Order of the Day

2. CONSIDERATION OF CLAUSES

2.1. Abortion Reform Bill 2018 – Consideration of clauses concluded

Dr Allinson to move.

The Speaker: Item 2 on the Order Paper is the consideration of clauses of the Abortion Reform Bill 2018. In discussion with the –

Mr Cannan, do you have a point of order?

Mr Cannan: Mr Speaker, I wish to, under Standing Order 3.2(9) and Standing Order 2.5, seek to adjourn the debate on the Abortion Reform Bill and the amendments until next Tuesday at 10 a.m.

My reason for standing to move that we adjourn this debate is that, Mr Speaker, you and I and others will recognise that this Bill during the process of its clauses has somewhat departed from the administration of health and entered into effectively a debate also on law and order, and in doing so, I would suggest, perhaps entered into a new arena that now also extends and has implications and possible arguments around freedom of speech and individual rights.

I was slightly bemused, Mr Speaker, to find out last night that this matter has not been referred to the Attorney General for his comment and views in respect of some of these amendments – not that I am against the amendments, but we all recognise that they do potentially carry significant public interest and are potentially open to challenge.

I am sure that Hon. Members will know that the Attorney General is required to confirm that he is content that a Bill meets the requirement of the Human Rights Act before it is passed for Royal Assent and it would be normal practice, I would suggest, for such Bills to have, where they have implications of this nature, received some form of guidance directly from the Attorney General.

I appreciate that is a matter of discretion, to a degree, from those who are involved with drafting the Bills and I hesitate to challenge the judgement of the legal drafter, but I am slightly surprised that a matter that carries so much potential implications and will undoubtedly attract significant international press interest has not actually received such a clarification.

Of course Hon. Members will be perhaps driven around, specifically, the clauses on access zones by the recent events in Ealing, but many people, I am sure, feel that Ealing have brought forward some form of byelaw but will not recognise that in fact the legislation that they have used to create the access zone is contained within quite a significant piece of UK government legislation called the Anti-social Behaviour, Crime and Policing Act 2014. And the Public Space Protection Order that they have used and decided to use to implement the buffer zone around the Marie Stopes clinic really is contained within 11 pages of fairly detailed legislation around the power to make orders, the duration of orders, the ability to challenge such orders by individuals and a number of significant other matters including highways interpretations, Human Rights Convention rights, consultations, publicity, notifications. Those 11 pages are further extended into many multi-pages concerned with this Bill, so you will see that actually this is very much a matter of law and order.

But going back to my original point, I think that if Hon. Members were to vote today on clauses that had been written as they had been written, only to find out and be told in a short space of time that the Attorney General regarded those clauses to be against the fundamental

principles of human rights and that he was not prepared to send the Bill for Royal Assent, then I think the House would be left with a red face.

So all I am proposing during the adjournment for one week is that time is enabled to receive clarification from the Attorney General that he is satisfied that the amendments as constructed regarding access zones are compliant and that he would be happy for those amendments to proceed and that he would be ultimately happy to have those signed off.

In moving this adjournment, it is not an attempt to delay or derail this. I am a supporter of access zones but it is absolutely vital that the House is not left in an embarrassing situation where we find that the Attorney General has subsequently turned around and refused to sign off a Bill. I think that the House should get some comfort from the Attorney General on this matter as to construction of these clauses and I therefore move under Standing Orders for the adjournment for the debate on these matters to take place next week.

The Speaker: Mr Robertshaw.

Mr Robertshaw: Thank you, Mr Speaker.

I beg to second and support the motion by the Minister. I hope that if the House does choose to adjourn for a week that they might also take the opportunity to examine very carefully the contrasting legal opinions that we have before us with regard to the meaning of the word 'health' as defined in the Bill. I circulated this to Members last night as an *aide-memoire*, where Brett Lockhart QC, in concerning himself with the special definition of the word 'health', as is proposed in clause 3, says:

> Further, it is readily apparent that in introducing such a definition into proposed or extant legislation would render that legislation virtually meaningless, given the aspirational character of the wording.

I want to emphasise the word 'aspirational' because if you look at the legal advice that has come via the hon. mover, when we refer to clause 69 the QC on the other side says:

> In all the circumstances given, the prospect of an IOM court in the future being invited to imply social well-being into the definition of health should that be excluded and given the wealth of material that there is likely to be to justify such an implication, it may well be considered prudent to simply retain the current definition of health.

So what, effectively, that legal opinion is saying is that it is asking this House to apply a definition to a meaning of a word that may, by Tynwald, by this Hon. Court, change its meaning in the future, which is rather an extraordinary request to make of us.

I would ask Hon. Members, should an adjournment be agreed, that we start to examine what the deep implications are to Treasury, to the whole function of our budgetary system if we choose in a broader sense to change the meaning of health from what it is presently to what would be implied here in advance of those stages.

So I support the adjournment motion.

The Speaker: Hon. Member for Douglas North, Mr Peake.

Mr Peake: Thank you, Mr Speaker.

I would ask Hon. Members not to support the idea of putting this off for another week.

We have prepared for this week. The Attorney General is part of the Legislative Council; this Bill will go to the Legislative Council afterwards so he can have all the time he needs to look at that.

So I would urge Members to let the debate go ahead today.

Thank you, Mr Speaker.

The Speaker: Hon. Member for Ramsey, Dr Allinson.

Dr Allinson: Thank you, Mr Speaker.

I am disappointed that at the last moment, people want to sow the seeds of doubt on legislation that has probably had the most scrutiny for any Bill over the last decade.

I am also disappointed that the legal drafter, who unfortunately is not here to defend himself, is implicitly criticised for perhaps not contacting the Attorney General. He is part of the Attorney General's office. He has been asked several times both by movers of amendments and myself as mover of the Bill, to make sure that this is human rights compliant, and his answer has always been yes.

Sowing doubts in terms of staff of Tynwald and staff of the Attorney General's office I think does us no favours, either in this Bill or further Bills. We have to be sure of the legislation we are drafting. As one of the drafters has told me, 'You give us your ideas, you give us your policy; I will give you the words to create that into a legal document', and that is what we have tried to do.

Now, whilst I completely understand the Hon. Member's reticence and perhaps nervousness about passing quite unique legislation on the Isle of Man, we have all seen the reasons why it is important. There is no point passing legislation to permit and allow abortions on the Isle of Man if women are intimidated and harassed trying to access that. Only today, we have seen that there is a certain will amongst certain very small groups of people to do that, to restrict access. So I think the debate is very important.

The hon. mover of the adjournment makes the point of consulting the Attorney General. There is a process for legislation to do that already. We do not stop Bills half way to double-check repeatedly and look over our shoulders repeatedly. I would like us have the courage of our convictions to carry on with this debate, to actually finish the clauses stage so we have a document to take to the Attorney General, and I am quite happy to do that as we wait for Third Reading to say, 'Can you just double-check that this is compliant?' I am very happy to do that, but we need a document to be able to do that with – not a whole set of amendments, amendments to amendments and emails sent through at two minutes before midnight the night before a debate. That is not proper democracy. We can do better than that.

So I would oppose the adjournment of this entire debate at this late stage.

The Speaker: Hon. Member for Peel, Mr Harmer.

Mr Harmer: I stand to raise two things. One of them is it has broadened how the access zones are, in addition to what the Bill originally intended. I will always continue to stand up whenever I hear the words, 'Well, we will just send it to the Legislative Council and then hope to fix it'. I think we do things right, otherwise we do not do them at all.

I think an adjournment to seek clarity is absolutely the right thing to do. I think the trouble here is that we have a danger of rushing because we want to resolve this, we want to have a Bill and we are passionate and we want to do that. But in doing so, we run headlong and with speed rather than haste. I do caution that, and I think yes, we have a lot of scrutiny and I welcome that. I think it is excellent that we do that, but I do think to scrutinise means that we do not suddenly stop scrutinising halfway through, so a pause of a week is actually a very sensible thing to do. It checks through all of the human rights implications. It is something new, something where we are not linking into other law and quite frankly, the problem is that what we could do is actually send a Bill that actually gets completely knocked back! That is the last thing we want to do.

So let's do things sensibly, measured, in time. We have got plenty of time and let's pause and think, to make sure that all the concerns have been addressed, otherwise all we are doing this is rushing headlong for the sake of rushing headlong. For the sake of a week to double-check stuff, I think it is very wise – in any Bill, irrespective of the emotions.

The Speaker: Hon. Member for Ramsey, Mr Hooper.

Mr Hooper: Thank you, Mr Speaker.

I am actually quite glad the Hon. Member for Glenfaba and Peel has just said that: that in any Bill, it is worthwhile taking a short delay to make sure it is a hundred percent right, and I hope he will be remembering those comments when we talk about other legislation that is going to be coming forward to this House and Tynwald, especially in the month of May.

I actually just rise to make a comment about something that was said by the mover of the adjournment motion, who said that the Attorney General has not been consulted. He very helpfully shared a copy of the Attorney General's email, which I would just like to read from, which I think provides a bit of clarity that is so far missing. It says:

> In short. I have not been asked to consider this matter personally and would not have expected to be so unless an issue had arisen which the drafter needed to bring to my attention …

I think that really sums it up: the Attorney General has not had a direct conversation about this because the drafter, who is a professional and I would like say has done a very good job with this Bill, didn't feel in his professional opinion there was anything that he needed to bring to the attention of the Attorney General in the context of human rights compliance and Royal Assent.

So really, I think even off the back of the Attorney General's email, off the back of the advice he has provided to the Hon. Member, there is no cause to be debating an adjournment today.

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

Mr Malarkey: Thank you, Mr Speaker.

I think this Bill has had a lot of scrutiny and it is probably one of the most scrutinised Bills I can certainly remember in this Chamber. I think there are some good points being raised today, but going for an adjournment at this stage – this Bill involves not just this House, but there is a lot of public outside watching this in great detail, and I think to adjourn at this stage, when people outside do not even know really the true story of why you are wanting an adjournment, this debate should be allowed to go on today.

At a late stage of the debate, if we feel that we are not happy with the way it is going, or some more information is brought to light, there is still the possibility of later on adjourning to next week.

But I think we should at least today give the Bill the opportunity to be debated. There are people listening with interest who want to know what the objections are and what the legal rights are. I understand the Member for Glenfaba and Peel not wanting to pass things on to Legislative Council, but they will be scrutinising it. They will have the Attorney General giving his input.

When it is first at this House, it gets its input first, before it goes any further, and I think today we have to give it that opportunity and if we feel afterwards that we cannot support any of the clauses, then we can go to an adjournment, but at least we have started to do our job, or carry on doing our job, which we started on a long road a long while ago.

