

**3. BILLS FOR SECOND READING**

**3.1. Abortion Reform Bill 2018 –  
Debate commenced**

Dr Allinson to move:

*That the Abortion Reform Bill 2018 be read a second time.*

**The Speaker:** We turn to Item 3 on our Order Paper, Bills for Second Reading, 3.1. – the Abortion Reform Bill 2018. I call on Dr Allinson to move.

**Dr Allinson:** Thank you, Mr Speaker.

5 Twelve months ago this House gave me leave to bring forward a Private Member's Bill to reform our Island's abortion laws. Last summer we had a public consultation on the principles of the Bill which attracted an amazing response and over 3,500 submissions.

In November, there was a further consultation on a draft Bill crafted to reflect the views of the public and others, and this was further refined after comments and suggestions from some  
10 of the 24 professional organisations and groups who had become involved in the process.

Tynwald Members have had five briefings from different organisations reflecting a wide range of opinions and have received a massive amount of correspondence from Island residents and constituents. Before you is the final outcome of all this attention, expression of viewpoints, evidence, factual information and professional recommendations.

15 Twelve months ago, I argued why I thought we needed law reform. Some claimed there was no evidence for this and that all the issues needed to be considered before any Bill could be presented. The Hon. Member for Douglas East, Mr Robertshaw, tried to move an amendment that a select committee be set up to report to this House on the need for any change in law relating to abortion.

20 I would like to thank Members for allowing me leave to develop the Bill you have before you. This ability, this privilege, to bring forward Private Member's Bills must be one of the most precious aspects of our parliamentary democracy. (**A Member:** Hear, hear.) I would also like to thank the Cabinet Office and Tynwald staff who have helped me collate the results of the public consultation and deal with the amount of post and correspondence we have all received.

25 But most of all, I would like to thank those women of this Island who have had the bravery and courage to speak out about their own experiences of abortion – sometimes for the first time in decades – and voiced their stories and hardships, and give a very human face to what can be made into an academic debate about rights and existential questions about when life begins.

30 Since 1967, when David Steel was successful in changing the British abortion laws, politicians on this Island have turned a blind eye to women crossing the Irish Sea to get essential healthcare. We have exiled thousands of women to make a difficult crossing, often with no counselling or support, and pay a private abortion clinic for treatment which could and should have been provided here.

35 We have remained silent to their feelings of shame and guilt caused by a system we have allowed to persist. But as elected politicians we must not be defined by the past, but by our potential to create a new, progressive and inclusive future for the Isle of Man.

40 Dr Rebecca Rowley, Honorary Fellow of the University of Liverpool, has analysed the way the local media have reported views about the Bill over the last 12 months. She explains how the debate became dominated by stories about two opposing groups, one wanting reform and one arguing against abortion. Presenting abortion as a political and moral topic distances it from other healthcare issues. Creating abortion as a dichotomy with two opposing sides means that the diverse experiences of women living here are ignored.

Constructing abortion as inevitably controversial turns it into a subject too difficult to discuss and one that can never be normalised. By placing conflict at the centre of the discussion, she  
45 argues that controversy and stigma are perpetuated. It is this stigma that the Bill before you seeks to break down.

Last Tuesday at a Tynwald briefing from opponents of this Bill, it was claimed that there were two opposing camps unable to compromise on the subject of abortion. It was claimed that a select committee was needed to heal the divide in our society that this row had caused.

50 I disagree with this analysis. There are far more than just two viewpoints, as shown by the massive response to the public consultation. The debate, the openness of discussion never heard in public before, and the presence of outside agitators on our streets has, I believe, formed a real consensus among people in our Island that fundamental change to our legislation is not just essential, but is accepted and wanted by most people. It is our democratic recognition  
55 of that need, and our ability to debate in an open and transparent way which will cement the foundations of this new consensus and take us forward.

Page 15 of the Bill, right at the end, is paradoxically where this reforming process starts. By repealing sections 71 and 72 of the 1872 Criminal Code, abortion is taken out of the domain of the criminal justice system and can take its rightful place as a matter of women's healthcare. The  
60 rest of the Bill is then designed to construct a moral and ethical framework for the provision of a vital component of reproductive healthcare.

Health is defined according to the criteria carefully set out by the World Health Organisation as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Pregnancy cannot be treated as an illness and this holistic definition of  
65 health is essential to ensure women receive the proper healthcare they need.

Part 2 of the Bill clearly sets out that abortion services should be provided only to women resident in the Island and only in hospitals or clinics approved by the Department of Health and Social Care. Any ideas of private abortion clinics trying to encourage health tourism are outlawed. Abortion is firmly established as a healthcare need met by the NHS.

70 The Bill then goes on to detail the conditions which have to be met to provide abortion services in the Isle of Man. Pregnancy is seen from a medical viewpoint and broken down into three stages called trimesters which describe the development of the foetus from conception to birth. The words 'foetus' and 'embryo' are used as they are scientifically correct. The word 'child' is used legally after birth.

75 During the first trimester, which is up to the end of the 14th week, abortion services may be provided on request by a pregnant woman. According to the latest statistics from England and Wales, 92% of all abortions were carried out at less than 13 weeks and in Scotland almost 83% of all abortions were carried out medically through the administration of medicines to bring on a miscarriage.

80 As the foetus develops, so the conditions which need to be met for the provision of abortion services become more specific and restricted. From 15 to the end of 23 weeks, abortion services can only be provided if: continuing the pregnancy would pose a substantial risk of serious injury to the woman's life or health; the foetus is found to have a significant physical or mental impairment or a condition that would cause inevitable death in the womb; the pregnancy  
85 resulted from rape; and where there are serious social grounds to justify an abortion.

The last condition has led to a lot of debate. The reasons for a woman requesting an abortion during the second trimester are wide and varied. Some women only realise they are pregnant relatively late, others may have a medical problem which worsens during the pregnancy and some are unfortunate enough to end up in a crisis which they are unable to resolve whilst  
90 pregnant.

What this part of the Bill does is create the environment for that woman, her partner and her family to sit down with a doctor and discuss *her* healthcare options, to have a very private and individual conversation about what is the best decision for *her*. Abortion should never be a

95 default option, but the framework is created to allow time, information and support in allowing  
her to make her own decision.

Then we enter the 24th week and the third trimester. Now the foetus is developing quickly. Abortions at this stage are extremely rare and accounted for only 0.1% of all abortions carried out in England and Wales last year. Realistically, this part of clause 6 would only affect one woman every one or two years in the Isle of Man, but is essential if we are to ensure that  
100 healthcare decisions can be made in the best interests of the woman and doctors are not confined in their ability to provide treatments by legal restrictions.

The very rare reasons for these late terminations include risk to the life of the woman, grave risk to her long-term health, developmental problems with the foetus which would cause its death in the womb, shortly after birth, or leave the child with significant impairments which will  
105 affect the rest of its life.

Scare stories of abortions due to cleft lip or club foot are unfounded. All late terminations after 20 weeks are routinely seen across at an English specialist foetal medicine unit. These are rare individual cases requiring specific counselling, support and surgical skills as they are dangerous for the pregnant woman and only ever carried out for the best of reasons.

110 This Bill is constructed around the fundamental principle that any woman who questions whether she wants to continue with a pregnancy *must* be offered counselling and support. This information and evidence is a right.

The Bill sets in writing the duty for our Health Service to supply balanced, impartial and non-judgemental counselling both before an abortion is carried out, and importantly, after it may be  
115 performed.

If a woman is found to have a pregnancy affected by a developmental problem, she must be offered specialist information and support, including that from support groups and other organisations representing people with disabilities. Abortion should never be offered as a default position but as one of a number of options if a woman is unable to continue the  
120 pregnancy to term.

Lord Shinkwin has campaigned for the rights of disabled people and has tried to introduce legislation through Westminster to amend their abortion laws. The words in this Bill on counselling, support and decision-making echo his important sentiments.

As women are able to find out they are pregnant at an earlier stage through kits available  
125 even from petrol stations in the middle of the night, so abortions are carried out earlier and using safer medical means rather than traditional surgery. The Bill closely defines who can be involved in providing these services, what qualifications they need and how they are to be regulated. It looks to the future where nurse- or midwife-led clinics might develop to meet the healthcare needs of the women in our Island and eliminates some of the unnecessary  
130 bureaucracy that restricts innovation in the Health Service.

But one of the other key principles of this Bill is choice: the choice of healthcare staff who may hold conscientious objections to performing or assisting at an abortion to be able step aside. If you hold strong ethical beliefs or religious views you will not be coerced or forced to take part in this aspect of healthcare, unless it is vital for the survival of the pregnant woman or  
135 in an emergency situation.

Because of lack of choice and severely restricted access to abortion services, some women are now turning to the internet to supply them with medication to carry out their own abortion. We must as a society support these women through better services and counselling. Key to this is making sure that they know they will not be treated as criminals if they are found ordering  
140 drugs online. It is essential that they can seek help and advice rather than suffer complications alone and frightened.

That is why this Bill specifically deals with medical abortions and tries to break down some of the stigma and shame inflicted on women over the last decades. But, importantly, it also protects women by outlawing any return to manipulative backstreet abortions outside the  
145 Health Service's provision.

I would like to take this opportunity to thank Howard Connell and the Attorney General's office for the very complicated task of creating a Bill which is readable, understandable and makes sense while being legally sound and precise.

150 When I stood in 2016 as MHK and was privileged and honoured to be voted into office by the people of Ramsey, I was quite open about my ambition to reform our 1995 abortion laws. I made my stance on this and other important subjects quite clear. I met some constituents who had very different views on abortion to mine but still voted for me to represent them because they trusted me to do the job.

155 I now ask you to trust in our democratic process and pass this Bill at Second Reading. You do not need to agree with abortion to vote for this Bill. You do not need to ever have considered having one to vote for this Bill. And you do not need to have had a sister, daughter or relative who had an abortion to vote for this Bill.

160 What I am asking you to do is have the political courage to allow this Bill to move to the next stage where our legislative process will pick each clause apart, examine each detail, argument, fact and piece of evidence and scrutinise every word so that the eventual legislation we sign is right, is just and meets the needs and aspiration of the people we serve.

Mr Speaker, I seek to move this Bill in my name.

**Several Members:** Hear, hear.

165

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

**Miss Bettison:** Thank you, Mr Speaker.

I rise today to second the Abortion Reform Bill 2017.

170 It has been a privilege and an honour to work with Dr Allinson in the development of this much overdue piece of social legislation.

175 We will all know someone who has had an abortion; we probably do not know they have had one. They may not have had the courage to tell us, but we will all know someone. These women we know should not be forced to consider it their shameful criminal secret. These women should not be forced to lie to friends, families and colleagues about why they are popping to Liverpool for a couple of days. These women should never feel ashamed about making an informed decision about what should happen to *their* bodies. These women should not have their decision and their safety dictated by their means.

180 We hear time and again these days that we should empower women, we should teach young women and children to understand about consent, yet we teach them that making choices about *their* reproductive healthcare is not always okay. To pretend that today's vote is simply about being pro- or anti-abortion would be disingenuous and naive.

185 The vote today is about far broader principles: the principle that a woman should have autonomy to make her own decisions about her healthcare needs; the principle that a woman knows what is right for her own body; the principle of whether a committee of three or even five people can better decide legislative principles for our Island than 3,644 consultation respondees; the principle that we are here to represent our constituents, not ourselves.

190 So today I stand here for those Tynwald Members who fought valiantly for change in the past, for the many campaigners who have dedicated their time and energy to abortion reform, for the women who have been failed, who have been forced to leave their country, our Island, in shame, to access a healthcare service, for the women who have risked criminalisation to make decisions about their bodies, and for the women who may need to access these services in the future.

I stand for choice, and I stand here for our future.

195 I beg to second.

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

**Mr Robertshaw:** Thank you, Mr. Speaker.

200 I first wish to congratulate Dr Allinson, Hon. Member for Ramsey, for his commitment, patience and quiet courtesy in bringing his Private Member's Bill forward.

That he has grappled with such a difficult subject when others have perhaps shied away from it is to his great credit. I am also grateful to him for the way he has kept Hon. Members so well informed of his progress through the various stages of his work and consultations.

205 The public's engagement in these consultations is eloquent testimony to the fact that we must fully face up to our responsibilities. I do not, however, include in that observation the expression of views made in both word and image in recent weeks that have lacked respect for the dignity and right of an alternative opinion to one's own.

210 I shall be voting for the Second Reading today and very much hope that the Bill will make steady progress through both Houses arriving on our Statute Book in due course and will serve the people of the Isle of Man well. That does not mean I believe it should not be subject to the deliberations of a select Bill committee. This is a profoundly important Bill, the outcome of which will touch the lives of many in a very fundamental way for a long time to come.

215 Up to now the burden has fallen on Dr Allinson's shoulders as he has developed his Private Member's Bill. It has fallen to so many members of the public who have been engaged in the consultations and who have made it clear that there is a need for a change in the law. It has fallen to professional medical groups and lobby groups to make their contributions. Now, finally, it falls to us – each and every one of us – to form good legislation.

220 It is at this point that I must express real concern, as there seems a determination – an absolute determination – to misunderstand the purpose of a select Bill committee, which I firmly believe would serve this Hon. House well in its work.

In his letter to all Hon. Members dated 25th January, the mover kindly forwarded further helpful information, but says this in paragraph 5 of that letter – and I quote:

I believe that a committee either to gather more evidence or to start a retrograde analysis of the need for reform is unnecessary.

225 I am truly sorry the Hon. Member for Ramsey chooses to misunderstand the intention behind the move for a Bill committee in this way.

In their letter replying to the mover of the Bill dated 12th January, which has been circulated to Hon. Members, the BMA say this:

We appreciate that abortion is a sensitive and complex issue.

230 Let me go further. Its contents have medical, legal, moral, ethical and deeply emotional implications. It must be the most profound piece of legislation any of us will have to deal with in our time in politics, however long that might be.

To therefore dismiss the purpose of a Bill committee in the way that the mover has is deeply regrettable, so for absolute clarity, I find I must respond directly to his inaccurate assumptions.

235 I must first dismiss his accusation that a Bill committee would, as he puts it, 'start a retrograde analysis of the need for reform'. I simply do not understand where this is coming from, as I am unaware that there are any Members who have indicated that substantial reform is not necessary.

240 His other assumption, that it would simply gather more evidence, appears to suggest that the Bill committee would be formed simply to stall the process. Again not true – which is why the committee has a target date to deliver a summary of its deliberations. Some Members may be of the view that they wish to further shorten this period in an amendment later and I would be open minded to that, just so long as a reasonable period in which to complete the work was allowed.

Because of the nature and gravity of this Bill I cannot envisage a situation where it would be more appropriate for a committee to serve the work of the House than in this case. Let me say

245 this: if we see no need for a committee on a Bill of such import and with such significant  
ramifications as the one before us then surely it is perfectly reasonable to say that there could  
never be a need for such a committee.

Placing ourselves in such a position would fly in the face of universally accepted good  
parliamentary practice and would be an abrogation of those responsibilities placed before us as  
legislators – the very reason we were each elected to this place.

250 Consultations and professional advice are of great importance and carry significant weight,  
but in the final analysis they cannot stand in the stead of our duties and responsibilities as  
legislators.

255 Also a few cautionary words about Dr Allinson's consultations. I am sure they were both  
accurate and sincere, and therefore extremely important in our deliberations, but please note  
that they were self-selecting in nature and self-selective in the choice of questions.

260 An independent poll organised and carried out by ComRes, one of the largest polling  
organisations in the world and a member of the British Polling Council, has and is being  
conducted on a non-selective basis at the moment on the Island. It is a methodologically robust  
piece of research and will be made available to all Hon. Members when complete. Interim and  
provisional results do, however, show that selective consultations and non-selective polls will  
produce quite different results and raise some serious questions that Members will most  
certainly wish to address.

265 For complete clarity, the questions were shaped by concerned Manx health workers,  
although ultimately they were drafted independently by the polling company in order to fulfil  
the Market Research Council Standards.

Self-selecting and non-selective polls both have their place and need to be taken together as  
they show the results from specific and general groups.

270 The mover has said he is of the view that we have now reached the point where we can  
move straight to the clauses stage and, if we see fit, amend where appropriate. He will  
understand I take a different view. As I have said, I much admire the work done so far but I  
believe there are discussions yet to be had that sit beyond the immediacy and resolution of a  
specific amendment if it transpires that the clauses stage is deemed to be imminent by us today.

275 So, Mr Speaker, I have a duty to outline what areas I believe a Bill committee might wish to  
examine. To do so, it will be first necessary to explain what brought me to this position –  
hopefully putting my contribution in some sort of context.

I think Hon. Members might already understand that I started out from a fairly traditional  
position, but I resolved at the outset that I was here first and foremost as a legislator to do my  
best to play my part in delivering the best quality law that I could for the people of the Isle of  
Man. That is the primary task we all face.

280 Beyond reconciling my own conscience on this incredibly sensitive matter, the most difficult  
thing for me has been to try to find a way of reconciling the strongly held views expressed in the  
public debate which have progressively become more and more strident and polarised. On the  
one hand, the passionately held views of those who support pro-choice; and on the other, the  
equally passionate pro-life case. Both, sadly, have seemed oblivious to the views of the other  
side and therefore unhelpful to a process of reconciliation.

285 I blame neither side for this as I have progressively come to the view that this problem has its  
root causes in an over simplistic historical view in both our current laws, on the one hand, and in  
traditional beliefs on the other, in their respective understanding of a pregnancy –  
understandings in law that have failed to recognise the three distinct phases of a pregnancy, as  
described by Dr Allinson.

