

7. LEAVE TO INTRODUCE

7.1. A Bill to restate abortion law – Leave to introduce granted

The Hon. Member for Ramsey (Dr Allinson) to move:

That leave be given to introduce a Private Member's Bill to restate, with amendments, the law relating to abortion; and for connected purposes.

The Speaker: We turn to Item 7 on our Order Paper, Leave to Introduce.
I call on the Hon. Member for Ramsey, Dr Allinson, to move.

Dr Allinson: Thank you, Mr Speaker.

Dear Hon. Members, 2017 marks 50 years since David Steel brought in legislation which legalised abortion in the UK. It was not until 1995, now 22 years ago, that this Parliament addressed the issue with its own Termination of Pregnancy Act. Since then many things have changed, especially society's attitudes and expectations. Now is the time for us to bring our legislation up to date and ensure it provides protection and healthcare for the women of this Island.

Our laws regarding abortion still rely on the Criminal Code of 1872. Section 71 makes it an offence for a woman to procure her own miscarriage and makes it unlawful for anyone to assist her. The subsequent section 72 makes procuring drugs to induce an abortion a crime with a maximum penalty of eight years' imprisonment.

1872 saw Ulysses S. Grant become US President after commanding the Union army of Abraham Lincoln in the American Civil War; the Mary Celeste was found mysteriously abandoned in the Atlantic Ocean; and the Jesse James gang was still robbing banks in Kentucky. Over 220 individual sections of this Code have been repealed or amended in the intervening years, but the sections on abortion still stand. They stand alongside laws regarding grave robbing and manufacturing gunpowder.

I would like to take a few moments to describe how we arrived at our current laws on abortion.

In 1938 the Manx Infanticide and Infant Life Preservation Act made it legal for abortion up to 28 weeks if this was done to preserve the life of the pregnant woman. This followed the British judgment of the *Crown v Bourne* which dealt with the prosecution of a surgeon who had carried out a termination for a 14-year-old victim of rape. He was acquitted as it was judged that he had acted in good faith in preserving the life of that young woman.

By 1983 the Island's medical profession were increasingly worried that they were liable to prosecution if they counselled a Manx woman about abortion and helped make arrangements for this to be carried out in England. Amniocentesis had become available to help detect genetic or chromosomal abnormalities early. But provision of this medical technique was, to a degree, pointless as termination was not offered as an option.

Dr David Moore, MHK for Peel and a lecturer in Psychology, sought to bring in a Private Member's Bill to amend and clarify the Law. He was persuaded to withdraw this Bill and it was progressed by the then Health Services Board through a period of public consultation which lasted until 1985. Unfortunately, the Bill was never progressed. The excuse given was lack of legislative time and the impending general election.

There was little progress on any abortion law until 1993 when the issue was referred to the Social Issues Committee. They consulted widely and commissioned the Liverpool University Health Consortium to survey public opinion. This survey proved that the majority of Isle of Man residents held pragmatic attitudes towards abortion: 70% believed that it depended on the circumstances and 7% were neutral. Only 9% strongly opposed abortion and 13% described themselves as in favour.

Following a report by the Council of Ministers in 1993, 10 years since the medical profession had expressed their real concerns, a draft Bill was eventually brought to Tynwald for discussion.

I have gone through the transcripts of the long debates on this Act documented in *Hansard*. It is quite clear that at the time the parliamentarians, which included just one woman out of 24 Members of the House of Keys, rejected the British legislation and any concept of what was termed 'abortion on demand'.

They wanted to bring in legislation that would legalise abortion, but restrict access to it in every way possible. Their main motivation was to protect the medical establishment from laws dating back 50 years or more, rather than further the rights of women and social justice. At the time it was estimated that approximately 250 women were leaving the Island every year to travel to the UK for terminations. The 1995 Act would only assist a very small minority to have terminations on the Island, perhaps five or six. The social and economic costs of terminations would continue to be borne by Manx women, especially those from poorer backgrounds.

So if I may, I would like to explain the Act that we currently have to work around on the Island. I say 'work around' as I see it as an unjust and unfair Act which is meant to guarantee the legal safety of the medical profession and the state, but at the expense of pregnant women.

Abortion is legal and can be carried out only in an NHS hospital by a surgeon if they and another medical practitioner form the opinion, 'in good faith' that either: 'the continuance of the pregnancy would involve a substantial risk ... to the life of the pregnant woman ...' or the termination is necessary to prevent grave permanent injury to either the physical or mental health of the woman. If the abortion is for mental health reasons the other agreeing medical practitioner must be a consultant psychiatrist.

Section 3 of the Act relates to terminations past 24 weeks when it is the duty of the surgeon 'to perform a termination in such a manner as is best calculated to preserve the life of the child ...'

Our Attorney General has recently questioned whether it is legal for a consultant obstetrician to refer a pregnant woman to a tertiary centre in the UK for termination if she is even one day over this 24-week cut-off.

Section 4 allows termination up to 24 weeks if the surgeon is 'of the opinion, formed in good faith, that there is a substantial risk that if the child were to be born at full term it would suffer from such physical or mental abnormalities' either to be 'unlikely to survive the birth' or to be 'seriously handicapped'.

Tynwald debated the wording and meaning of this term endlessly and concluded that 'serious handicap exists if ... that handicap is not capable of being cured or substantially relieved by treatment or the passage of time'.

Clause 5 refers to the 1872 Criminal Code and gave the medical profession indemnity from prosecution for performing an abortion in cases of rape or incest. In the 1990s we will never know how many women were victims of abuse, but abuse continues to this day and there has been an increase in reporting of historical cases of abuse in the Island since the issue was highlighted by the investigations into Jimmy Savile.

But to ask for a termination if you have been abused, a woman must be less than 12 weeks pregnant, produced an affidavit or other evidence under oath that the offense occurred, has to make a complaint to the Police – and even then can only have a termination if the doctors believe her.

So that is the Act doctors, midwives and pregnant women have to work around on the Isle of Man. It has remained unchanged and unchallenged since 1995.

So if a woman comes to see me in my surgery on Friday morning and has found she is pregnant, what does she do? She has made the personal decision that she cannot continue with the pregnancy and wants a termination. In the absence of any obvious physical problems, the only way I can organise an NHS termination for her on this Island is if continuing the pregnancy would, 'cause grave permanent injury to her mental health'.

I had a case recently where a woman in her 30s broke down into tears and explained how she had felt suicidal and desperate when she found out she was pregnant. So to help this woman I need to refer her to a consultant psychiatrist, and we do not have many on the Island. They need to see her, confirm her mental anguish and *then* I can refer her on to an obstetrician who *hopefully* will carry out this termination. Each of these steps can take days or even weeks – time this woman cannot afford.

What I actually do is apologise for the appalling provision of service on this Island and counsel the woman about the medical and surgical forms of termination available. I explain the convoluted system on the Island and the barriers it erects, and steer her towards the British Pregnancy Advisory Service or Marie Stopes clinics in Liverpool or Manchester.

BPAS give excellent telephone advice and actually offer a slight discount for women coming from the Isle of Man. A private termination can cost between £500 and £1,700. However the costs of the procedure are compounded by the price of ferry crossings or flights off the Island. Sometimes it can cost several hundred pounds to fly to the UK at short notice or bad weather can make any travel impossible. Having to choose between paying your rent, clothing your children or feeding yourself, rather than paying for a private termination in another country cannot be a civilised and just situation for women and their families to face in the 21st Century.

And yet this is the situation faced by an estimated 105 Manx women every year. I say ‘estimated’ as some may travel across and give a UK address to access free NHS care. Others are obtaining Mifepristone and Misoprostol online and carrying out their own medical terminations at home. The Isle of Man Post Office routinely searches mail for imported drugs and pharmaceuticals and are reporting increased numbers of women arranging their own terminations in this way.

Contraception, family planning and terminations are an intrinsic part of women’s healthcare. Terminations are part of healthcare. The new Manx National Health and Care Act 2016 states that healthcare should be comprehensive and available to all. But it is clearly not.

If you find yourself pregnant on the Isle of Man and have sufficient financial resources, you have lots of options to arrange a termination in the UK. However, if you are in an abusive relationship or socio-economically disadvantaged you face a stark choice between having to obtain or borrow over a thousand pounds to buy services in the UK or to continue with an unwanted pregnancy. This is no choice at all.

It was only last year that I learnt a family secret. In the 1950s my late mother worked extra shifts to raise money. A close family member had got pregnant long before the pill was available. My mother worked night shifts so that they could afford to send her to a private doctor in Harley Street for a private abortion. More than 60 years later women on the Isle of Man face exactly the same hard choices. I really believe that now is the chance to change our law.

The fundamental problem with the way our law was created in 1995 was that it was based on legal arguments to protect doctors, rather than a moral argument to protect women. It aimed to reform laws from the 1800s rather than scrap them and concentrate on healthcare reform which would allow the provision of safe, timely terminations by the NHS on this Island.

I stand before you today asking for your permission to draft a new Bill – a Bill which recognises that the majority of abortions now carried out in the UK and Europe involve administering two pills to induce a miscarriage. Access to early medical abortion is extremely safe and effective. A new Bill would allow abortion to be an option up to 14 weeks if requested by a woman who is distressed at finding herself unintentionally pregnant. From 14 to 24 weeks abortion should be available if there are serious maternal health concerns, serious social grounds or severe foetal abnormalities. Late terminations over 24 weeks are incredibly rare and account for only 0.1% of all abortions carried out in the UK. They should only ever be available if the pregnant woman’s life is in danger, where there are fatal foetal abnormalities or where there is a substantial risk of severe disability of the foetus.

I completely understand that many people have problems with late terminations, but in practice any woman who requires one would be referred to an appropriate foetal medical specialist in the UK for full counselling and discussion of all options.

If a woman becomes pregnant as a result of rape or incest she should not be compelled to report the crime, swear any kind of oath or affidavit, or undergo any medical examination just to permit an abortion. Appropriate victim support and counselling must be offered as well as information on how to report the crime should the woman wish to do so.

There are some aspects of our present 1995 Act which I would wish to keep. The fact that it is for women resident on the Island is important. It has a clause regarding conscientious objection – the right of medical professionals including GPs, nurses and midwives to choose not to be involved in the provision of abortion should be retained. However, doctors must be aware of their legal responsibility to make appropriate referral to another professional as detailed by the General Medical Council.

