Submission of the Pro Life Campaign to the Human Rights Council

Universal Periodic Review, April 2016

SUBMISSION OF THE PRO LIFE CAMPAIGN

Introduction

Dear Members of the Human Rights Committee,

The Pro Life Campaign of Ireland welcomes the opportunity to make this written submission to the 25th Session of the Universal Periodic Review Working Group April/May 2016 . This submission aims to contribute to the discussion surrounding Ireland's ongoing commitment to securing and protecting the human rights of every human being living within its jurisdiction.

About the Pro Life Campaign

The Pro Life Campaign (PLC) is a non-denominational human rights organisation, drawing its support from a cross-section of Irish society. The Campaign promotes pro-life education and defends human life at all stages, from conception to natural death. It also campaigns for resources to support and assist pregnant women and those in need of healing after abortion.

- **Context of these Submissions**

The PLC notes that the explicit protections afforded to human life in various international treaties and documents has, in its practical application been ignored. The PLC has made

extensive written submissions which deal with this disappointing trend, in particular to this committee on the occasion of its preparation for a General Comment regarding the substantive right to life within in accordance with article 40 the International Covenant on Civil and Political Rights ("ICCPR").

The PLC will confines its remarks to the recommendations made in the first examination under the Universal Periodic Review relating to abortion, and specifically the following recommendations address by this committee to Ireland;[1]

- *108.4. Bring its abortion laws in line with ICCPR (Norway);*

- *108.5. Introduce legislation to implement the European Court of Human Rights judgement in the A, B and C versus Ireland case (United Kingdom);*

- *108.6. Take measures to revise the law on abortion with a view to permitting termination of pregnancy in cases where pregnancy is a result of rape or incest, or in situations where the pregnancy puts the physical or mental health or wellbeing of the pregnant woman or the pregnant girl in danger (Denmark);*

- *108.7. Allow abortion at least when pregnancy poses a risk to the health of the pregnant woman (Slovenia);*

- *108.8. Adopt legislative measures that guarantee greater integration of women as well as safeguards for their personal rights and reproductive health care and reform the Offences against the Person Act of 1861 to decriminalize abortion under certain circumstances (Spain);*

- *108.9. Ensure that the establishment of an expert group on abortion matters will lead to a coherent legal framework including the provision of adequate services (Netherlands)*

[1] Report of the Working Group on the Universal Periodic Review, Ireland: http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G11/175/20/PDF/G1117520.pdf?OpenElement

As these recommendations were all rejected, it is proposed to deal with each in turn and explain why it would be inappropriate for them to be adopted at this stage.

- **Note on Interpretation:**

It is submitted that conventions such as the International Covenant on Civil and Political Rights (hereafter the "ICCPR") must be interpreted according to the internationally recognised rules of treaty interpretation, as contained in the Vienna Convention on the Law of Treaties (VCLT).

The primary rule of interpretation of a treaty is the "ordinary meaning rule" of VCLT article 31 (1):

> *"A treaty shall be interpreted in good faith in accordance with the ordinary meaning to be given to the terms of the treaty in their context and in light of its object or purpose"*

The VCLT makes clear that where an interpretation of the text is reached under the ordinary meaning rule, legislative records are to be used only to confirm that reading. Preparatory work or legislative history is only to be used to interpret the meaning of a text where it is impossible to arrive at an interpretation under the ordinary meaning rule.

Recommendation 108.4. "Bring its abortion laws in line with ICCPR (Norway)"

The Right to life of the Unborn Child

International Covenant on Civil and Political Rights

All modern human rights treaties originate in the 1948 Universal Declaration on Human Rights according to which "everyone has the right to life, liberty and the security of person". Nothing was specified as to the beginning or end of life.

The ICCPR was intended to implement the Universal Declaration aspirations, and as such Article 6 encompasses the aim of protecting human life.

Crucially, there is no attempt to exclude any developmental phase of human life from the protections set out at Article 6, concordantly there is no mention of abortion or of the exclusion of the unborn from the protection of right to life in this Article.

Furthermore it should be noted that Article 6 (5) states that a death sentence "shall not be carried out on pregnant women". It is submitted that the inclusion of a provision that a death sentence shall not be carried out on a pregnant woman is an implicit recognition that the life of the unborn child she carried has value and is worthy of protection.