So I think today, we should not adjourn; we should debate and decide later if we want to adjourn, not now.

The Speaker: Hon. Member for Douglas South, Mrs Beecroft.

Mrs Beecroft: Thank you, Mr Speaker.

I rise to support the adjournment. We have had information given to us over the last few days – one late on Saturday evening, one late yesterday evening. They are both legal opinions and I for one would actually like to ask the AG his opinion of those two legal opinions, because there is just so much that is confusing. The one that came round on Saturday was 31 pages. You just cannot absorb it, take it in, exactly understand what it means and understand all the ramifications of that in that short length of time. I feel very uncomfortable with it.

I did get a definition from the AG's about social well-being, which was the best definition they were able to provide. That does not really mean very much but I would certainly welcome the time.

I agree with Minister Harmer. If we are doing something, we should be doing it to the best of our ability before we send it up to Legislative Council. At the moment we are not and I do not think that a week to clarify some of these issues, so that we know what we are voting on when we vote next week, I really do not think … Why are we arguing over a week? If we can get things right and know that they are the best that we can get it to, before we send it up to Legislative Council, that is what we should be doing. We should not be relying on them to say, 'You got this wrong', and send it back to us. There has been serious criticism of Keys in the past for just nodding things through, relying on Legislative Council to do the work for them in effect. I really think that this is so important, if it takes an extra week, it does.

I can understand people's frustrations – everybody gets frustrated. They want an outcome to it but we have to have the right outcome and we have to know that we have looked at the law to the best of our ability and produced the document to the best of our ability before it goes to Legislative Council.

I will certainly support the adjournment for one week to enable us to do that.

The Speaker: Hon. Member for Douglas Central, Mr Thomas.

Mr Thomas: Thank you, Mr Speaker.

I will be voting against an adjournment. In the grand scheme of things if it goes through and we do delay by one week so be it, it is not a die in the ditch issue. But I do just want to say that this has become a sort of existential question about the Legislative Council and its function as being a legislative committee. Because the offences, the sentences, the defences that are in the Bill, I have discussed these with very senior members in the Attorney General's department. There is the Sentencing Bill which provides a framework and we have got to make sure these align, but I do not think the House of Keys necessarily needs to actually review exactly how the sentences and the defences and the offences match up with those in lots of other pieces of legislation – I think probably four pieces of legislation. Why wouldn't we rely on the £¾-million-a-year Legislative Council to look at that sort of detail for us?

I also want to make it completely clear that Minister Harmer is not completely correct; there is no chance that the Legislative Council can completely knock back this legislation, because the whole point of having a legislative committee called the Legislative Council is that we then get the chance to review any changes made in the Legislative Council.

So therefore I personally will be voting against the adjournment. It is not a die in the ditch issue, but I think we have had a lot of attention to this Bill and I for one have full confidence in the Attorney General, the Lord Bishop, the eight indirectly elected Members of the Legislative Council and Mr President to actually review such issues when it gets to the legislative committee called the Legislative Council.

A Member: Hear, hear.

The Speaker: Hon. Member for Ayre and Michael, Mr Baker.

Mr Baker: Thank you, Mr Speaker.

You are going to get another view now. These issues that we are talking about – my hon. colleague for Ayre and Michael, Mr Cannan, is referring to human rights issues and Hon. Member for Douglas East, Mr Robertshaw, is talking about the implications of the definition of health for the wider Government of the Isle of Man – are both big topics and in that context a week is insignificant.

What we have got to remember, Hon. Members, is that we are setting the foundations for the next 20 or 30 years on this Island now and what is being asked for, from two very experienced Members of this Hon. House, is to take a week to pause and think about it. Crikey, a week in the context of the next 20 to 30 years! In the business world you would do it every time, because big issues are being raised here. It may well be, as obviously the hon. mover indicates that he feels, that there are no issues with this. I think we all hope that is the case, but it would be really remiss of us to close our ears now and our mind to the fact that maybe there is something in what the Hon. Members, Mr Cannan and Mr Robertshaw, are saying here.

We have had two legal opinions, both of which have come pretty late in the process. Yes, one may have been at two minutes to midnight last night, the other was pretty late, I think, on Saturday evening. These are complex legal opinions from some very fine legal brains. They both emanated from the UK, as I understand it. Surely it has to be right for us to actually say to the Attorney General to help us a little further to actually understand whether there is anything in either of those opinions that should be concerning us.

What we seem to be saying here is that it is okay to pass it on to the Legislative Council. To be honest, I am stunned that we are sat here – we have got five brand new Members in Legislative Council, we cannot abdicate the responsibility and say, 'Pass it on to LegCo, they will sort it out.' Crikey, we are the House of Keys! We are democratically elected by the people and this is what we are here to do. (**Mr Robertshaw:** Hear, hear.) I echo Minister Harmer's comment: if we are going to do something let's do it properly. There is so much gone into this Bill and it is so important that to ignore two potentially big issues that have been raised, they have been raised for the right reasons about making sure we get the right end product here – to ignore that would be, in my view, not right.

I would, at the risk of raising old sores, just draw our attention to the Vision Nine scenario where one of the big issues with that was that the Attorney General was not brought in to look at the situation until far too late in the process; and that ended up as a huge embarrassment for us as an Island and for us as a Government.

We have to learn lessons from these things and if we are saying take a week, engage with the Attorney General, hopefully he says that everything is fine, we move on and we have the discussion next week. If this was my Bill and I was confident in the work that I had done I would say, 'Fine, take another week. It is not an issue.'

So, for me, I will be supporting the adjournment and I think the people of the Isle of Man expect attention to detail, they expect diligent application of us as Hon. Members, and they expect us to take into account all the relevant information. They do not expect us to go, 'Well, we said we were going to get it done today. We are going to ignore anything that is knocking us off-track and we are going to do it today,' and to not recognise that we might slip up by doing that.

So, come on, let's be really grown up about this. We are talking a week in something that is fundamental to the future of this Island. Please, Hon. Members, do not just rush it for the sake of it and let's just make sure we are doing this properly.

Thank you.

The Speaker: Hon. Member for Middle, Mr Shimmins.

Mr Shimmins: Thank you, Mr Speaker.

Members, there is a famous quote from an infamous banker, JP Morgan, and what he says is, 'I don't want a lawyer to tell me what I cannot do. I hire him to tell me how to do what I want to do.' Members, we are hearing a lot of legal opinions. Members, that is what they are, they are just opinions from lawyers and they will be directed by those that instruct them.

Hon. Members, it is our opinions that matter. (**Dr Allinson:** Hear, hear.) We are scrutinising this Bill in detail. I will be rejecting this amendment. I am confident we can scrutinise this Bill in detail. Thank you.

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

Mr Cregeen: Thank you, Mr Speaker.

I think we started off with this Bill in a positive way. We had the Committee of the Whole House which was helping to scrutinise, we were able to bring legal advice in to cross-examine them, we had the drafter in here and we were able to cross-examine him and get clarity on certain parts of the Bill.

Earlier on it was said that, 'Well, yes, the drafter has written this. I am sure he is right because of his …' The drafter himself has actually said on occasions that he needs to go away and clarify some of the points that he had drafted previously. Do not forget he is drafting this on the request of the mover of the Bill. It is at his request.

We are the lawmakers in here and what concerned me was the mover of the amendments on the access zones, when he then says, 'I will not be supporting an adjournment because the AG is in LegCo and they can always make those changes. It actually would delay this Bill even further because if Legislative Council makes amendments to what we have passed, it then has to go back to this House –

Mr Malarkey: A week later.

Mr Cregeen: – to be approved. So actually making sure we get it right here will be quicker than going to LegCo and then getting it kicked back and then having to go through again.

There is an example of a Bill that was much needed, the Debt Recovery Bill. It went through this Hon. House because, as people said, we had to do something about debt recovery. They have not been able to do anything with that Bill because it was not fit for purpose. So all the time that we spent going through the Bill and through LegCo, it has actually gone nowhere because they could not write the regulations to fit in with it.

We are talking one week – seven days – to actually ask for advice to see if we are going to get it right. Hon. Members, what are we afraid of in that one week? That the AG might come forward and say there is an issue? That is what you are talking about: if he comes forward you are afraid that he might come forward with something that contradicts what we have asked a drafter to say, which will delay what you are wanting to approve in this Hon. House for a considerable amount of time if we have got it wrong. He can come in here next week and he could say this is an issue or everything is fine. Then we can move on. Having to go through this now, then say that we will pass it over to Legislative Council and they may take a couple of weeks at it, they may come back and say there are a number of issues. Because we have not done it properly in this Hon. House, is that what you are wanting put down as your legacy – that you did not want to stop and wait for seven days to make sure that you are getting it right?

I am afraid, Hon. Members, there are some Members who I get the feeling feel that we have done enough on scrutiny on this at the moment, that what we need to do is just pass it through, get it on to LegCo and it is off our boots. Our job is legislation – primarily to get legislation. We need to get this right. This will affect people's lives.

I honestly believe that those seven days will give us the proper chance to ensure that we have got that advice. There was talk earlier on that an email came out on Saturday – I think it was from the hon. mover, Dr Allinson – with some advice. If you are going to get that advice checked, if it came out on Saturday the only chance you are going to get to check it is going to be on Monday. So of course an email is going to come out on Monday, because it is your first opportunity to get advice on what another point of view is.

Hon. Members, I would say seven days in the time that we have taken scrutinising this Bill, those seven days will be well spent if we get it right without having to go and rely on Legislative Council to point us in the right direction. So please, Hon. Members, for those seven days, let's ensure that this House does a proper scrutiny on the legislation that we are putting here today.

The Speaker: Hon. Member for Douglas East, Miss Bettison.

Miss Bettison: Thank you, Mr Speaker.

I would certainly argue here that it is not that we are worried about the AG's opinion; however, we are confident in the capability of the drafter. I think if we have fears about our legislative drafter's abilities (**A Member:** Hear, hear.) to bring competent and coherent laws that are compliant with human rights legislation, we have a far bigger problem than a one-week adjournment. (**Several Members:** Hear, hear.)

I would also like to say, I am stunned that every week immediately pre-the debate we are inundated seemingly with new information, new people that have suddenly had an epiphany around information on this piece of law that we are trying to look at and scrutinise and bring through this House. In between there seems to be little. You are absolutely right: if we receive information on Saturday we cannot answer until Monday. I would argue that sometimes that is a strategic approach. I think it is very helpful *(Interjection by Mr Cregeen)* to get things on Saturday that we cannot answer on Mondays, so we adjourn on the Tuesday.