I also fully support the NHS provision of unbiased counselling to be provided so that women have the full facts about their options including continuing with the pregnancy, abortion or adoption. They should be supported in making an informed decision and supported afterwards if necessary.

Abortion is not just an issue for women. As a father, brother and son this affects me. As a society we have to make difficult decisions about services we provide and human rights we protect. As a doctor I have a duty to serve my patients in the best way I can. However, I must always respect their autonomy and informed choice.

It is that sense of respect which I hope to enshrine in our legislation. If you support my motion today it gives me leave to sit down with one of our legal drafters to create a Bill to bring back to you for debate.

Some people have criticised me for bringing a Private Member's Bill. They have argued that such a matter should be brought to the Social Affairs Policy Review Committee for a full discussion and consultation. My problem with this idea was that a committee stage was tried in 1984 and led to a delay of more than 10 years before the matter finally came before Tynwald. Only last week we heard that referring a matter to the committee would be seen as, 'kicking the issue into the long grass'.

What I beg your leave to do is to go away today and start a consultation with medical professionals about how we provide a better, cost effective service for the women of this Island. To work with our legal drafters to look at how other members of the commonwealth have created laws to tackle this difficult medical and moral issue.

I will give you a commitment that any Bill will go out for full consultation when it has been presented to this House. I would support it being discussed by a scrutiny committee at a later stage in the legislative process to ensure that it provides the service women on this Island need. But let us have something concrete to debate. Let us put our energy into creating good and fair legislation, rather than return to the same old arguments of previous decades.

You will have all received emails warning that I want to adopt a Canadian model of abortion law. Canada is one of the few countries in the world to have *no* law restricting abortion at all. They did reform their law in 1969 but it proved to be unfair and, after a series of high profile legal cases, was thrown out by their Supreme Court. The Canadian parliament have not had the courage to create a replacement and there is a legal vacuum which theoretically allows abortion on demand until term. The reality is that even in Canada 90% of terminations are carried out within the first 12 weeks and only 2% to 3% are done after 16 weeks. I am not advocating this failure of legislation or any other model. I want us to debate a system which will work for women on *this* Island and which is acceptable to all.

Other people have criticised me for re-starting the debate on abortion laws. They feel that the 1995 Act is already too lenient and liberal. In the UK a 2010 opinion poll looked at social attitudes towards terminations: 36% responded that they believed abortion should be legal in *all* circumstances, 55% that it should be legal in certain circumstances, and only 3% that it should be illegal whatever the situation.

Some of you may be worried that reforming the Abortion Law will somehow open the flood gates and increase the number of women having terminations. Paradoxically, the opposite is true. Worldwide the provision of adequate contraception for men and women, and more effective sex

education is leading to lower teenage pregnancy rates and lower abortion rates. Most abortions now requested in the UK are from women in their 20s and 30s and the vast majority are due to the failure of contraceptives, rather than not using them. Those countries with easier access to safe, early abortion on request have lower abortion rates as women are able to make an informed choice without stigma or shame.

I have never met any woman who has not found having a termination one of the most difficult decisions they have ever made. Many regret it in the future but still accept that at the time it was the right option for them. What we should be doing is allowing our medical professionals to support and counsel these women, and as a society accept and recognise this difficult issue. In 2017 women should not be ashamed to make healthcare decisions, nor should they be criticised or rejected by others.

Perhaps in light of the discussions we have had about the financing of the Department of Health, some people will think that reproductive healthcare is just something we cannot afford. For decades, women have travelled across at their own expense for expensive private abortions. Can we ignore the financial cost to them or their families? The time taken off work, the excuses they make to their friends and families? The provision of safe, early abortion services at Nobles will save money.

We do not know how many women *will* take pills purchased on the internet today to terminate an unwanted pregnancy. We do not know whether these pills are legitimate or fake. What we do know is that these women are taking their health in their own hands, often without sufficient information or support. Are we going to wait until one of them ends up in intensive care before we act? Will we wait until a woman dies of a haemorrhage on her way back from an abortion clinic in Liverpool before we see that safe provision of abortion services on this Island should be an intrinsic part of healthcare?

The Isle of Man is a forward-thinking, progressive and inclusive society. We have led the world in votes for women and those over 16 years old. We have civil partnership legislation far more progressive than that in neighbouring islands and our soon-to-be-debated Equality Bill has the potential to be one of the best in the world.

Now is our chance to lead the way in abortion law reform. To show those campaigning in Ireland and elsewhere that a small jurisdiction can have the political courage and strength to create a just law which recognises religious and moral beliefs but provides for safe and effective reproductive healthcare for women.

In a week when millions of women marched across the world in support of their rights, would it not be seen as a sign of hope if this House agrees to listen to Manx women and support abortion law reform?

I would like to thank you for your time today to consider this difficult issue. I ask you to support the motion and to send a clear sign that this is a Government for change, for action, progress and hope.

Thank you and I beg to introduce this Bill in my name.

The Speaker: I call on the Hon. Member for Douglas East, Miss Bettison.

Miss Bettison: Thank you, Mr Speaker. I would like to second the motion and reserve my remarks.

The Speaker: I call on the Hon. Member for Douglas East, Mr Robertshaw.

Mr Robertshaw: Thank you, Mr Speaker.

I rise to move an amendment in line with the memorandum circulated to Hon. Members yesterday and which is before you now.

In all the duties faced by an elected Member of this House, I can think of nothing more onerous and difficult than that which faces us now: the need to review and reconsider the form of our

legislation in respect of abortion. It impacts on the emotional, it impacts on the profoundly personal and it impacts deeply on psychological, ethical and medical matters.

The mover, the Hon. Member for Ramsey, has shown courage in facing up to the matter and provides us with his proposed way forward, but is this the right way to deal with such a complex issue? I would argue it is not.

His motion asks us to embark on a journey down a particular road, with opportunity to a degree to refine details and adjust elements along the way, leaving us as individual Members within the context of a formed Bill searching out as best we can what information, advice and guidance we can each find along the way. The road, however, is chosen for us and the destination clear.

The amendment before you proposes an alternative way forward. It requires a committee of this House to search out, to identify and collate all relevant information and advice from all available quarters and report its findings, in order that Hon. Members will have the best possible resource available to them such that, when debated, it might be possible for us to actually choose a well-informed path to reform.

Mr Speaker, I would put it to you that we all need to be party as far as possible to choosing the road to be taken, to finding the destination we believe is right for the Isle of Man. It is for these reasons, I propose the amendment before us, and it is in order to ensure that the select committee has the widest range of views and opinions within it during its work that I believe it should consist on this occasion of five Members.

Mr Speaker, I ask Hon. Members to resist the temptation to send the proposed Bill to committee at some later stage during the Readings. Please do not waste drafting time. Be clear about the need to fully evidence the important issues at a very early stage through the services of a committee of the House. Thereafter, this Hon. House will be in a far better position to proceed to a Bill stage, after it has had the opportunity to consider recommendations placed before it.

It is right to review our legislation, and I think in that respect, the Hon. Member for Ramsey is absolutely right, in this sensitive area, but let us ensure, Mr Speaker, that we do it in the right way.

Mr Speaker, I beg to move the amendment in my name:

Leave out all words after 'That leave', and add, 'should not be given to introduce a Private Member's Bill to amend the law relating to abortion until sufficient evidence has been collected to establish the need for a change in the law; and that a Select Committee of five Members be established with powers to take written and oral evidence pursuant to sections 3 and 4 of the Tynwald Proceedings Act 1876, as amended, to report to the House on the need for any change in the law relating to abortion.'

The Speaker: I call on the Hon. Member for Douglas South, Mrs Beecroft.

Mrs Beecroft: Thank you, Mr Speaker.

I beg to second the amendment by Mr Robertshaw, because I think it is the most appropriate course of action to take at this moment in time, and I would like to explain why.

There is absolutely no doubt that this is one of the most emotive subjects, and one that divides people more than anything else in their opinions. We have two groups on the Island who are very strong and very vocal, and at complete opposite ends.

When we come to this House, we all wear various hats. Mine today, I have got a number of them: I am a woman; I am a mother; I am a wife; I am a grandmother; and I am Minister for Health and Social Care. It is as Minister for Health and Social Care, that is the hat that I am wearing today in this House.

Any legislation that we bring forward should be based on evidence. So I went to the Department, and I asked them what evidence did we have, to see if it supported one side or the other of the two arguments. Whilst evidence is there, it does not come down clearly on either side – if it is medical evidence. I think that is the point: that from the Department's point of view, we have to look at

medical evidence, and there is none to support either side. It does not come down clearly either way.

So what we are left with is reasons for a change of legislation, based on – as Dr Allinson said – societal attitudes and expectations, and the changes of them. We do not have that evidence. We have evidence of people with very strong opinions, very strong feelings either way, but we have not heard from the majority of people in the Isle of Man, what do they think. This is such a fundamental change that I do not think it is right to go straight into producing draft legislation – I really do not – that is there for debate afterwards. Yes, all legislation goes out for consultation, but that is very different to what Mr Robertshaw is proposing, that we take evidence first. That has to produce better legislation in the long run – something that we were only just talking about a few short minutes ago this morning. We want good legislation, we want appropriate legislation and we want legislation that is based on fact and evidence.

I have made some notes to talk about today, and I think that really has covered them all from the Department's point of view. Obviously, anybody can talk at length about this, about the research, about what people feel, and everything else, but it boils down to, as I have said, there is not the evidence to support the leave to introduce.

I certainly think it is an issue that requires five Members and I congratulate Mr Robertshaw on being perceptive and bringing that forward. So I beg to second.

The Speaker: I call on the Hon. Member for Douglas South, Mr Malarkey.

Mr Malarkey: Thank you, Mr Speaker.

I would like to start by congratulating the Member for Ramsey for bringing this forward today. (**Mr Robertshaw:** Hear, hear.) It is an extremely emotive subject. It is not a politically sweet subject for anybody. Had he not done so today, I just wonder how long we would have waited, going through the next four and a half years before somebody had the courage to bring this motion forward today.

I can see both sides of the argument. I will stake myself to the mast: I do believe that the abortion laws in the Isle of Man are in need of reform – very much so.