When the provisions at Article 6 are read in conjunction with the preamble of the ICCPR, which speaks of the "*rights of all members of the human family … [which] derive from the inherent dignity of the human person*" it supports the contention that the treaty protects human beings during the pre-natal period of life under paragraph (5), as holders of human rights.

It is respectfully submitted that using the ordinary meaning rule of the VCLT to interpret the ICCPR, unborn children are members of the human family as provided in the preamble, a conclusion that is supported by the implicit right to life of the unborn child under paragraph 5 of Article 6.

In light of the foregoing, the Right to Life in the text of the ICCPR should be interpreted broadly.

Furthermore, one can ascertain from the Covenant's prohibition of the death penalty for pregnant women that the Right to Life of the unborn person is implicitly recognised.

As the travaux préparatoires of the ICCPR explicitly state, "*The principal reason for providing in paragraph 4 [now Article 6(5)] of the original text that the death sentence should not be carried out on pregnant women was to save the life of an innocent unborn child*." Similarly, the Secretary-General report of 1955 notes that the intention of the paragraph "was inspired by humanitarian considerations and by consideration for the interests of the unborn child..."

It is noted that the recommendation that Ireland should "bring its laws in line with ICCPR" did not take into account any apparent supporting references to the explicit protections afforded

to human life in the text of the ICCPR. Further, the Committee has ignored the implicit references to pre-natal life at Article 6.5.

This is to be regretted, in particular, as the observations of the Committee and its demand for State Party compliance in this regard, lack a legal basis in the provisions of the ICCPR.

Convention on the Rights of the Child

The Convention on the Rights of the Child encompasses an explicit protection for the rights of the unborn child.

The Preamble of the 1989 Convention on the Rights of the Child (CRC) reiterated a provision of the Declaration of the Rights of the Child of 1959, declaring as follows;

> *"[T]he child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."*

Therefore it can be seen that the preamble of the Convention on the Rights of the Child explicitly recognizes the right to life of the unborn. According to the Vienna Convention on the Law of Treaties (VCLT), the preamble of a treaty provides necessary interpretive context.

The preamble to the CRC explicitly recognizes the child before birth as a rights bearing person entitled to special need and protection.

Additionally Article 1 of the CRC states as follows:

> *For the purposes of this Convention, a child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.*

When Article 1 and the text of the preamble cited above are read together in context and with regard to the ordinary meaning rule of the VCLT, the logical interpretation is that the unborn child is included as a human being under the CRC.

Furthermore, Article 24 of the CRC covers the right to health of the child, and reads in part:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(d) To ensure appropriate pre-natal and post-natal health care for mothers; [Emphasis added]

It is submitted that this article obligates the State to ensure pre-natal care, which is included as a component to the right to health of the child. Since pre-natal care by definition only applies before birth, children prior to birth have rights under the CRC.

It is submitted, therefore, that there is no reasonable argument to be made for the recommendation to be adopted at this stage.

Recommendation 108.5. "Introduce legislation to implement the European Court of Human Rights judgement in the A,B and C versus Ireland case (United Kingdom)"

Irish Constitutional position warrants deference

As noted above, regrettably, the Human Rights Committee has consistently criticised Ireland for not expanding the availability of abortion.

Pressure to change Irish law in this area should not proceed on the basis that there is a 'right' to abortion,

The protections accorded under Irish domestic law to the right to life of the unborn child were based on the profound moral and ethical values expressed by the people of Ireland in three referenda.

The provisions of the Irish Constitution at Article 40.3.3 state:

> *"The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right."*

It is submitted that constitutional provisions such as those set out in the Irish Constitution, cited above, warrant considerable deference from human rights courts and treaty monitoring bodies.

In 'A, B and C v Ireland [2010]' the Grand Chamber of the European Court of Human Rights reiterated its consistent jurisprudence that the question of the legal protection of the right to life of the unborn child fell within the States' margin of appreciation under the ECHR as follows;

> *"Of central importance is the finding in the above-cited Vo case that the question of when the right to life begins came within the States' margin of appreciation because there was no European consensus on the scientific and legal definition of the beginning of life, so that it was impossible to answer the question whether the unborn was a person to be protected for the purposes of Article 2. Since the rights claimed on behalf of the foetus and those of the mother are inextricably interconnected the margin of appreciation accorded to a State's protection of the unborn necessarily translates into a margin of appreciation for that State as to how it balances the conflicting rights of the mother. It follows that, even if it appears from the national laws referred to that most Contracting Parties may in their legislation have resolved those conflicting rights and interests in favour of greater legal access to abortion, this consensus cannot be a decisive factor in the Court's examination of whether the impugned prohibition on abortion in Ireland for health and well-being reasons struck a fair balance between the conflicting rights and interests, notwithstanding an evolutive interpretation of the Convention."*

It is respectfully submitted that Ireland's remaining constitutional protection for the unborn child and pregnant women is not in conflict with international human rights law, in this regard

the dicta of the European Court of Human Rights in 'A, B and C v Ireland' should be noted by this Committee.