I think we need to be far more efficient and capable of seeking those opinions early on. We started looking at this abortion legislation in the First Reading in this House exactly three months ago today, and it suddenly has come to our attention that there are some areas we want to look at more. I am absolutely open to scrutiny but to receive the AG's email this morning, sent to us at 09.53 hours, seven minutes before this Hon. Court sat, I would say is unreasonable. The AG has been here for the entire 12 weeks, he has been available to us and is more than capable of answering questions.

In the one-week adjournment that we are looking at, between two and three women will be seeking abortion on this Island; and in the 12 weeks we have looked at this law in this Hon. House, 28 women would have been seeking abortions through means that are not desirable and in many cases unsafe.

I will be voting against this adjournment. I feel we have a duty to the women and the wider population of this Island and I absolutely believe that we are capable and able to scrutinise efficiently and ably in this House.

Several Members: Hear, hear.

Mr Malarkey: Well said.

The Speaker: Now, if no other Member wishes to speak, I will call on Mr Cannan to reply to the debate on the adjournment.

Mr Cannan: Thank you, Mr Speaker.

Most of what has been said has been said, and clearly people will have formed an opinion. I would just make two points of clarification, I think, which are worthwhile making.

The last speaker just perhaps inadvertently criticised the Attorney General. That was not the Attorney General's fault, that email was from me, myself, and so just as a point of order that should be noted that the Attorney General should not be dragged into this because it was merely an email that I chose to forward having sought his advice on a couple of matters. I will also say this about the Attorney General, although legal opinions have been sent through from both sides – one from the hon. mover on Saturday and one from the Hon. Member, Mr Robertshaw yesterday on Monday. So let's not get into some sort of blame game here, because both sides are not helping the matter by sending forward different sets of legal opinions. So let's make that clarity.

The final point is, with regard to these legal opinions: yes, these legal opinions that we are receiving both from the mover of the Bill, from other legal opinions that keep being put forward, perhaps as the Hon. Member, Mr Shimmins, indicates – I cannot remember his quote – but yes it

is purely an opinion based on an instruction given. But unfortunately the AG's opinion *will* matter, unfortunately, for us and his decision about whether Bills are compliant or not will ultimately be his decision and will impact on our ability to have that Bill enacted into law.

So on that thought, Mr Speaker, I beg to move.

The Speaker: The question then is that we adjourn consideration of the Abortion Reform Bill for one week. Those in favour of the adjournment, say aye; against, no. The noes have it.

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

FOR	**AGAINST**
Mr Baker	Dr Allinson
Mrs Beecroft	Mr Ashford
Mr Boot	Miss Bettison
Mr Cannan	Mrs Caine
Mrs Corlett	Mr Callister
Mr Cregeen	Mr Hooper
Mr Harmer	Mr Malarkey
Mr Quayle	Mr Moorhouse
Mr Speaker	Mr Peake
	Mr Perkins
	Mr Robertshaw
	Mr Shimmins
	Mr Skelly
	Mr Thomas

The Speaker: Nine votes for, 14 against. The noes have it. The noes have it.

We then turn to consideration of the Bill in detail and I propose to start at new clause 2 on this occasion, following up from where we left off last time. I would call on Mr Robertshaw to move new clause 2 in detail.

Mr Robertshaw: Thank you, Mr Speaker.

The new clause 2 is quite straightforward. I think I have actually already read it out previously to Members and really I do not think there is a significant objection to it. The root of this, I think Hon. Members will recall, was actions that took place in Alder Hey Hospital some years ago where conduct and behaviour deviated in an unacceptable way. So this new clause 2 is very straightforward and I believe that the mover of the Bill himself has one or two adjustments to it, which I would be comfortable with if he brings them forward. But it just simply says: 'Where a pregnancy is terminated in accordance with this Act, if the child is born alive the medical practitioner, midwife or nurse attending the woman is under a duty to take all reasonable steps to preserve the life of the child; or (b) if there is no live birth the foetus must be disposed of in accordance with the wishes of the pregnant woman; or in the absence of any direction by the pregnant woman, in accordance with the normal practice of the hospital or other facility where determination occurs, but neither the foetus nor any part of it may be used or made available for any medical or other experiment or procedure or for any other purpose of any description without the express written consent of the mother'.

I think, Mr Speaker, it speaks for itself and I move my clause, new clause 2.

Amendment 12
Page 13, after line 21 insert the following new Clause—
«NC2 Duty of medical professional following termination
1995/14/6(5)
Where a pregnancy is terminated in accordance with this Act —
(a) if the child is born alive, the medical practitioner, midwife or nurse attending the woman is under a duty to take all reasonable steps to preserve the life of the child; or

(b) if there is no live birth, the foetus must be disposed of —
(i) in accordance with the wishes of the pregnant woman; or
(ii) in the absence of any direction by the pregnant woman, in accordance with the normal practice of the hospital or other facility where the termination occurs,
but neither the foetus nor any part of it may be used or made available for any medical or other experiment or procedure or for any purpose of any description without the express written consent of the mother.»
[Renumber the succeeding subsections of the clause and adjust cross-references as necessary.]

The Speaker: Hon. Member for Douglas South, Mrs Beecroft.

Mrs Beecroft: Thank you, Mr Speaker.
I beg to second and reserve my remarks.

The Speaker: I now move to amendment 13 in the name of Dr Allinson.

Dr Allinson: Thank you, Mr Speaker.
The new clause tabled by the Hon. Member, Mr Robertshaw, deals with the incredibly rare chance that in the course of a termination the child is born alive.

The British Medical Association Ethics Committee has recommended that in this extremely unlikely event the decision-making process should be the same as for any other premature birth. The Royal College of Obstetricians and Gynaecologists has also issued guidance to its members that, and I quote:

> A fetus born alive after termination for a fetal abnormality is deemed to be a child and must be treated in his or her best interests and managed within published guidance for neonatal practice. A fetus born alive with abnormalities incompatible with long-term survival should be managed to maintain comfort and dignity during terminal care.

My amendments make sure that the views of the woman involved, especially in relation to terminal or palliative care, are heard and acknowledged. It ensures that such exceptional cases are always dealt with with the utmost dignity and it takes into account guidance from the Nuffield Council on Bioethics. It also changes a few individual words so that the language used is consistent with the rest of the Bill. And so, in particular, in paragraph (a) it inserts the words 'after discussion with the woman' after 'duty', in paragraph (b)(i) it inserts the words 'if possible' before 'in accordance', in both paragraphs (b)(i) and (b)(ii) it omits the word 'pregnant' and in the words following paragraph (b) for 'mother' substitutes 'woman'.

Thank you, Mr Speaker. I beg to move this amendment in my name:

Amendment 13 – amendment to new clause 2
(a) in paragraph (a) insert the words ', after discussion with the woman,' after 'duty'
(b) in paragraph (b)(i) insert the words 'if possible' before 'in accordance';
(c) in both paragraph (b)(i) and (b)(ii) omit 'pregnant'; and
(d) in the words following paragraph (b) for 'mother' substitute 'woman'.

The Speaker: Miss Bettison, Hon. Member for Douglas East.

Miss Bettison: I beg to second.

The Speaker: Mr Robertshaw, do you wish to reply to the comments made by Dr Allinson?

Mr Robertshaw: Just simply, Mr Speaker, that I am content with the amendments brought by the mover. Essentially it does not change the spirit of intent in the new clause. I beg to move.

The Speaker: First, then, the amendment in the name of Dr Allinson: those in favour, please say aye; those against, no. The ayes have it. The ayes have it.

Taking then new clause 2 as amended, those in favour, please say aye; against, no. The ayes have it. The ayes have it.

New clause 3 in detail – Mr Peake to move.

Mr Peake: Thank you, Mr Speaker.

New clause 3 defines seven key terms for the purpose of the new Part, of which this clause forms part.

This clause has been agreed in principle by the House at our last meeting and with no expected changes, Mr Speaker, I beg to move new clause 3:

Amendment 14
Page 14, after line 29 insert—
«Part 3 — ACCESS ZONES FOR ABORTION SERVICES
NC3 Interpretation for this Part
RSBC[2]/1996/1/1 (part) and drafting
In this Part—
'access zone' means an access zone established under section NC4, NC5 or NC6;
'counselling' has the same meaning as in section 6;
'highway' means a highway, carriageway, footpath or footway for the purposes of the Highways Act 1986;
'patient' means a person ('P') who is in an access zone in the course of seeking, or using, abortion services or seeking or receiving counselling, and includes any other person, except a person providing such services, or counselling who is accompanying P for the purpose of giving P emotional support;
'pavement interference' means the activity of a person on a public highway who seeks, by any means, including in particular oral, pictorial or written means, to—
(a) advise or persuade a patient to refrain from availing herself of abortion services or receiving counselling;
(b) dissuade a person providing abortion services or counselling from doing so; or
(c) inform a patient about issues related to abortion services;
'protest' includes the carrying out of any act of disapproval with respect to issues related to abortion services, by any means including, in particular, oral, pictorial or written means; and
'provide' includes facilitate.

[2]I.e. the Revised Statutes of British Columbia.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you. I beg to second and reserve my remarks.

The Speaker: If no Hon. Member wishes to speak, I shall put new clause 3, that it stand part of the Bill. Those in favour, please say aye; those against, no. The ayes have it. The ayes have it.

New clause 4, Mr Peake.

Mr Peake: Mr Speaker, new clause 4 provides that the Department must, by an order, establish an access zone for any NHS hospital in which abortion services may be provided.

By very productive meetings I will be supporting Mr Baker's following amendment. We found the time to work efficiently and effectively and produce this in good time. Thank you, Mr Baker.

Mr Speaker, I beg to move new clause 4:

NC4 Access zones — hospitals and other premises in or from which abortion services are provided
RSBC1996/1/5
(1) For the purpose of facilitating access to abortion services, the Department must by order establish an access zone for any national health service hospital in which abortion services may be provided under Part 2.
Tynwald procedure— approval required.
(2) If requested to do so by a person providing abortion services or counselling at any premises, the Department must by notice establish an access zone for the premises.
(3) An access zone established under subsection (1) or (2) includes the land on which the hospital or other premises stand and any public highway within the area designated by the order or notice.

The Speaker: Mr Shimmins.

Mr Shimmins: I beg to second.

The Speaker: Mr Baker.

Mr Baker: Thank you, Mr Speaker.

I would like to thank Mr Peake for his very positive endorsement of my amendment, which is a very simple minor drafting change which came from some detailed discussions that I had with Mr Peake and the drafter around the access zone provisions.