290 Little wonder then that the pro-choice movement has failed to recognise a wholly viable  
human being exists in the later part of the pregnancy, or that the pro-life movement have failed  
to differentiate between a pregnancy in its early stages and that of the later fully formed  
individual baby.

295 I believe that our new law must respond both sensitively and extremely carefully to these three phases – clearly treating each differently, not from the standpoint of this or that clause applying across the full term. The hon. mover has gone to some considerable extent and way in this direction but more clarity is needed.

300 Addressing each of the three phases: the first trimester is the period of the pregnancy establishing itself where the greatest degree of uncertainty lies and where miscarriages most often occur. It is in this phase where there should be no question whatsoever of the pregnant woman being in any other position than in charge of her circumstances.

305 Here, clearly I am almost in complete alignment with the pro-choice movement and the Bill before us, but I do think that whether this should be a 12- or 14-week period needs further consideration by a committee.

310 Despite being in agreement, I nonetheless think it would be helpful to Hon. Members if the select committee double checked such matters as the details of how arrangements would work in practice, where the pharmacist was the only professional involved in the process – this, for due diligence purposes in having regard for the safety and wellbeing of the recipient of the treatment provided.

Turning to the last phase of a pregnancy next, where a viable human being exists, I find the Bill very weak. I cannot even begin to understand why, given that a baby immediately after birth has full human rights, yet just prior to birth that same baby has next to none. This simply defies the logical mind and needs addressing by a select committee.

315 In so doing, it should also address the week at which this phase is deemed to commence as viability has occurred before the 24-week point. I cannot accept the hon. mover's contention that abortions during this period are extremely rare and therefore – and I presume by inference – there is no need to address the degree to which an unborn child should enjoy any right to life. That question lies with us as legislators. Here, therefore, I am in more alignment with the pro-life movement.

320 I have found the 10 or so weeks of the middle phase of the pregnancy the most difficult to resolve in relation to the contents of the Bill. I am left concerned about the concept of social abortion as it remains in the Bill implicit in the interpretation of the word 'health' on page 7, which includes the phrase 'social wellbeing'. Here I am waiting for advice from Brett Lockhart QC and this will be circulated as soon as is available.

325 I am concerned that at this crucial stage of the pregnancy the spirit and wording of the Bill is content that only one doctor need engage in the decision to abort. This needs further examination.

330 I am equally concerned about the impact of the current wording in relation to disability, in light of the fact that I have received advice from the eminent human rights lawyer, Lord Dan Brennan QC, who has confirmed that the drafting of clause 6(8)(ii) significantly widens the basis for aborting babies right up to birth. The House needs the opportunity to deliberate further on this, in addition to the details of the letter I read out to Hon. Members at the recent presentation in the Barrool Suite from Lord Shinkwin and his powerful quote from the UN Committee on Disabled Persons.

335 A select committee would, I am sure, also wish to consider Brett Lockhart QC's willingness to be quoted today concerning the drafting of the Bill in terms of sex selection where he says it leaves the door wide open for abortion on the basis of gender.

340 I also believe it would be very helpful if more was done on what level of support and counselling is required and available for each of the three phases of the pregnancy in turn, as I believe each needs greater definition and specialisation in our new law.

Finally, I believe a select committee would need to consider whether it found itself content with the proposed adjustments to the law surrounding the matter of conscientious objection on the part of practising medics.

345 In conclusion then, I strongly believe there is an important role for a Bill committee of the House to carry out in relation to this difficult but very important Bill that will, with hindsight, be

seen as ensuring a better piece of legislation. What we decide here will be with us for a long time.

350 Mr Speaker, when I later come to move my motion in relation to the formation of a select committee I will not rehearse the points made here during the Second Reading, but rather simply respond to any comments made by Hon. Members during the Second Reading where they have a direct bearing on the argument for or against a committee; this, along with any pertinent points about the committee itself.

355 Mr Speaker, thank you.

**The Speaker:** I call on the Hon. Member for Garff, Mr Perkins.

**Mr Perkins:** Thank you, Mr Speaker.

360 As we heard the Irish Prime Minister declare yesterday, abortion is not a black-and-white issue; it is extremely complex, as my hon. friend over here alluded to.

365 Dr Allinson is to be congratulated on his research and diligent hard work in getting the Bill to this stage. He has initiated the Island's most extensive consultation ever: a total of 3,644 replies, including detailed responses from 22 organisations and professional bodies including the General Medical Council, the Royal College of Midwives, LIFE UK, Don't Screen Us Out, HEAR, CALM and a number of Isle of Man churches. The vast majority of all these replies were in favour of reform. He has taken all the responses into account and shared them with the MLCs and the MHKs. He has noted the resulting comments he has received back and incorporated certain changes and presented the Bill as we see it today.

370 I, and I know many of you other Members, have been scrutinising all the information that we have been bombarded with since last October, or possibly earlier. If we send the Bill to a committee, in my opinion absolutely nothing new will be learned. No new input will be forthcoming. The time delay in this will mean yet more women will take illegal tablets and risk the consequences or be forced off the Island for a termination.

375 The Island is a tolerant and inclusive society. Its patience has been sorely tested by the visiting demonstrators who have come to the Island and tried to sway opinion by subjecting many of us to extreme photographs which simply do not represent the norm. The public I speak to fully realise the vast majority of abortions are usually carried out in the early stages. They understand that the graphic pictures displayed represent only a small percentage of the late-stage abortions.

380 In all of this I am saddened by the fact that these extreme views, certainly in the public's mind, have totally eclipsed the views of the deeply religious people who are the backbone of our Island's churches and would never force their views on others in such a disturbing manner. I have made a point of reading all their information and I applaud them for their dignity in this matter.

385 Any Manxman or comeover who lives on our Island knows the one thing guaranteed to unite public opinion is someone coming to our Island home and trying to tell us what we should do. Mr Speaker, the sleeping giant has been poked in the ear; the silent majority have been galvanised into making their sincere views known. The overwhelming feedback I have got from Garff constituents and many others on the Island is that the time has now come for action; we should get on with the debate and put the resulting legislation in place.

390 I am glad to see counselling in the Bill, as I believe it essential that women should easily get clear, unbiased information and make an early informed choice on exactly how they wish to proceed and are allowed to do so. The Bill should facilitate independent counselling, which could be done in their own homes using modern telecommunications such as Skype or FaceTime.

395 Although having diametrically opposed views, the one thing that both sides of the abortion argument agree on is that we need much better sex education in schools and easily available information for our young people.



400 Finally, the visiting demonstrators have been described in the UK media as an extreme and sinister organisation. This highlights to me how imperative it is that our legislation enables a provision for a demonstration exclusion zone around any medical establishment involved and, furthermore, the homes of the medical staff involved. It must ensure women and any partners who accompany them are not abused or harassed in any way.

Hon. Members, let us move forward this legislation without delay and without referring it to a committee.

405 Thank you, Mr Speaker.

**The Speaker:** I call on the Hon. Member for Onchan, Mr Callister.

**Mr Callister:** Thank you, Mr Speaker.

410 I would like to start by congratulating the Hon. Member for Ramsey, Dr Allinson, for his courage in bringing this Private Member's Bill before this House so early on in this administration.

415 The passage of the Isle of Man Abortion Reform Bill 2018 to date has certainly been highly emotive. I must acknowledge that I found this particular Bill very difficult at times, especially when reading through correspondence received from constituents, reading through legislation, going through committee reports or simply researching the topic in depth. Over the past 12 months I think every single Member in this Chamber has received hundreds of letters, postcards and messages from pro-abortionists and anti-abortionists or simply from constituents who wanted their views to be heard in a particular way, for which I am extremely grateful.

420 I agree totally with Dr Allinson's comments back in January 2017 that many things have changed over the past 22 years on this Island and for the better, but I also fully understand and acknowledge that updating this legislation at this time will be considered a step too far for some of our residents. For that I can only offer my sincere apologies to those constituents or Island residents who feel let down as I support this Bill through its Second Reading here today, but I genuinely believe that we are elected to this House to make these extremely difficult decisions for the overall benefit of the people of this Island.

425 As outlined in Dr Allinson's opening remarks, back in January 2017 and again today, the UK Abortion Act received Royal Assent on 27th October 1967 but it was not until 1995 that our own Manx parliament introduced the current Isle of Man Termination of Pregnancy (Medical Defences) Act. Even the title of our current Act is outdated and has no place in a modern, inclusive and supporting society. I feel we have an overriding duty to ensure that our legislation is up to date wherever possible and I genuinely believe the time is right to put in place legislation that actually gives the right level of protection and healthcare, but more importantly the right level of support for women on this Island, along with the medical professionals giving counsel.

435 We are a small Island and a small community with one major Hospital, so I do have some concerns relating to confidentiality. For that reason I can still see a number of women leaving the Island each year for terminations to protect their privacy. However, I am certain that anyone receiving treatment here in the Isle of Man in the future would receive the utmost respect, care and consideration during what can only be described as an extremely difficult time in their lives.

440 During my own research I came across the Tynwald debate in February 1994 in which the AG at the time outlined a horrific case from 1938 involving a young girl aged just 14. The AG also outlined in his speech from 1994 that rape and sexual crime is an extremely difficult area for everyone involved. For a woman who suffers such a horrendous experience, whether it be a wife, a mother, a daughter, whatever, who then finds herself pregnant as a result of that horrific crime and then denied the right level of support and treatment here in the Isle of Man is totally unacceptable. I am not saying that the Isle of Man does not already provide a level of support and treatment for victims of sexual crime, but they only get that level of treatment if they first report that crime and then sign a sworn affidavit, and in my opinion that is totally unacceptable.

450 I certainly took guidance from the recent Government consultation and the fact that 93% of  
the 3,644 individual submissions were made by local residents or local organisations and over  
87% of those respondents absolutely agreed that women should have the choice to request an  
abortion up to 14 weeks into their pregnancy.

455 In conclusion, we live in a society based on freedom, and women in the Isle of Man should  
have the freedom of choice, backed up with the proper medical care and support. I therefore  
urge Hon. Members to vote in favour and support the Second Reading of this Bill so that we can  
bring those updates urgently required.

Thank you, Mr Speaker.

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

**Mrs Caine:** Thank you, Mr Speaker.

465 I rise in support of the Second Reading of the Abortion Reform Bill. The crux of the matter for  
me is one of human rights and women's rights. It is discriminatory against women who reside in  
the Isle of Man that they are denied access to safe abortions on this Island. Whatever a person's  
individual opinion on abortion or the right to life of the unborn child, women should have that  
access to healthcare and our responsibility is to make good laws that serve the whole Island and  
that serve everybody. The response to the public consultation from individuals and  
organisations is overwhelmingly in support of reform. Such reform is long overdue. The House of  
Keys fudged the issue in 1995 with the result that the Island has had inadequate laws in this area  
470 and women have suffered as a result for two decades. We must not fail the current and the  
future generations.

475 Modernisation of the Isle of Man's abortion law will have the effect of enabling women who  
choose to have an abortion the ability to have medical or surgical abortions in the Isle of Man.  
Women having to travel across for such procedures or attempting to buy unregulated abortion  
drugs online puts their health at risk and was never right. In 2018 the previous reforms of 1995  
seem positively Victorian if you take away the assumption that women would seek treatment off  
the Island.

480 Access to safe healthcare is essential in a modern society and the proposed Bill simply  
enables access to reproductive healthcare on the Island. It also makes counselling a  
requirement, which I believe is a significant improvement on the current situation. Yes,  
individual clauses of the Bill require careful scrutiny and we have a wealth of information and  
research to pick over before we come to our decision, but the principle of this Bill is sound: the  
law needs modernising.

485 I congratulate Dr Allinson for his thoroughness in responding to the public consultation and in  
his responsiveness also to the professional organisations who participated prior to him  
presenting this final draft Bill before us today.

490 The Bill is progressive in some areas and so it should be. We are making laws for the 21st  
century. Other jurisdictions amended their laws many years previously. We need to focus on  
what is right for our society in the current era. The Isle of Man has had a *traa dy liooar* attitude  
to social reform, exemplified in its tardiness to remove the death sentence from our statute,  
also in the delay in decriminalising homosexuality here, but there are sparks of hope – when the  
Isle of Man went further than our neighbours, for instance, in the area of civil partnerships. We  
have the opportunity this year to get it right in terms of abortion law reform. The Island expects  
and we must not fail.

495 Given the recent graphic protests we have seen on the Island, consideration must surely be  
given to ensuring exclusion zones be established to protect women who seek an abortion. These  
and other concerns can be addressed when the clauses stage is reached. While the detail of the  
Bill requires the closest scrutiny, I believe its objectives are good, its principles sound. It is  
appropriate that we debate the detail at the clauses stage, but I cannot see merit in referring it  
500 to a select committee. We have had the benefit of public and professional opinion. There has

been a whole year of consultation and thousands have now given their view. We need to listen and we need to take the appropriate course of action to ensure the Isle of Man has appropriate laws for the modern age which serve the whole community.

Thank you, Mr Speaker.

505

**The Speaker:** I call on the Hon. Member for Ramsey, Mr Hooper.

**Mr Hooper:** Thank you, Mr Speaker.

510

I rise to state that I am supportive of this Bill and my hon. colleague from Ramsey has done an absolutely phenomenal job with this extremely difficult and highly emotive issue.

Hon. Members, it is long past time we started treating abortion as healthcare. Human rights have been at the core of a number of the arguments in this debate so I thought I would just comment a little on this.

515

In April 2016, the Human Rights Council of the United Nations issued a report entitled 'Report of the Working Group on the discrimination against women in law and practice' which defined equality in women's health and safety. This report states that central among women's and girls' health needs are those relating to their reproductive and sexual health, and goes on to further state that equality in reproductive health requires access to safe termination of pregnancy. Further, it argues that denying women access to services which only *they* require and failing to address their specific health and safety, including their reproductive and sexual health needs, are inherently discriminatory and prevent women from exercising control over their own bodies and lives. Gender-based discrimination in the administration of medicinal services also violates women's human rights and dignity.

520

Members, this is a healthcare issue, which is how this Bill proposes it should be addressed, and why it deserves our support.

525

There is one area, however, that I feel is missing from the Bill and that is provisions relating to access or buffer zones. Originally I felt there was no need for such provisions, in my experience the people of this Island are generally sensible people – we do have some crackpots, but in the main we keep a close eye on them by electing them to the House of Keys. *(Laughter)* However, recent actions that have been taken by a certain group have convinced me that we do need access zones in the Isle of Man. I am aware of a proposed amendment that is coming forward during clauses and I fully intend to support that.

530

Turning to the need for a committee: simply put, Hon. Members, there is not any such need. The Bill has been available to review for months – plenty of time to consult experts and have all the conversations they feel that we need with whoever we feel we need to talk to. It gives us plenty of time to review all of the clauses in detail. This Bill has been consulted on with thousands of respondents which included professional bodies and medical professionals. So what further consideration will a committee of politicians add?

535

The Hon. Member, in moving for a committee, has put forward his own personal views and disagreements with specific parts of the Bill, but if he believes there are issues with clauses of the Bill, then the clauses stage is the appropriate place to deal with them. I am concerned about some of the Member's references as there is no clause 6(8)(ii) dealing with disabilities, and I am a little concerned he may be referring to an outdated draft of the Bill, rather than the Bill that is actually tabled in front of us.

540

I also feel it is worth putting on record that the poll referred to by the Hon. Member has already been the subject of complaints, both to the nature and wording of the questions themselves and the method by which the company has been contacting people. Perhaps they are not as professional or as independent as he has implied.

545

Thank you, Mr Speaker.

550

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

**Mr Ashford:** Thank you, Mr Speaker.

555 I would like to start by making absolutely clear that this is a parliamentary matter and so I will be speaking as an individual MHK and not in the current role that I have taken on. Having said that, the one thing I do need to put on record at the start is in relation to the counselling service – the Department does not have any prediction of what costs the counselling service will ultimately cost the Department. I do not say that as a negative, Mr Speaker, because clearly counselling is a fundamental part of this Bill and *must* be put in place. I am sure that the  
560 Department will rise to the challenge, but since it will be a demand-led service it is very hard to predict what future costs there may be in that area.

I would like to start by saying obviously I will be supporting the Second Reading of the Bill today, and I would like to congratulate Dr Allinson with the way that he has conducted both the public consultation, and also dealt with colleagues here in the House. Myself and Dr Allinson had  
565 several conversations about certain concerns I had with his original draft of the Bill, and in light of that he took them on board and made changes which has allowed me to be completely content with what he has put in front of us.

In relation to the way the public consultation was conducted, I would like to thank everyone on both sides of the argument that has engaged with me over this. I think the vast majority of  
570 people have acted in a fair manner and a reserved way. Unfortunately, Mr Speaker, that cannot be said of everyone – as I said, the vast majority. Unfortunately there has been a group, who I am not even going to bother naming in here, that has not acted in that way. I think the one thing they have achieved is referring to what the Hon. Member for Ramsey, Mr Hooper, has just said, they have convinced me fully that we do need buffer zones and access zones. So, if nothing else,  
575 they have actually achieved something by their visits.

I would also say, Mr Speaker, in relation to that, that I do not think that group is representative of people on the other side of the argument. As I say, the vast majority of people I have spoken to on the other side the argument have been very reasonable, they have been very passionate and they have put across logical arguments. I am a firm believer in freedom of  
580 speech and in freedom of protest, but I think with that comes some social responsibility; and for a group to think that Noble's Hospital is fair game, I think to be honest that says more about them than anything else. (**A Member:** Hear, hear.)