Having said that, the amendment brought forward today by the Hon. Member, Mr Robertshaw, is right. It does need to go to committee. Whether we put it to a committee at this stage or at a later stage is a debatable point. Some of these committees – the Social Affairs Committee – are so bogged down with work, how long is it going to take for anything to come out of it? At least if we have a select committee from this Hon. House, we might get some progress a bit quicker.

What I did not like about the amendment was there was no timescale on it. I did not want another situation where it was kicked in the long grass for the next five years. So you will notice the only difference in my amendment coming forward is that I have put a timescale for any committee, should you be minded to go with the amendment, that it has to be brought back by December this year. What I would not be prepared to support is a committee with no timescale on it, because five years down the line, we could be sitting debating the same subject in one direction and then the other direction.

So I say to you, if you are minded to go with the amendment from Mr Robertshaw today, please go with my amendment: at least it has a timescale on it, and it has a date for coming back.

At the same time, you could go with Dr Allinson's leave to introduce today. He has promised to take it to committee at some stage. I worry that we might be wasting legislation time, if we do not get it absolutely right, and certainly if ... I would hope that if the committee came back with the right recommendations that I believe in my heart that we do need to do, going forward he will still be able to take a Bill in the future forward, to bring the abortion laws in the Isle of Man up to date.

So all I say, Mr Speaker, is if people are minded to go with the amendment, please go with my amendment, put a timescale on this. I have not got a seconder, I only brought this forward after I

read Mr Robertshaw's and realised there was no timescale on it. So I would appreciate if somebody would second this amendment this morning.

Thank you, Mr Speaker.

In the amendment in the name of Mr Robertshaw after the words 'to report to the House' to insert the words 'by December 2017'.

The Speaker: I call on the Member for Arbory, Castletown and Malew, Mr Cregeen.

Mr Cregeen: Thank you, Mr Speaker.

I am happy to second the amendment (**Mr Malarkey:** Thank you.) from my colleague in Douglas South.

The Hon. Member for Ramsey was very eloquent and very passionate about why he wants to bring this legislation forward. My concern was that he said that he would go out to consultation after this proposed Bill had come to this House. I cannot agree that you go to consultation after it has come to this House, because you are too late, you have already got your draft Bill. It has already come here, so what is the benefit of going out to consultation after you have presented the Bill for First Reading?

By sending it off to a committee, the committee actually has greater powers to gather evidence from all sections. It would also give the Hon. Member a better chance to get his legislation right, because he can then pick up from the recommendations of the select committee to draft his Bill.

Somewhere down the line, this will have to go to a committee. I do not think that we should be in a position where the legislation then comes through there and then we do regret some of the decisions, because it has not been properly discussed, properly thought out. A committee, whenever, really does have to happen to ensure that all the medical profession and all the people involved have their say.

Unfortunately sometimes when people say they are going out to discuss matters with professional bodies, it does not actually include all of them. People will feel left out, whereas with a committee of this House, there will be public notices, there will be calls for evidence and that evidence will be given in public. It gives a clear steer, I think, for the Member. I think it will be of more assistance to the Hon. Member to have the work done by this committee before he drafts this Bill.

So with that, Mr Speaker, I am pleased to second.

The Speaker: I call on the Hon. Member for Douglas North, Mr Ashford.

Mr Ashford: Thank you, Mr Speaker.

I rise to say that I will not be supporting either of the amendments, and I would like to explain why.

Firstly, I am happy to support the Hon. Member for leave to introduce, because I think it is a fundamental parliamentary principle that Members should be able to come forward with Private Members' Bills, have them properly considered and in this case actually be able to come up with a draft Bill.

Just having listened there to the Hon. Member for Arbory, Castletown and Malew, Mr Cregeen, I quite agree, this does need to go to a committee, and I think it needs to go to a full public consultation as well, which the Hon. Member for Ramsey, Dr Allinson has given assurances on. But I am a bit confused by these amendments as to what this committee is actually going to be considering, because at the moment there is nothing to consider, because there is no draft Bill. Or is this committee just going to have a wide ranging brief to discuss abortion in all its details, and be trying to report back to December? To me, there should be a draft Bill and then it gets referred to a

committee and goes out for full public consultation at the same time. That to me is the way it should work. **(A Member:** Hear, hear.)

I also see from the amendments that it is wanted, a select committee, rather than going to the Review Committee. Taking the words of the Hon. Member for Douglas South, Mr Malarkey, saying that if it went to the Social Affairs Policy Review Committee, of which I am a member, it would be kicked into the long grass – well, I am glad in the last week I have convinced him, Mr Speaker, *(Laughter and interjections)* without uttering a word, apparently! **(Mr Malarkey:** Your words!) Because a week ago, he did not believe me when he voted against my motion to have a select committee – the same with Mr Robertshaw, the same with Mr Cregeen. So I am very glad that my powers of persuasion, of silence for a week –

Mr Cregeen: You are a bit late. *(Interjection by Mr Malarkey)*

Mr Ashcroft: – has worked so well! I must have psychic ability!

But moving back to the topic in hand, I would like to say, just because I am happy obviously for leave to introduce, that does not mean I would be necessarily supporting the Bill, and the Hon. Member for Ramsey should not necessarily read that into it, because for me, it would depend what is actually in the Bill.

I am very pleased that he has clarified, I would not want to go down the Canadian route, because like himself, I know fully well, in Canada, there are no controls, and I think that would be absolutely ridiculous. For me, it is all about protection and safeguards, and I certainly would be looking in the draft Bill to see what protection and safeguards are being put in place, because I do not believe that we should be just going down the route of ‘an abortion on demand’ situation.

Equally, he has reassured me that there are still going to be time limits within the draft Bill, which I think is absolutely essential.

I do believe the law needs updating. I stated so during the election. I stated that there need to be protection safeguards, but we do need updating, particularly around counselling services and aftercare provision, which I think at the moment is very, very much lacking.

So at the moment, I am willing to give the Hon. Member for Ramsey the benefit of the doubt and actually support leave to introduce. But as I say, whether or not he garners my support on any Bill that comes forward will depend on the wording and the safeguards and protections within that Bill.

As I say, Mr Speaker, I cannot support either of the amendments because I am not quite sure what these committees are actually going to be discussing without a draft Bill to be available. I note again the comment, I think it was Mr Robertshaw who stated it would be a waste of drafting time. Well, I would just like to point out, Mr Speaker, it has never bothered Hon. Members in this House before, when at Second Reading or clauses stage, they have referred matters to committees. So I take it that means that in future, we will not be having quite as much legislation referred to committee.

The Speaker: I call on the Hon. Member for Garff, Mrs Caine.

Mrs Caine: Thank you, Mr Speaker.

I would like to congratulate the Hon. Member for Ramsey, Dr Allinson, for bringing this motion before us today. Do I believe the Isle of Man's abortion law requires modernising? Undoubtedly, yes.

Am I concerned about the number of women who are currently forced to travel off Island for a termination? Emphatically, yes. I am very concerned that a lack of provision in this area of healthcare puts women at risk of harm by some obtaining medication online or attempting other ways of terminating unwanted pregnancies. Dr Allinson has also outlined some horrific consequences of having surgery across and then travelling back to the Island.

This subject has generated a lot of correspondence and I feel there is also a lot of misinformation around at moment. (**A Member:** Hear, hear.) We need facts. So, I have spent some time researching the subject.

Generally I would say the Isle of Man has a broadminded and tolerant population and it is apparent that many people agree our abortion laws needs urgent reform. Getting consensus on how it is reformed will be the difficult part.

I think the first thing needed, without any reform, is better access to information and counselling. The Island has an excellent Family Planning Centre but if you search for 'abortion' on the Government website, it comes up with zero results. I find that shocking. Some people finding that or even hearing the current debate on abortion will not access the information and assistance that is available. Many do not realise there is a free, confidential service that could help them prevent unplanned pregnancy. There is a lack of knowledge, a lack of awareness of the service. The message that goes out loud and clear is that you cannot get an abortion on the Isle of Man.

So, we first need to get our act together in terms of improving information on available services. If a patient makes it through the doors of the Family Planning Centre, they receive a very good service and compassionate care. But we need to ensure it is consistent. I am informed one pharmacist refuses to dispense emergency contraception – the morning after pill or coil – because of their religious beliefs. Medical practice needs updating. Our clinicians' and pharmacists' approach needs standardising, while allowing for the opt-out for religious grounds.

The Isle of Man is actually a major success story in terms of its extremely low rate of teenage pregnancy. Whatever reforms are implemented, it would be a shame if that changed and abortion became a means of contraception for teenage girls.

The latest figures I could find showed that in 2013, the UK recorded a rate of 24.5 conceptions per 1,000 women aged 15 to 17. On the Island, I am told, we had seven pregnancies in the age group 15 to 19 years, not all of which were unplanned. So, estimating a local youth population of approximately 1,000 people in each year, it is likely to equate to a rate of around one pregnancy per 1,000 teenagers here compared with the 24.5 in the UK.

By making abortion more accessible, people may rely on terminations, which are not good emotionally or physically for women of any age.

Also, it should be noted that very few Isle of Man women have more than one termination. In the UK it is quite common for a proportion of women to have four or five. So, it is apparent that access to free and straightforward terminations can replace planned contraception – that is the big issue we must guard against – but that is not to say we can continue with the system we have, where 100 or so women each year have to travel off the Island at their own expense to access a termination; also a system where rape victims cannot obtain a termination without the process adding to their trauma.

But are we muddying the waters by considering the moral, ethical and religious arguments in this case? Isn't it simply a question of money and the requirement for our National Health Service to provide this essential care for women?

Money is a big issue. A termination in a clinic can cost from £450, and more for a termination at 22 or more weeks.

When the Island's abortion law is reformed, where will those terminations take place? How will they be funded? Those are the questions that Dr Allinson must resolve before his Private Member's Bill is drafted. For the 100 terminations carried out on Manx residents, are we looking at potentially an additional £50,000 on our health budget, excluding travel costs?

While I support Dr Allinson's bid to update our legislation, how a modernised service including terminations will work on the Island needs careful thought. I am encouraged to hear his outline of the provisions to be included in the Private Member's Bill.

But as in so many areas of healthcare, prevention is better than cure. Any reforms will have to provide better access to terminations for Manx residents, better counselling and encourage retention of the Island's responsible attitude to contraception.