The unborn child is a living human being from the moment of conception, and is entitled to all of the same rights as other members of the human family. The consistent pressure to expand abortion in Ireland lacks a basis in International Law and is discriminatory to those unborn children that would be affected, as it disregards the legitimate rights recognised in the Irish Constitution. Furthermore, it is inconsistent with the text of the ICCPR cited above for this Committee to advocate for the removal of fundamental rights for an entire class of vulnerable persons, with the result that their right to life would be violated, and the rights guarantees afforded to them in the Irish domestic legal order would be meaningless.

Recommendation 108.6. "Take measures to revise the law on abortion with a view to permitting terminations of pregnancy in cases where pregnancy is a result of rape or incest, or in situations where the pregnancy puts the physical or mental health or wellbeing of the pregnant woman or the pregnant girl in danger (Denmark)"

It is submitted that the enactment in Ireland of the Protection of Human Life in Pregnancy Act, 2013, (hereafter called "the 2013 Act") puts women at a severe disadvantage if they suffer from threats to their mental health amounting to suicidal ideation during pregnancy by providing for a right to abortion during the full nine months of pregnancy in those circumstances.

This right is specified in Section 9 of the 2013 Act, which provides that it shall be lawful to carry out an abortion where ***"three medical practitioners, having examined the pregnant woman, have jointly certified in good faith that -***

(i) there is a real and substantial risk of loss of the woman's life by way of suicide, and

(ii) in their reasonable opinion, that risk can only be averted by carrying out that medical procedure."

It is submitted that there are serious issues with this Act, and in particular the state-sanctioned provisions allowing for abortion where there is a risk or threat of suicide.

The 2013 Act was preceded by two sets of All-Party Oireachtas Hearings in January and May 2013 (hereinafter "the Hearings") At no time during these Hearings was it claimed or shown to be the case that abortion is a treatment of any kind for suicidal ideation.

In his evidence to the Hearings, perinatal psychiatrist Dr. John Sheehan made the following remarks:

> *"The notion of carrying out an emergency termination is completely obsolete in respect of a person who is extremely suicidal…In such situations, one can see clearly the intervention usually is to admit such people into hospital, day hospital or home care but the intention is to support and help them through the crisis they are in. It is not to make a decision that is permanent and irrevocable."*

There is significant evidence worldwide to support the assertion that abortion is in no way beneficial to a woman suffering from suicidal ideation during pregnancy, and in fact the abortion procedure may be harmful to her mental health.

The Fergusson Study (2008) [2] quotes as follows:

> *"In general, there is no evidence in the literature on abortion and mental health that suggests that abortion reduces the mental health risks of unwanted or mistimed*

[2] David M. Fergusson, L. John Horwood and Joseph M. Boden, "Abortion and mental health disorders: evidence from a 30-year longitudinal study", British Journal of Psychiatry (2008), 193, pp 444-451

pregnancy. Although some studies have concluded that abortion has neutral effects on mental health, no study has reported that exposure to abortion reduces mental health risks."

The evidence adduced at the Hearings showed that abortion is not medically indicated as a treatment in the case of threatened suicide in pregnancy. It is also clear that some peer-reviewed studies confirm the testimony of many post-abortive women that abortion itself heightens the risk of future mental health problems. An example is the comprehensive longitudinal Finnish study [3] which shows that women who have abortions are more likely to end their lives through suicide than women who continue with their pregnancies.

Over 100 consultant psychiatrists also objected to the enactment of the 2013 Act on the grounds that abortion is not a treatment for suicidality.[4]

It is clear then, that on the basis of this evidence, women and men are being offered divergent paths in the treatment of suicide. Where men are concerned, the treatment path will remain as it stood before the enactment of the 2013 Act i.e. they will be treated using the norms that have been established by the experience of the international psychiatric community and its peer-reviewed evidence.