In relation to the clauses within the Bill, I have raised a query with Dr Allinson in relation to clause 8(2) under Conscientious Objection. I will confess now I have been very tardy this week  
585 and I have not had a chance yet to speak to the legislative drafter, because I still do not quite see the point of 8(2) in there, which is:

In any legal proceedings the burden of proof of a person's conscientious objection rests upon the person who claims to rely on it.

Now, I know that is a mirror image of what is in the UK Abortion Act 1967 – in fact it is their section 4(2) – but where ours differs is we have within clause 8(4), which lays out what a  
590 healthcare professional should do in the event they have got a conscientious objection, and the fact that they do have to redirect women and they are committing an offence if they do not; and also 8(5) that lays out the maximum penalties applicable.

So I do not see what 8(2) as a clause actually adds to the Bill, because surely 8(4) and 8(5) will be the clauses that will be used to prosecute any professional that is not acting in the correct way as a conscientious objector. I wonder if Dr Allinson can clarify any of that for me.  
595

In relation to the committee, Mr Speaker, I am not convinced at the moment. I will listen to what the Hon. Member for Douglas East, Mr Robertshaw, has to say when he moves his motion, but as I say in my case he has a mountain to climb if he is going to convince me that any committee is necessary. I cannot see what new evidence any form of committee is going to bring the process. (**A Member:** Hear, hear.) We have had a consultation where, as has already been  
600 quoted by my hon. colleague for Douglas East, Miss Bettison, there were 3,644 respondents –

22 organisations and bodies participated in that, and it is very clear that I do not think the committee is going to dig up anything new. Mr Robertshaw mentioned there in his remarks that it is not about delaying the process, but with all due respect it *will* delay it because it will, if his motion later on goes through, take it to June.

605 Also, as nobody has mentioned this yet, we do now have a relatively new process which allows for a full Committee of this House. So we can delve at clauses stage into as much detail as we want. We can go into Committee and we can actually get the facts then. Setting up a committee that would consist of just over 20% of this House, I do not think will add anything to the process. But, like I say, I remain to be convinced and we will see what Mr Robertshaw has  
610 got to say later on.

In relation to the polling agent, by the way, that Mr Robertshaw mentioned, Mr Speaker, I have seen correspondence from someone who was actually a participant in this poll. Mr Robertshaw did make reference to the fact that he felt the consultation that Dr Allinson undertook was slanted. Well, having seen, if this lady is correct, the questions she was asked –  
615 and I believe she was writing them down at the time she was asked them – then I find it very slanted indeed. She claims the first question she was asked, after her age, was: ‘Do you agree that it is all right that the proposed law would allow abortions up to birth for babies with Down’s Syndrome?’ That was the first question she was asked.

The second question she was asked was: ‘Abortions will be allowed on demand up to  
620 14 weeks without giving a reason, and given that new technology allows parents to know the sex of their baby before this time, it would leave the door open to sex-selective abortions. Do you believe this is all right?’ Now, if she is accurate and these are the questions being asked by this polling agency, I do not see how in any way that can be deemed not to be trying to elicit a particular answer, because I think most reasonable people if they thought that was the case and  
625 that was what this Bill was achieving, would actually end up answering perhaps in a way they might not necessarily have intended to.

I will leave it there, Mr Speaker, but one of the things I think I do want to put on record, particularly with this idea of it going to committee, is I just want to use the words that were used by my good friend and hon. colleague, Mr Thomas, Member for Douglas Central, when he said in  
630 this House just before Christmas, that ‘the idea is a committee sometimes could be a place in which a good idea was lured down a cul-de-sac to be slowly strangled’. (*Laughter*) And that does concern me that this could well happen with this Bill.

**The Speaker:** I call on the Hon. Member for Ayre and Michael, Mr Baker.  
635

**Mr Baker:** Thank you, Mr Speaker.

The Bill which is before us today, as we all know, covers very important matters. This is going to be one of the most profound issues we will face during this administration, an issue on which there is a wide range of views and strong opinions, an issue which has already demonstrated the  
640 ability to cause division and ill feeling within the Island. This is a healthcare issue but it is more, far more. The moral framework within which we do this *cannot* be ignored.

Mr Speaker, I wish to make it clear that I believe reform is required. I will be voting in favour of the Bill’s Second Reading. There are, however, many reasons why I believe that the proposals in this Bill need very detailed scrutiny and why I believe it is going to be right to support the  
645 motion that my hon. colleague from Douglas East is going to be moving to refer the Bill to a committee. Before I go into the detail on that, firstly there has been a lot of reference to the consultation process and I just wish to look at that and then also raise some of the key issues around why I believe we do need to put this to committee.

The Bill was subject to a public consultation which has received the largest response of any  
650 Isle of Man consultation to date. That is an excellent thing and it shows this is a real issue. This does not, however, provide a direct mandate for passing the Bill and it does not mean that anything that might delay it becoming law is completely wrong; it just means that it was strongly

supported through a consultation process. There were 3,644 consultation responses, which based on my maths is around 6% of the voting population: 6% of the voting population have expressed views on this, 94% have not, and that is even assuming that each submission is unique and from someone living and eligible to vote on the Island. Mr Robertshaw touched on the fact that consultation responses do come from self-selecting audiences. Inevitably we are dealing with the people who have got an engagement with the particular subject at both ends of the spectrum.

Thirdly, the consultation process has, due to the nature of our processes here, been very dependent on Dr Allinson. In making this comment, I am not in the least bit critical of Dr Allinson – indeed, I praise his commitment to bringing this Bill forward and ensuring this administration addresses what has been an unsatisfactory situation for many years. The Island has for many years turned a blind eye to this issue. It has not had the courage to get on and deal with it. It is difficult, it is complex and I praise Dr Allinson for bringing it forward.

However, the process has been very dependent on Dr Allinson. In some other jurisdictions the sponsor of a Private Member's Bill would not be able to control both the drafting, the analysis of the consultation and the decision on how to move forward the suggestions which have come out of the consultation process. In our jurisdiction the Private Member's Bill sponsor can do that. That does rely very much on Dr Allinson's personal time, his expertise and his knowledge, and also his perspective. The consultation process in a representative democracy such as we have in the Isle of Man cannot be a substitute for our responsibilities as elected Members.

Turning to the Bill itself, there are some very serious matters that I believe need real scrutiny before this Bill is passed. It is my view that this is best done in a committee environment, where we can take evidence, where we can take a holistic view, where we are not dealing with individual clauses in isolation and running the risk of amending one in an inconsistent manner which may then not be followed through in the rest of the Bill, which may indeed leave us with a Bill that leaves this House not as neat and tidy and as well thought through as it could and actually made slower to process through the Legislative Council. Sometimes going faster at one stage does not help you get to the end result any quicker. As I have said, I am very clear reform is required and I will be supporting the Bill, but it has got to be the right Bill that we end up passing.

We are making some profound changes to our abortion legislation. We have a very conservative set of arrangements at the moment. We will be moving to something which is very liberal and permissive, both in comparison to the British Isles and by most international comparisons. I am not going to go through the details of how the different stages that are proposed compare to what other neighbouring jurisdictions have in place but it is fair to say that we are consciously here, in passing this Bill, creating a far more liberal environment than that in neighbouring jurisdictions. I do want to highlight, however, the concern after the 24 weeks, which Mr Robertshaw touched on, where the Bill proposes that abortion on the basis of disability should be permitted for any significant impairment that reduces either the length or the quality of the child's life. Let me say that again: any significant impairment that reduces either the length or the quality of the child's life. This effectively opens the door to abortion on the basis of any kind of disability. If that is what we want, then this is what it gives us. My question is: is that really what we want? It is certainly far more liberal than in other jurisdictions and it certainly is very much more wide in definition than our current definition, which is quite narrow indeed and limits the termination up to birth to the situation where the child has a disability that is expected to be fatal, such that they are unlikely to survive birth or likely to encounter organ failure after birth.

So, to be clear, this Bill allows abortion up to birth to include any significant impairment that is likely to impact the length of life. This would inevitably open the door to the abortion of babies with conditions such as Down's syndrome and potentially many others – congenital heart defects, cerebral palsy and things like that which do fall into the definition of what is drafted. So

705 we have got to be clear: if that is what we want, then that is what we are going to get. What we  
are effectively saying is that the life of an unborn child with such conditions between 24 weeks  
and full term is worthy of less protection than one without such a condition. I cannot speak for  
anyone else in this House, but personally I am uncomfortable with that statement. I am also  
uncomfortable with how that sits with our Disability Discrimination and Equality Acts, which we  
710 all voted so strongly in favour of passing. If that child was born and was one day old, that would  
have horrendous implications for what we are actually talking about doing up to one day before  
birth.

Equally, in the climate we are in, how does this sit with our wider international reputation?  
We know that what is being talked about here is being watched and listened to globally. We  
715 know that we are a jurisdiction that is under scrutiny. That does not stop us moving forward, it  
does not stop us developing laws that are right for our Island, but we have to think through the  
tone, the message and the reputational impact.

I am also concerned in relation to gender issues. Sex-selective abortions are not an issue right  
now, I am assured of that, but under this set of legislation up until 14 weeks abortion can be for  
720 any reason. I understand it is possible to know the sex of a baby by 10 weeks currently and that  
it will soon be possible to know it by seven weeks. Again, we must be careful of unintentional  
consequences and we need to futureproof our legislation and have an eye on what is coming  
down the line with advances in technology. Is that what we want? If it is, this is what we are  
getting as the Bill is drafted at the moment. Dr Allinson has suggested that perhaps guidance  
725 might suffice, but this legislation will be with us for decades and we need to get the Bill right  
now, rather than trying to deal with things afterwards.

These are big issues and in my view we need a committee to probe this in a calm and  
considered manner. I was disappointed with the Hon. Minister for Health and Social Care's  
comments; (**A Member:** Hear, hear.) they were inappropriate in this context. Nobody here is  
730 trying to cause delay, nobody is trying to strangle the idea. What we are trying to do is make  
sure that the legacy we will leave future generations is the best it could possibly be.

I could go on, Mr Speaker, about other issues that need full consideration – for example, the  
Bill's provisions regarding conscientious objection only protecting those who actually perform  
the abortion, not those who will be required to facilitate, assist or arrange with the abortion; for  
735 example, the elimination of provisions in the current Act which protect those who do exercise  
their conscience rights from experiencing discrimination in their career development; for  
example, the drafting of the clause which talks about a potentially custodial offence if a  
healthcare professional's failure to act results in injury or life – what is the definition of 'failure  
to act', how will providing sufficient information be judged, what is injury, what impact will this  
740 have on our recruitment of healthcare professionals?

I could also highlight other matters which need further thought – for example, the contrast  
that has been referred to already about the way the Bill deals with situations of pregnancy due  
to rape, incest or indecent assault; and, for example, the drafting of clause 5, which opens the  
possibility of non-DHSC abortion clinics to open on the Island, raising issues about operations  
745 and about regulation, which also need fully thinking through.

Questions have been touched on in the debate so far around counselling, around the need  
for safe zones around abortion premises and around the arrangements for making sure that  
when women take abortion pills there are sufficient precautions to ensure their well-being and  
safety. There has been a touch from the Hon. Member for Garff, Mr Perkins, about the wider  
750 questions around sex and relationship education and around access to contraception advice. We  
must not just focus on dealing with the consequences of things going wrong; we must be  
smarter and look at the prevention as well as the cure.

Mr Speaker, I am not saying that our current regulations are correct, I am not saying that we  
should not progress the Abortion Reform Bill, I am not saying that Dr Allinson's intentions are  
755 wrong; what I am saying is simply that we must ensure we produce the best Reform Bill that we  
can, that we lay the right foundations for our Island's future. To achieve this, both the principles

and the details of the proposed Bill need proper consideration and scrutiny. In my view, this cannot be properly addressed alongside all the other questions raised by this Bill in the conventional clauses stage and we need to take it to committee. If there were just one or two issues with this then I think direct progression to clauses would be acceptable, but in my opinion the disability and the gender selection concerns are so strong they alone justify sending the Bill to a committee, not to mention the other concerns.

No one in this House, in my view, is talking about this Bill not becoming law; we are simply proposing to create a committee to look at some of these matters in greater depth until June and to then go into the clauses stage. I believe that that will equip us better to give us the right foundation to ensure that we pass the right Bill. It will also ensure that anybody else who has not engaged with the consultation process for whatever reason, anybody else in that 94% who wishes to engage, can participate in an open and transparent process so that we have the legislative framework which we can honestly say is right for our Island, for our future generations.

Hon. Members, I will be supporting the motion that is going to be coming forward from Mr Robertshaw for this to go to committee and I would urge you to do the same.

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 fully supporting this Bill, helping it move from criminal-centred to healthcare-centred. The consultation has been referred to today a number of times and question 17 states:

Should there be legal protection to prevent demonstrations or protests outside any facility which provides abortion advice or treatment in the Isle of Man?

The result was 85% said yes. There may have been a belief before recent months that we did not need the safe zones for facilities around the Isle of Man. But with all the issues we have had lately, I think now we actually do need that.

I was watching the Home Affairs Select Committee meeting at Westminster on 12th December and the Ealing Council leader, Julian Bell, stated they have a duty to protect women. It was clear to me that time is now required for safe zones around these facilities and I will be bringing an amendment forward at clauses stages.

Thank you, Mr Speaker.

**The Speaker:** The Hon. Member for Arbory, Castletown and Malew, Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I will be brief because I think most of these points have already been covered today.

I do not think anybody in this Hon. House would say that the current legislation is to stay as it is; I would say probably everybody would agree it needs to be modernised.

I think the perception of a committee is that it will delay the legislation – yes, it will. There will be a delay in it, because instead of coming forward in the next couple weeks with clauses, it will put it off to June.

But will that committee be able to give Members additional advice? Yes, it will because they will be able to take expert witness consultation. They will be able to summon people in and ask people to come in and give advice. They will be able to question them. We will be able to have that fuller debate. We will have possibly a bit more information – as has come out already. There is talk about gendercide in the Bill now. Is that what we really want?

I understand there are Members who have already got amendments to this draft Bill, so they realise there are errors in here that need correcting. What we need to do is give this a



805 complete ... for our own peace of mind, that it has had thorough scrutiny, by having that advice because we will be affecting people's lives – whether it comes down to pre- or post-abortion advice. The current legislation says there should be some in there; it never has been. So we have to make sure all of that is actually in there.

810 We have had comments that, 'Yes, we can have a Committee of the House so that we can go through each clause,' but does that mean that we will be able to take that expert advice that a committee can do? I do not think it can, because unless you are going to call them to the Bar and give evidence on that day ... but will the committee be able to bring more out? Yes, it will.

815 If you rush it through now without giving it that clear steer from a committee, you may regret some of these. Maybe not in the next year but in a few years' time when some of the repercussions come out, you may regret it. This is primary legislation that we are dealing with. We have to ensure that it is correct.

820 Yes, we are talking about a number of months, but I really do believe that given the right people on the committee – whether it be from Dr Allinson or Miss Bettison on the committee as well – they will be able to get that advice, they will question the experts out there. I am aware, there are 47 medical professionals who have concerns about this Bill, so those people can be questioned about it. We can ensure that the legislation that we pass in this place is exactly as we mean it to be and not just hope that it will carry out the will that we expected it to do.

825 I really would say to Members, please, do not think that this is about kicking it into the long grass; this is about proper scrutiny of legislation. As Members have said, this is probably one of the most important Bills that we will pass in this House. Think long and hard and ensure that it is done properly.

830 We are here to try and protect the people of the Isle of Man. We all represent our constituents and the people. Even though there may have been the 3,000-plus consultees, there are more people out there. But the women of the Isle of Man need to be protected, they need to be given the best advice that we can provide, whether it is through education or whether it be through health. So think long and hard because this is a vital piece of legislation that we must ensure is right for the people of the Isle of Man.

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

**Mr Thomas:** Thank you very much, Mr Speaker.

840 There have been lots of policy points and moral points made already in this debate. Those can be addressed with amendments at the clauses stage. What I have not heard is what the Hon. Member for Arbory, Castletown and Malew just described as 'drafting errors'.

845 If there were drafting errors, we would be in the situation that we were in last time we had a select committee in this Hon. House. So I actually moved the Select Committee for the Landlord and Tenant Housing Bill because there were 23 drafting errors which needed to be corrected before the Bill was allowed to proceed to the next stage; and the Committee eventually concluded that the Bill needed a complete re-write in order to make it intelligible. We are not in the situation today, as everybody has said, that we have got in front of us an unintelligible Bill – in fact we have got a very intelligible Bill – and what we have now is we have some differences of opinion about what policy should be enshrined in law.

850 That is one very important point I want to make. We do not treat Bill committees very lightly in this House; we had one in 2014. As far as I remember, the one before that was in about 2010-11. Perhaps we used to have them more but we have not had them very much recently.

855 So why is that? In part it is because a quarter of the revenue that Tynwald Court expends is on the A-team, the dream team, the people who sit on the upstairs shelf when we are in the Court above us. We have a lawyer sitting there in the person of the Attorney General; we have the Bishop sitting there for moral and other input into the procedure; we have eight representatives of this Keys who specialise in legislative scrutiny to give us advice; we have one

of the longest standing Members of Tynwald Court as the chair of that 11-person committee to actually help us with the legislative scrutiny that we need.