These discussion identified that, as drafted, NC4(2) would have had some unintended consequences, given the broad definition of 'abortion services' which was in the previous definition of the Bill. NC4 is intended to cover those premises where terminations are actually carried out and this amendment makes that effective.

If we were not to pass this amendment it would in fact conflict with NC5, which would be effectively redundant, so essentially the drafting is to make the legislation fit for the purpose that the drafter and the mover intended.

Mr Speaker, I beg to move:

Amendment 15
Amendment to new clause 4
a. in subsection (2) of the new Clause, for 'providing abortion services or counselling' there be substituted 'performing terminations or providing counselling'; and
b. in consequence of that amendment, the clause heading be adjusted by replacing 'in or from which abortion services are provided' with 'where terminations are performed or counselling is provided'.

The Speaker: Mr Harmer.

Mr Harmer: I beg to second.

The Speaker: Mr Cannan.

Mr Cannan: Thank you, Mr Speaker.

I wish to move an amendment to new clause 4(2) be submitted and Hon. Members have had that circulated. That is to alter the word in 4(2) from 'must' to 'may'.

If I may, Hon. Members, I intend to simply speak to this amendment in respect also, obviously, of the amendments that I have for new clause 5 and new clause 6 to prevent

repetition, and I hope Hon. Members will listen to the arguments for both those amendments that I have proposed.

I think it is highly unusual, Hon. Members, for us to move a piece of legislation such as the incorporation of these access zones effectively to be determined by a specified member of the public, whereby a member of the public who is specified in the Act as dealing with abortion services may just pick up the phone to the Department and have an access zone immediately inserted either, in this case, around other premises, accepting that I absolutely agree that the Department must immediately by order establish an access zone for the Hospital, where it is proposed this service will be carried out, in effect. But to have the same order carried forward through NC5 and NC6, whereby an access zone is effectively established by a member of the public, albeit a defined member of the public, would seem to me to be against common sense and would also provide for a failure to properly assess whether that access was in fact required.

During the adjournment debate I already referred Members to the legislation surrounding the Public Space Protection Order that Ealing Council have effectively brought into operation around the Marie Stopes clinic and the legislation that is behind that, and I suspect that the legislation behind that, which incorporates the powers to make orders, the restriction of public rights over highways, the ability to challenge the validity of such orders, failure to comply with orders, powers of community support officers, byelaws, convention rights, as I have said before, consultation requirements, publicity and notification … These should be judgements made by a public authority as to the validity of the request, and that authority would obviously be proposed to be the Department itself. I think that it is right for us to ensure that there is some element of judgement brought into this and that the Department has the ability therefore to bring some proportionality to these fairly radical clauses and the ability that we are giving to an individual to determine and instruct the Government to act effectively in these cases.

I would also refer you to the email that I circulated this morning from the Attorney General in relation to access zones, and although not specifically referring to these clauses the Attorney General, as you see, did indicate that … As a general comment he said:

> A Statutory provision which provides a Department with the power ('may') as opposed to a requirement ('must') is always in Human Rights Compliant terms a safer bet as the exercise of a future power will then require the Department to act reasonably and in a proportionate manner taking into account any competing interests.

Clearly, of course, he did highlight that there was a difficulty in that the exercise of power is always open to some form of challenge before the courts, but I would say that that is less of a risk than giving an individual these rights just to simply demand an exclusion zone at their behest and I think does call into question potentially a number of other facts. And of course one has to question if we are now going to give these powers in this capacity to those involved with this particular service, then I fear we may well be drawn into a situation where others who deliver public services that can be open to some form of harassment potentially may also come to us seeking such powers.

On that point, Mr Speaker, I would suggest to Hon. Members that 'may' is the right word on this occasion for the reasons outlined but also because anybody in these situations who is believing and feeling themselves to effectively be under harassment for delivering such services does have protection by law, and of course I point to just simply two Acts that a policeman may choose to use, or the law may choose to use when somebody complains of these circumstances. Particularly I would cite the Protection from Harassment Act 2008, the Public Order Act 1998 and of course the powers of the Police which are reflected in the Police Powers and Procedures Act, which define the actions that a policeman may make.

So, on that basis, Mr Speaker, I ask the Hon. House to accept these arguments that I have laid, not only for NC4(2) but also for NC5 and NC6 as well.

I beg to move:

Amendment to new clause 4(2)
In subsection (2) for 'must' substitute 'may'.

The Speaker: Mr Robertshaw.

Mr Robertshaw: Thank you, Mr Speaker.

I am happy to second the amendment in the name of the Treasury Minister. In seconding it, I concur absolutely with what the mover of the amendment has said. Perhaps I am being a little bit pedantic here, but I just wonder … Forgive me for saying this, but does it actually need a comma between the word 'may' and then after 'by notice'? In other words, are we possibly in danger here of suggesting that establishing an access zone could occur by notice that *may* be submitted?

More rationally should it read: 'If requested to do so by the registered medical practitioner whose surgery it is, the Department by notice may establish an access zone …'? Or the other alternative is: 'the Department may, by notice, establish an access zone ...' Could we have some guidance from the Secretary, please, as to the accuracy of the grammar here?

The Speaker: Would you care to re-put the question to the Secretary?

Mr Robertshaw: Yes. I am just concerned. I support absolutely the principle behind the mover's amendment, I believe it should be 'may' rather than 'must, but am just concerned about the use of language in the sense that if it is changed without the insertion of a comma it reads: 'the Department may by notice establish an access zone …' Does that mean that it might be possible to establish an access zone without a notice? So should it not be: 'the Department may, by notice, establish …'? Or the other alternative is: 'the Department by notice may establish …'

It is very pedantic but there must not be any misunderstanding here.

The Secretary: I apologise, my attention was diverted when the Hon. Member was speaking.

I think it is fine because this is asking for powers the Department does not otherwise have, rather than that it does have that it could exercise without notice.

Mr Robertshaw: Thank you, Mr Speaker. In that case, I second the amendment very happily.

The Speaker: Mr Peake.

Mr Peake: Thank you, Mr Speaker. I will just talk to the amendment by the Hon. Member, Mr Cannan.

When Mr Baker and I met with Howard Connell, the legal drafter, we spent a lot of time over this and it was made quite clear to Mr Baker and I that new clause 4 refers to properties under the control of the Department. So this is futureproofing. That is exactly why the legal drafter wanted this to stay in and that is why I am happy to support Mr Baker's amendment, where we actually change just the definitions, because these are for buildings under the control of the Department now and in the future.

Thank you, Mr Speaker.

The Speaker: Dr Allinson.

Dr Allinson: Thank you, Mr Speaker.

I rise to oppose the amendment from the Hon. Member. I think it is quite clear that NC4 is related to hospitals and clinics and therefore the idea that we must have these zones seems intrinsic – that demonstrations outside a hospital, right outside the doors, as we have seen, are

not acceptable and that if the Department feels it needs to bring in these zones then it must do so. There should not be any room there for legal opposition, as the Attorney General has said, and questioning the decision of the Department.

Thank you.

The Speaker: Mr Hooper.

Mr Hooper: Just briefly, I wanted to make sure that we are all clear on what we are being asked for here.

Mr Baker's amendment to NC4, changing the wording from 'abortion services' to 'terminations' would make sure that NC4 specifically refers only to surgical terminations, I suspect. It would actually prevent the Department from establishing an access zone around a pharmacy by changing the term 'abortion services' to 'terminations' because terminations are not provided at a pharmacy; provision of the medication would be. As currently worded, an access zone could be established around a pharmacy on request because the pharmacy would be providing abortion services. That is the way the amendment is currently worded. Changing the wording to providing an access zone only where terminations are provided would remove that ability completely and so you could not, under that clause, establish an access zone around a pharmacy, which means people could protest directly outside a pharmacy, which would have the effect of stopping people or dissuading people from accessing abortion services, i.e. getting the medication at that premises.

So I just want to be 100% clear that that is what is being asked for here, just so I have got that clear in my own mind, if that is the intention of that amendment. I think we need to be clear, really, before we vote on that.

Again, with Mr Cannan's amendment it is pretty last minute, changing one word. The last time we debated this section of the Bill it was around four weeks ago, I think, so dropping this on us at the last minute, it cannot be that serious an amendment, in all fairness. But my concern here is that by changing the word to 'may' it actually gives the Department the power to refuse to establish an access zone – so really it should be 'may not', we do not have to – and then if the individual concerned really feels it necessary they have to then take the Department to court, so the onus is on the individual, on the medical practitioner, on the midwife, on the nurse.

It is a little bit less of a concern for NC4 but when we get on to the amendment to NC5, which talks about homes and surgeries, that concerns me more, actually, because you have got the individual then saying, 'This isn't a Government premises, this is my premises, a private premises – there are people protesting outside, harassing outside, and I would like an access zone, please,' and the Department is within its legal rights to say, 'No, thanks, we don't want to establish an access zone there,' at which point the individual then has to find the money to challenge the Government Department, to challenge the Department of Health in court. That is the only option available to them if they refuse to provide it, to go to court and say actually it is not reasonable to say no. I think that really is too much. I think if we were going to change this from 'must' to 'may', then we need 11 pages of legislation, like they have got in the UK Act, to define exactly how the challenge can be measured, define exactly how the Department has to make determinations, what they have to consider when they are making these determinations.

So this amendment, really – I suspect because it is last minute – has not been thought through. If you are going to say 'may', you then have to do what they have done in the UK, which is list out the things that the Department has to consider by law before they can say yes or no to an access zone, and really I do not think that is appropriate. I think if someone is at home or at a surgery and they are being harassed, if there are people protesting outside for the sole purpose of dissuading others from accessing that service, accessing abortion services being provided from that place, it is incumbent on the Department to provide an access zone when requested. It should not really be left up to them.

Mr Cannan refers to the existing legislation we have that is in place – that it is purely adequate for the Police, they can take action under the existing … Well, no they cannot. We all know that they cannot because they did not. There were people being harassed in the street in Castletown outside the building and actually when the Police were asked, 'Is there anything you can do to try and help them tone this down? They can protest by all means, but please can you stop them harassing us?' the response was, 'Unfortunately, no, there isn't really a lot we can do.' For whatever reason that decision was taken, it clearly shows the existing legislation is not adequate, not enough. And we are not talking about access zones around the entire Island. They are very specific areas where these services are provided, so again I would be very careful, Hon. Members, if we are thinking of supporting this amendment to change that one word. I think it is a lot more significant than the mover has made out.

The Speaker: Hon. Member for Ayre and Michael, Mr Baker, to speak to Mr Cannan's amendment.

Mr Baker: Just for clarity, I can only speak to Mr Cannan's amendment? I cannot respond to the points that the Hon. Member for Ramsey has made around my amendment?