Whilst pre-legislative scrutiny is essential, I will be guided by Dr Allinson on how he sees that being achieved. I do not want this issue to be kicked into the long grass. I want to support Dr Allinson to bring in his Private Member's Bill, to ensure we face up to the issue of abortion in a compassionate way.

Thank you, Mr Speaker.

The Speaker: I call on the Hon. Member for Douglas North, Mr Peake.

Mr Peake: Thank you, Mr Speaker.

I will be supporting Dr Allinson in his wish to obtain leave to introduce a Private Member's Bill. At this stage, Dr Allinson is simply requesting leave to *introduce* a Private Member's Bill. In my view, this is not the time to debate the law relating to abortion, as there is no draft Bill to debate.

We have heard today about 'wasting drafting time'. The Attorney General's Chambers has the equivalent of two days a month in drafting time set aside, if needed, for drafting Members' Bills. I firmly believe we should protect the principle which allows Tynwald Members to introduce Private Members' Bills, and I would not support any attempt to disrupt this democratic process.

I also support the Doctor 100% when he says health of the woman is priority, and termination is part of health care.

The Speaker: I call on the Hon. Member for Douglas South, Mrs Beecroft, to talk to Mr Malarkey's amendment.

Mrs Beecroft: Exactly, Mr Speaker. That is what I wanted to address, because normally, I am a person who does like a deadline, a date given in motions. But I hope to hear from the movers of the amendments on it as to their rationale, because this one, I think, could be slightly different.

We have over 2,000 medical professionals on the Isle of Man, all who may want to give evidence, rather than just taking part in a public consultation without the other groups that are affected and have a position on it – who again will want to give evidence. I do not know how long that will take. That is why I supported Mr Robertshaw's amendment initially, because how long is a piece of string?

The medical professionals are divided on this, which is why I sent the email round earlier, which had been signed by a number of medics, (**A Member:** Retired.) to show that there is not a consensus. So I would imagine that they would all want to have their say, and to give evidence to show why.

So, I am just wondering, if that was the reason why there was no date, and conversely to Mr Malarkey's amendment, has he taken that into consideration when he has put December of this year?

The Speaker: I call on the Hon. Member for Douglas East, Miss Bettison.

Miss Bettison: Thank you, Mr Speaker.

I rise to stand in support of the need for our Island to reform its outdated abortion laws.

There has been much discussion recently regarding abortion legislation on the Isle of Man. I am a firm believer that discussion is always a positive thing, as it allows people to develop informed views and I have followed with interest the work of CALM, HEAR, LIFE and many other groups and individuals on our Island. I am heartened that there are many people on our Island keen to fight for what they believe in, and it is *vital* that we draw the best points from all these groups to inform and develop our abortion policy.

At the forefront of all discussion must be patient care and a human perspective on the issue. How does the current legislation really affect our Island?

It may seem an obvious statement to make, but abortion is final. There can be no one who does not realise that: healthcare professionals, patients, pregnant women, all of you, my colleagues

sitting here in this Chamber. That is why we need *clear* legislation on abortion, rather than the multitude of interconnected legislation that we are currently using to direct our policy.

I feel that one core issue is sex education and I agree with Mrs Caine: it is vital we continue to work towards removing the stigma of discussing contraceptive use. A lot of work has been done in this field, but we must continue this vital education.

We must also be aware, however, that contraception sometimes fails, and humans are not infallible. Many of the women seeking abortions within the UK are women in their 20s or 30s, in settled relationships, some with children already. They are not always the irresponsible teenagers we are so often led to believe.

It is essential that those who find themselves pregnant without the physical or emotional resources they feel are necessary to raise a child must be equipped with information relating to all of the options available: abortion, adoption and parenting. This involves the removal of stigma surrounding all of the options, including abortion, to enable a full and frank discussion prior to a decision being taken. The parents must be given time to digest this information, and reach the decision that is most appropriate to them. This will not be the same for everyone and people should be able to make this decision without fear of judgement.

Where, after careful consideration, a woman feels that abortion is the appropriate course of action for her, I would like to see a situation where a woman's means do not dictate her healthcare options.

By ensuring that abortion is a legal option available after careful consideration, we would be able not only to ensure it is carried out safely, but also to offer the appropriate emotional and physical aftercare and reduce potential mental health complications.

Let us also be realistic: we are certainly not going to see women getting an abortion just because they can. We already know that women are accessing abortions in England; in centres that are not being adequately monitored to ensure options available are being fully explored prior to a decision being reached. They are often not given any aftercare.

I can tell you today of a case where a UK woman accessed an abortion in a UK abortion clinic – one which Manx women may have been forced to access as well. She walked in and waited in a sterile waiting room, with many other women equally distressed at the situation they found themselves in. She was taken in for the abortion, which was performed in a very matter-of-fact way. Before leaving, she was given two things: a leaflet advising her of the risks following an abortion – a 'what to be worried about' leaflet, if you will; and an absorbent sheet to put on the seat of the car when going home. That was all. At a time when she needed support, care and counselling, she got a leaflet and an absorbent sheet.

Fortunately that woman was not alone, as I was sitting with her – as a friend, as a support and if the need had arisen, as someone who could have got her to hospital.

A woman on the Isle of Man has even more hurdles to jump and risks to take. Having discovered she is pregnant but is not able to continue with the pregnancy for one of potentially many reasons, she will make a decision that no woman takes lightly. She must then attempt to access services that are neither regulated nor monitored by our Department of Health and Social Care. She can travel to England, but it will cost her – financially, mentally and potentially physically. She will need to pay for flights, or a ferry – and we all know what the costs can be like at short notice. She will need to pay for the abortion. If she wishes to have support during this extremely emotional and difficult time, she will need to pay for a companion. There is no regard for the woman's ability to pay. Those of lower means may not be able to afford this.

We are currently driving people to desperate measures through our outdated legislation: women using coat-hangers to cause abortion; women using pills bought online from unregulated sources to induce abortion; women throwing themselves against hard objects, or punching themselves in the stomach to cause abortion.

In some cases, we do not know the lengths women have gone to to abort their baby in such desperate and tragic circumstances.

These women do not have a voice at present. They do not always feel safe to talk to their GPs due to the current laws. They take risks. When one of them dies due to the risks they have taken, will people sit back and plead ignorance? Will they blame the woman? Or will we take a long, hard look at our failures as a society and as a Government to protect the women in our society at the time they are most vulnerable.

It is clear that evidence shows that mental health is no more affected by being forced to continue with an unwanted pregnancy or by having an abortion. What there is, however, is evidence of the health risks of taking unregulated medication or when women use the methods such as those I have just mentioned.

I do not believe that at this stage a committee process will identify any additional points to those already discussed in previous debates, public meetings, in hustings, from various campaign groups, in Public Health reports. It will simply further delay the long-overdue amendment of this outdated legislation. We need to change this legislation for the protection of our society. We were elected to make decisions and some of them are difficult. (**A Member:** Hear, hear.)

This is a matter of protecting the society that we are here to represent: protecting them from a situation where the wealthy minority can access care that is not available to the majority; protecting them from being forced to access unregulated medication and services in an already traumatic situation; protecting them from being demonised in a difficult situation; protecting them from receiving a criminal record in order to access safe healthcare. We need change and today we have the opportunity to commit to that change.

Abortion must never be viewed as a quick fix, but it should not be illegal either. It should be duly considered, appropriately supported, and available regardless of income.

The right for a Member to seek leave to introduce a Bill is stated in the Standing Orders of the House of Keys. We can debate and discuss the detail of the Bill that Dr Allinson brings, but first we must agree on the principle.

Review of the abortion legislation featured on the legislative agenda for 2017-18 prior to many of us sitting here being elected; this has not come from left-field. Members have had time to familiarise themselves with the salient points of this issue and the need for change.

Without doubt, committees and consultations have a large part to play in the development of any Bill, but they should be surrounding the detail. At present, the detail is simply that we need to change our legislation; the detail of the Bill will follow. I would challenge anyone who states that there is no need for any change.

As I have already stated, the exact detail of the changes will need close examination, but the fact that we know people are being forced to break the law to access vital healthcare should send out a clear indication to anyone that we need a change of direction. That is what is being offered here today: a chance to make our law more equitable, reasonable and safe.

I urge you to vote to allow Dr Allinson to bring a Bill before this House and demonstrate our commitment to safe and effective reproductive healthcare.

I second the motion standing in my name.

The Speaker: I think you were talking to the amendment there, Miss Bettison, rather than seconding an amendment, but ... No problem, just to clarify.

The Hon. Member for Ramsey, Mr Hooper.

Mr Hooper: Thank you, Mr Speaker.

I have got serious concerns with the amendment that has been put before us today.

That leave should not be given ... until ...

Surely this goes against the very principle of the Private Member's Bill process. Should we really be placing restrictions on what private Members can bring before this House? This would set a

dangerous precedent, Hon. Members, and I would urge great care with this amendment before we damage what is a fundamental principle of our parliament.

Another aspect of this amendment is the requirement for 'sufficient evidence'. Sufficient! Who determines what would be sufficient? This is a very subjective determination. What threshold would be set? Who sets the threshold? Do we talk of medical evidence, as the Hon. Member for Douglas South has mentioned, or evidence of changes in social attitudes? Which would be given greater weight? By setting a threshold of 'sufficient evidence' we would be starting down a very dangerous route – could we really ask any committee to truly and honestly state that they have acquired sufficient evidence on this complex issue? This, therefore, will do nothing more than destroy any attempted reform.

Moving on from the actual wording of the motion, yes legislation should be evidence-based, but at this very early, principle-stage exactly what evidence would the Hon. Member be seeking? I would like to echo comments made by the Hon. Member for Douglas North: as we do not yet know what the Bill looks like, gathering evidence on it, I suggest, would be very difficult.

The hon. mover, in his speech, did not once mention a pressing medical need to reform the law; that is a straw man. He spoke of social attitudes; he spoke of equality of access; and he spoke of people being disadvantaged because of their financial circumstances. He spoke of universal healthcare and of safety; preserving aspects of the current Bill that are working. He spoke of unbiased advice and of personal choice and shared with us experiences of real people. He spoke of fairness and of a just law.

The only part of the amendment that I would have supported is the call for consultation, but again I stress this should come at the later stage when we have something to actually consult on. Let us not, as the Hon. Member for Garff has said, muddy the waters by consulting on things that are far outside the scope of the proposed Bill.