We also have at the moment the Equality Champion sitting up there, who is well able to look at the difference between a foetal anomaly and a significant impairment that is going to have an impact on the quality and the length of life in the third trimester stage of the Bill.

The next thing I want to say is I want to build on my good friend, the Hon. Minister, who comes from Douglas North, what he said about the Committee of the Whole House because it has been described as an innovation. It is something we did not have before; it is a very valuable innovation. But let's remind ourselves why it is such a valuable innovation.

Contrary to what the Hon. Minister, Member for Arbory, Castletown and Malew just said, we can get evidence during the Committee of the Whole House stage. Mr Connell is sitting there on the front row. When I took the Equality Bill through when we first moved into the Committee of the Whole House, he was up on his feet all of the time. God, he loved it! *(Laughter)* We can get other ... We have not tested it as yet. We are taking it beyond the drafting officers and the policy officers, but it is certainly something that can be envisaged.

Secondly – and this is where you all begin to worry about it – any of us can speak more than once in the Committee of the Whole House episode stage! So it is not as if we have not got a proper committee environment; it is not exactly a massive –

**Mr Cregeen:** I moved it!

**Mr Thomas:** Exactly right. It is a well-drafted procedure which Minister Cregeen, Minister Harmer, myself, Mr Speaker, David Ashford and ... Lawrie – who could forget Lawrie? Such a young and enthusiastic person! – and the Clerk put together. We have got an exciting opportunity with the Committee of the Whole House to properly consider this.

I just want to put one other thing on the table. In good faith, there is a deadline of 26th June put down for the amendment to put this into committee, but that is a good faith commitment. I believe it. It would come back on 26th June, but there is no constitutional arrangement such that it has to come back on 26th June. It is not like the Legislative Council consideration which in statute is limited to the amount of time that something can take to 18 months *de facto* – 12 months as written down on the paper through the Constitution Act 2006. So, as the Hon. Member for Garff suggested, we have got two or three decades of history in the Isle of Man and from time to time using that sort of process to delay necessary social change.

So I, for one, am much happier with an expert 11-person committee time-bound to consider this Bill, because there are not glaring drafting errors in here; there are just points of policy and points of principle that need to be ironed out.

I am going to join in now, because I have a couple of issues that I wanted to explore. One of those is about foetal anomaly versus impairment – significant impairment – and I have outlined that one. The second one is that I could not help but notice in the hon. mover's opening remarks that he used the phrase 'people with disabilities' whereas Lord Shinkwin had used 'disabled people', and that is very important in the context of the Equality Act framework we have now, to actually understand that it can be society that disables people. It was in the past in the Isle of Man, but we are moving to a situation where society and the community can make arrangements in law and use of resource to re-enable people. So I will be working with the hon. mover of this Bill to see whether a small amendment to change section 6(13)(d) is acceptable to him and to this Hon. House.

So, in closing, I for one am fully supportive of the Second Reading, very much against the idea that we need to go to a select committee – not out of principle but because of where we are. We have had a well-run consultation. We have had excellent input from every side of this debate. Even that was gathered together for us into a summary of all of the expert submissions. We have got a good legislative process in the Isle of Man; we can deal with the issues. What we need at the end of this process is consensus. We need the right law surrounded with the right

resources, the right counselling; and I, for one, think that needs to be done as soon as possible. We have taken a year to gather that information. Let's move on, let's see if we can have this Bill become an Act read out on Tynwald Hill by this summer.

**Several Members:** Hear, hear.

**The Speaker:** I turn to the Hon. Member for Rushen, Mr Skelly.

**Mr Skelly:** Gura mie eu, Loayreyder.

This Bill has been a long time coming, there is no doubt about it. It is difficult, it is complex and it certainly has polarised views, which is probably why it has taken so long to hit this House.

It is interesting really because abortion is legal; the debate and the Bill is all about access and we currently have restricted access here in the Isle of Man. Mr Robertshaw called for a mature debate and I would suggest that is exactly what has happened right at this particular moment. I would also suggest that we have an appropriate system here that can manage the issues that have actually been raised.

Mr Thomas raised the Equality Bill – I remember working with Mr Connell, 200-plus clauses there were, 67 amendments I believe I moved. So can we deal with matters in clauses? Yes, we can.

I heard Miss Bettison mention with regard to young women, women travel to the UK – those are the ones that are reporting. I am sure I am not the only MHK that has women, particularly young women, who have actually taken the unsafe, unrestricted pill. The danger that puts on the young, vulnerable, desperate women of this Island is something we need to take note of because there is no data for them, we do not know how many there are. I could tell you several cases, constituents of mine, over the few years I have been in politics, and I suspect there are many more who would not come forward.

So do we need reform? I think everyone is agreed we need reform. We must protect those vulnerable, desperate women.

I will join in echoing and applauding Dr Allinson for bringing this forward. He has shown diligence, he has shown dignity, and I think above all he has also embodied for me an old Manx saying – I see Mr Henderson up on the top shelf there: *Easht lesh dagh cleaysh, eisht jean briwyns*, which means 'Listen with each ear, then make judgment'.

He has listened to every ear; he has responded to every email, every correspondence; and he has dealt with lots of us here individually as well with our concerns. But there is still opportunity to change and you have got that in the process that we all treasure and value with regard to our parliamentary process that we have right here. There is the House of Keys and there is a very diligent Legislative Council as well that can actually make amendments and they can push it back down to us right here.

I was delighted that Mr Baker mentioned 'international reputation' because we have had a phenomenal amount of correspondence and I am sure we have all done our own research. There was one that sticks out for me, and that is 'Restricted access of countries for abortion'. There are three in Europe: Malta, Ireland and the Isle of Man. We all know what is going to happen in Ireland, they are going to have a referendum in Ireland; and Malta has very strict laws there. But in the Isle of Man, we have an opportunity to change. If we do not, I think about international reputation because I would regard the reform of this Bill along the same lines of modernising the 'birch Bill' and that is the reputation I do not want the Isle of Man to have.

Gura mie eu.

**The Speaker:** Hon. Members, I have two more Members to speak at this stage before summing up, so in order to give Hon. Members the chance to make sure they have the opportunity to make their remarks fully and are not rushed, I propose to adjourn the House at this particular point and return to continue business at half past two.

960 Before doing that I would remind Hon. Members that there is a presentation in the Barrool Suite about the Data Protection Bill and GDPR.

With that, the House stands adjourned until 2.30 p.m.

*The House adjourned at 12.59 p.m.  
and resumed its sitting at 2.31 p.m.*

**Abortion Reform Bill 2018 –  
Debate continued –  
Second Reading approved**

965 **The Speaker:** Before we adjourned for lunch, we were undergoing consideration of the Second Reading of the Abortion Reform Bill. We resume our consideration with the Hon. Member for Glenfaba and Peel, Mr Harmer.

**Mr Harmer:** Thank you, Mr Speaker.

I thank the mover for the Bill. I commend the work that has been done. Obviously there are a lot of opinions here but I actually believe we are gaining a consensus.

970 Having looked across the world, we sometimes get stuck into the legal side, but in my mind there is a bigger picture here. The bigger picture is that it actually is about openness, it is about education, it is about counselling, it is about support and actually, I think, love. The key thing is that when we criminalise and marginalise people and when we force them into roads of loneliness and so forth, we are not providing that support, we are not providing that care that we say as a Government we want to do.

975 So therefore I fully ... I do support the Second Reading and moving to the Second Reading. I think it is absolutely something we must do today.

980 That said, obviously as has come out today, there are many issues and concerns that people have that I would hope are addressed, and addressed by the mover, such as abortions after 24 weeks, and certainly with disabilities and so forth. Those are really important issues that we must consider.

985 We must look at issues regarding some of the language in terms of between 14 and 24, where we talk about social care, but what I do think is that we need to look at other things: can we improve the support? Some of the work, when we talk about gender selection and so forth, we refer to 'guidance'. What I would like to know from the mover is where that guidance will appear and how do we deal with that?

Again, we can create laws here but if we do not create the right network with other jurisdictions, are we then going to have a law that is applicable here but we cannot actually deal with the practice?

990 So I do think there are issues that need detailed consideration, but I think I ought to say at this point that yes, we do and we must move forward; clearly there is a burning need to move forward, and we must support all of our society. That is why I will support the Second Reading.

Thank you.

995 **The Speaker:** Hon. Member for Onchan, Ms Edge.

**Ms Edge:** Thank you, Mr Speaker.

1000 I am not going to take too long because a number of the items that I have here have already been said today, but what I do want to say is that Members of this House do have a duty of care to our people and these people are our women.

If we did what we are doing today by deciding to put things into a committee, what would we do with regard to other medical treatments? We would just be belligerent to the people we represent. Should we be changing the law for no treatment for people who smoke? Should we be changing the law for people who are overweight or abuse drugs? No.

1005 What this is about is giving a duty of care to the rights of a woman, and I believe strongly that this should be a decision for medical personnel, along with that lady herself.

So I am standing to say no to a committee. I also want to just say that one thing: that I do believe that a committee would delay the process and if it was a male in front of us today who was pregnant, I genuinely believe this would be urgent business to ensure that an essential service became available.

1010 Thank you, Mr Speaker.

**A Member:** Hear, hear.

1015 **The Speaker:** The Hon. Member for Douglas Central, Mrs Corlett.

**Mrs Corlett:** Thank you, Mr Speaker.

I think it would be very wrong to assume that everybody is firmly on one side or the other of this debate. There are people with views at each end of the scale and some are completely polarised. However, for most of us, I think we find ourselves somewhere in the middle, prepared to compromise because we recognise that the real-life circumstances of abortion are far from black and white.

1020 I have always been open about my views on abortion. Could I do it? I do not think I could, but I have never been in a position to have to choose. Should I have had the right to choose? Yes, most definitely.

1025 It is, I believe, clearly recognised that we have to move forward and reform our abortion law. In the past, the easy thing to do was to do nothing – turn a blind eye; let it happen over there where we do not have to deal with it; let women find their own solution to an unwanted pregnancy – ‘Not our problem; no need to address it.’ The fact that abortion is illegal in our Island is something that I do not feel proud of. It suggests that women are not intelligent enough or responsible enough or indeed capable enough to make decisions about their own lives.

1030 There is no question: women are decent enough, wise enough and worthy of carrying the right of abortion. They should not be made to feel guilty or ashamed. Women have had to keep their actions secret, unable to talk about them even with close friends and family. This debate has allowed many women to tell their stories, some of which have reduced me to tears when I have been reading them.

1035 Women deserve better. They deserve legislation that allows them to access abortion here, at home, in our own community. Each and every one of us were entrusted by the people who put us here to make decisions (**A Member:** Hear, hear.) – to represent, not to judge. Taking on the responsibility of providing abortion services will give us the opportunity to provide the counselling, the advice, the help and support to women who need it at a most difficult time in their lives.

Thank you.

1045 **The Speaker:** Hon. Member for Ayre and Michael, Mr Cannan.

**Mr Cannan:** Thank you, Mr Speaker.

I will try and remain focused, I think, on the key question now of whether this should go to a committee or not.

1050 I think that many people, and in fact most speakers, have acknowledged in here today that modernisation of our laws in this respect is the responsible course of action. The Bill in essence represents that. I believe it is our duty now to bring refinement and, where needed, further

amendments during the clauses stage on the floor of the House of Keys. Committee proceedings will not necessarily provide us with any more clarity in respect of the situation.

1055 I am in no doubt, having said that, that the Bill is far from perfect. For example, it is not clear in all its clauses; it is not clear in all its interpretations. There are many areas where this can be improved and indeed where we can challenge some of the statements; but we must do this on the floor of the Keys. We should not be in a position any longer than we need to, whereby our backs remain turned to women in emotional distress.

1060 These are deeply personal and emotive matters, but it is a responsible society that rises to meet its challenges and deals with its problems. The days of denial and hand-wringing and hand-washing are over. It is better to provide love, care, support and education and not dismissal, denial or rejection. It is the former that will provide us with a better outcome for our Island.

1065 Let us not remember, in thinking about those women who have chosen to go across and today perhaps are thinking of the need to go across to have a termination undertaken, that it matters little really what in some respects we think should be placed around the decision of termination, because in most cases that termination will go ahead in any case. I think it is up to us, therefore, to ensure that in rising to the challenge now set down before us that we as elected representatives now have to make this Bill absolutely fit for purpose.

1070 I hope that that is what we will be doing when we embark on the clauses stage of this Bill in a couple of weeks' time.

**A Member:** Hear, hear.

1075 **The Speaker:** I call on the Hon. Member for Middle, Chief Minister, Mr Quayle.

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

1080 I will record the first part, first all, of the Second Reading and wholeheartedly support the Hon. Member for Ramsey, Dr Allinson in his aims of bringing forward abortion legislation which significantly improves the lot of the women of the Isle of Man. To our shame, we have not done it sooner. I have a suspicion that maybe with his previous life, or still current life to an extent, it has maybe helped because he has met the people that maybe necessarily would not discuss it with ourselves.

1085 So I fully support his objectives. I thank him most sincerely for the way he has done it in a calm manner, because this could have got out of control if it had not been so well handled, so I think it is an absolute credit to him (**A Member:** Hear, hear.) that he has kept it like this, despite all the abuse from various factions. So I will be offering him my full support for the Second Reading.

1090 The motion of my hon. colleague, neighbour, the Hon. Member for Douglas, Mr ... (**Mr Robertshaw:** Robertshaw.) Robertshaw. (*Laughter*) I was going to get there in the end! (*Laughter*) That is a more taxing one. We have all been inundated with hundreds of – as has been said before – cards, letters, you name it and it is all one or the other, but I think I have had two outstanding letters. A chap called John sent me a really well-measured, balanced one, and I had one from a lady too, who I thought had realised what this is about. I have spoken to some of my women constituents and we have discussed the Abortion Bill. They are all for it, 100%, so that is fine, but then when I have gone into the nitty-gritty of the Bill, and I have raised two or three issues with them where I am making amendments – did they think I had it right? – I got unanimous support for it. That is where it concerns me.

1100 Considering the demand for my time, I have spent a considerable amount of time on this, because as we have all said, this is the most serious and important legislation we will probably pass in our political careers. I know in my seven fast years, it seems to be, this is the most important legislation that we have worked on – and we should not be working on it; it should have been done, but we are where we are. It is important, Mr Speaker, that we get it right. It is so important.

1105 Again, I thank the Hon. Member for Ramsey, Dr Allinson, because I have had numerous meetings with him to discuss concerns I have. I thank Howard Connell, who I have had numerous meetings with to try and understand the legislation and get my head around it.

I do not want to repeat – so many others have given excellent speeches, which I am not going to try and emulate – but I just have a few key points. If the proposed Abortion Reform Bill 2018 is successful, it will not give the Island abortion legislation similar to that of the UK, who it could be argued have the most liberal abortion law in Europe – and I quoted from a newspaper on that one – it will take us into previously uncharted areas with no case law, effectively.

1110 I am not saying that is bad, the proposals, but it is uncharted. We are starting from a very bad position and we are not leapfrogging to catch up with where some would argue we should be, with the UK; we are going significantly ahead of the UK and if we are going to do that, we need to ensure that we have really thought through these key words which no one else ... there is no history of looking at.

1115 I will give you an example: ‘serious social grounds’ – clause 6(7). Clause 6 is key to this Bill, it is where all the real meat is on the bone, really. That is a key area. It has never been discussed before.

1120 Clause 6(2) is a proposal with no requirement for a doctor up to 14 weeks: again, no UK jurisdiction allows access to abortion at every stage without any checks and restrictions.

1125 There is no clear definition of what ‘significant physical or mental impairment’ is and these are key areas. They might well have the best of intentions for individual people but what worries me is the law of un ... not thought-through policy – I am just trying to think, I have missed my ... (A Member: Unseen consequences.) unseen consequences, sorry! – where we allow something to protect, quite rightly, an individual but we allow a series of events to happen as a result of that. It is incredibly worrying.

1130 Whilst I am really grateful for the Hon. Member for Ramsey, Dr Allinson, for meeting with me to confirm that a cleft palate or a club foot would not be defined as having ‘significant physical or mental impairment’, I cannot see how we can discuss these significant points during the clauses stage, during which I will be making three amendments, and I feel it deserves the full attention of the five-person committee. I have listened to the speeches obviously of other Members who disagree with my viewpoint, and I totally respect them. I think it is fair to say, as Mr Thomas, the Member for Douglas says, we need the right Bill. He is absolutely correct: we need to get this right for the women of the Isle of Man, but also other jurisdictions will look at our legislation. It is going to go far beyond anything in the EU or the UK and I think if it works and we do get it right, if they can analyse, look at our *Hansard* and see what we discussed, all the various options that we analysed, then they may well think, ‘Well, this is good legislation for us to give to women in our relevant countries’.

1140 So we are in virgin country here now, Hon. Members. There is an awful lot of this law which is brand new, effectively, and I am not decrying that; I just think it really needs good debate and I do not see ... Yes, it is a delay, putting it into a committee and I can see some people chomping at the bit to get it approved, but I would prefer to get it right for the women of the Isle of Man first and foremost, to ensure that there is no loophole or serious recall that we have got to do in a period after. I might not be giving the popular comment but I think it is important that we really do get it right.

1145 We could get Mr Connell to give his advice in the next clauses stage, but it just worries me that if something significant came up, would we be able to get a relevant expert to come to give us an opinion that a committee would be able to get with much more time.