The Speaker: Not yet. You would have the opportunity to sum up that at the end of the clause.

Mr Baker: Okay. Thank you for clarifying that.

Yes, I just wish to clarify really the language. If the Department must do something then it has to do it irrespective of what justification, if any, the requester of the access zone has. So it is effectively a right to somebody to demand the Department, so they have no discretion whatsoever in that.

If they may do it then I believe that the Department will be very responsible and will actually evaluate the reasons for making an access zone in light of the information that the applicant brings forward, and to then dramatise it to say the applicant would have to take the Department to court implies that the Department is going to behave unreasonably and not institute an access zone if it is requested and they have got reasonable evidence to support the need for it.

So my personal belief is that the Department will behave in a very reasonable and responsible manner and that we can trust them to assess each request on its own merit and to make the right decision, whether that is in respect of they may do it in either NC4 or the subsequent clauses. I believe that we are well advised to give the Department some discretion in this matter.

The Speaker: Hon. Members, I will give the opportunity to sum up on the various clauses, starting with Mr Cannan – sum up on the comments around your amendment.

Mr Cannan: I think I will do.

Perhaps I will just refer to the Hon. Member for Ramsey who just talked about the Police taking action in the streets of Castletown. We are not talking about the Police preventing a protest in the streets of Castletown, because we are not stopping people protesting, we are talking about specific access zones here and specific places. Of course the Police will have to think very carefully before they break up or arrest people whilst they are going about their ability to protest. We have a Human Rights Act that allows people to protest.

I do not find the protests that have been taking place any more pleasant than anybody else, but I am not denying anybody's right to protest. What we are doing here is protecting women's access so that they can safely enter into such premises as we deem suitable to have the abortion services provided.

What the Hon. Member for Ramsey also needs to remember is that we are talking about implementing exclusion zones or access zones out into the public highway which will also infringe potentially on other people's rights. We need to think very carefully about this, that these situations may require the Department to make a judgement decision; and just to give *carte blanche* to operate at the end of a phone, on one phone call, without question, without any deliberation, without any kind of consideration as to what is actually taking place, because we have no allowance for that, we simply say the Department must act if a person tells them to do so, is in my opinion entering into very dangerous territory.

We do not really understand what the implications for that are into other types of criminal or protesting behaviour and I am concerned that giving this *carte blanche* to an individual citizen who instructs the Department to act, in any circumstances at all without any sort of consideration as to what is actually happening on the ground, is potentially going to infringe on other people's rights.

Therefore I think and believe that in all these clauses, NC4 to NC5 and NC6, we should consider that some kind of consideration should be undertaken before we impose these measures and of course we accept that we have already supported the purpose of facilitating access to abortion services, the Department must by order establish an access zone for any – *any* – National Health Service hospital in which abortion services may be provided.

So I think the House has done what is absolutely necessary and brought in absolute protection in our hospitals and we have given the right level of protection by saying to the Department and saying to those involved in the health services and to those receiving health services, that the ability exists for these zones to be further enabled where and when necessary and I think that would be a sensible measure for us to adopt at the present time.

The Speaker: Mr Baker to sum up.

Mr Baker: Thank you, Mr Speaker.

I would reiterate that, as I said in my opening remarks, this is a minor drafting change to tidy up the Bill. To clarify, I was requested by the drafter to move this amendment and it is supported by Mr Peake. Without this amendment we have inconsistent legislation. We have a new clause 5 which is completely pointless because it would be duplicated by the definition of abortion services.

To deal with the point raised head-on by the Hon. Member for Ramsey, Mr Hooper, when Mr Peake and I sat down with the drafter he explicitly said to myself on the back of this discussion that he had no intention, because he did not feel it was appropriate or supportable, to facilitate abortion zones around pharmacies.

Linking back to the point raised by the Member for Ayre and Michael earlier, he felt that if the Bill went forward with provision for access zones around pharmacies he would not be able to get that past the UK authorities in terms of getting Royal Assent for the Bill. The reason for that was that he did not feel it could be supported by any form of evidence to say that those provisions were reasonable. So he explained to me that he would need to demonstrate evidence to support the proportionality of the steps that we are taking here.

He can evidence issues within the British Islands around hospitals and surgeries where these things are carried out and he felt that it was appropriate and proportionate to have the facility to do access zones around those. He could find evidence elsewhere in the world, not necessarily in the British Islands, of where the homes of providers had been targeted and that could justify the provision of access zones around those.

There was no evidence whatsoever that he could find of any instances anywhere of issues around pharmacies, and therefore to create access zones around those prohibiting essentially free speech would not be a proportionate response on behalf of the Isle of Man and he felt would jeopardise the Bill getting Royal Assent.

So to reiterate, the access zones within the Bill, whether it is 'may' or 'must', but through whatever process: there is a facility around hospitals and other premises in which terminations are actually performed; there is a facility around surgeries and there is a facility around the homes of providers; there is no facility around pharmacies. That was the drafter's intention and I appreciate the affirmative there from Mr Peake. So that is the clarity. That ties it all back to what we talked about earlier. This is important stuff and I would commend this amendment to you for those reasons.

Thank you.

The Speaker: Mr Peake to sum up on the clause.

Mr Peake: Thank you, Mr Speaker.

I am very grateful for the Hon. Member, Mr Baker, for that clarification. We did spend a lot of time with the drafter around that and to get his support on what he believes will be successful was very important to us, and I do thank him for that. Hopefully that does answer some of the Hon. Member Mr Cannan's concerns around that.

It is not anybody who can ask for these access zones, it does state further on that it is actually registered medical practitioners whose surgery it is. It is quite a narrow … and professional person who can require the Department to do this. So that is what we really want to hang on to; it is not a question of just anybody fancying an access zone – that does demean the seriousness of this.

We also heard as well that Ealing Council have taken steps here, and they have and it was during the Parliament Home Affairs Committee on Tuesday, 12th December that Councillor Julian Bell, leader of that Council, stated that safe access zones are about patient harassment and intimidation near abortion clinics for those seeking healthcare, as well as providing a duty of care to employees who provide abortion services. That is the key really. Doctors, nurses, medical practitioners who go about their work need protection; we have a duty of care to protect them for that.

Hopefully, Mr Hooper, now you can see how we worked on that and it is not around the pharmacies, it is just particularly around the buildings for the Department where they carry out those abortion terminations.

The provision of safe access zones is designed to protect the rights of all, under the European Convention of Human Rights: the rights of people to assemble and freely protest their views outside of a safe access zone; the rights of our healthcare workers to enjoy the rights to a family life, provide medical services without fear, harassment or endangerment; and equally, women of the Isle of Man to safely access healthcare services without intimidation, fear or harassment, which – and let's just consider this for a moment – is the primary object of the Bill – to allow women safe access to healthcare.

Mr Speaker, I beg to move clause 4.

The Speaker: Hon. Members, the clause we are on is new clause 4. To that, we have two amendments. I will take first the amendment in the name of Mr Cannan. All those in favour of that amendment, please say aye; against, no. The noes –

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

FOR	**AGAINST**
Mr Baker	Dr Allinson
Mr Boot	Mr Ashford
Mr Cannan	Mrs Beecroft
Mr Cregeen	Miss Bettison
Mr Harmer	Mrs Caine
Mr Quayle	Mr Callister

Mr Robertshaw	Mrs Corlett
Mr Speaker	Mr Hooper
	Mr Malarkey
	Mr Moorhouse
	Mr Peake
	Mr Perkins
	Mr Shimmins
	Mr Skelly
	Mr Thomas

The Speaker: There are 8 for, 15 against. The noes have it. The noes have it.

Turning then to the amendment in the name of Mr Baker, amendment 15, which I will take as a single amendment despite the fact it is split into (a) and (b). Those in favour of Mr Baker's amendment please say aye; against, no. The ayes have it. The ayes have it.

New clause 4 as amended, that it stands part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

New clause 5, Mr Peake.

Mr Peake: Thank you, Mr Speaker.

New clause 5 provides that if requested to do so by a registered medical practitioner whose surgery it is, the Department of Health and Social Care must by notice establish an access zone around the surgery of a medical practitioner providing abortion services.

Mr Speaker, for clarity, an access zone is the land on which the property sits and the surrounding highways.

Mr Speaker, I beg to move new clause 5:

NC5 Access zones — surgeries
RSBC/1996/1/7 (adapted)
(1) If requested to do so by the registered medical practitioner whose surgery it is, the Department must by notice establish an access zone around the surgery of a medical practitioner providing abortion services.
(2) An access zone established under subsection (1) includes the land on which the surgery is situate and any public highway within the area designated in the notice.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you. I beg to second and reserve my remarks.

The Speaker: I call on Mr Cannan, to move your amendment, sir.

Mr Cannan: Thank you, Mr Speaker.

I think all has been said that needs to be said. I move my amendment, as stated, to remove 'must' and replace it with 'may' in new clause 5.

Amendment 16 – amendment to clause 5
In subsection (1) for 'must' substitute 'may'.

The Speaker: Thank you.

Hon. Member, Mr Robertshaw.

Mr Robertshaw: I beg to second, Mr Speaker.

The Speaker: If no other Member wishes to speak I will put first the amendment in the name of Mr Cannan. Those in favour, please say aye; against, no.

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

FOR	**AGAINST**
Mr Baker	Dr Allinson
Mr Boot	Mr Ashford
Mr Cannan	Mrs Beecroft
Mr Cregeen	Miss Bettison
Mr Harmer	Mrs Caine
Mr Quayle	Mr Callister
Mr Robertshaw	Mrs Corlett
Mr Speaker	Mr Hooper
	Mr Malarkey
	Mr Moorhouse
	Mr Peake
	Mr Perkins
	Mr Shimmins
	Mr Skelly
	Mr Thomas

The Speaker: Eight for, 15 against. The noes have it. The noes have it.

Putting then clause 5, without the amendment, that it stand part of the Bill, those in favour, please say aye; those against, no. The ayes have it. The ayes have it.

New clause 6, Mr Peake.

Mr Peake: Thank you, Mr Speaker.

New clause 6 provides that if requested to do so by a medical practitioner, midwife, nurse or pharmacist providing abortion services, or a person providing counselling, the Department of Health and Social Care must by notice establish an access zone around the home of the person making the request.

Mr Speaker, I beg to move new clause 6:

NC6 Access zones — homes of persons providing abortion services or counselling
RSBC/1996/1/6 (adapted)
(1) If requested to do so by a medical practitioner, midwife, nurse or pharmacist providing abortion services or a person providing counselling the Department must by notice establish an access zone around the home of the person making the request.
(2) An access zone established under subsection (1) includes the land comprising the home of the person making the request and any public highway within the area designated in the notice.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you, Mr Speaker.

