impairment, including a mental or physical disability which is</b>		

<b>likely to significantly limit either the length or quality of the child's life</b>		
<b>If you answered 'no', what alternative approach would you suggest?</b>		

- The term fatal fetal abnormality creates great difficulty in devising a confident and reliable definition. Fatal in the medical sense is not synonymous with the common usage of the term. It is intended to suggest that in most cases, the child will die in utero or shortly after birth.
- Life no matter how short, is sacred and worthy of protection.
- Abortion on grounds of disability signals a societal belief that a disabled life is not worth living.

Question 5:

<b>Question 5: Do you agree that provision should be made for abortion without gestational time limit where:</b>	<b>Yes</b>	<b>No</b>
<b>There is a risk to the life of the woman or girl greater than if the pregnancy were terminated?</b>		
<b>Termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?</b>		
<b>If you answered 'no', what alternative provision do you suggest?</b>		

- The life of the unborn child should be given equal weight to that of the mother. Only where there is an imminent risk to the life of the mother should treatment be allowed with the unintended consequence being the loss of the unborn child's life.
- A standard which allows for late term abortions where the risk to the life of the mother may be only marginally higher than if she took the child to term leads to subjective judgements and possible abuse given that such a standard implies unfettered discretion on the part of medical staff in making such determinations.

- Late term abortion is a heinous procedure which has been banned in most jurisdictions because of how barbaric the procedure is and the cruelty which is shown to the unborn child.

Question 9:

<b>Question 9: Do you think that a process of certification by two healthcare professionals should be put in place for abortions after 12/14 weeks gestation in Northern Ireland?</b>	<b>Yes</b>	<b>No</b>
<b>Alternatively, do you think that a process of certification by only one healthcare professional is suitable in Northern Ireland for abortions after 12/14 weeks gestation?</b>		
<b>If you answered 'no' to either or both of the above, what alternative provision do you suggest?</b>		

- Rights of conscience are a staple of a democratic society and protected by the Human Rights Act 1998. Using a fundamental legal right as an excuse to limit safeguards for the unborn child is wholly unacceptable.
- Parliament seems to be proposing a law which provides even less protection for the unborn child than does the Abortion Act 1967, which itself has led to the abortion of more than 9 million unborn children.

Question 11:

<b>Question 11: Do you agree that the proposed conscientious objection provision should reflect practice in the rest of the United Kingdom, covering participation in the whole course of treatment for the abortion, but not associated ancillary, administrative or managerial tasks?</b>	<b>Yes</b>	<b>No</b>
<b>If you answered 'no', what alternative approach do you suggest?</b>		

- Conscientious objection should be allowed under all circumstances including for associated ancillary, administrative or managerial tasks.

- The Grand Chamber of the European Court of Human Rights has explicitly affirmed rights of conscience for sincerely held religious and moral beliefs as falling within the ambit of Article 9 of the Convention.
- The Parliamentary Assembly of the Council of Europe has also called on its Member States to provide a liberal approach to conscience.
- Government should under no circumstances coerce a medical professional to go against their belief that participating in an abortion is the taking of human life.

Question 13:

<b>Question 13: Do you agree that there should be provision for powers which allow for an exclusion or safe zone to be put in place?</b>	<b>Yes</b>	<b>No</b>
<b>If you answered 'no', what alternative approach do you suggest?</b>		

- The right to hold and exercise pro-life beliefs (Article 9 of the ECHR) and the right to protest as a form of expression (Article 10 ECHR) are fundamental rights.
- There is no actual evidence suggesting that those who protest outside of abortion clinics do anything unlawful. Furthermore, existing criminal statutes already provide enough protection to abortion clinics and those seeking abortions. Exclusion zones are a disproportionate interference with the fundamental freedoms of belief and expression.