In that respect, I am glad the Hon. Member for Douglas South has mentioned the email from medics in this regard. In fact, this was an email from one of the lobby groups who are opposing the reform and did not once mention any medical objections or concerns. The fact it was from medics, therefore, is in many ways irrelevant.

This is an extremely complex, emotive and divisive issue that needs to be fully considered and is an issue on which as many views as possible should be sought, but at the appropriate time. This is exactly what is proposed by the Hon. Member for Ramsey, and I wonder if any Member who has been in this Hon. House for longer than myself could provide some examples of other Private Member's Bills that have been prevented from being moved in this way: not just voting against the leave to introduce, but also preventing any further Bill being brought before this House.

These amendments are designed simply to kick this reform into the long grass – 'to kill the Bill', using the words of other Members in this House from another debate – however, they are dressed up.

We have a duty to protect those in our society who are disadvantaged by their financial circumstances and for that reason alone, even without any of the arguments in favour of reform, I will be supporting my colleague from Ramsey.

I will not be supporting either amendment and I would urge Hon. Members to support the original motion. Let us grant leave to introduce and allow this to be taken forward in a measured and sensible way.

The Speaker: I call on the Hon. Member for Ayre and Michael, Mr Baker.

Mr Baker: Thank you, Mr Speaker.

This is, as we all recognise, a really difficult issue and I want to start by congratulating the Hon. Member for Ramsey, Dr Allinson, on taking the steps to bring this forward today at such an early stage. By taking it at such an early stage it does allow for a considered and measured debate to take place and still to bring forward whatever reforms may be required in a timely manner.

It is clear to me that what we have is far from ideal and there is nothing that I have heard in the debate so far that suggests there is not a need for a good, hard look at this area and probably for some pretty significant reform.

However, having said that, we need to look at the process by which that is best achieved. This is far more than a healthcare issue. This is a social and moral issue. It is complex, it is difficult, and there are views right across the spectrum. This is not just an issue for women. It is an issue for all of us. It is about what sort of society we want to live in.

Referring back to how previous Houses have tackled this issue is irrelevant. We are not previous Houses. We have already shown, in the way that we have operated over the past few months, a different spirit, a different mind-set. I do not believe that whatever process we follow through we are trying to play games or duck difficult issues. This is what we have been elected for: to deal with difficult issues. If it was not difficult, it would have been dealt with before now.

What we need is a mature, considered approach that allows the different views of all the people in our Island to be heard. We cannot afford to have a process that creates winners and losers. We cannot afford people to think that their voice has not been heard or that they have been ignored. In order for that to take place, in my view, we do need a proper consultation process. Dr Allinson has indicated the same. I think we are merely debating the process by which we follow this: whether we consult now and then shape a Bill on the back of it or whether we shape a Bill for consultation and then discuss it.

For me, it is far better to have the discussion upfront and to really get some kind of consensus – if consensus is possible in a subject like this – but if consensus is not possible, to at least get a clear perspective right across the spectrum. I think that is what our Island that we serve is looking for. There are some very vocal people at both ends at the spectrum, but actually there is a silent majority who need to be able to participate in this in order that we get a solution that is acceptable to the Island as a whole. Excuse me.

It is really important to me that this debate is a considered one, it is a grown up one, it is a mature one, and it is a national one – not about special interest groups. It needs to be transparent and it needs to be participative – which are principles that we have discussed at length in these past few months and which the Programme for Government articulates very clearly.

It is not necessarily that by driving through to go the quickest path you necessarily get to the destination in the fastest possible time, and whilst I do acknowledge the passion and desire from many of my colleagues to see change happen, going at it in a direct way may not actually achieve the objectives that people are seeking.

Wherever we end up with this, we cannot have a divided society where people feel that they have lost in something as important as this. This is probably the most fundamental issue we are going to deal with, certainly for a while at least.

For me, a process that involves consultation upfront has to be the right one. I support the move to establish a ... *(Interjection by Mr Cregeen)* No, a select committee.

Mr Cregeen: Oh, a select committee!

Mr Baker: A select committee, thank you. A select committee of five, because that is five people who can be drawn from this House and who will be representative. It is far better than putting it through the Social Affairs Policy Review Committee, which is only three people, which is quite narrowly drawn and actually, as Mr Ashford keeps telling us, is very busy. *(Laughter)*

This is not about kicking it into the long grass; we have got to be more grown up than this. If every time something goes to committee, we say it is kicking it in the long grass because we want to get on with something, we are letting ourselves down. It is about having a proper, mature debate on something which is of fundamental importance. So, for me, going down the select committee route is the right one.

I am proposing an amendment to the amendment to the amendment, and it is on the back of Mr Hooper's, once again, very clear and articulate and pertinent comments about sufficient evidence, because that does open up so many loose ends.

There is an amendment in my name which removes an element of the amendment that is in Mr Malarkey's name: to take out the phrase, 'until sufficient evidence has been collected to establish the need to change the law ...'

In simple terms what we are saying is, we put a select committee in place; it has got a timeline on it to report by December 2017; and it does not need to have sufficient evidence – there is no judgment call around that. It is just the select committee needs to do its job.

In terms of that select committee, clearly it is in the gift of this House to determine which five Members will comprise that committee and certainly from my personal point of view I would encourage Members to support Dr Allinson as being a member of that committee.

I think it will actually give him what he is looking to achieve and I think it will probably give it to him quicker and with better resources to support his workload. I would conclude by saying that actually may get us to the right answer more quickly and in a more focused and collaborative manner.

For that reason, I beg to move the amendment:

In the amendment in the name of Mr Malarkey after the word 'abortion' to insert the words 'law, until' and to leave out the words 'until sufficient evidence has been collected to establish the need for a change in the law; and that'.

It will be circulated shortly.

Thank you.

The Speaker: Just to clarify for Hon. Members, this will be circulated as soon as can be done. It basically deletes the words 'until sufficient evidence has been collected to establish the need for a change in the law;' and also deletes the words after the semi-colon 'and that', then replaces all that with 'until'. So it would say, if I read this right, 'Leave should not be given to introduce a Private Member's Bill to amend the law relating to abortion until a select committee of five Members be established ...' etc. We will get that circulated as soon as possible to Hon. Members.

I seek a seconder to that motion. Mr Harmer.

Mr Harmer: Yes, I will second that, Mr Speaker.

I think just to congratulate Dr Allinson in moving this forward and for this debate, because the debate is a very sensitive issue; it is a complicated issue. For that reason my point is very simple: it is about process; it is about doing things the right way; it is about gathering that information.

As I say, leave to introduce is quite wide-ranging but we have heard often that we need to consult; we need to get views, and I personally think that with anything of this complexity, to actually say what the answer is before we have talked about it ... and I do feel that is coming though. To be honest, it does not say, 'Laws relating to abortion with respect to x, y or z.' It is very general, but at the same time we are asked to support it.

I do really think that there is need for reform; it is an issue that needs to be done, but let's move forward and actually do it in the right process so that we can gather the evidence and consult and actually give good legislation rather than, in a sense, rushing ahead with the drafting without getting the detail. For that reason, I second it.

The Speaker: The next speaker on my list is the Hon. Member for Ayre and Michael, Mr Cannan.

Mr Cannan: Thank you, Mr Speaker.

I want to also congratulate the Hon. Member for Ramsey in having the moral-political courage to bring this very difficult and sensitive issue to the fore. I find the Hon. Member – a respected GP who was elected with a significant majority – to have presented a very strong and clear case for reform. Based on the evidence that he has given, I would suggest that if we do indeed have a situation where young women on this Island, or women on this Island, are being forced into some sort of underground climate and putting their health and possibly their lives at risk by our failure to provide the right care, then certainly it would appear, based on what we have been told, to be a clear case for reform.

I would also point out to the Hon. House, of course, that the Hon. Member who brought this motion did clearly write in his manifesto that he strongly disagreed with the 1995 Abortion Act and would like to see it reformed and that:

Although abortion is legal on the Island most women are forced to travel and pay privately for terminations in the UK. The current Act is almost medieval in the way it treats victims of rape and has no place in a modern society. As a husband, father and brother I fully support the campaign to modernise the legislation.

That statement in his manifesto was written in bold and I have to say of course that the Hon. Member who brought this received a significant vote in the General Election: 2,946 voters; 47.1% of the vote in total supported the Hon. Member in his election and by virtue of that you would have to take a reasonable assumption that the majority of people seem to agree with his clearly stated position.

Nevertheless, I have also spoken to a number of my constituents and I believe that both sides of the argument need to have equal weight and that also this Hon. House needs some form of confirmed evidence as to the requirements posed to change the law on this matter. I will therefore be supporting the move by the Hon. Member for Douglas East, Mr Robertshaw, and indeed the amendment from Mr Malarkey to have this matter referred to a select committee to establish the need for a change in the law and to report on the need for any change relating to abortion. I am satisfied from the language that has been used that both Hon. Members want that committee to come back with some full and considered recommendations in that respect.

Just addressing the Hon. Member, Mr Hooper's remarks in terms of whether this is a legitimate political process – and indeed the remarks of others – I would suggest to him that, no, I have not seen this before in terms of the way a Private Member's Bill has been treated. Certainly in my experience, which is limited to the last five and a half years, I have found that the Private Member's Bill, in most cases, has been given leave to progress and in some cases has been given a straightforward rejection by the House. Nevertheless, that by itself is not an excuse, I would suggest, for the House of Keys not to determine that there should also be an alternative way forward, particularly when we have such significant emotive matters that may have medical, ethical and moral impacts across society.

I therefore think and believe that the Hon. House would do well to support the amendment from Mr Malarkey which does actually give a date associated with any such report. I do not accept the argument that has been presented that putting a date on such a committee would somehow inhibit that committee from getting the evidence that it needs. I do not support that this should be a long and protracted debate. This committee is being formed merely to collect and establish the evidence that is needed for a change in the law and to judge whether there is indeed such sufficient evidence.

I would say to Hon. Members that at the moment much of what has been reported from two very respected sources who have talked this morning, the Hon. Member for Ramsey and the Hon. Member who is currently on the Health Department, Miss Bettison, is that there is a strong and persuasive case, and that some of the underground happenings that our women, young ladies, are being forced into is unacceptable, and I support that. Nevertheless, we do need to hear from other medical professionals and other experts in the field as to the actual numbers and the possible numbers that may not be appearing on any formal records.