I beg to second.

The Speaker: Mr Cannan.

Mr Cannan: Thank you.

Again, I move my amendment that 'must' be replaced with 'may'. I sincerely hope the House is right, but I fear that the House may ultimately be proved wrong with their decision on this.

Amendment 17 – amendment to clause 6
In subsection (1) for 'must' substitute 'may'.

Mr Robertshaw: I beg to second, Mr Speaker.

The Speaker: I put first the question on amendment number 17 in the name of Mr Cannan. All those in favour, please say aye; against, no. The noes have it.

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

FOR	AGAINST
Mr Baker	Dr Allinson
Mrs Beecroft	Mr Ashford
Mr Boot	Miss Bettison
Mr Cannan	Mrs Caine
Mrs Corlett	Mr Callister
Mr Cregeen	Mr Hooper
Mr Harmer	Mr Malarkey
Mr Quayle	Mr Moorhouse
Mr Robertshaw	Mr Peake
Mr Speaker	Mr Perkins
	Mr Shimmins
	Mr Skelly
	Mr Thomas

The Speaker: Ten for, 13 against. The noes have it. The noes have it.

Voting then on new clause 6 to stand part of the Bill, those in favour, please say aye; those against, no. The ayes have it. The ayes have it.

New clause 7, Mr Peake.

Mr Peake: Mr Speaker, new clause 7 was agreed in principle by the House at our last meeting, and with no expected challenges, to establish a dimension of an access zone being on the land which the hospital, surgery, home or other premises stand and the land comprised in any public highway but in such distance not exceeding 100 metres of the boundary of that land.

Mr Speaker, I beg to move new clause 7:

NC7 Access zones — maximum dimensions
Drafting
(1) An access zone established under section NC4, NC5 or NC6 includes—
(a) the land on which the hospital, surgery, home or other premises stand; and
(b) the land comprised in any public highway within such distance of the boundary of the land referred to in paragraph (a), not exceeding 100m, as the order or notice (as the case requires) creating the access zone may specify.
(2) The Department may by order amend the maximum distance referred to in subsection (1)(b).
Tynwald procedure for an order under subsection (2) — approval required.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you, I beg to second.

The Speaker: Mr Cannan.

Mr Cannan: Once again, Mr Speaker, I think the House is being unwise to rush this through. I fear that this may not stand the test of time, but I will give it my support.

The Speaker: Mr Peake, do you wish to sum up?

I put the question that new clause 7 stands part of the Bill. Those in favour, please say aye; those against, no. The ayes have it. The ayes have it.

New clause 8, Mr Peake.

Mr Peake: Mr Speaker, new clause 8 refers to the prohibited conduct while in, and only in an access zone. It provides that a person, having been warned by a constable, that they must not engage in such conduct in order to dissuade a person providing, or a patient from accessing abortion services.

Mr Speaker, I will be supporting Mr Malarkey's amendments.

I beg to move new clause 8:

NC8 Access zones — prohibited conduct
RSBC/1996/1/2
(1) While in an access zone a person, after being been warned not do so by a constable in uniform, must not—
(a) engage in pavement interference;
(b) protest about abortion services or counselling with the intention of dissuading anyone from providing, or a patient from using, abortion services or receiving counselling;
(c) observe, continuously or repeatedly, any premises —
(i) in or from which abortion services are provided, or
(ii) where counselling is provided,
for the purpose of dissuading anyone from providing, or a patient from using, abortion services or receiving counselling;
(d) place himself or herself close to, and importune—
(i) a person providing abortion services or counselling for the purpose of dissuading that person from doing so; or
(ii) a patient for the purpose of dissuading the patient from using abortion services or receiving counselling;
(e) harass or intimidate—
(i) a person providing abortion services or counselling for the purpose of dissuading that person from doing so; or
(ii) a patient for the purpose of dissuading the patient from using abortion services or receiving counselling.
(2) A person who contravenes subsection (1) commits an offence.
Maximum penalty (summary) – 12 months' custody or a level 5 fine.
(3) For clarity, nothing in subsection (1) prevents a constable from performing the constable's duties as such.
(4) In a prosecution under subsection (1)(a) it is a defence for the accused to show that he or she was—
(a) a person providing abortion services or counselling; or
(b) a patient seeking or receiving such services or counselling.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you, I beg to second.

The Speaker: Mr Malarkey.

Mr Malarkey: Thank you, Mr Speaker.

In moving my amendments to new clauses 8 and 9 – at the same time, if I may, Mr Speaker.

The Speaker: Just move it on clause 8.

Mr Malarkey: A very minor alteration to a uniformed constable. Having spoken to the Chief Constable with regard to this, in modern policing not all constables are in uniform, but they do have warrant cards. So it is just to make clarification a little bit better for the future.

Amendment to new clause 8:
In subsection (1) omit 'in uniform'.

The Speaker: Mr Ashford.

Mr Ashford: Happy to second, Mr Speaker.

The Speaker: Who else wishes to speak on new clause 8 or the amendment? Mr Thomas.

Mr Thomas: Thank you, Mr Speaker.

Just to say very briefly, as I am in fact repeating what I said in the adjournment debate. It seems to me the Legislative Council is exactly the right place to make sure that the sentences, the offences and the defences are completely coherent with all of the other pieces of legislation that relate.

A very informed constituent, who has paid lots of attention to these sorts of matters, has written to me extensively about this and the promise I have made is that I do hope that our colleagues in the Legislative Council will actually review this thoroughly, as I do hope the Attorney General … and in fact I have had the assurance from the Attorney General that that will be the case.

The Speaker: Hon. Member, Mr Baker.

Mr Baker: Thank you, Mr Speaker.

I am starting to actually support this provision as redrafted. I think I would just like to acknowledge the progress that has been made with these access zone provisions as a result of the scrutiny and collaborative discussion over the past few weeks. I was initially very concerned about the implications of these access zones and the risk of people inadvertently falling foul of the provisions, because they are very wide ranging. But what we have now got is a clear process around the access zones being established, and hopefully clearly communicated by the Department. We have also got a process of a formal type of warning to anybody to desist from any behaviour which is likely to contravene this.

Whether the constable is in uniform or not I think is a technical drafting point, but there is a formal process to say, 'Stop protesting; if you continue, you are committing an offence', and on that basis I commend the revised draft to this Hon. House.

The Speaker: Mr Malarkey, do you wish to reply?

Mr Malarkey: No, I do not.

The Speaker: Mr Peake, would you like to reply? No.

In which case I will put the amendment in the name of Mr Malarkey. Those in favour of that amendment, please say aye; against, no. The ayes have it. The ayes have it.

New clause 8, as amended, to stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

New clause 9, Mr Peake.

Mr Peake: Thank you, Mr Speaker.

New clause 9 creates other offences within access zones, namely that having been warned not to do so by a constable, a person must not photograph, film, video tape, sketch or in any other way graphically record a person providing abortion services, or a patient that is in the access zone for the purpose of dissuading a person from providing or using abortion services.

Mr Speaker, I will be again supporting Mr Malarkey's amendment and I will also be supporting Mr Robertshaw's amendment.

I beg to move new clause 9:

NC9 Access zones — other offences
RSBC/1996/1/2-4 and drafting (subs (4)).
(1) Having been warned not to do so by a constable in uniform, a person must not photograph, film, videotape, sketch or in any other way graphically record a person providing abortion services or a patient while the person providing those services, or the patient (as the case requires) is in an access zone, for the purpose of dissuading any person from providing or using abortion services.
(2) Having been warned not to do so by a constable in uniform, a person must not do any of the following for the purpose of dissuading another from providing abortion services, or dissuading a woman from availing herself of those services—
(a) repeatedly approach, accompany or follow the other person, or a person known to the other person;
(b) continuously or repeatedly observe—
(i) a person providing abortion services;
(ii) a patient; or
(iii) a building in or from which abortion services are provided;
(c) place himself or herself close to, and to importune, a person providing abortion services or a patient; or
(d) engage in threatening conduct directed at the other person or a person known to the other person.
(3) A person must not repeatedly communicate by letter, telephone, facsimile or electronic means with another person without their consent for the purpose of dissuading a provider of abortion services from providing abortion services.
(4) A person who contravenes any provision of subsections (1) to (3) commits an offence.
Maximum penalty (summary) — 12 months' custody or a level 5 fine.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you, I beg to second.

Mr Malarkey: Thank you, Mr Speaker.

As with new clause 8, similar: to move in sections (1) and (2) 'in uniform'. For clarification, I am told 'constable' covers all ranks.

Amendment 18 – amendment to new clause 9:
(a) in subsection (1) omit 'in uniform'; and
(b) in subsection (2) omit 'in uniform'.

The Speaker: Thank you.
Mr Ashford.

Mr Ashford: Happy to second, Mr Speaker.

The Speaker: Mr Robertshaw.

Mr Robertshaw: Thank you, Mr Speaker.

I am grateful to the mover for indicating his support for this amendment, which effectively simply tidies the three subsections of this new clause up, in so far as subsections (1) and (2) are concerned with physical engagement, whereas subsection (3) is concerned about repeated communication by letter, telephone or other means. Just to draw Hon. Members' attention to the fact that the maximum penalties here are 12 months' custody or a level 5 fine.

My amendment simply says that the person contravening the regulations in subsection (3) should be treated the same as in subsection (1) and (2) in the sense that they should enjoy – if that is the right word – a warning by a constable, and my amendment also anticipated Mr Malarkey's amendment that the 'in uniform' was removed.

I beg to move, Mr Speaker.

Amendment to clause 8:
In substitution for subsection (3)—
'(3) Having been warned not to do so by a constable, a person must not, for the purpose of dissuading a provider of abortion services from providing abortion services, repeatedly communicate by letter, telephone or facsimile with a person who is in an access zone without that person's consent.'.

The Speaker: That is moved but I seek a seconder for that amendment.
Mrs Beecroft.

Mrs Beecroft: Yes, happy to second.

The Speaker: Thank you very much.
Mr Hooper.

Mr Hooper Thank you, Mr Speaker.

I am actually quite surprised the amendment from the Hon. Member for Douglas East is being supported. The first part makes sense: 'Having been warned not to do so by a constable …' – I think that is sensible, I would happily support that amendment. It is the bit at the end that adds in the phrase 'with a person who is in an access zone '. So the clause reads:

> A person must not for the purpose of dissuading a provider of abortion services from providing abortion services repeatedly communicate by letter, telephone or facsimile with a person who is an access zone.