Women will however be at a dangerous disadvantage. If presenting with suicidal ideation during pregnancy, the 2013 Act dictates that they may be offered the alleged "treatment" of abortion. This is notwithstanding the fact that there is no evidence whatsoever, from anywhere within the international medical or psychiatric community, to support same. In addition, women are hampered and prevented from accessing a true assessment of their psychiatric needs, solely on the basis of their pregnancy, which directs their medical team towards the 2013 Act.

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[3] Gissler, M, et al., "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987 – 2000," European Journal of Public Health, Volume 15, Issue 5, 2005, pp. 459 - 463

[4] http://prolifecampaign.ie/main/statement-by-consultant-psychiatrists-expressing-concern-with-government-plans-on-abortion/

Concerns were expressed during the Hearings by Dr. Sam Coulter Smith, Master of the Rotunda Maternity Hospital, who said:

> *"There are significant concerns in all areas of the medical profession in relation to this Bill when it comes to suicidality. Our overriding concern relates to the lack of evidence to show that termination of pregnancy is an appropriate treatment for women who are deemed to be at risk of suicide. As obstetricians we are expected to practice evidence-based interventions and first and foremost to do no harm"* [5]

At a more fundamental level though, the case can be made that the 2013 Act will disrupt the treatment of suicide in Ireland generally and not just when pregnant women are affected.

This all-encompassing aspect has been highlighted in a recent book[6], where the authors make the point that the 2013 Act is based on no less than "four shaky assumptions":

- Suicide risk among pregnant women, described as "remote".
- The inability of doctors to adequately predict suicide among pregnant women or anyone else.
- The fact that abortion has not been proven to be an adequate treatment for suicide ideation.
- The question of whether this reason for an abortion would be exploited under the law. [7]

The authors make a final point in the conclusion to their section on the 2013 Act which is of note here:

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[5] Dr. Sam Coulter Smith, Master of the Rotunda Maternity Hospital, Oireachtas Hearings, Friday, 17th May 2013
[6] "Suicide: A Modern Obsession", Derek Beattie and Dr. Patrick Devitt, Liberties Press 2015
[7] Britain's biggest abortion provider, the British Pregnancy Advisory Service, openly admits "it is not the case that that majority of women seeking abortion are necessarily at risk of damaging their mental health if they continue their pregnancy. But it is significant that, because of the law, women and their doctors have to indicate that this is the case." – Abortion Review, 2nd May 2012, http://www.abortionreview.org/index.php/site/article/963

> *"There are consequences, however, to the state sanctioning an inaccurate understanding of suicide, which should concern all of us. Can we reasonably expect the state to introduce other evidence-based policies that relate to suicide when, on this occasion, evidence was at best not taken sufficiently into account and, at worst, blatantly ignored?"*

This worrying question widens the debate on abortion in the area of suicidality. Irish society is making huge strides in terms of developing support structures to cope with what has become a growing suicide problem. The 2013 Act stands in stark contrast to that new wave of hope. It cannot be said to be contributing in any way to the "highest standard of care" envisaged by Article 12.1.

It is noted that Article 12.1 of the International Covenant on Economic, Social and Cultural Rights, places a requirement on State Parties to ensure that their laws provide ease of access to the enjoyment of the highest attainable standard of mental health. Under the 2013 Act, this is clearly not possible for women.

Concerns were also expressed the Hearings by Dr. Sam Coulter Smith, Master of the Rotunda Maternity Hospital, who said:

> *"There are significant concerns in all areas of the medical profession in relation to this Bill when it comes to suicidality. Our overriding concern relates to the lack of evidence to show that termination of pregnancy is an appropriate treatment for women who are deemed to be at risk of suicide. As obstetricians we are expected to practice evidence-based interventions and first and foremost to do no harm"* [8]

[8] Dr. Sam Coulter Smith, Master of the Rotunda Maternity Hospital, Oireachtas Hearings, Friday, 17th May 2013

It cannot be said to be contributing in any way to the "highest standard of care" envisaged by Article 12.1.