I think it would be the duty of a select committee of this nature to try and establish those facts as best as possible and to therefore make the recommendations to the House of Keys based on a call

for evidence and an investigation that includes oral evidence taken from those who were prepared to submit evidence in public. I think it is right that, in the words of my hon. colleague, Mr Baker, we have a considered debate on this matter; that people are allowed to express their opinions rather than the House being forced into a decision just purely based on one Member's Bill.

Therefore, Mr Speaker, I would strongly recommend to the House that we support the amendments from Mr Robertshaw and the subsequent amendment from Mr Malarkey that will put a date to ensure that we get a report, and that this matter is not, as some may be suggesting, kicked into the long grass, never to reappear during the life of this particular House.

The Speaker: I call on the Hon. Member for Douglas East, Mr Robertshaw, to talk to the amendments in the names of Mr Malarkey and Mr Baker.

Mr Robertshaw: Thank you, Mr Speaker.

I stand, Mr Speaker, because I want to absolutely reassure the House that nothing could be further from the truth than the idea that anything I am saying is a suggestion or intimates any desire to kick anything at all into the long grass.

I cannot be alone in the agonies that I am personally going through over this whole subject, and if we as a House are going to bring together the two sides of this argument – and that is our leadership role – then we must look at this in intense scrutiny and detail. That is our duty; that is our responsibility.

I think Mr Malarkey's comment that we need a date on this is something I am absolutely content with and I think the period of time he is indicating must be sufficient.

I have been deeply impressed with the quality of this debate in the House today. I think it is probably the finest that I think I have been involved in in my time in this House. I particularly want to congratulate Mr Baker on his eloquence and the clarity of his thoughts. I agree with him that it would be helpful if we did go for a committee that Dr Allinson was on that committee and that would show a determination of intent.

Mr Speaker, I am content with Mr Malarkey putting a timescale on this. I do hope that the House chooses to support the amendment, and let us move forward.

The Speaker: Thank you.

I call on the Hon. Member for Middle, the Chief Minister, Mr Quayle.

The Chief Minister (Mr Quayle): Thank you, Mr Speaker.

This is a very emotive issue with firm beliefs on both sides, and as an constituency MHK and as Chief Minister I have heard from CALM, HEAR, LIFE and individual constituents and members of the public on this topic.

Mr Speaker, where all parties are in agreement is that there is a clear need for more counselling, education and support for women who find themselves in the position of unplanned pregnancies. Both sides are fully in agreement on that, and that is good to have some middle ground.

Before I go any further, I would too like to comment on the quality of this debate. I think it has been absolutely excellent. In particular, I was very impressed with Mr Baker's comments, the Hon. Member for Ayre and Michel. I thought they were very good, but equally Dr Allinson's and numerous other contributors have given us a really good quality report.

Whilst this is a parliamentary matter, as Chief Minister, irrespective of the outcome of today's vote, I will be pressing to rectify the shortfalls of counselling and to provide better health and support which have been raised by numerous people.

I have decided in this instance that I will be supporting the Member for Douglas East. They had two different opinions, but it is going to be the Hon. Member, Mr Robertshaw's amendment – not as an attempt to kick this into the long grass, which has maybe been said would be an attempt, but

because I feel in this instance this is the best way forward so that all options from both sides can be taken into account before drafting legislation.

I think when you have got such varied views, if you come up with one already-drafted version from one side, it is going to be very hard to amend the legislation if it is written extremely to one side, and that is why I have taken this decision. In my opinion, the right to introduce private Member's legislation is incredibly important, but in the rare instances – and they are very rare ... I believe that, given the complexity and the emotiveness of this issue, I can support the amendment and I will then be supporting Mr Baker's amendment.

Thank you.

The Speaker: I call on the Hon. Member for Douglas Central, Mr Thomas.

Mr Thomas: Thank you, Mr Speaker.

I wanted to associate myself with the perceptive remarks of the Hon. Member for Ramsey, Mr Hooper, when he identified the ambiguity and the difficulty with the phrase 'sufficient evidence', and for that very reason, if an amendment is to go through, I would much prefer the amendment of Mr Baker because that removes that potential ambiguity.

Mr Hooper also identified the issue around the extent to which a decision today to refer a request for leave to introduce a Private Member's Bill to a committee ... has on other aspects of our business. He said it was troubling because it was raising a new precedent. Well, I wanted to bring to this House's attention to a few other issues that I have with the general principle of referring something to a committee at this stage, and I hope Members do not mind me doing that.

The first one is that this reference to a committee takes away the right of a Member of the House of Keys to have a Private Member's Bill but it would not take away the right of a Member of the Legislative Council to have a Private Member's Bill, which I think is something that we have dealt with.

The second point, building from that, is that for some time now, although not always, it has been a tradition that policy issues are debated in Tynwald rather than in the House of Keys, and there is an important contribution that the experienced Members of Tynwald Court can bring to all of this.

So, as a general rule, and I think this has been discussed a number of times over the three years I have been in this House, it is good to have committees being committees of Tynwald rather than of the House of Keys – except for legislation, and I will come to that in a minute – and it is a general rule that policy debates should take place in committees of Tynwald rather than in committees of the House of Keys. I cannot think of one in the last 10 years where there has been such a policy committee set up by the House of Keys.

The next point I wanted to make along those lines is about Government's role in this, because Government does not have a Bill to deal with abortion in its next 28 Bills that are in the Programme for Government. In fact, what we have heard today is that medical evidence is what is being considered primarily by the Department of Health in making up its mind in all of these things, and we have heard that there are many other aspects of evidence that need to be considered: social, in the Social Care part of the Health and Social Care Department; and all sorts of other reasons to do with costs and the socio-economic situation and the like.

There is another issue to do with Government's role in all of this, which I wanted to make sure I understood properly. What we would be doing, in effect, if we accepted the amendment to move this to a committee, is we would be transferring the drafting of a Bill away from Government's legislative drafters – which the private Member would have the right to access for two days a month, as has been explained very clearly in the debate – over to Tynwald staff to draft a Bill, which to me is quite a major consideration in making up our minds here today and is something we should take into account very seriously.

The third point is that any House of Keys is going to make up its mind according to the conscience and the evidence presented to each Member on its own basis. Some countries, even some quite

close to us, have a constitution which has this issue covered in the constitution, and on that basis, because it is a constitutional change, they have to have a referendum. But we are not in that situation in the Isle of Man; we do not have a constitutional aspect to this issue. We have Tynwald and the House of Keys, which is a set-up to make decisions wherever it is possible. I did not say, and I categorically do not say, that public opinion is not important. That is absolutely paramount in all of this, but the House of Keys is elected, and we heard that Dr Allinson, I believe, got the highest vote amongst us with a very clear, bold statement in his manifesto that this was his intention. That is an indicator of public opinion in Ramsey and each of us has got to remember how we heard the debate along the lines of our constituency meetings and our discussions on the doorstep, and the individual promises we made.

The last point along these lines is that although Lord Lisvane has not explicitly been mentioned, people have been talking about pre-legislative committees along the way and they have been hinting at the fact that we need to have consideration of the issues before we come to drafting. I just wanted to remind people that that is not actually what Lord Lisvane said in this context. What Lord Lisvane proposed was a new approach to the initiation of primary legislation. He basically criticised the consultation process and some unnecessary drafting, and his conclusion was:

It should become the normal practice that every Bill is published as a draft.

‘Many already are’, he went on to say, and then at a later stage should be considered by the ‘relevant major committee’, which I took to be the Tynwald committee. In other words, that is exactly what Dr Allinson is asking us for leave for him to do. He is asking us, in the spirit of Mr Boot earlier on saying the best committee was a committee of one, actually to work with Government drafters to put together something on the table so the debate can take place based on something of substance.

I wanted to join with Miss Bettison, Hon. Member for Douglas East, in congratulating the quality of this debate outside this House already. We all know in our hearts that this is a very complicated issue and there are all sorts of perspectives to be taken into account, and what we now need is to be able to create an opportunity for that perspective to be brought into the debate, once we have something to debate in the form of a draft Bill, and that is exactly what I heard from Dr Allinson. He has got no intention to rush the fences. He actually is looking to use Government resources to put together something such that it can be debated properly.

I also want to join with the Chief Minister and Mr Robertshaw, the Hon. Member for Douglas East, in congratulating this House on the quality of this debate, because I get the impression that most of the issues have been brought to the table and are already on the table. People looking into this House from outside will have noticed that even the Dogs Bill and the Treasure Bill have been properly debated and we have had very perceptive remarks that have changed the way that drafting has taken place. The quality of the amendments that are being discussed with Government for the Equality Bill is remarkable. We are now looking at five or six weeks to actually consider properly the clauses stage of the Equality Bill, so nothing is being taken lightly. What I take from that is: why would this House be rushed by any Bill? We are perfectly able to consider properly all the dimensions of a Bill, and that is exactly where we will be if we give leave to this private Member to introduce this important Bill.

The select committee stage could take place at all of the stages that you have in the course of our legislative process. It does not have to happen now. What we need now is a well-meaning, good-intentioned, well-informed drafter to put together for this House something to put on the table, so all of us can participate to make the right decision based on the evidence that will come out during that process.

If an amendment goes through I really do hope it is Mr Baker’s amendment, but I strongly hope and I strongly recommend that this House supports the original leave to introduce, and let’s go through with a mature process to have evidence-based legislation making.

The Speaker: I have two Hon. Members wishing to speak before the summings up, and the next one is the Hon. Member for Ayre, Malew and ... sorry, Arbory, Malew and Castletown, Mr Cregeen, speaking to Mr Baker's amendment.

Mr Cregeen: Thank you, Mr Speaker. I didn't know my constituency had grown that far! (**A Member:** You wish!)

Speaking to the amendment from Mr Baker, I hope the Hon. Member from Ramsey, Dr Allinson, will grasp the opportunity of this select committee. It will assist him in gathering his ideas and gathering the thoughts of people out there.

I also think that Hon. Members should be aware that if the committee were to go ahead it is up to Hon. Members in this House to actually make sure that this committee would be balanced and to ensure that it carried out its duty. A committee has more powers than an individual, so the committee can go and get the evidence.