There is nothing there to stop me from communicating with a medical professional who is not currently in an access zone by telephone, by letter or by facsimile. There is nothing stopping me from repeatedly communicating with them by telephone, by letter or by facsimile whilst they are at home, whilst they are anywhere other than in a designated access zone. I think that defeats the whole purpose of that clause, really.

The other sections of NC9 deal specifically with being physically present in an access zone, so if someone is physically trying to access or physically trying to provide the service I am not allowed to importune them, I am not allowed to get in their way whilst they are doing that. But this Part 3, the original drafting, seemed designed to stop me from harassing people providing these services outwith a zone. So I can harass them before they get to work but as soon as they get to work I have got to stop. That is what this amendment is basically saying and I think it is quite dangerous in that respect.

Again, if we were just talking about having been warned not to do so by a constable I think we should support that, but when you are talking about then restricting this access to people within an access zone I think it kind of defeats the whole purpose. How many people walk into

an access zone with a fax machine capable of receiving a facsimile transmission? It seems a little bit strange.

I would appreciate some clarity I think from the mover of this amendment as to why he feels this should only be specifically restricted to harassing people who are in the access zone itself, when we are dealing with telephone calls, letters, email, any other kind of electronic transmission and any other kind of communication that is not physically face-to-face. What is the logic behind restricting that to only in an access zone? And actually how does he feel that protections are being offered to people who are providing abortion services outside of an access zone? So whilst they are not physically present in the access zone, what protections are there to stop them being harassed and people attempting to dissuade them by means of the communication techniques that are described in new clause 9, section (3)?

The Speaker: Just for my benefit, Mr Hooper, can you tell me whether you are thinking of moving an amendment to the amendment, because that would require the leave of the House for us to come back next week?

I just need to know whether you are seeking to amend the amendment as printed on the Order Paper. *(Interjection)*

Mr Hooper: I was not seeking to amend the amendment, Mr Speaker.

At this point I think I would just appreciate some clarity from the hon. mover. I suppose if the clarity comes back and there is not any clarity, perhaps amending the amendment would make sense. *(Interjections)*

The Speaker: No, it is not.

We will move on then, at this point.

Miss Bettison.

Miss Bettison: Thank you.

It is in a similar vein actually to Mr Hooper's comments around supporting the principle of the warning by a constable. I do have worry and I share his concern around the access zone, but I am also concerned that 'by electronic means' has been removed in the new amendment. I would say that is one of the main methods of communication, so actually if we accept the amendment, emails are fine – harassment by email, harassment by WhatsApp and various other mechanisms would be fine. So if we are looking to change or amend the amendment I would be keen for that to be reintroduced.

Thank you.

The Speaker: Of course, it is up to any Member to indicate that they wish to move an amendment to an amendment. *(Interjections)*

I seek indications for anyone else who wishes to speak. Mr Cannan.

Mr Cannan: Yes, again, just a slight clarification. To the Hon. Member who has just spoken, I do not think it is acceptable for anybody to harass anybody in any circumstances. So let's not forget, we are not giving a green light in any circumstances; whether or not you support or do not support this amendment nobody has the right to harass anybody. We have a specific piece of legislation, it is called the Protection from Harassment Act 2000 and I would expect that legislation to be used should anybody complain, irrespective of whether it is abortion or anything else, that they are being harassed in the process of going about their legal, lawful business.

The Speaker: Mr Baker.

Mr Baker: Thank you, Mr Speaker.

I am just responding to, again, the comments made by the Hon. Member for Ramsey, Mr Hooper. I would point out to him that we are looking within this Bill, 'Part 3 – Access Zones for Abortion Services', and we are looking at new clause 9 which is entitled 'Access zones – other offences'.

Now, that is all about access zones and what Mr Hooper – and I thought he came from a very liberal, free speech perspective … he seems to be advocating the complete restriction of the freedom of speech to anybody who does not agree with, or even 100% fully support, the concept of –

Mr Hooper: Mr Speaker! I object to that interpretation of my words, Mr Speaker.

The Speaker: Order! It is at that point of debate that we are not going to get into interpreting other people's comments.

Mr Baker.

Everyone heard what you said, Mr Hooper.

Mr Baker: What Mr Hooper was talking about was effectively being surprised that there was no provision to restrict those activities with no reference at all to access zones. Now, this is a piece of legislation that is about access zones.

Again, this was discussed in the very productive session that the mover of this whole new Part, Mr Peake, and I had with Mr Connell, the drafter. There were two particular issues: one was about enforceability, that somebody had to be in an access zone in order to make it enforceable; and the second was about proportionality, and the interplay with freedom of speech. So that is why it has been drafted as it has, that is I guess why Mr Peake is supporting it. It is a proportional piece of the jigsaw about providing access zones for the women of the Isle of Man and the healthcare professionals of the Isle of Man to make sure they can access these services without harassment.

Miss Bettison referred to the concern around electronic communication. I have got a very simple solution for people who get correspondence that they do not want by electronic means: it is simply called the delete button, which works on my emails all the time. I would just suggest anybody who gets an email that they do not want just hits the 'delete' and gets rid of it. *(Interjection by Mr Cregeen)* And yes, as my hon. colleague from Arbory, Malew and Castletown says, you can block the senders as well.

So this is proportional, it is putting protection around the people we are trying to protect, and it is supportable by the drafter.

Thank you, Mr Speaker.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you, Mr Speaker.

I rise to speak to Mr Robertshaw's amendment. I think that needs to be taken into consideration with the previous clauses that we have just talked about, about the ability for an access zone to be set up around the homes of medical professionals who are being harassed and the obligation for the Department of Health to put that in place. On that basis, I believe that the amendment achieves the desired outcome because there will be an access zone in place.

The other slight concerns about does it cover WhatsApp, does it cover electronic communications? I think 'by phone' can be interpreted in that way, in my view, but again I would be happy for the Legislative Council to consider that *very* small point of detail. That is what you would expect in terms of the revising chamber – to have a look at that.

So I am supportive of Mr Robertshaw's amendment and I just wanted to explain those two points. Thank you, Mr Speaker.

The Speaker: Mr Harmer.

Mr Harmer: Yes, just to say I am supportive of the amendment and I am glad the mover of the clause is also supportive. It is about access zones and I think we are veering into other areas of freedom of speech and all sorts of things. Let's stick to access zones and I will fully support.

The Speaker: If everyone feels they have had a fair opportunity, I will call on Mr Robertshaw first.

Mr Robertshaw: Thank you, Mr Speaker.

I will not linger because I think the eloquent comments by previous speakers have captured the essence of the clause, the intention and the amendment, and quite clearly pointed out that, effectively, an access zone could be built around an individual on application should that be necessary.

So I do not think there is anything more to say, Mr Speaker.

I beg to move.

The Speaker: Mr Malarkey.

Mr Malarkey: Nothing from me, Mr Speaker.

The Speaker: Mr Peake.

Mr Peake: Thank you, Mr Speaker.

I would like to thank you all for the contributions you made there, particularly Mr Hooper for allowing us to just look into this with a bit more detail and I will give an explanation now.

The issues around removing electronic means, that could be received anywhere in the world and all we are trying to do is to create that safe access zone around the property. So if the medical practitioner, the pharmacist, actually then enters his home or surgery, he or she then has that protection of the access zone. So physical things like letters arriving at the access zone: once you have been warned not to send letters to this address, you then commit an offence. If you then take your phone away and actually receive emails in the UK then that is not covered by the access zone. So that is why we have taken out the electronic means. Thank you very much, the Hon. Mr Robertshaw, for doing that and bringing that amendment forward.

Thank you very much, Mr Baker, for sharing the work that we have done over the last few weeks we brought together and really I think has brought better legislation that we can now agree on that together.

Mr Malarkey, yes, the 'in uniform', I am happy to remove that because that appears in a 1960s view of the constables and now the modern interpretation of all warrant-carrying officers is just the word 'constable'. So again, thank you, Mr Malarkey, for that.

Mr Speaker, I beg to move new clause 9.

The Speaker: Before I put the question I will just offer a last opportunity if anyone wants to take point of that amendment-to-amendment provision. That not being the case, I will put the questions. Firstly, I put the question on amendment 19 in the name of Mr Robertshaw. Those in favour, please say aye; against, no. The ayes have it.

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

FOR	**AGAINST**
Mr Ashford	Dr Allinson
Mr Baker	Miss Bettison

Mrs Beecroft
Mr Boot
Mr Cannan
Mrs Corlett
Mr Cregeen
Mr Harmer
Mr Malarkey
Mr Peake
Mr Perkins
Mr Quayle
Mr Robertshaw
Mr Shimmins
Mr Skelly
Mr Speaker

Mrs Caine
Mr Callister
Mr Hooper
Mr Moorhouse
Mr Thomas

The Speaker: There are 16 votes for, 7 against. The ayes have it. The ayes have it.

Amendment 18 in the name of Mr Malarkey. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

The question now being that new clause 9, as amended, stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

New clause 10, Mr Peake.

Mr Peake: Thank you, Mr Speaker.

New clause 10, agreed in principle by the House at our last meeting, with no expected challenges provides that, on application by the Attorney General, the High Court may grant an injunction to restrain a person from contravening a provision of this Part.

Mr Speaker, I beg to move new clause 10:

NC10 Injunctions
RSBC/1996/1/10 (adapted)
(1) On application by the Attorney General, the High Court may grant an injunction to restrain a person from contravening a provision of this Part.
(2) A contravention may be restrained under subsection (1) whether or not it constitutes an offence under this Part, or constitutes—
(a) incitement of,
(b) procurement of,
(c) aiding or abetting, or
(d) a conspiracy to commit,
an offence under this Part.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you, Mr Speaker.

I beg to second and reserve my remarks.

The Speaker: I put the question that new clause 10 stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

New clause 11, Mr Peake.

Mr Peake: Thank you, Mr Speaker.

New clause 11 describes the methods by which the Department of Health and Social Care must communicate to the public the existence and extent of access zones created by this Part. It will be for the Department of Health and Social Care to determine how they do that but by way

of simple communication of access zones would possibly be a tried and tested method currently used by the Department of Infrastructure on notices of road closures.

At this point, I would like to thank the Hon. Members and I would like to thank particularly Mr Howard Connell who worked very hard on producing all these amendments and working on these Parts.

Mr Speaker, I beg to move new clause 9.

The Speaker: New clause 11.

Several Members: Eleven.

Mr Peake: Mr Speaker, I beg to move new clause 11!