1150 So it is a closely run thing, because I do have my three amendments, which will be on ensuring that you cannot have an abortion because you do not want a certain gender; counselling – pre-counselling, I think is absolutely important to getting that right.

1155 But I think, please vote for a committee to make sure we get it right. It will only be a short delay. I know we need to get this done as soon as possible. It should have been done years ago,

but a full five-person committee will look at the serious concerns that I have raised, where we are in uncharted territory, to make sure we get it right.

Thank you, Mr Speaker.

1160 **The Speaker:** I call the Hon. Member for Middle, Mr Shimmins.

**Mr Shimmins:** Thank you, Mr Speaker.

I have been listening with both my ears, as suggested by the Hon. Member for Rushen, and I take on board all the points that have been made today, some with a high degree of nuance.  
1165 Other people have talked about how complex this issue is, and we know that. We have received lots of reports, hundreds of pages from different organisations. There is no shortage of material to consider.

For me, though, the reality is perhaps less nuanced in some respects, because abortion is already available in the Isle of Man, but it is available to women who have the means to travel to Liverpool and undertake a criminal act. That feels wrong to me on many levels. Members, I would suggest that is something that we should be looking to resolve quickly.

I am not convinced about the need for a five-person committee. My alarm bells were starting to go off when I heard about 'the right people' being appointed to that committee – a Member made that suggestion; and also the suggestion that we needed to take our time to get this right – the point that Mr Thomas made, that actually there is no time limit on a committee but there is a time limit on the committee which is the Legislative Council to look at this legislation, resonated very strongly with me.

I may be being over-cynical, Members, about my concerns about a committee. If so, I apologise but it is a nagging concern for me and that is one of the reasons I will be voting against the formation of the committee.

Members, ultimately I would suggest we are mandated to take decisions, however difficult they are. We need to read the evidence, weigh it up, make our own judgement and vote accordingly. That is what we should do.

Thank you.

1185 **The Speaker:** I call on the Hon. Member for Douglas South, Mr Malarkey.

**Mr Malarkey:** Thank you, Mr Speaker.

I am rising to talk now, although I was not going to because we seem to be talking in the debate on the Second Reading of the Abortion Bill ... We have not even moved to the motion about sending it to committee, and yet we have just sat around for a couple or two or three areas talking about moving it to committee, though the motion has not actually been moved yet.

I am in the hope that I am going to talk now a bit and maybe after Mr Robertshaw moves his motion, we can all sit down and be quiet because we will all have had our say. So for that, I am going to speak now, Mr Speaker, rather than waiting for the actual motion because you seem to have been very lenient in your judgements this morning as to what we are actually debating here – the Abortion Bill or moving it on.

Having made that point, there are a few little points I would like to get forward. I will start with the great quote from the Irish prime minister on the radio this morning, when he turned round ... that they had been 'exporting their responsibility for years'. That is exactly what we have been doing in the Isle of Man – head in sand, 'Let the UK deal with it; let our women who unfortunately find themselves in that position break the law and go over there.' It is definitely time we sorted that out once and for all, get our heads out of the sand and get this sorted.

I will briefly throw in the committee idea. What will a committee do for us? It will delay it another 12 months. (**A Member:** No!) That is exactly what a committee will do. It says 'report back in June'. We only sit twice in June. It will never get to clauses stage until October, after the committee has come back and reported back to here. It will be some time next October before



1210 we look at the clauses again. It will be this time next year before Legislative Council get their hands on it. So it will be a year next June before it is given Royal Assent and we will actually get ... We will delay this again for one year by sending this to committee.

What will a committee gain from it? We have already heard, it is like 20% of the House, five Members. It only takes three Members to vote one direction and you will get what that committee wants to bring back to this House from just maybe three Members of this House – not 24 of us.

1215 So a committee is going to come back with recommendations, having taken evidence. Maybe not all the committee agree with the evidence coming forward. It is going to be very dicey. Who sits as those five Members, which way they sit on the whole Abortion Bill, whether they think the committee is a good or bad idea – you are letting three Members really influence this House.

1220 It is for us to make the decisions in here. You have had the debates this morning, you know that we can now go into Committee stage. We know that we can change anything we want at clauses stage.

1225 We have been lobbied by both sides, for and against, for nearly 12 months. We have had consultations. I have a whole box file of either postcards, letters, somebody even sent me a book to read! I have got so much information it is bursting out of my head – the same as all of us have in here. It is time for us 24 Members to make the decision through the clauses stage – not a committee, not other people. I think we are educated enough now and we have enough evidence coming forward that we can have a civilised debate in here.

1230 The Chief Minister says we will only have Mr Connell here. We could actually bring experts in and sit them at the Bar here and ask them, during the debate, what their opinions are if we feel that way. Or we could adjourn for a week – not for six months. We could adjourn for a week. We should keep this Bill moving.

1235 I am really frightened, if it goes to a committee now, this is going to stall. And we are going to start again, next June with the lobbying all over again, we are going to have the same procedures over again – I get déjà vu over the Chief Minister Bill actually coming to me now, because a committee is nothing more than a delaying tactic. I think there are enough facts out there.

1240 You are never going to keep everybody happy. We know that there are just probably as many on one side of this Bill as there are on the other side of the Bill. We are going to have to get on with it; we are 23 years late with this! Let's not wait another year. Let's keep moving with this. Let's not go for a committee – please. Let's all make the decision here for what we are actually being paid to do.

1245 I cannot sit down without making comments about a certain group that has been on the Island lately, showing some rather horrific pictures in public. As Minister for Home Affairs, I do believe that the Police dealt with this the correct way, we did not make an issue out of it, because I think that is exactly what they wanted us to do – to make an issue and drag the Police into the whole thing, which would have made things an awful lot worse.

1250 But I find, I am sorry, the group quite hypocritical really, because they are protesting 'save the unborn child', but they really didn't give a monkey's about which born child walked past that and saw the horrific photographs (**A Member:** Noble's Hospital.) and what damage that did to the born, let alone the unborn! I just found the whole idea of putting images like that out in the public domain where children were walking past and seeing it and then having to ask questions to their parents, what it was all about ... What actual influence that had on life as well.

So I could not let today go without actually making that comment.

1255 I have got lots of notes on what people have been saying in here today, I agree with an awful lot that has been said. I think the mood of the House is that nobody is against this Bill and I think we want to get it right. I think the only way to go forward is to go to clauses stage. If you have got really strong feelings, sell it to us at clauses stage, let us make good judgments on these issues. If you want your experts behind you for these clauses, you have got the time to do it. Talk

1260 to Mr Connell, drive it forward. If we have to adjourn clauses for a while because we are not getting through it, this can be done.

1265 A committee: I am sorry, I have made my reasons clear, it is going to hold this Bill up for 12 months – and that is another 12 months where a woman does not have a free choice. This is not about abortions; this is about a woman having a choice, at the end of the day, what she wants to do with her body. That is all we are giving here: that right to be able to make a decision about her body, which we have not given her up to now. Nobody is asking us to say whether that particular person's abortion is correct or it is not correct. That is between the woman, the medical practitioner and anybody surrounding that woman. But at the end of the day, it is the woman's choice, and it is our job, in the day of human rights, to give the woman that chance to make that choice. It is ridiculous in 2018 that she does not actually have that choice today.

1270 So I go back to the quote: let's stop exporting our responsibilities to the UK. Let's make our own responsibility in the Isle of Man and get this Bill sorted out this year, please.

Thank you.

**Dr Allinson and another Member:** Hear, hear.

1275

**The Speaker:** I now call on the Hon. Member for Ramsey, Dr Allinson, to respond to the debate.

**Dr Allinson:** Oh, that's going to be an easy job! Thank you very much, Mr Speaker.

1280

I will try to get my notes in order, but can I just start by thanking all the Members of this House for their attention and dignity they have given to the subject of the debate; and also the audience in the Gallery for their patience and composure during this. It has tended to be a difficult subject. It has lots of emotions, but this shows that we can debate difficult subjects and we should debate difficult subjects in this House. This is one of them.

1285

I make no apologies for bringing this to this House. It is important. The previous speaker said, this is about choice; this is about the women now, today, getting on a plane, getting on the *Ben my Chree*, having to go to another country for healthcare that should be provided here.

1290

Leo Varadkar made the bold statement yesterday that he was backing the repeal of the Eighth Amendment in Southern Ireland. The Eighth Amendment was brought in in 1983 by right-wing groups and the Church to enshrine the right of the child as being equal to the mother. We have seen where that has got them. We are different from them. We are different from the UK. We need our own law that suits our own people.

1295

Thank you for the debate. There will be no winners or losers in this debate. What I have wanted to do is give you the time and information to bring a just law forward, and if we can do that, we have succeeded and democracy has won and hopefully this country has won.

It is common practice to go through each speaker, and with the debate and with some of the comments made I would like to do that, if you don't mind, Mr Speaker.

1300

I would like to thank Miss Bettison for her support during this. People have said it has all been on my shoulders and some people have described it as the Allinson Bill. It is not. This has been very much a group effort, and I thank her for seconding this. As she said, abortion exists, abortion happens and the shame and stigma imposed is wrong. We do need to stand by our principles here – the principles that represent the Isle of Man.

1305

Coming on to Mr Robertshaw, you probably do not know this: one of the reasons I am here is because of you, because when I was a councillor in Ramsey Town Commissioners, I went to a public sector housing meeting and you were there. I sat down at the table next to you, and I realised how, in the Isle of Man, elected politicians could effect real change, that it was possible to have real change. Alright, that was about council housing, and we have not probably gone as far as you wanted, but we have that ability here.

1310

As I said, the ability to bring a Private Member's Bill is amazing. When we went on a recent trip to Westminster, some of the newer MHKs, and we talked to our counterparts there, they

were lucky if they got one Question in a year; it was a lucky dip. When we talked to them about doing Private Members' Bills, their jaws just dropped to the floor – they could not believe that we had that opportunity here in the Isle of Man.

1315 But I disagree with you on this, and we have spent time talking to each other and I completely respect your view, but I think you are wrong. You have said this is a really difficult subject. That does not mean we should not debate it. That does not mean we cannot make  
1320 decisions based on the principles and based on the facts. I have the utmost respect for you, but as Mr Malarkey has said, I think the debate has blurred. This was meant to be the Second Reading of the Abortion Bill. You have brought forward a motion to put it into committee. We should be debating that – we will be debating that – but our conversation has blurred. We have talked less about the Bill and the clauses, and more about committees and the pros and cons.  
(Interjection)

1325 I am very grateful to Mr Thomas. I love your quotation, 'The committee is the cul-de-sac down which ideas are lured and then quietly strangled.' I actually researched this because I thought it was yours and I thought it was brilliant! It was actually Sir Bernard Cox, who was Clerk of the House of Commons, 1962-74, who obviously sat through debates like this, so he probably had exactly the right time to decide on that quote. I think there is a great worry about that.

We are here to make decisions. We are here to represent our constituents but also make our decisions. That is what we get paid for. I will come back to your comments.

1330 You want a select committee. You understand this is a profound Bill. You say that the burden has fallen on my shoulders: no, it hasn't; it has fallen on all of our shoulders! (A Member: Hear, hear.) We have all had people contacting us. We have all had people phoning us, emailing us, arguing with us, whether that is in the supermarket or online. This is a shared responsibility and what comes out of this has to be a shared consensus about where we go with this Bill.

1335 It is not just now that we have thought about this issue. This has been going on for over 12 months. You said that I misunderstood the need for a review committee. The problem I have with your motion – and again, we will blur the conversation again, I will talk about your motion – it is open-ended. It just says 'look at the subject'. It is almost like *Groundhog Day*, that we are going straight back to 12 months ago, when we were looking whether there was evidence to  
1340 even look at whether we needed a Bill. We have moved on from that – not just us as individuals, but I sincerely believe that this country has moved on. We have had a national debate in the media, online, in pubs and clubs, in people's homes about abortion.

1345 They are doing exactly the same in Southern Ireland. There is a wave of change coming through in terms of abortion, which is not necessarily talking about moral arguments or religious arguments; it is talking about compassion, it is talking practicalities. It is talking about what sort of society do we want when we tell a woman what she can do with her body; when we as legislators legislate on her limbs?

1350 You then went on to talk about the consultation being biased. I think I am right, Mr Speaker: this is the first time a Private Member's Bill has been put out for consultation. (A Member: No.) No? I beg your pardon. I am just obviously a new boy in the House!

1355 It is difficult when you have got a Private Member's Bill to let go of ownership and put it out for consultation. The consultation was on those key fundamental principles that are underlying the Bill: the right for abortion on demand; the right for abortion if you have been raped without reporting; and trying to make sure that what I thought we should have in a Bill resonated with the public – and it did.

1360 You have talked about another opinion survey going ahead at the moment. If I can just mention that briefly because you brought it up, and I am replying to your comments: what happened last Tuesday after a presentation to Tynwald Members, by the same people who presented a year ago, with the same sort of arguments, was that an opinion research company has been asked to do a survey in the Isle of Man. Unfortunately, they did not put that information out, so when people started getting telephone calls in the evening about 'what do

you think about abortion for children with Down's syndrome?' they immediately put that together with some of the demonstrations that had been going on and phoned the Police.

1365 At this stage, in between First and Second Readings, is now the time to do opinion surveys on what the people of this country want?

I can tell you the last time I think we had an opinion survey was back in the 1990s: the report on abortion in the Isle of Man commissioned an opinion survey – I will get you the details of it. It basically asked people what they thought about abortion – this was after the 1967 Act. They found that a significant majority, 70% held pragmatic, rather than dogmatic views and agreed that abortion should be available according to circumstances. A further 7% of respondents neither favoured nor opposed abortion, and 9% opposed it completely. That was in 1992 – I think even we have moved on from there and probably got more progressive.

1375 So the public opinion survey sponsored by CARE, Christian Action Research & Education, is going ahead. I would be very interested to see what questions they are using. CARE is an interesting organisation based in the United Kingdom. They have got a number of views. They believe that life begins at conception – and now we are going back to these existential questions. They are against any drugs that prevent the implantation of human embryos, so they are against emergency contraception which we have discussed in Questions. They oppose IVF techniques to help prenatal mitochondrial diseases. They oppose same-sex marriage. They oppose Sunday trading. They oppose organ donation by consent, as in Wales. So they obviously have fixed views on some things. I will be very interested to see what questions they are asking the Manx public to make sure those fixed views are not just reinforced.

1380 That was in terms of the consultation, and of course, the way you phrase questions, the way you phrase your language gets the responses you want. I am aware of that. The consultation was not perfect. I could have put ... I had a committee to think about which questions were asked, but it is a Private Member's Bill and I was trying to elicit an idea of whether there was support for that. I think we have shown that there was.

1390 We govern by democracy. We do not govern by polls or referendums, as in some other jurisdictions. I think it is important to remember that. Thank you for saying that you are quite happy to back the Bill, but then you started talking about the various different parts of the Bill which you did not agree with. You were talking very much about pro-life and pro-choice. I do not like those definitions. I think they are meaningless.

1395 When we invited a representative from the Royal College of Midwives over, she said, 'I am pro-life! I bring children into this world; but I am also incredibly pro-choice because I will support women who want an abortion.'

1400 The debate whether it is 12 weeks or 14 weeks for abortion on request is something that should come up in the clauses stage. People have accused me of being extreme and our proposed Bill, even as it is written without any amendment, is somehow radical. We have got abortion on request there at 14 weeks. Ireland have said they are going to consult on 12. Various European countries do 14; Sweden does 18. There is a whole range of different sets of time limits there that have been decided by individual jurisdictions to meet their individual circumstances. That is what the clauses stage is about. That is what our legislative process is about.

1405 Again, no one is saying a pharmacist is the only person involved. What this Bill does is free up so that pharmacists and nurses with the right direction could provide services. It does not just limit it to doctors.

1410 Similarly, nobody has said in this Bill that it would abrogate from doctors the responsibility of taking informed consent from a woman. Nobody has said that at all, but people are jumping to conclusions that it is abortion willy-nilly, available in every single high street pharmacist. It is not; but what this Bill does is free up some of the bureaucracy at the moment that is strangling the provision of abortion services, particularly in the UK and also other jurisdictions, when people do not take part because of conscientious objection.

1415 You said you cannot understand why a baby close to birth has no rights. Again, language is extremely powerful. You do not have to be a student of George Orwell or Noam Chomsky to know how simple words can change the meaning of entire phrases or entire clauses to this.

1420 On Manx Radio, you came up with a phrase I had not heard before, which was the 'pre-birth child'. The pre-birth child: now, we have talked about legal definitions. That is what the law is. It is not a comfy, feely Ladybird book! It is a legal document that defines what you can and cannot do within the law. 'Pre-birth child' does not make legal sense. A child is when a foetus is born. It becomes a child with its own individual rights, but to say 'pre-birth child' and then to say that you want to bring that language through committee into some eventual Bill really worries me.

1425 **The Speaker:** Can I remind you, Dr Allinson, to make your remarks through the Chair, rather than –

**Dr Allinson:** I beg your pardon, Mr Speaker, absolutely.

1430 Social abortion, and definitions of it: I have had quite a few individual debates with Members about this, which is why that part of the Bill was changed. You questioned about one doctor engaged in discussions and why it was not two. The reason the United Kingdom brought in two doctors to sign the certificate which allows you an abortion is because in 1967 they did not trust women. That second doctor does not even have to have seen or talked to the woman to sign that document. It is a meaningless bit of archaic bureaucracy to tie up a process which should be a right for women. It is saying, 'We do not trust the woman to make up her mind. We want two doctors to actually make up their mind before she can get her rights.'