I must congratulate my colleague, Mr Thomas, for weaving the realms of Lord Lisvane. I think he must have a shrine in his house (*Laughter*) to Lord Lisvane which he prays to every night! They must be Facebook friends! Lord Lisvane is a report. It has not been adopted, so it has no relevance in this House. It is somebody's idea. It could be *Jackanory*; it does not really matter. Please do not take the thoughts of Lord Lisvane and what his proposals are as any lead on this matter.

The whole process, as a Member who has actually got leave to introduce a Private Member's Bill, can be quite daunting when you are going out to consultation, when you are trying to get that evidence. With a committee behind you, you will have that support, you will have people backing you up, compiling the evidence. It does not actually mean that this committee has to draft the Bill. It gathers the evidence that the Hon. Member could draft into a Bill himself. If Hon. Members in this House decide to put Dr Allinson and the Member for Douglas Central, Mrs Corlett, onto this committee – or any other Members – they will be the people who are gathering the evidence and who will be coming forward with that report which will come to this House.

Please do not think, as my colleague from Douglas Central says, this is doing away with Private Members' Bills. It is nonsense. This is just another smokescreen, unfortunately, by the Hon. Member to confuse you. This is not doing away with Private Members' Bills. This is actually to assist in a very complex and very emotional matter that I think this Hon. House has done well today to actually consider the areas that we are ...

I would suggest that Hon. Members would assist Dr Allinson by supporting the amendment by my colleague Mr Baker.

The Speaker: That brings us to the end of the list of people who intend to speak. Just to outline the procedure, which is different from Tynwald, those who have moved amendments to this debate now have the opportunity to respond to the comments that have been made on their amendments. I will first call on Mr Baker, then Mr Malarkey, and then Mr Robertshaw to sum up on their amendments, and then it will be up to Dr Allinson to respond to the overall debate. Are we clear with that? And then we will move to the voting section.

So, first I call on the Hon. Member for Ayre and Michael, Mr Baker.

Mr Baker: Thank you, Mr Speaker. I will keep my remarks very short and to the point.

I would like to thank everybody for their very positive comments – particularly Mr Robertshaw and Mr Quayle – to my amendment, which was drafted fairly quickly in response to Mr Hooper's comments.

I believe, as I stated earlier, that this is the best way forward and that it gives Dr Allinson the objective he is trying to achieve whilst putting a timeline on the process, and allows us to mobilise Dr Allinson and other colleagues to work together to drive this forward at pace. So, for that reason, I ... I will sit down again. (*Laughter*)

The Speaker: The Hon. Member for Douglas South, Mr Malarkey.

Mr Malarkey: Thank you, Mr Speaker.

Clearly, it has been a wonderful debate this morning. My mind has changed several times through the debate and through the various amendments.

What clearly did strike me was the Health Minister's comments with regard to the timeline that I put on Mr Robertshaw's amendment and saying that next December was not enough. It totally shocked me. We have got 200 doctors lining up to give evidence.

Mrs Beecroft: Point of clarification, Mr Speaker.

The Speaker: If the Hon. Member wishes to give way, he may, but ...

Mr Malarkey: I will give way to my hon. friend.

Mrs Beecroft: Thank you and I thank the Hon. Member for giving way.

I did not say that. I asked for clarification of whether you thought there was time for that and I asked the same of Mr Robertshaw as well, if you recall. I did not say that I did not think it should have a time limit.

Mr Malarkey: Thank you, Mr Speaker. Thank you, Health Minister.

The Health Minister did say that she knew of doctors and all these people ... they were very worried about the timeline with the number of people wanting to give evidence.

I think Dr Allinson this morning, when he presented, made it quite clear what changes he is looking for. I am now concerned that if we are going to go off to a committee, this whole thing is going to get blown completely out of proportion.

What I will say to everybody is if you are going to support one of the amendments, please keep a timeline on it. You can come back to this Hon. House and report – because it says 'report' – that you have not finished, and go away again. If you do not have a timeline on it, we could be waiting in three years' time for them to come back. The reason you have a date on it ... and it is to report, and you might just be reporting the fact that you have not finished doing your inquiry. But my real concern now is that if this goes off to a committee it is going to get blown out of proportion.

Dr Allinson made it extremely clear this morning the small amendments that he thinks are required going forward, so I am at this stage minded to be supporting Dr Allinson to give him leave to introduce, (**A Member:** Hear, hear.) and then, when we have got something on paper – and we voted on it this morning – we can go into committee in here and we can have a proper debate in here in committee. We have a way forward, so I would urge everybody at this stage now to take Dr Allinson, allow him to have leave to introduce, put something on paper and then we will debate it in here, and if we decide at a later date it needs to go to committee we can because we are the House of Keys, who make the decisions. (**A Member:** Hear, hear.)

Thank you.

The Speaker: Hon. Member, Mr Robertshaw.

Mr Robertshaw: Thank you, Mr Speaker.

My intention is to support both the amendments of Mr Baker and Mr Malarkey – not necessarily what Mr Malarkey is ... (*Laughter and interjection by Mr Malarkey*)

I just reiterate one remark I have already made: that I think it has been an absolutely excellent debate and I have genuine confidence that this new House is capable, in the form of a committee, of bringing forward a substantial evidence base to help the whole formation of what clearly is a need to reform.

I think I will simply close with those remarks, Mr Speaker. I think all that needs to be said has been said.

The Speaker: Dr Allinson to reply to the motion.

Dr Allinson: Thank you, Mr Speaker.

I would like to start by just thanking all the Hon. Members for their comments. I would also like to thank them for the dignified and measured way this debate has been handled. (**Mr Thomas:** Hear, hear.) I also thank those members of the Public Gallery who turned out and, of course, listened to this debate and also have behaved exceptionally well and with dignity for the gravity of what we are discussing.

Abortion is a controversial subject, but that is not a reason for ignoring it and ignoring the plight of Manx women.

If I can just go through some of the comments ... Mr Robertshaw started off saying this was an onerous and difficult debate and that I showed courage in bringing it to the House. I do not see what I am doing here as courageous in any way; I think it is our responsibility as parliamentarians. The real courage is shown by the women battling for abortion rights on this Island.

You, in an email, accused me of trying to rush through legislation. There is no rush in the legislative process of this House, and I think there is plenty of time for scrutiny and debate with all the laws we go through, whether it is the dogs law or the treasury law. That is the way this parliament has been created and that is probably why we are the longest-serving parliament in the world.

I take issue with your reassurances about your amendment. This is looking for a committee to look at the need for any change in the law in relation to abortion. It is not looking at how we change the law, it is not looking at how we provide better services; it is purely looking at whether we need to do anything in the first place. I am arguing that we do and I am arguing that there is a vast amount of public opinion, the silent majority, that says that we have a law at the moment which people are working around, which is posing difficulties with medical professionals and we need to change it. So I cannot support your initial amendment on that basis.

Mr Malarkey's amendment to it refined it and brought it up to a timescale to avoid this happening, as it did in the 1980s, just going year after year, and 'Oh, there's an election – we'll do it after that.' I thank him for that.

I also thank Mr Baker for his amendment in terms of again trying to refine it and make it more precise in terms of doing what it is meant to be doing. What I would argue is that amendment ... and this committee is not looking at a new law; it is looking at the need for a new law. Then we will have another committee looking at a new law and another committee after that about the implementation. One of the reasons I brought a Private Member's Bill, without being patronising, was to have this debate – to have an open and honest debate so that it was me coming to the House asking for your permission.

If I turn to Mrs Beecroft's comments, I completely agree with you that it is an emotive subject and it can be very divisive. I would hope that by having an almost packed Public Gallery and by having this sort of dignified debate we can show that on the Isle of Man we can have at least a debate, we can look at all the pros and cons, look at all the issues, look at all the viewpoints and come to an agreement as parliament as to what this country needs.

You said that legislation should be based on evidence, you denied any medical evidence that there needs to be any change and you doubt whether really we need to change that. I understand the difficulties of wearing different hats. I declare an interest, because I was a previous President of the Isle of Man Medical Society and at the Medical Society we did talk about the problems that the abortion law was posing for clinicians on this Island. You said that the medical profession is divided. Actually, in our minutes of one meeting we did mandate that we needed to look at abortion law reform on this Island, so I do disagree with you about that.

There will always be differences of opinion, sometimes within households, sometimes within constituencies and certainly within the profession, but what we as parliamentarians need to do is look for the greater good of this Island and the greater good of provision of services for the women of this Island.

Mr Malarkey I would like to thank for his amendment and for a different timeline on any committee stage, because I think that is very important. It is very important to send out a clear message that this is a Government for change and action, this is not a Government that is just going to let things pass by, that we have serious decisions to make during the next five years and that we are not afraid of making them but we will take our time to make the right decision. I think that is paramount.

I would also like to thank him for his comments at the end. I think you are absolutely right. As a new parliamentarian, I have gone into debates thinking one thing and then have been swayed by the persuasive power of a good debate into changing my mind. That is great. That is what we are here for. That is what parliament is here for.

Mr Cregeen, again I would like to thank you for your support. You questioned the benefits of consultation once the Bill is drafted – I completely understand that; and you also were very helpful in showing that a committee set-up would actually assist and support me. It is a bit of a lonely thing bringing a Private Member's Bill out – it is a lot of attention, I completely agree with you – but the essence of a Private Member's Bill is to allow individual Members to change legislation and I take that on my shoulders. I have got no problems bringing a Private Member's Bill in, but I completely agree with you that a committee at some stage in the process would give support, scrutiny and assistance that I could probably do with.

Mr Ashford, thank you very much for upholding parliamentary procedure and for questioning exactly what a proposed committee would be considering. It needs to have a clear remit, rather than just look at whether we need to make a decision or not in the first place. Giving me the benefit of the doubt – thank you for that.

You also said about the need to have something concrete to discuss and take out for consultation. I agree with that as well. You want protection and safeguards, I completely agree with you.

We could have a very long debate about the pros and cons of termination, about a woman's right to choose against the unborn foetus's right to life, but we have had a debate, in 1995, that legalised abortion on this Island. We are different to Northern Ireland and Southern Ireland; we are fundamentally different. What I am looking for now is leave to bring that more up to date because the 1995 law actually is not working for everyone at the moment and we are having to work round it.