Recommendation 108.6. "Take measures to revise the law on abortion with a view to permitting terminations of pregnancy in cases where pregnancy is a result of rape or incest, or in situations where the pregnancy puts the physical or mental health or wellbeing of the pregnant woman or the pregnant girl in danger (Denmark)"

And

Recommendation 108.7. "Allow abortion at least when pregnancy poses a risk to the health of the pregnant woman (Slovenia)"

In a very real way, the 2013 Act has damaged the high standard of care that had been the norm in Ireland. It is noted that Ireland has consistently been a world leader in protecting women during pregnancy.

"Trends in Maternal Mortality 1990 to 2010, WHO, UNICEF, UNFPA and the World Bank: Estimates, (2012)" [9], which compares maternal mortality rates around the world according to the same criteria and using the same method over a twenty year period, looks at this issue.

It finds that over the period in question, Ireland is in the joint fifth group of safest countries in the world for women in pregnancy with an average maternal mortality rate of 6 maternal deaths per 100,000 live births. Over this period, Ireland's maternal mortality rate was half that

[9] Trends in Maternal Mortality 1990 to 2010, WHO, UNICEF , UNFPA and The World Bank: Estimates, (2012) http://whqlibdoc.who.int/publications/2012/789241503631_eng.pdf

in Britain and under a third that in the US. Over the same period, our maternal mortality rate fell by 12% while the rate in Britain rose by 23% and in the US rose by 65%.

This was an outstanding achievement for Irish medical practice, making Ireland's maternal mortality rate a striking testament to the appropriateness of the principle underlying the practice of Irish medicine in relation to women in pregnancy, in stark contrast to the dramatically poorer records of Britain and the US, both of which have wide-ranging abortion regimes.

These figures were available to the Irish Government during the Hearings. Recently, there have been discussions regarding the current rates. Attempts to cast doubt on Ireland's rate by comparing the report quoted above with a report drawn up using different parameters fail for a number of reasons. Firstly, reports can only be fairly considered when like is compared with like. Secondly, even in the comparisons made, Ireland was still shown to rank higher with no legalisation of abortion, than Britain with its wide-ranging abortion availability. And thirdly, because until a table for all states is compiled using the new parameters, we won't know what difference it will make to the overall ranking.

Savita Halappanavar

Doubts were understandably raised on the safety of Ireland in the wake of the Savita Halappanavar tragedy. There are a number of points which should be made at this juncture in order to ensure that Ireland's medical profession is not unfairly castigated as a result.

In the wake of Ms. Halappanavar's death, there was considerable discussion around the fact that she died due to the fact that abortion was not legal in Ireland. Three separate independent investigations were carried out into her death. None of them highlighted the lack of abortion as a causal factor.

As is clear from the recommendations of the Coroner's Inquest, the exhaustive investigation of the sequence of events that led up to her death established that the actual cause of her death was infection with a virulent anti-biotic resistant strain of E. Coli compounded by a series of systems failures that delayed the realisation by the medical team of the gravity of the risk to her life, and the timely implementation of the appropriate responses to it.

Going further, the HIQA Report recommended the ***"development and implementation of a National Maternity Services Strategy"***, making a series of 34 recommendations for implementation.

It is submitted that what was required in the aftermath of Ms. Halappanavar's death was clarity of the law, and this could have easily been achieved through re-statement of existing medical practice under the two patient model, and the provision of guidelines for the treatment of sepsis.

Abortion Regret and the Negative Effect on Women

It is also noted that the most recent reports of the numbers travelling to the UK to avail of abortion services there, released by the Department of Health [10] indicates that the rate is falling, a pattern which has been the case for over ten years.

In 2013, 3,679 Irish women travelled to England and Wales for abortions, down from 3,982 in 2012, a 7.6% decrease. 2013 is the twelfth consecutive year that Irish abortions have declined and this represents a 44.8% decline since the high of 6,673 abortions in 2001.

While each abortion represents a distinct personal tragedy for the mother and baby involved, the decline in numbers must nonetheless be welcomed. Even though it is difficult to draw firm

[10] Summary Abortion Statistics, England and Wales: 2013.

conclusions, it is also notable that a recent report from the HSE/Crisis Pregnancy Programme [11] showed an increase in the number of women expressing abortion regret. In that study, 44% of women expressed varying degrees of regret about their abortions up from 33% in a similar HSE study in 2003.

The question of abortion regret must also be considered in the context of ensuring that women avail of the highest standard of medical care. Irish abortion recovery groups like Women Hurt[12] have sought to spread the message that grief and pain following abortion is a natural reaction in the wake of such a traumatic and life-changing event but that recovery is possible.