1435 Again, you question the wording of 'disability'. I must admit, some of the comments we have heard about disability and that somehow by giving a woman the right to have a termination after she has been found to be carrying a foetus with an anomaly is discriminating against disabled people. I find it a proxy argument against abortion as a whole. There are issues there. There were some quite ethical issues about the way we supply screening, which are only going to increase with the introduction of new genetic techniques, but we need to be quite clear that when we are talking about disability rights, we do not substitute that for the rights of the woman.

1440 You also talked about sex selection and this was something that I had long conversations with the drafter about; looked into it in great detail in terms of the debates under the Serious Crime Bill when it went through Westminster. In the UK there was no evidence that sex selection was going ahead apart from a few anecdotal comments, and a sting operation by the *Daily Telegraph* which did not end up in prosecutions or end up with the GMC, although they fully investigated it.

1450 However, sex selection is abhorrent. The GMC are quite clear that it is unethical and if somebody was found guilty of sex selection abortion as a doctor, they would be struck off. We have that mandate already there. But if Members wish to actually make the Isle of Man the first jurisdiction in the British Isles to bring in an amendment to say that sex selection is not just unethical, it is illegal, I would support that. (**A Member:** Hear, hear.)

1455 You need to be careful, though. The BMA, the GMC gave very good guidance at that time to the British government, saying you can legislate against sex selection abortion but with new techniques we may be dealing with X-linked diseases: we may be dealing with families who already have one or two children with the same condition and if they have a boy, they know it will get that as well. You must give them the right to make that choice – that *incredibly* difficult choice. So I am quite happy to support motions of outlawing sex selection, to actually say as a society it should not happen ever, except when there are clear medical reasons for it. That clarity is what was lacking in the UK, and we can bring that in here.

1460 But again, worries about whether that will happen some time in the future when we have a very different society here to the United Kingdom, should not restrict access to healthcare.

1465 You also commented that more should be done in terms of the details of counselling. This is  
the first law I have looked at – and I have looked at lots of abortion laws – that legislates about  
counselling; that clearly sets out the Department of Health’s responsibility to have counselling  
before and after termination; that clearly sets out that in terms of foetal anomaly, what should  
happen – in legislation. The rest of it really has to come in terms of ongoing updated guidance  
1470 through the Department of Health and Social Care, through our Public Health department,  
because things change. Legislation should be the key principles but the operational principle, the  
operational application of those, has to come through guidance.

I would like to go on to Mr Perkins. Again, he said this is not a black-and-white issue, which is  
very true. Leo Varadkar yesterday said, ‘Abortion is not a black-and-white issue; it’s a grey area.  
But we can’t continue to criminalise our sisters and friends.’

1475 Again, he stressed that nothing new will be learned from the committee and we cannot  
abrogate our responsibility as MHKs to decide policy based on facts and evidence. What I have  
been trying to do over the last 12 months is make sure you have those facts and evidence to  
make up your own minds.

1480 In the last 12 months, if you have not been going out talking to friends, colleagues,  
constituents looking on the Internet, reading the stuff that has been given to you, I say what on  
earth have you been doing? The silent majority have made their voice known, as Mr Perkins  
said. Whether it is 6% of the population, 10% population, 12% population, an opinion survey or a  
consultation does not decide your policy; but it shows you whether you are going in the right  
direction, whether your ideas resonate with those of the population you are meant to represent,  
1485 and that is what a consultation was meant to do.

You also said about the need for safety zones, especially to protect healthcare workers. I do  
not think anyone would disagree with that. I was hoping we might have a decent public debate  
about this, but unfortunately abortion is an emotive subject and there are people in this world,  
in the UK, in America, who make it their job to disrupt conversations, to disrupt the agenda of  
1490 democracy when it comes to abortion law reform, and they have come to our Island. Mr Perkins  
summed up by saying, ‘Get on with the debate’, and I could not agree more.

Mr Callister, I would like to thank you for your moving speech in support for victims of sexual  
violence. You recognise the thought which all Members have put into the subject and that our  
preconceived ideas have been challenged by the evidence and feedback from our constituents;  
1495 and also talked about the need for confidentiality. I completely agree with you. One of the  
problems of getting Treasury concurrence for this Bill was how many people it would affect.  
Even if we passed this law tomorrow, as it stands, I suspect quite a few women, if they have the  
choice, if they have the means, would carry on going across to Liverpool for a private  
termination, because they do not want to bump into friends and relatives outside Noble’s  
1500 Hospital. But that would be their choice and that is what we are talking about here, that in terms  
of social justice, just because they have not got £500 or £1,000 in the bank, they will still have  
that choice to get the healthcare they need. So I would like to thank you, Mr Callister, for saying  
that.

1505 Mrs Caine talked about human rights and women’s rights and discrimination. She also talked  
about access to healthcare and the *traa-dy-liaoar* attitude in the Isle of Man. I think this House is  
different. I think this House – you, as a collection of people are different. I do not think we are  
like perhaps previous administrations who were quite happy to let things pass, wait for  
committees to decide our views for us. You talked about the opportunity to get this right, and I  
completely agree with you. If we can get this right for ourselves, for the people of the Isle of  
1510 Man, we could do a lot in terms of showing, with the right time, with the right effort, how you  
could get a just law that could be an example to other jurisdictions who are wrestling with  
exactly the same problems that we have today.

I would like to thank my colleague, Mr Hooper for his ongoing support and also his statement  
that it was long past time we treated abortion as healthcare. As I said in my initial debate, that  
1515 was the first part of this Bill, right at the end, where it removes abortion from the Criminal Code.

There are other things in the Criminal Code – there is a great thing about duelling in there, if you ever want to look at it! There is a wonderful section about fake news that we really should use and perhaps tell the Americans about. But *this* has no place in it.

1520 You talked about equality in women’s health and the essential that, if we are going to provide a service, there is safe access to it. You also stressed that there is no need for a committee, that it is our job as parliamentarians to seek information and views; and also your concerns about the opinion poll.

1525 Mr Speaker, I will come on to Mr Ashford, who made it very clear that his comments were made personally as an MHK and not as his post in Government and I respect him for making that distinction.

1530 You talk about the costs of a counselling service, and you are quite right. The costs of this ... it is providing a better service for women in the Isle of Man; it will have costs, but those costs will be nothing in comparison with the costs at the moment of women having to pay privately to travel to the United Kingdom – maybe £500 if they are lucky, plus travelling expenses, maybe £1,000, maybe £2,000 for that individual person.

In the 1995 Act that the previous House passed, there was a specific clause there about counselling. I would like to see if there was any budget allocated to that extra responsibility, and I am sure there was not.

1535 You have problems with clause 8(2) in terms of conscientious objection. This has given myself and the legal drafter sleepless nights, going round and round with it, but again, it is something that we can deal with at the clauses stage.

1540 You also talked about individual Members and talking to them and trying to explain parts of the Bill. We had a conversation about the social reasons for termination and I took on board your ideas and ideas from other people about having a whole list of them. I would like to thank Members actually for giving the ability to go round, I have tried to talk to each of you individually, not only about the Bill but also for sharing with me your own personal feelings, and sometimes your own personal stories about abortion or about loss.

1545 You also stressed the important option of the Committee of the House. I think, again, we have lots of different options to debate the clauses of this Bill in future if we get the chance to do so.

1550 I would like to thank Mr Baker for his very poignant observations, which again have moved on from just about the Bill to talking about a committee and also talking about individual clauses. You are quite right that consultations are self-selective and you are quite right that the way you phrase a question will often give you the answer that you want – perhaps Government has always been guilty of that. It is difficult to get the exact right question which is neutral but gives you an answer at the end of it.

1555 You talked about the analysis of the consultation was down to me, not like in other jurisdictions, and I think you are absolutely right. We should look at that. We have got the option of a Private Member’s Bill: Mr Perkins is doing one about organ donation, and we perhaps need to look at the support individual Members get to do Private Member’s Bill, and if they want to do consultations, what support they get for that. That is something that we could do with doing.

Unfortunately, I did not have a lot of that support last year and so I had to do as good a job as I could, using the fantastic advice from the Cabinet Office to actually phrase the consultation in the right way.

1560 You said that you thought scrutiny was best done in the committee environment and we have got to get the right Bill. I agree with the second one but I think I have argued that I do not think a committee is the right way of giving scrutiny. Mr Malarkey spelt out why: that you are getting views from a smaller and smaller group of people, whereas here we can do Committee of the House. Also, we have an Upper Chamber, whose very job is to scrutinise our decisions and pick holes in it, and they do it extremely well on occasions – much to our annoyance, but that is what they do!

1565

1570 You described the Bill as very liberal and permissive. I am not sure what the 'permissive' is. Yes, it is permitting women to have abortion in the Isle of Man that they are otherwise having elsewhere, and you compared that with the British Isles and other jurisdictions, but actually when you compare it with the rest of Europe and other jurisdictions all round the world, we have got about a middle-of-the-road Bill. It may be radical for Southern Ireland, radical for Northern Ireland, but in the grand scheme of things it is progressive and perhaps liberal with a small L, but I do not think it is particularly radical or particularly experimental.

1575 You talked about your worries about late abortions. Although I have tried to stress that these are incredibly rare, you are right that it is a very emotive subject, late abortions, and we need to be very careful about the way we word our law.

When you were talking about clause 6(8)(d)(ii) – again, we are on to clauses now which is a bit presumptive, because I have not even got the Bill agreed on, but there we go! So when we are talking about that:

the child would suffer a significant impairment which is likely to limit either the length or quality of the child's life.

1580 Again, a very subtle change of the 'or' to 'and' then firms up that clause and makes it far stricter: that is the sort of changes we could get during the clauses stage, that somebody would look at that. Just changing one word changes the whole impetus of that.

1585 But I thank you for your comments and I agree with you, that we need to be very careful about the life of a 24-week foetus and having an anomaly and not being seen as worthy. Nothing in the Abortion Act degrades disabled people. Our society degrades disabled people and we need to change society but that should not act as a barrier to healthcare.

1590 You also said that the world is watching us: absolutely. I think we are in an environment where other jurisdictions are wrestling with these same questions, but we can do things differently and I think by being open and honest and having a debate in the House, rather than in a small private committee that comes out with a written document, we can do a better job. You talked about this Bill being the best it possibly can be. You talked about the conscientious objectors clause. That has changed in the various drafts of the Bill after conversations with the General Medical Council, the British Medical Association, and after conversations I have had with one of the legal drafters, because it is an important subject.

1595 The reason it is worded as it is, is due to that legal guidance and clear case law in the UK and Scotland that we have studied in detail, to try to get those words right.

You also emphasised the need for decent sex education and contraception, in terms of as a society, looking at the way we deal with pregnancy, with conception and then with the results of that. So I thank you for those comments.

1600 Mr Peake, again I thank you for your support during this process and for your counsel. You spoke about the need for protection for women from harassment when accessing healthcare facilities. At the start of this process of originating a Bill, I had long talks with the AG's office about whether we needed to bring in our protection zones, and the idea was 'No, we don't; this is the Isle of Man. We are not like that.' What has become quite evident is that unfortunately we are part of a wider community where unacceptable behaviour can be exported and I think we need to bring in legislation to protect both women accessing healthcare facilities and those healthcare workers themselves, not getting heckled when they are walking in through the front door of the Hospital.

1610 Mr Cregeen, you said that the legislation needs to be modernised but were very keen on a committee and it bringing in additional advice and expert witnesses and further debate and more information and that errors might need correcting. Again, Mr Thomas has said that he cannot really find any major drafting errors in this and I have been badgering the legal department in terms of the wording of this. I disagree with you that a committee is the only way to scrutinise this. I think our parliamentary process will do that more than adequately and I



1615 remain confused about what ... You seem to be confused about what the Committee of the House would do. I think that has been spelled out now.

You said there was no need to rush it through without a clear steer from a committee. I do not think anyone can accuse us of rushing this through. We have been waiting since 1995. Before that, we were waiting since 1967, and I brought this in over a year ago, so 'rushing' compared with the presentation we have just had about GDPR seems a little bit novel, to be honest with you.

You also talked about the 47 medical professionals who have concerns with this Bill. The medical profession is a broad church. There are lots of concerns about lots of different subjects. What this Bill does is open up access to women in the Isle of Man. It is quite clear about that access and I completely understand the reservations of those 47 medical professionals out of the hundreds who work on the Island, but I have also consulted with their professional bodies – with the thousands of people in the British Medical Association, the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. I have had drop-in sessions at Noble's Hospital and talked to staff there about the Bill and I have actually met with the obstetricians and gynaecologists and met with the midwives separately at their branch meetings and department meetings. Medical professionals will have concerns about this. Some GPs are very opposed to abortion, full stop, and will not provide conception, full stop, and make that quite clear when people come to them but that does not mean to say you should not have a just law that caters for all the people on this Island and applies to all the doctors and nurses and midwives working on this Island.

Mr Thomas, as you stressed, the policy points can be amended in the clauses stage. I am very glad for your counsel that there are no obvious drafting errors, because that always worried me that somebody like yourself would pick holes in it at the First Reading. You stressed that Members have different opinions, but that is why we need to vote. That is where those different opinions come out in an open discussion.

You commented that Bill committees are rare. Obviously, one of my jobs on the Committee looking at the Functioning of Tynwald is to look at Bill scrutiny committees at an early stage. We are not there yet. It is perhaps a nice idea, but there is a slight concern that the more committees you have, you are running out of elected Members to actually sit on them.

You also stressed the role of the Legislative Council as a scrutiny body – including the Bishop, who is there to consult on ethical and moral issues and I very much value his input into this. I have met with him to go through some of the issues.

You also commented on the Committee of the House, where we can speak more than once; and also warned about the problem with a select committee, that it might be completely open-ended. You stressed the need for consensus in any decision we make.

Mr Skelly, I would like to thank you for pointing out about the maturity of the debate we have had today. I think it is very important that this House conducts itself in the right way and that shows and that will give people in this country more confidence in what we do.

You commented that we do have systems to cope with the issues raised. That is what the debate is about. You also stressed the hidden stories of women in the Isle of Man: that over the last year, women have been able to come forward and tell their stories in a way that they never felt empowered to before. So if nothing comes out of this process, it is that: that women can now stand up and say what happened to them and what was done to them over the years since 1967.

Mr Harmer, I would like to thank you for your views and also for the discussions we have had previously on some of the parts of the Bill and trying to make it more human and make the language different so it reads less of a legal or medical document and more of a human document. Again, you had concerns about abortions after 24 weeks, about disabilities and also about social reasons for carrying out abortions between 14 and 24 weeks . But you also really wanted to try and improve the support of women in the Isle of Man. As we have said before, the guidance about sex selection. You talked about differences from other jurisdictions and one of

1670 the important parts about the clauses looking at abortions after 24 weeks is to accept that those women are going to go to the UK. Most women after 20 weeks for late terminations are sent to a specialist foetal medical unit. So our law, if we are going to provide that same service as UK women would get – English women would get – our law has to try to resonate with the United Kingdom. At present, it does not, and that there was a case a couple of years ago where medical professionals had to go to the Attorney General to get advice, because a woman had just become 24 weeks plus one day before she could get her appointment at Sheffield. The legal advice was: ‘If she goes there and you refer her, you are theoretically breaking our law. You could be guilty of a criminal act.’

1675 That is why we need to be quite careful with some of these very rare, but very important clauses, that they actually work in process and also they do not confine medical professionals and confine the care that they can give to women.

1680 I would like to thank Ms Edge, who stressed that we have a duty of care to our people, especially the women of the Isle of Man; and also that previously we have not treated this as a healthcare issue and that we should do. You stressed the duty of care and the rights of women, and also that the decisions of the medical professionals looking after that pregnant woman should be the key fundamental principle, rather than outside legislation getting in the way.

1685 Mrs Corlett, I would like to thank you for stressing that real life circumstances are not black and white. Women need the right to choose and that is why section 6 has got so much controversy because what it is trying to do is define the undefinable – define every single personal case, every single personal instance, where a woman may need an abortion. You stressed that, but also you wanted to feel proud about our Island and that women here should not feel guilt or shame, particularly when they tell their own stories.

1690 I would like to thank Mr Cannan for his comments and support. Again, this Bill represents modernisation. It is not a perfect Bill. I would not be presumptive or arrogant enough to say that. It needs refinement and improvement but that should come on the floor of this House. That is what we are here to do, and I really value all of your input, all of your passion but also all of your commitment to get this right, to improve it, to do as good a job as we could.

1695 But also, you talked about having a responsible society and being pragmatic that abortion is happening. It is a reality and we need to rise to the challenge, to make sure that the Bill we eventually agree on is fit for purpose and provides that.

1700 I would like to thank the Chief Minister – mainly for his honesty and sincerity and his integrity. We have had conversations about aspects of the Bill that he has difficulties with and I completely respect his viewpoint. You support the objectives of the Bill but again, some of the minor points, the really difficult parts in terms of sex selection, in terms of availability and in terms of the counselling process, and sometimes some of the social reasons why women should have abortions. I respect those immensely, but I do disagree with you in terms of a committee.

1705 You said that we were going to uncharted areas of legislation, and this was entirely brand new. What I did right at the start was I sat down with the legal drafter and we combed all round the world, looking particularly at Commonwealth countries and trying to look at where they had got it right. We looked at legislation from Australia, Canada and New Zealand. Sierra Leone has got some fantastic legislation that they brought through because thousands of women were dying due to illegal abortions and so we looked at those areas and tried to find out those gems, those things that really worked and incorporated those in our draft Bill.