Mrs Caine agreed that the Isle of Man abortion law needs revising – thank you for that, and that is what this Private Member's Bill is trying to do. You talk about better access to information and counselling and trying to tackle a lack of knowledge about contraception and family planning services, which I completely agree with. Whatever your position on abortion is, the fundamental need is for information and support of a woman who finds herself pregnant. Whether that is intentionally or unintentionally, that support should be there. As I said, there is good evidence that if you provide that support at an early stage, if you give people options, then they have the breathing space to take a step back and see what is right for them – and that can lead to lower abortion rates, so I think you are quite right.

The abortion rate in 2015 in England was 16 per 1,000 resident women. It is higher than some places, lower than others, and certainly I would say that on the Isle of Man our abortion rate is probably lower than that. We do not know the statistics – we do not, because women go across, they do not tell people that they are going for a termination – but I would like to think that, because we have very much what I consider a very supportive community on the Isle of Man, those women who find themselves unintentionally pregnant would get the support that they need from their families and their communities, and that is possibly why we have a lower abortion rate here.

You also talked about repeat abortion rates, and I am not saying you do, but this is sometimes used to blame women for abortion: 'Well, you're having one, you're having two, you're having three.' There are good reasons for women to need repeat abortions. They may have medical reasons that they cannot take contraceptives in the first place. They may have medical reasons that those contraceptives do not work. Failure of contraception is one of the highest categories for women seeking abortion. These are women actually trying to do as much as they can not to get pregnant, but unfortunately even the best contraceptive at some point fails, and then they need to be helped and supported to deal with the results of that.

Mr Peake, thank you for your support and your clarity, and also for your commitment to uphold the principle of Members to bring in a Private Member's Bill as an inherent part of the democratic process.

Miss Bettison, again I would like to thank you for your support and for bringing a very personal viewpoint on the need for clear legislation and clear support. For far too long there has been this stigma around abortion. It is still, I am afraid to say, a 'dirty little secret' that people do not want to talk about but something that is a reality for a lot of women on this Island to happen. Again, you emphasised the counselling and the need for support to remove that fear and that stigma from people making decisions.

Mr Hooper, thank you very much for your support. Thank you for your concerns with the amendment and the way it is worded, and thank you for looking ... that any Private Member's Bill needs any full consideration but at the appropriate time when we have got something concrete on the table that we can debate and consult about, rather than going back to the basic principles and seeing if there is any need to reform the law in the first place.

Mr Baker, again you recognised that the law we have at the moment is far from ideal and needs reform. I completely agree with you that it is not just a healthcare issue, it is a social and moral issue; but what I was trying to argue was that the healthcare part of it seems to be completely separate from the NHS at the moment and I think that that is wrong, both in terms of social justice and in terms of economics. At this House we have debated how people are struggling to make ends meet, and yet we will all constantly seem to allow a situation go on whereby pregnant women are having to use their own money, or money that they borrow, to procure healthcare. I completely agreed with you that we need to have a mature, considered approach to decide what sort of society we want to live in, and that is why I am bringing this law forward.

Mr Harmer, thank you for your comments. Yes, it is a very sensitive and complicated issue and we have to do things the right way, I completely agree with you. I also agree with you that there needs to be reform. You want to see the detail. Again, that is why I want to bring a Private Member's Bill, to give you that detail so you can debate it. If you do not like the detail we will change it, if you do not like the whole process we can scrap it, but I want to put something on the table that we can actually get our teeth into and consult on in a realistic way.

Mr Cannan, thank you very much for your comments. Thank you for reminding me about the trust that the people of Ramsey put into me in September. It was a clear part of my manifesto. Some people did not agree with that part but they still voted for me all the same. I think that is one of the benefits of our parliamentary democracy on the Isle of Man, that while people may disagree with us on certain points of view they will also give us their trust to represent them in this good House.

You did side with the idea of having a committee stage beforehand and I respect that point of view; but, as I have argued, that committee should be looking at a law and changes to the law, rather than going backwards and asking again whether the law needs to be changed at all.

I thank the Chief Minister for his clear commitment about more counselling, education and support. I think whatever we decide today and whatever we decide in the next few years, that is fundamental, that women are supported during the early stages of pregnancy whether they go on to keep that pregnancy, whether they have a miscarriage or whether they end up wanting to have a termination.

One of the things that has worried me about some of the screening processes being offered is that they need to be done with full consent. People need to know what they are signing up for. If a woman does not want to have a termination and does not want to know that she might have a child with Down's Syndrome, she should be able to opt out of ultrasound scans and blood tests. We should not go along with this conveyor-belt medicine where things are done to people; we should involve them in the process, and counselling and information and support is inherent to that.

Mr Thomas, as ever, I would like to thank you for your clarification of the way the parliamentary process works and for taking the time to explain the constitutional aspects of this today. Again, as you say, we are in a representative democracy, and so what we do is not governed by opinion polls, Facebook likes or other ways of sending things out to referendums. We have been given the trust of the people of our constituencies to help them, to listen to them, but in essence to make up our own minds on balanced views.

Back in 1995, Mr Duggan MHK was quoted in *Hansard* as saying:

This is one of the most contentious Bills we have had before the House. All the time I have been here I have never seen so much correspondence.

Things do not change – it still is.

Dr Edgar Mann stood to raise his concerns – and again, this is in 1995 – and said:

What worries me is the other issue which we really ought to be considering ... Are we answering the needs of the 250 ... women who leave this Island every year?

The answer then and the answer now is no.

Mr Richard Corkill MHK said:

We are simply relying upon the United Kingdom to look after our citizens and as an independent community I believe it shows a lack of capability and maturity. This problem will not go away.

Unfortunately, we have not brought this problem back for debate since 1995. That was my intention today. Again, whatever decision we make today, this problem will not go away; women will still be going across for terminations.

To end my summing up, it has been one of the greatest honours of my life to have been elected MHK by the people of Ramsey last year. Shortly afterwards, I was humbled to be invited by Amnesty International to travel to Belfast and talk about our abortion Act to them, as they are looking at reforming theirs, and for the first time I was introduced as a lawmaker. This title appeared strange to me initially, but the more I thought about it the more I came to realise that the reason all of us stood for election was to make a change, to make a difference, to make a positive change for our constituents, our families and for the Island. This inclusive Government will pass laws over the next five years which will really improve the lives of Manx people. We will reform old laws well past their sell-by date and pass new laws which protect the population and allow the Island to flourish.

I believe we all share a common belief in equality and a shared passion for social and economic justice. Today I ask for your trust and courage: your trust in our legislative process – through debate and consultation we can approve new laws which protect and serve our people; and your courage to tackle some of the really difficult issues that face the people of the Island, not to avoid the chance to make real change but to live up to our ideals and our policies, to be lawmakers.

Thank you very much.

The Speaker: Thank you, Hon. Members.

The Item that we are about to vote on is at Item 7 on our Order Paper. To that we have the rather substantial amendment in the name of Mr Robertshaw and two amendments to that amendment.

Putting first the amendment of Mr Baker to Mr Robertshaw's amendment, all those in favour, please say aye; against, no. The noes have it.

A division was called for and electronic voting resulted as follows:

FOR

Mr Baker
 Mr Boot
 Mr Cannan
 Mr Cregeen
 Mr Harmer
 Mr Moorhouse
 Mr Quayle
 Mr Robertshaw
 Mr Speaker

AGAINST

Dr Allinson
 Mr Ashford
 Mrs Beecroft
 Miss Bettison
 Mrs Caine
 Mr Callister
 Mrs Corlett
 Ms Edge
 Mr Hooper
 Mr Malarkey
 Mr Peake
 Mr Perkins
 Mr Shimmins
 Mr Skelly
 Mr Thomas

The Speaker: With 9 for and 15 against, the noes therefore have it. The noes have it.

Turning now to the amendment in the name of Mr Malarkey, those in favour, please say aye; those against, no. The noes have it.

A division was called for and electronic voting resulted as follows:

FOR

Mr Baker
 Mrs Beecroft
 Mr Cannan
 Mr Cregeen
 Mr Harmer
 Mr Robertshaw
 Mr Speaker

AGAINST

Dr Allinson
 Mr Ashford
 Miss Bettison
 Mr Boot
 Mrs Caine
 Mr Callister
 Mrs Corlett
 Ms Edge
 Mr Hooper
 Mr Malarkey
 Mr Moorhouse
 Mr Peake
 Mr Perkins
 Mr Quayle
 Mr Shimmins
 Mr Skelly
 Mr Thomas

The Speaker: It is 7 for and 17 against. The noes have it. The noes have it.

Turning to Mr Robertshaw's amendment without any changes, those in favour, please say aye; those against, no. The noes have it.

A division was called for and electronic voting resulted as follows:

FOR

Mrs Beecroft
 Mr Cannan
 Mr Cregeen
 Mr Harmer
 Mr Robertshaw

AGAINST

Dr Allinson
 Mr Ashford
 Mr Baker
 Miss Bettison
 Mr Boot
 Mrs Caine
 Mr Callister
 Mrs Corlett
 Ms Edge
 Mr Hooper
 Mr Malarkey

Mr Moorhouse
Mr Peake
Mr Perkins
Mr Quayle
Mr Shimmins
Mr Skelly
Mr Speaker
Mr Thomas

The Speaker: With 5 for and 19 against, the noes have it. The noes have it.

Turning then to Dr Allinson's motion without any amendment, those in favour, please say aye; those against, no. The ayes have it.

A division was called for and electronic voting resulted as follows:

FOR

Dr Allinson
Mr Ashford
Mr Baker
Miss Bettison
Mr Boot
Mrs Caine
Mr Callister
Mr Cannan
Mrs Corlett
Mr Cregeen
Ms Edge
Mr Hooper
Mr Malarkey
Mr Moorhouse
Mr Peake
Mr Perkins
Mr Quayle
Mr Shimmins
Mr Skelly
Mr Speaker
Mr Thomas

AGAINST

Mrs Beecroft
Mr Harmer
Mr Robertshaw

The Speaker: With 21 votes for and 3 votes against, the ayes have it. The ayes have it. Thank you, Hon. Members.

Just to reiterate comments about the quality of the debate and the process that we have used to get there today, thank you all for your understanding and patience, and congratulations, Hon. Members.

Hon. Members, that concludes the business of the House today. The House will stand adjourned until the next sitting, which will take place at 10 a.m. on 31st January in this Chamber.

The House adjourned at 1.16 p.m.