It is becoming more and more clear that abortion is itself a damaging event for a woman and one from which she may need to spend a considerable amount of time recovery. As such, it should not be placed in the bracket of "medical care" but rather falls within the definition of "harm". As such, it is submitted that there should be no question of the State promoting abortion in any way, either through its cultural influences or legislation.

It is submitted that in the light of all of the prevailing evidence about the negative effects of abortion on women, the willing promulgation of abortion as a form of pseudo-healthcare would amount to severe negligence where the welfare of women is concerned.

Pregnancy as a result of rape or incest

The PLC does not endorse an abortion as a 'solution' to the tragedy of a sexual assault on a woman, which results in pregnancy.

[11] Irish Contraception and Crisis Pregnancy Study 2010 (ICCP 2010), published in May 2012 (HSE/CPP)

[12] www.womenhurt.ie

The PLC believes that to offer an abortion in such circumstances ignores the fact that it involves the taking of an innocent unborn life and the exposure of the women to emotional hurt and possible psychological harm. The reality is that our willingness to offer social support is the single most important factor influencing a better psychological outcome for women in crisis after a sexual assault.

There are very few peer reviewed studies on pregnancy following sexual assault but a study by Sandra Mahkorn [13] called Pregnancy and Sexual Assault showed that there is a better social and personal outcome for women who chose to continue a pregnancy, despite harrowing initial circumstances. Recent peer reviewed studies from Finland and New Zealand, [14] [15]to name just two, also show a better outcome for women who continue their pregnancy compared to women who opt for abortion.

The landmark Roe v Wade decision, which legalised abortion in the United States, is a very clear example of how abortion advocates uses emotive cases simply to promote abortion. Ms Norma Mc Corvey (Jane Roe from Roe v. Wade) admits she was exploited by pro-abortionists at the time and now campaigns publicly against abortion.

Punishing the rapist not the child

If we are to be truly concerned about protecting women we would seek stronger sentences for rapists and real justice for those who are victims of rape. Rape is an unimaginable and horrendous crime – however we do not suggest ending the life of an innocent to rectify any other crime.

[13] Mahkorn S: Pregnancy and Sexual Assault. In Psychological Aspects of Abortion Mall and Watts (eds) 5:
[14] Gissler M. et.al., "Injury, Deaths, Suicides and Homicides Associated With Pregnancy, Finland, 1987 - 2000", European Journal of Public Health; Vol.15 (5):459-463, 2005.
[15] Fergusson et.al., 'Abortion in young women and subsequent mental health,' Journal of Child Psychology and Psychiatry 47:1 pp 16-24, 2006

Recommendation 108.8. "Adopt legislative measures that guarantee greater integration of women as well as safeguards for their personal rights and reproductive health care and reform the Offences against the Person Act of 1861 to decriminalize abortion under certain circumstances (Spain)"

Recommendation 108.9. "Ensure the establishment of an expert group on abortion matters will lead to a coherent legal framework including the provision of adequate services

The expert group envisaged by this Recommendation was set up in November 2011 and a report issued in November 2012. While the report offered a number of alternatives to the Irish Government, the only one which was given any real consideration was the option eventually taken, which led to the introduction of the 2013 Act. This Act has already been expounded on in length in this submission. It contains a number of shortcomings and militates against healthcare of women and the human rights and welfare of the unborn child. It is submitted that a new Recommendation should be given at this stage, which would advise the Government to take on board the considered experience of the international psychiatric profession, and to re-visit the dangerous and badly thought out 2013 Act.

- **Conclusion**

As a society, we cannot claim to be true defenders of human rights unless we also protect the right to life of the most vulnerable members of the human family. There is an unceasing challenge on law makers and society at large to create a more welcoming and inclusive environment for expectant mothers and their unborn children. The PLC respectfully requests that this Committee remain faithful to the textual provisions of the ICCPR as interpreted in line with international legal norms.

Such legal norms do not contemplate any reading of the ICCPR which would permit a 'right to abortion'.

In relation to Ireland, the desire of the Irish People to retain constitutional protection for the unborn has endured and is met with their equal desire to ensure that women receive whatever medical treatment they need while pregnant.

The PLC maintains the hope that this Committee will reflect on its duty to seek State Parties compliance with the actual provisions of the ICCPR which, when faithfully interpreted, act to protect human life at its most vulnerable stages.

September 2015