1710 You again were concerned about the social reasons and were also concerned about legal definitions, ‘serious physical and mental abnormalities’. That is a problem. One of the difficulties legally is that there is no real legal definition of ‘disability’. It is left for interpretation. But at the end of the day, this Bill allows the medical practitioner to recognise when there was a significant impairment and then act accordingly. They are then justifiable to the General Medical Council for that decision, so there are those safeguards there.

1715 Again we live in a society where our consultants, our senior staff are very carefully scrutinised. We are not about bringing in private abortion clinics in the Isle of Man. We are

1720 talking about using some of the existing resources to make some of these difficult decisions. I respect their decisions and I trust in them. I trust our doctors and I trust our Department of Health and Social Care to get this right.

Again, I would like to thank you for your honesty and integrity in terms of the comments you have made, both here and privately between the two of us.

1725 Mr Shimmins was talking about listening with both ears. Again, he said we know how complex this issue is. This has not just come out of the blue and we are floundering around and do not quite know what to do with this. We have always known that abortion is a difficult issue. We all have our own preconceived ideas. We all have our own value judgements that we make on it. Now is the chance to vote on it. Now is the chance to put some of those at the door and make the right decision.

1730 Again, you were concerned about a previous comment about the 'right people' being appointed to a committee, the lack of time limits. We are mandated to make decisions, you are quite right. Again, that is what we get paid for. That is what we are sitting here for: to make those decisions.

1735 I would like to thank Mr Malarkey for his contribution. Again, as he said, the confusion about what we are currently debating about: is it the Second Reading or is it the amendment? It has blurred into both. **(Mr Malarkey: Absolutely.)** Again, that is a very clever political ploy. To bring them both together, to steer the direction of the debate and I congratulate Mr Robertshaw for that. But let's get on with the job. Let's get on with getting this Bill through Second Reading; then let's get on with voting whether we have a committee or not. I hope we do not, but let's  
1740 get on with the job. We have been waiting for long enough – the women of the Isle of Man have certainly waited for long enough.

1745 Again, you quote Leo Varadkar about 'exporting our responsibilities' and he went on to say, 'importing our solutions': we are making our own solution to this in this House and I sincerely trust that it will be the right one, and with the quality of people round this Chamber I know it will be.

I also respect your experience when you talk about the reality of committees. Again I will not talk about the 'dark arts' of politics, but I completely take your point of view that if you have five members of the committee, three will have the overriding decision and then it will come open-ended, and we could be spending a huge of time wasted while we wait for it to report back in a year's time. Again, we will speak about a committee later on, but what is its remit? Is it to go  
1750 back to basics? Is it *Groundhog Day* or not?

1755 You were concerned about demonstrations going on outside and the effects they had on children in the Isle of Man. I share those. I have not given this group the publicity that they have wanted, that they thrive on. I think it is testament to the very core of our society, that so many people have ignored them and not given them the option of publicity that they want. But at the same time what they have done, and they are quite clear in their tactics – I spent two hours at a presentation they did in my own Catholic church in Ramsey – they want to shock, they want to provoke, they want to change the discussion. They have not been able to do that in the Isle of Man but what they have been able to do is to really upset children, really upset adults,  
1760 particularly women who have gone through loss, who have had a miscarriage and then have had to walk down Strand Street and see the pictures of that miscarriage, that brought it home to them. I do not think that their presence is wanted here.

1765 So just in summing, Mr Speaker, I would like to thank everyone for their contributions to this very important debate. I do not take this debate or this Bill or this subject lightly. One of the key principles of our long-standing democracy is scrutiny and accountability. I know that some Members will want to table amendments and changes to parts of the Bill and it is right and proper that they do so. But I want to make sure that we as a House reach consensus on what the legislation should look like after agreeing its aims today.

1770 I do not believe that this debate has been divisive and torn things apart. I think rather that this debate has actually brought people together – brought those women who have never felt

empowered to tell their story, who have always lived in shame and guilt, imposed on them by the structure we have at the moment, to come forward and I thank them for their bravery in doing so.

1775 Rather than a select committee going off to discuss fundamental principles and ethics, I ask you to approve this Bill through Second Reading so we can progress to the clauses stage. There are opportunities for discussing proposed amendments in the next few weeks so that we can avoid duplication or confusion in the legal wording, which is essential to make this a practical and pragmatic bit of legislation. If requested, I will be more than happy to arrange workshops for Members or more briefings if it was felt necessary. This Bill has been a long time coming. Let's  
1780 now seize the opportunity to move forward with a piece of legislation fit for our society, our Island and our century. I just ask you, colleagues, please do the right thing today. Thank you.

Thank you, Mr Speaker.

1785 **The Speaker:** The question I put before the House is that the Abortion Reform Bill 2018 be read for a second time. Those in favour, please say aye; those against no. The ayes have it.

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

<b>FOR</b>	<b>AGAINST</b>
Dr Allinson	None
Mr Ashford	
Mr Baker	
Miss Bettison	
Mr Boot	
Mrs Caine	
Mr Callister	
Mr Cannan	
Mr Cregeen	
Ms Edge	
Mr Harmer	
Mr Hooper	
Mr Malarkey	
Mr Moorhouse	
Mr Peake	
Mr Perkins	
Mr Quayle	
Mr Robertshaw	
Mr Shimmins	
Mr Skelly	
The Speaker	
Mr Thomas	

**The Speaker:** Twenty-two votes for, no votes against. The ayes have it. The ayes have it.

**Abortion Reform Bill 2018 –  
Referral to committee –  
Motion lost**

The Hon Member for Douglas East, Mr Robertshaw, to move:

*That the Abortion Reform Bill 2018 be referred to a committee of five Members of the House, with powers to take written and oral evidence pursuant to sections 3 and 4 of the Tynwald Proceedings Act 1876, as amended, for consideration and to report by 26th June 2018.*

1790 **The Speaker:** Before we move on to the motion to refer this to a committee, I will make the point that we have had an inter-related and somewhat combined debate, and I do get the feeling that Members have dealt with the issue and there is no desire to repeat the arguments at length.

Having said that, I now call on Mr Robertshaw to move the motion standing in his name.

1795 **Mr Robertshaw:** Thank you very much, Mr Speaker. And thank you very much for your leniency in dealing with this matter today and allowing the two to come together, because I think it was inevitable that it would.

1800 I think, as far as I can recall, I am the first Member who has ever stood up to move a motion that has already been fully debated, (*Laughter*) which is a new experience for me. Also it was something of a shock to me to hear just recently that it is my fault that the guy who I hold in such high respect is here because of something I did! But for all our differences, the Member for Ramsey knows full well that I hold him in high regard – we just happen to differ in some of our views and it is right that they are expressed here.

1805 I want to break down the limited comments I am going to make, in light of the fact we have had a very fulsome debate today, into two sections: the latter section would be why I believe there should be a select committee and I will be very quick in dealing with that. But I want to deal with something more fundamental and that is what a select Bill committee is and why it is important, because we seem to be trying *very* hard today and it reflects what has happened in the media and elsewhere for a number of weeks now, that it was *wrong* to have a select committee.

1810 A Bill committee is a *very* normal practice right across many parliaments, many jurisdictions, because it is seen as an important opportunity – not as Dr Allinson's previous motion – that somehow we were going back to first principles. Rather, a Bill committee would look at elements in detail which I think, despite the absolute consensus around the Hon. House this afternoon, there is a desire and a concern to look at it in more detail. There is a difference between a Bill committee, a full Committee of the House – despite the Hon. Member for Douglas Central's comments to the contrary – and the concept of clauses stage. They all fulfil different processes and have different duties. And somehow we have got terribly tangled up, not only in the two debates but also the difference between the various things.

1820 You could quite easily have a Bill committee, you could have a Committee of the House, and you could also have a separate clauses stage. One does not replace the other. The Bill committee would be charged with the responsibility for drilling down as a group of Members, in certain areas that a number of Members had expressed concerns about, and then report back. The idea that somehow a majority of that number would dominate the committee in terms of the Bill committee is incorrect, because at the end of the day the House as a whole would receive the advice and commentary that the Bill committee would offer and then *itself* decide what way it wanted to go.

1830 But the hon. mover, Dr Allinson, has been passionate and powerful right the way through. He is to be admired tremendously for taking a Private Member's Bill and spending so much time and effort, and energy, and commitment on it and bringing it through, and then doing the consultation himself. And now we are going to go to clauses stage and engaging with Dr Allinson, who is a powerful advocate, without giving ourselves the opportunity to step back slightly and to draw our minds together around those areas that are clearly a matter of concern.

1835 Another Member has said that some of the aspects of his Bill that we have now agreed to are fairly forward and radical, and I think these things should be examined in a Bill committee. I suspect that is not going to be the case, from the feel I have got of the House, although I would ask that Hon. Members who feel that a select Bill committee is important do actually support my motion, because I am really concerned now that this House is beginning to lose the value of what a select Bill committee should be doing. The only history we seem to have of them is that

1840 they have been used to kick Bills into the long grass. To my knowledge that is the only way we have used them, but that is not what their function is.

I fear today that if we let go of this select Bill committee we are pretty well losing hold of it altogether; and I cannot see how it would be easy to come back from this when this is a Bill that demands – and has demanded and will continue to demand – more of our attention than anything else we are likely to come across. So I am really troubled by our willingness to conflate two issues, which is the passion and feeling we have around this particular Bill and the desire to get a point of solution, and the concept of what a select Bill committee is. So I leave that thought with Hon. Members.

1850 So it is good today, we all agree that we need reform and we have all given this important Bill a Second Reading. I hope some Members do vote for a select committee, but if we do not go for it please be *very* careful about the clauses stage because it is a second-class replacement for a select committee, looking at some very important aspects.

The Hon. Member, Dr Allinson, has made no secret of the fact how passionate he is about certain things and some of us do not necessarily share those same views as him. I hope that as we go through the clauses stage, if we do not have a select committee, that that particular argument is not overwhelmed by Dr Allinson.

1855 So the areas that I would wish to see a select Bill committee look at are the aspects about the concept of social abortion; they are about the issue of how many doctors should be looking at it – we do not have to necessarily follow the UK or the paperchase that the Doctor has alluded to. We do know, we have heard today, that there are issues hanging around the area of disability as it fits within the Bill; we are concerned about gender selection. So there are a range of things that we have got to focus our mind on.

I would also hope that a select Bill committee would give some time to refining the Bill further, or at least recommend that the Bill would be defined further, to give even clearer guidance on support facilities tailored around the individual and various phases of a pregnancy.

1865 I make no apology for this, and Dr Allinson alluded to it just a few moments ago, and that is that I believe a select committee should look at whether it is possible to provide some protection for the fully viable pre-born baby. I think that issue will stay with us regardless of where this goes and I would find it very difficult to deal with that at the clauses stage, and certainly almost impossible to deal with it in terms of a full Committee of the House, which is a different thing.

1870 So, Mr Speaker, we have had a long day today; I have made my case for a select Bill committee. I would ask Members to support it and if you do not, please be *very* careful indeed at the clauses stage.

Mr Speaker, I beg to move.

1875 **The Speaker:** I call on the Hon. Member for Ayre and Michael, Mr Baker.

**Mr Baker:** Thank you, Mr Speaker.

1880 I rise to second the motion from my hon. colleague from Douglas East. I spoke earlier about why I felt a committee stage was the right way forward. I have heard the debate, I am not of the opinion that we are going to convince the House, but it is right to stand here and nail my colours to the mast, because this is what we should be doing. This is why we were elected by the people of the Isle of Man, to stand up for what we believe and to show some conviction.

1885 I do believe, as I said earlier, a committee stage is the right way forward. I am going to second the motion that is in front of us, and in doing so I just want to slay some myths which arose during our earlier debate: the only thing where I think we as a House let ourselves down earlier was the cynical view that we seem to have convinced ourselves about this committee motion. We have had a fantastic debate; it has been done in absolutely the right spirit, it has been done with honesty, with integrity, with compassion, with real feeling. We have debated the stuff that

1890 matters, maturely, professionally and, wherever we end up, I think we have been a credit to ourselves and to the people of the Isle of Man.

The one area where I do not think we have is in the suspicion that there was anything wrong in the motive behind the motion to put it to committee. I would not be standing here now if I believed in the myths that have peddled here, the myth that this was about delaying an issue.  
1895 How can it be when you have heard everybody speak so passionately about sorting this? And I can see the Hon. Minister for Home Affairs shaking his head; I am telling you – this is my view, you have your views, I have got my views – I would not be standing here seconding this if I thought there was anything other than getting the right answer for the people of the Isle of Man.

1900 I am passionate about social justice. I am passionate about us addressing the issues that matter on this Island. I am passionate about making a difference in this House and right across the Island. This was not about delay, it was not about strangling a good idea, and it was absolutely not about a cynical way of loading a committee to get the right people on it. If that is what we think committees are about – the Standing Orders Committee of this House should  
1905 consider scrapping the concept of committees because if they are not for something like this, what are they for? If we are not going to use them, let's get rid of them out of Standing Orders, because they are obviously not necessary. Maybe the Committee of the Whole House, maybe that superseded the need for committees. Let's not just invent new things, let's scrap things we do not need. So I will lay that challenge down. If that is what you really think committees are for,  
1910 if that is what you think we are trying to use them for, then let's get rid of the concept, let's remove the future temptation.

This is simply about producing the best Reform Bill that we can, to lay the right foundations for our future and for future generations. That is exactly what Dr Allinson is trying to do, that is exactly what we have all voted unanimously to support. We have got some work to be done to  
1915 take what is in front of us today into its final form. We will do it one way or the other, we are just making the choice about how best to get there. That is all this is about. Personally, I think a holistic view is better, but if we do not think that as a House we can just do it clause by clause, line by line. It could get messy – I hope it does not. It could be very time consuming – I am sure it will be, because these are so important we cannot rush these issues.

1920 The only thing for me is what is the best way of getting to the best answer we can for the women of the Isle of Man, for the men of the Isle of Man, for our future generations? We are here to make decisions, we are going to make decisions, we just need to make the best decision we can, with the best information that is available to us.

The closing thought I would give to you is: how are we going to actually choreograph the potential tsunami of amendments that are going to come forward? There are a lot of concerns  
1925 that have been raised during this debate, we cannot have a free-for-all of amendments flying right, left and centre; there has to be some sort of process to ensure that we do this in an ordered manner. If we do end up going straight to clauses stage, which I think we are going to probably end up, I would really plead that we do give that some serious thought because the best chance of getting this Bill in as quickly as we can is to produce the best draft that leaves this  
1930 place and it is our responsibility, as my hon. friend the Education Minister has said to me, we have to not rely on Legislative Council to do the scrutiny, we have to build the quality in ourselves, we have to ensure the Bill that leaves this House is fit for purpose and reflects everything that we want it to do.

1935 With that thought I beg to second, and I will sit down.

**The Speaker:** I call on the Hon. Member for Glenfaba and Peel, Mr Harmer.

**Mr Harmer:** Thank you, Mr Speaker.

1940 I think it is absolutely right what has been said about there being a committee, I think it has been hijacked. I think if we use language and say we can't have committees or let's not have

committees I think that is very dangerous language. I also feel that saying put it to LegCo, well what are we here for? Again, incredibly dangerous. I mean, there will be five new Members of LegCo starting from ground zero and we are just assuming that they are going to take this through. We all have a conscience here; we all believe the same thing, that we need to support our women and our Island. I think the danger is sometimes we can be so keen to rush ahead we lose where we are coming from.

What I think we also need to look at and as part of the work we need to do and however we do it and whichever structure, the key thing we need to say ... one comment was we did not have support for counselling in the past. Well, we have got to get that right this time. We cannot let that go. So whilst I think it is a shame that the word 'committee' is being used as a delaying tactic, what I would ask – Dr Allinson I hope you will speak on this point – is that a Committee of the Whole House has a couple of things that we need to make sure, if that is the approach we are going to go down, and I do feel that that is the one that the people favour: firstly, that we give a little pause before we go straight to clauses. Normally it is two weeks; I think we should give ourselves a little bit more time to gather all of the clauses that people have here and I would suggest just delaying it a week to give ourselves time to really digest it.

I would also ask that we do allow different people to come in and give evidence, and that is going to take a little bit of time, so that we do get down to clauses we can really get to the nitty gritty, and I think that is really important as well.

I do think we need to talk about workshops. I do think this debate has been excellent. It is such a difficult subject, what has impressed me – and I have to be honest, my views have ... I have been enlightened by the subject, by the debate and the research – but what has really impressed on me is outcomes. Outcomes, as I come back to, is about community support, it is about counselling, it is about education. Those are far more fundamental than just the legal parts of it. If we only deal with the legal parts we are going to leave the whole thing unbounded and we are going to have problems, mental health problems and all of those kind of things. It is absolutely vital – I know the Member for Douglas North was speaking as an MHK – now is the time for the Health Service to engage because if it does not, we will be left with half a Bill – a Bill that says 'counselling', without counselling and so forth. So if the mover can come back and just give some reassurance around how the clauses phase is going to go I think that is really important. We do need to have the right process. I sense where the House wants to go with this. We are all actually looking for the same outcome and I think now is the time to do that.

Thank you.

