



HEALTH & SOCIAL SERVICES COUNCILS FOR NI

Guidance on Termination of Pregnancy in Northern Ireland: A response by the Health & Social Services Councils

1. The Health & Social Services Councils (HSSCs) were established by the Government in 1991 to represent the public interest in health and social care matters. This response is therefore based on a broad public interest perspective of access to services.
2. The HSSCs note that the guidance is a restatement of the current law in Northern Ireland and has been undertaken at the request of the Court of Appeal. The HSSCs welcome the opportunity to comment at this stage and believe that the guidance will clarify access to services.
3. We note and welcome that under the law, each HSS Trust must ensure that its patients have access to termination of pregnancy services.
4. We also note that any operation for the termination of a pregnancy must be on the basis of either 1) a threat to the life of the mother or 2) a risk of real and serious adverse harm to her long term or permanent health.
5. The exercise of clinical judgement is obviously difficult in these circumstances.
6. Consent to treatment is an important ethical and legal principle and the HSSCs welcome the production of 'A Reference Guide to Consent for Examination, Treatment or Care', which should provide useful guidance to practitioners. The HSSCs consider that it would be helpful if a lay persons' document was also available to assist families and other interested parties.

7. The HSSCs agree that assessment by two doctors with prior knowledge of the woman's clinical circumstances gives added weight to a clinical decision and strongly agree that in circumstances of an emergency it should be acceptable for a single doctor to make a decision so that the patient is not disadvantaged.
8. In circumstances where an assessment of the woman's mental health is necessary, it is important that medical practitioners have experience in managing mothers in these situations in order to assess the likely long term implications of the woman's mental health.
9. The HSSC understand that some staff with a conscientious objective to this area of work will not wish to actively participate in performing a termination. However, we do agree that staff should not be able to opt out of providing general care to such patients and that patient care is the priority not personal beliefs.
10. In relation to good practice, the HSSCs agree with the guidance that staff should be familiar with the legal framework, that women considering a termination should be treated sensitively and should be given information on alternatives to a termination.
11. We agree that the duty of confidentiality to owed to a person aged under 16 years is as great as the duty owed to any other person and must be respected except in the most exceptional circumstances.
12. The HSSCs agree that service arrangements should include the provision of information and should be capable of meeting special needs.
13. Targets of 7 days (wherever possible) from the decision to proceed to undergo the termination with a minimum standard of 2 weeks from the decision to proceed have been set. The HSSCs believe that this standard should be performance managed alongside other Trust targets to ensure a high quality service is provided to patients.
14. The provision of information to women is important and the HSSC subscribe to the requirements set out in the guidance. This section relates to clinical information. However, we are

conscious that a number of community based services also are available to offer information. We would like to see a requirement for Trusts to ensure that their patients are signposted to such services.

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