**The Speaker:** I call on the Hon. Member for Ramsey, Dr Allinson.

**Dr Allinson:** Thank you, Mr Speaker.

I rise to oppose the motion and argue against the establishment of a select committee. I have previously spoken about how the debate has been wrongly portrayed as consisting of two opposing sides, diametrically opposed to each other, and how this portrayal stifles constructive discussion on some of the key issues. We now have a Bill before us, and I would like to thank Members for giving it its Second Reading, that has been subject to more national debate and comment than any other Bill supported by this House.

The Hon. Member for Douglas East proposes a committee to be set up to take written and oral evidence but the motion in itself is vague and does not state the terms of reference to the committee or what aspects of this wide ranging piece of legislation it will consult on. I have to have concerns that in some ways we are going back to key fundamental principles and what we have just done as a House is agree on those key fundamental principles.

If you want to have specific discussions about sex selection, disability rights, counselling, consent, two signatures instead of one, then surely that would be the role of the clauses stage to try and pick apart some of these quite intricate discussions. But fundamentally, we have to make sure that our legislation does not get in the way of healthcare decisions. That is the



1995 revolutionary decision we have just passed, that abortion is healthcare, it is not a matter for the criminal justice system, and so our legislation has to give the ability for doctors, midwives, nurses, to work with women on the Isle of Man to find the right solution for them with the right support, with the right counselling and that solution may not be abortion at the end of the day, but that choice to go that way should not be taken away from them just because they cannot afford the airfare.

2000 I cannot consider voting for such a vague motion without greater clarity, but I completely respect the integrity and the opinion of Mr Baker in terms of what I am saying here is not against committees, full stop. I think committees do have a very important role – I am on two at the moment, so I would be wasting my time if I felt otherwise. They have a very important role in terms of gathering information, constructing debate. What I am saying is at this particular point, after we have just approved the Second Reading, what we need to do is refine some of the key clauses that people have problems with. Because what we have done, unanimously, is agree that abortion should be available on request to women on the Isle of Man; that abortion should not be illegal on the Isle of Man, and that is ground-breaking. What we need to do now is go further in terms of refining the Bill and making sure it is correct and fit for purpose.

2010 I do not agree that this House, and the discussions in this House is in some way a second-class replacement for a committee; I think that no, it is not. This House has got so much potential yet to show and I hope over the coming years we can build on the quality and the maturity of the debate we have had today.

2015 We have all had considerable correspondence about this Bill but one common thread has emerged very early: all those groups opposed to law reform, and those groups opposed to abortion for any reason, all wanted this Bill sent to committee, at the start, at the middle and now. Hon. Members, this issue will not go away. We have just had Second Reading, we will move forward. Also, I believe that this House is different to the ones that previously sat on these leather seats. We were voted in with a mandate for change, a real will amongst the electorate for accountability and integrity. We are not a stalling mechanism. We were placed here by our constituents to represent their views, but also bear the responsibility to make the difficult decisions for the right reasons, leaving some of our personal views and previous positions there at the door, where we walk in.

2020 The Hon. Member, Mr Baker, talked about a potential tsunami of amendments and I think that is a risk, and we have seen that with previous Bills. The Hon. Member, Mr Harmer, talked about being given the time and space to discuss those amendments and what I would like to do, given the chance, if this motion does not pass, is to sit down with Mr Speaker and think about how we can facilitate that, so that we can share those amendments, we can make sure that we do not duplicate them or have two amendments which are completely diametrically opposed and do the wrong thing, perhaps for the right reasons, and that we get this Bill as right as possible. I am sure that with the way we have already had changes to the way we work to create the best atmosphere we can do that again. Our legislative process gives ample opportunity during the clauses stage for scrutiny and explanation. We have used the Committee of the House mechanism to better understand specific points and concur on legal and medical advice to properly inform viewpoints.

2035 But fundamentally I ask this House not to support this motion, but to move forward with an open debate of this Bill, actioning the clauses stage and really that now is the time to make this right decision.

2040 Thank you, Mr Speaker.

**The Speaker:** Hon. Member for Arbory, Castletown and Malew, Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

2045 If I can take Hon. Members back to 24th January 2017, when the Hon. Member for Ramsey asked for leave to introduce, part of that vote ... then came an amendment so that we could

2050 seek evidence that would be required to put into this Bill. So those people here today who are wanting a committee a year ago were wanting to seek that advice, so to say that it was a delaying mechanism to the movement of this Bill, I would tell you to go back to the debate on 24th January 2017, when Members were trying to give a steer on how to get that broader debate.

2055 If you look at the Scottish Parliament, when we were looking at constitutional reform not so long ago, Lord Lisvane and about how we were going to look at legislation – the Scottish Parliament, stage one of the Bill: ‘the Bill will be sent to a parliamentary committee for consideration and the Committee writes a report. Parliament may refer the Bill back to a committee for a further report.’

So asking for that advice back in January 2017, it was trying to be helpful, so that when we got to this stage we would have actually done a lot of that work in the last year, while Dr Allinson was working his Bill up. So the evidence would have been gathered, we would have been able to get to this stage now and everything would have been done.

2060 In the past, yes, select committees sometimes have been put in place because people were not happy and they thought it would be kicked into touch, but I think from the support that you have had today, unanimous support for the Second Reading, gives a commitment from the Members that they know change is needed so it is not just a case of kicking it into the long grass; it is giving it that extra scrutiny. In the past, yes, Keys has been guilty of passing legislation, hoping that Legislative Council will pick up the errors and then it comes back. I do not believe this House is like-minded, in that we want to give everything proper scrutiny. The time that we say that we will not refer anything to a committee because we are afraid that there will be a public backlash on this ... Our job is to ensure that this Bill is in the best possible position to move forward for the people of the Island.

2070 I would just ask the Clerk of Tynwald in a second to clarify one point because, yes, we can have a Committee of the Whole House, and yes, the legislative drafters will be here. One of the things a committee can do is it can give notice for people to come in and give evidence. That evidence will be taken on *Hansard* and it will be presented in a report. Now, with discussions with the Clerk, trying to see whether this could be worked in at the Committee stage of the Whole House, I just wonder if the Clerk would give a bit of clarity for Hon. Members about how that process may be carried out as a Committee of the Whole House to give notice for individuals who may wish to give evidence at the Bar.

If you could please, Mr Clerk.

2080 **The Speaker:** Well, you have got a specific question you wish to ask the Secretary of the House?

2085 **Mr Cregeen:** Yes, it is about how we can get individuals to give that evidence at the Bar and that there can be questions, so a professional person could be asked to attend during the clauses stages and give that evidence, similar to how we can ask questions of the legislative drafters.

**The Speaker:** I call on the Secretary of the House.

2090 **The Secretary:** I am going to express myself very carefully at this point, I think. Can I refer Members to Standing Order 4.4A, which sets out what a Committee of the Whole House can do:

- (1) The House may, on a motion without notice, interrupt any legislative business and resolve itself into a Committee of the Whole House; the Committee of the Whole House shall sit until it resolves that the business be resumed; whereupon, the business that was interrupted shall immediately be resumed.
- (2) A Committee of the Whole House may take oral evidence, but no amendment or motion relating to any Bill shall be moved.

2095 That means that the Committee of the House actually is a debating technique. It allows you, collectively as Members, to have a conversation instead of being constrained by the normal rules of debate, so that you can speak several times, you can talk to each other in public, on the record. That is all it is designed to achieve. It does allow you to take evidence from someone who happens to be in the room, usually the drafter, and without wishing to put words into anybody's mouth, as I remember it that was the original purpose of this mechanism. It is extremely useful because it removes all the normal constraints of formal rules and allows you to talk to each other.

2100 It is not designed to build a very long list of witnesses for you to take formal evidence from but, of course, if informally there were conversations between Members and they arranged for people to attend knowing that somebody was going to move for a Committee of the Whole House, then it would be possible for you to take oral, but not, of course, as a select committee would, written evidence. So that is something that would be possible but it does rather assume that the person you want to take evidence from is in the room at the time.

2105 It is very unwieldy to go back to the main bit of the Bill where you were and adjourn and then ask somebody to come, I think that would cause you great delay, so I strongly urge you to plan this in advance if that is the route that you wish to take.

2110 **The Speaker:** Of course, it would be up to Members as to who they wished to hear from as well. I think that would be a point to add to the points made by the Secretary.

Mr Cregeen to continue.

2115 **Mr Cregeen:** Thank you, Mr Speaker.

I think that gives a bit more clarity to the situation about if we go to a Committee of the House compared to that of a select committee. I would say that is probably the back stop if you do not get a select committee that, if the Hon. Member for Ramsey was agreeable during the clauses stage, we could arrange for individuals at those clauses stages to come in and give that evidence and then possibly see how we may have to adjourn if there is an amendment needed to be moved afterward so I would look on the Hon. Member for Ramsey to give an undertaking that he would give a position where we can discuss about who we would like to bring in, as well as yourself, Mr Speaker, so that we can give this clauses stage the thorough looking at that it deserves.

2125 I think we really need to have some sort of position where we can ask, if necessary, for people with that sort background to give us that advice so that we can have clear legislation. I just hope that if we do not get that select committee, which I believe will give that extra bit of scrutiny, that we will be able to in a Committee of the Whole House.

2130 **The Speaker:** I call on the Hon. Member for Glenfaba and Peel, Mr Boot.

**Mr Boot:** Thank you, Mr Speaker.

2135 I did not rise earlier during the debate as Members eloquently and passionately picked off nearly everything I wanted to say. However, I find it quite ironic that I am standing now, as I was the sole opposition against amending Standing Orders (*Laughter*) for the House to resolve itself into a committee, and I find myself in a situation where, without that provision, I would support the move to send this to a committee of five.

2140 However, I feel, as we have the ability to examine the Bill as it progresses in more detail and go into Committee as the Keys, and we can take evidence, and I think we could with the agreement of you, Mr Speaker, Secretary and the mover, break the clauses into parcels as it were, so we all had prior notice and were able to get the necessary people to be in the Keys on the same question, we could operate almost as well as a select committee. It would not be

written evidence, but it would certainly be oral evidence and I do believe a committee of 24 in terms of the House's overall opinion is eminently better than a committee of five.

2145 Now, I may live to regret that in time terms, but I think it is important because there is a perception – and I agree with the Member's assessment of committees, I have sat on a number of committees and they are an important part of the House's or Tynwald's functions and they do serve an important purpose – outside of this House that committees, particularly on a subject matter like this, are just a way of delaying, pushing something into the long grass. Now, I know  
2150 Members do not have that intention but that is how it will be perceived so I am very happy for this to continue. I am very pleased that the Second Reading has been passed and I think we have a good opportunity, using the Standing Orders, to turn ourselves into a Committee to make better examination and better amendments as the Bill progresses through Keys.

Also, I would add that having sat on the Functioning of Tynwald Committee and looked at the  
2155 Lisvane Report, we keep talking about the Legislative Council having more of a scrutiny function, yet from what I have heard here people do not seem to think that should happen, or they do not trust the Legislative Council so what is their function? (**A Member:** Hear, hear.) (*Laughter and interjection*) We are going to have a number of new Members and they are going to be looking for something to do and when this Bill hits them they can scrutinise this Bill and they can suggest  
2160 amendments and we can also help them look at the Bill as it goes through the Legislative Council. So I think there is a real opportunity here for the Legislative Council to prove itself in more of a scrutiny function than it has been.

I will not go on, you can see that we have already debated this enough. I believe that we should keep this in the Keys and we should not go to a select committee.

2165 Thank you.

**Several Members:** Hear, hear.

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

2170 **Mr Malarkey:** Thank you, Mr Speaker.  
I am really only brought to my feet by Mr Baker's comments.

I certainly in my last debate never accused the mover of this of deliberately delaying the Bill. I make it quite clear, being the third longest Member in this House, and second oldest – I bow to  
2175 Mr Robertshaw – that from my experience of reading this motion, it was quite clear we had to report back to 26th June. What I was trying to tell everybody was that 26th June is the last sitting of this year. So you will not get to the clauses stage after you have reported back until, I think it is the 20-something of October before you can even contemplate getting to clauses stage. Then when you break it down, you are not going to get it through until maybe the end of  
2180 this year and LegCo will not pick it up to start doing their bit until January next year. That will delay it – I am not accusing anybody of doing it deliberately, I am trying to announce facts.

**Mr Shimmins:** Shorten the recess. (*Laughter*)

2185 **Mr Malarkey:** It will delay the Bill. Was that a good one? I missed that.

It will delay it for a year and I thank the Clerk for reinforcing what I said: if we go into Committee, if it is done in advance we can bring people through to give evidence on the day of doing the clauses. These are all good reasons why we do not need a select committee.

2190 I will go back to the fact that I have probably sat on more select committees than other than two other Members in this Hon. House over the years, so I know exactly how they work. I know exactly how they can be manipulated and not manipulated. That comes from experience, after being on several select committees.

So I stand again and say to you, please do not send this to select committee, let's deal with this in-House. We have now got the way to do it. We can do it in clauses stage, we can bring

2195 people in and I am sure Dr Allinson will happily bring an expert in from both sides if necessary, if it helps this Bill to progress.

I will reiterate, I am not accusing of deliberately delaying the Bill, but the motion itself as it stands will delay the Bill for a year.

2200 **The Speaker:** I call on the Hon. Member for Douglas Central, Mr Thomas.

**Mr Thomas:** Thank you very much, Mr Speaker.

I am brought to my feet just to comment about some of the procedural aspects.

2205 Firstly, it is quite clear that the Committee of the Whole House was actually constructed around replicating the good practice that we have in Legislative Council. So it was about encouraging that conversation; it was about getting experts to the Bar so that we could see; it was about having a lawyer in the room to give us advice.

2210 So I appreciate greatly the Clerk's recollection and interpretation of the Standing Orders because I hope it is not wrong for me to say, at the time when we had the first operation of the Committee of the Whole House during the course of the passage of the Equality Bill, there was some concern that officers and experts and lawyers would be hanging around waiting for us, to be called, which is something I had to deal with at the time behind the scenes. I think today we have got a great new innovation about organising, grouping clauses, actually thinking about what evidence we are going to do, and that could be an added enhancement to our legislative process.

2215 Just a very simple term, I just wanted to remind the Hon. Member for Arbory, Castletown and Malew that we are different from the Scottish Parliament. The Scottish Parliament is one of the vast majority of parliaments in the British Isles that has done away with the second Chamber, inasmuch as they never had a second Chamber, so they have to have legislative committees because they do not have a second Chamber. We have a quarter of our revenue spent on the Legislative Council for this very purpose of actually having good scrutiny inside this Court in that process.

2220 The next point I wanted to make is that I believe quite a few of us have already had amendments drafted. I want to compliment the drafter, Mr Connell. He did mine in three minutes. We just discussed a few policy issues and it was back on my desk, and I know a number of other people have got the amendments already drafted. I would have sent them to the Clerks already and the Speaker for ordering, but I just thought that was premature and wrong, given that the Second Reading had not passed. But I think with good organisation we can have a fine debate.

2230 The last point I wanted to say was that a suggestion was made that we could have the clauses stage on either the 27th or the 13th, because Tynwald is in between. Myself, I do not believe it is necessary to wait until the 27th but I would be very interested in thoughts after the sitting from various people in establishing that; because, to me, two weeks ... it is two weeks, we cannot do it in three weeks' time, we can do it either in four weeks or in two weeks. It is two extra weeks because there is Tynwald in between. It seems to me it might be necessary but we need to establish that after this sitting and outside this House.

2235 Thank you very much, Mr Speaker.

2240 **The Speaker:** Now, if no other Member wishes to speak, I will call on Mr Robertshaw to respond to the debate.

**Mr Robertshaw:** Thank you, Mr Speaker.

2245 I would like to thank all the Members for their contribution to this debate, and in particular obviously Mr Baker for his seconding and for his very clear articulation of why he considers it important.

2250 I will not go round all the various comments that have been made in this particular debate, I just want to pick out one or two, and that is Dr Allinson saying that we are actually not sure what a select committee would do. Well, I think we are *very* clear what a select committee would do: we, this House today, have given unanimous support to an extremely important Bill and that is a *very* clear lead.

2255 Secondly, we have highlighted a series of areas that are areas of concern for us, and that those of us who believe we should be using a select committee at this stage to address those issues and bring advice and guidance back to the House for the House then to consider, honestly now believe that we are losing something. Actually, what we have also had is us now rejecting, it seems in the majority, the concept of a select committee, but struggling quickly to try to find a way of filling the very thing that we do not want to do. It is a sort of a somewhat clumsy conclusion.

2260 I am totally for Committees of the House. I was not suggesting the clause process was somehow second class to a select Bill committee, it would just be the wrong way to do it, and I think both have their role. I think we have done something quite profound today: we have failed to trust ourselves; we have failed to trust the fact that we can select five of our Members with a variety of views, take them away, addressing those areas of concern, and bring them back to the House for further deliberation. In failing to trust ourselves, if that is the conclusion, we have lost something today and it is a shame because it has been a magnificent debate.

2265 Mr Speaker, I beg to move.

2270 **The Speaker:** The motion before the House is that the Abortion Reform Bill 2018 be referred to a committee of five Members of the House with powers to take written and oral evidence pursuant to sections 3 and 4 of the Tynwald Proceedings Act 1876, as amended, for consideration and to report by 26th June 2018. All those in favour of the motion, please say aye; those against, no. The noes have it.

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

**FOR**

Mr Baker  
Mr Cregeen  
Mr Quayle  
Mr Robertshaw  
The Speaker

**AGAINST**

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

**The Speaker:** There are 5 votes for, 18 votes against. The noes have it. The noes have it.