NC11 Access zones — notices
The Department must, by means of notices and such other methods of communication (including electronic communications within the meaning of the Electronic Transactions Act 2000) as it considers necessary, draw the attention of the public of the existence and extent of access zones created by this Part.».
Renumber the following Part of the Bill as Part 4, renumber the following Clauses and adjust cross-references accordingly.

Mr Malarkey: It is not on the Order Paper.

The Speaker: Mr Shimmins.

Mr Shimmins: Thank you. I beg to second.

The Speaker: I put the question that new clause 11 stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

We turn to new clause 12 and ask the mover, Mr Ashford, to move it in principle.

Mr Ashford: Thank you, Mr Speaker.

I wish to move new clause 12 in principle. The reason this new clause is before us, Mr Speaker, is it is a bit of a tidying up exercise and a bit of clarity. Obviously the power to implement also brings with it the power to revoke. The way the previous new clauses that have just been agreed by the House lay it out of course in relation to the access zones is that they are established on the request of an individual.

The power to revoke is doing in reverse the power to implement and one of the things that we needed clarity on was what would happen if that individual was either incapacitated, unable to give their consent to the revocation or unable to converse with the Department.

So after speaking with the legislative drafter, he decided that it was a good idea to have clarity on that and what this new clause does is it makes clear that in the event of a revocation that before exercising the power that is conferred on the Department we must consult with the person who requested the access zone in the first place, but only if it is practical to do so, so we do not end up with a situation where an access zone is in place and is no longer required.

Thank you, Mr Speaker.

Amendment 20
Immediately after New Clause 11 insert —
«NC12 Revocation and variation of orders and notices about access zones
(1) If it appears to the Department that an access zone established under this Part is no longer necessary, or that its extent ought to be varied, it may vary or revoke the order or notice

establishing the access zone by a further order or notice (as the circumstances of the case require).

(2) Before exercising the power conferred by subsection (1), the Department must, if it is practicable to do so, consult the person at whose request the access zone was established.

(3) Section NC11 applies to the revocation or variation of an order or notice by virtue of subsection (1) as it applies to the establishment of an access zone.

Tynwald procedure for an order under subsection (1) – approval required.».

Renumber the following Clauses of the Bill and adjust cross-references accordingly.

The Speaker: Miss Bettison.

Miss Bettison: Thank you. I beg to second.

The Speaker: I put the question that new clause 12 be agreed in principle. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

I call on Mr Ashford to move new clause 12 in detail.

Mr Ashford: Thank you, Mr Speaker.

I think when I moved it in principle I said all that I needed to say in clarity, but if anyone has any questions obviously I would be happy to answer them.

The Speaker: Miss Bettison.

Miss Bettison: I beg to second.

The Speaker: Mr Cannan.

Mr Cannan: I think I will just clarify this. So what we are effectively saying here is that the Department will only revoke such an access zone order following a specific referral to the individual where, providing they are capable of giving a specific answer, only on that basis where an individual confirms that they wish the zone to be removed will such a zone be removed? I think that is worth clarifying.

The Speaker: Mr Ashford.

Mr Ashford: Thank you, Mr Speaker.

Yes, but it also gives the Department the power that if it is not practical to consult with the individual for whatever reason that they are incapacitated, then the Department can still revoke the order. I think that is very important because that was what was lacking before, Mr Speaker, in that because there was nothing around revocation, the power to implement has a power to revoke, but the power to revoke is doing the implementation process in reverse. Because the previous clauses state that it is the person requesting the access zone, it would mean that in order to revoke, the Department would have had a duty to consult with that person and if that person is incapacitated the Department would not be able to do so, so the access zone would have remained in place. So in relation to this, what this does is it says that the Department has to consult with the person only if it is practical to do so.

The Speaker: Mr Cannan, do you have a point of order?

Mr Cannan: I would merely ask for a point of clarification. May I continue?

The Speaker: Has the Hon. Member yielded the floor yet?

Mr Ashford: If Mr Cannan wishes further clarification I am more than happy to give it, Mr Speaker.

The Speaker: You are happy to yield the floor.
Ask for your clarification.

Mr Cannan: Basically, the Hon. Member is actually saying that it is now the Department's decision, effectively? It is not quite as simple as it is now being made out to be, which I find slightly bizarre, given that we are now saying the House's opinion is that an individual should determine this. The Minister, in clarifying that point for me, has effectively indicated that the Department will 'consult', is the word that he has used. He has not actually determined that the Department will abide by the individual's wishes. Surely we should get absolute clarification this morning from the Member that if we are going to accept NC4, NC5 and NC6 then by virtue of accepting that, the Department can only remove this by permission of an individual except where they are incapacitated.
I think I would seek the Minister's absolute clarification that is, in fact, the case as it stands at the moment in terms of this particular clause.

The Speaker: Mr Ashford.

Mr Ashford: Thank you, Mr Speaker.
Apologies if I am not making myself clear. We will go through it stage by stage. The power to implement in relation to the other clauses comes with it a power to revoke. So without this amendment what would happen is obviously the stages for implementation as a person requests an access zone, the Department – as it stands now, what has been agreed by the House today – must put one in place. If at any point that access zone is to disappear what would happen is that person would then have to request the access zone to go and do that process in reverse, or if the Department felt an access zone was not needed they would have to get the permission of that person to revoke the access zone.
But if that person, for whatever reason, is incapacitated so they are unable to give consent there is no way of the Department revoking the access zone. So if the person is capable of being consulted then the Department must consult with them. There are no ifs and buts about that; the Department must consult them and follow it in reverse. But what this is doing is clarifying that if someone is not capable of giving their consent for whatever reason, be they in a coma or various other reasons, then there is the ability, if it is not practical to consult with them and it is quite clear that access zone – because if they are no longer living there, they are in a coma, they are in a serious medical state – is no longer required, there is the ability to roll that back so we do not end up with eternal access zones sat around the place that can never be revoked.

The Speaker: Sorry, Mr Baker, are you looking to ask the Hon. Member to give way as well?

Mr Baker: No, no. I was merely trying to get your attention for when the Hon. Member has finished.

The Speaker: No, I am afraid this is the summing up of new clause 12 in detail.

Mr Ashford: I will yield to the Hon. Member.

The Speaker: Thank you, Hon. Member.

Mr Baker: I was going to make the point that the obligation on the Department is to consult; it is not necessarily to take any notice of the response from the person.

We see other consultation processes where the consultation goes on but we do not necessarily see the feedback being reflected in what is actually done. So the Department could, as long as it consulted, comply with this and if it revoked an access zone against the wishes of an applicant, then the applicant would effectively just be able to request it again and the Department would have to put it back in place. I think the risk is pretty minimal.

Mr Ashford: Happy to agree, Mr Speaker.

The Speaker: Now, before the Minister sits down, if anyone else wants to catch their eye, that is their opportunity. Right, okay.

Mr Ashford: I will sit down for the final time, Mr Speaker.

The Speaker: Thank you very much, Mr Ashford.

I now put the question that clause 12 be agreed in detail. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Now, Hon. Members we turn to clause 3 of the original Bill and, Dr Allinson, if you are prepared to move that at this stage.

Dr Allinson: Thank you, Mr Speaker.

Of course, clause 3 deals with a series of definitions and interpretations related to the Abortion Reform Bill 2018.

I beg to move clause 3.

The Speaker: Miss Bettison.

Miss Bettison: I beg to second and reserve my remarks.

The Speaker: Mrs Beecroft.

Mrs Beecroft: Thank you, Mr Speaker.

I wish to move an amendment, as has been circulated, to clause 3:

Amendment 4

Page 7, line 20, for 'physical, mental and social well-being' substitute 'physical and mental well-being'.

As they say, the devil is in the detail, which is what we have been discussing today, an awful lot of detail. But if I can bring everybody back to where it all first started, because it was understood at the beginning of this process that what was being proposed was abortion on demand up to 14 weeks. From 14 to 24 weeks there would be criteria that would have to be met, quite substantial criteria, but then after 24 weeks, there would be a lot stricter criteria. That is the basic premise that I believe that we have all been working to and that is what we want to get to the end of this Bill, having completed that and accomplished that.

I have a concern that this Bill, as it stands, is allowing abortion on demand up to 24 weeks, if not longer, because in clause 3 it states that the definition of 'health' means:

> a state of complete physical, mental and social well-being …

Now, complete social well-being is open to the definition by the woman seeking an abortion. It is not defined and it is legally indefinable. The accepted definition of 'health' given by the English dictionaries is a condition of physical and mental well-being, but the Bill does not use this

definition. This Bill, by using complete social well-being, is effectively, and I repeat, I believe introducing abortion on demand up to 24 weeks or possibly more.

Now, it is really the definition that I think is the problem. I did ask for a definition from the draftsman and he said, 'Well, the best definition of social well-being I have been able to find is "social well-being is the extent to which you feel a sense of belonging and social inclusion. A connected person is a supported person in society".' That is the best definition that he could find for us, but I bet every one of us in this room actually thinks social well-being is something slightly different to that, because I would. I would think social well-being is possibly having the ability to go out, having sufficient money to go out, even it is only once a month to enjoy myself. Social well-being is lack of isolation, maybe, having your family and your friends around you. Everybody is going to think of it as something very different and I think that is really what is causing me the concern. Because this definition, as it stands in the Bill, will cause confusion and it will cause confusion with the medics, understandably I think, and could create problems between a GP or another medical professional and the patient.

I think it will make the Bill unworkable and I will give one example. Clause 6(8)(a) states:

> the termination is necessary to prevent grave long-term injury to her health;

Now, on the face of it when you read that it makes absolute sense. But if you apply the definition of health as stated in clause 3, what does it mean? Long-term injury to her social well-being – what does that mean and who is going to define it? I know this is the definition by the World Health Organisation, it was their definition that they adopted in 1948, but there is a certain amount of concern from other eminent bodies that it needs updating and that it is not appropriate for today.

I am absolutely sure that causing confusion is not what Dr Allinson has intended, or what Members wish to support, but we should not be agreeing legislation that is not legally clear and it is not legally clear. And it is not legally clear – that terminology is not legally clear.

Mr Shimmins remarked earlier about having legal opinions and if you pay for a legal opinion, you tell them the slant that you want it. I am not saying that draftspeople put a slant on anything, I am not implying that at all, but you ask them to produce a draft Bill based on your policies. Now, I am not saying that they have to agree with everything, you have to make sure that it is legally compliant but if you want to put something in that is not clear it does not make it illegal. So the draftsperson can have something in a Bill that is not particularly clear and it would still be allowable, if you like, without going on and saying, 'I would say you should not do this because it will not go through the processes.' But we should not be producing legislation, particularly legislation that is so important as this, that is not clear.

I think we all support the intentions of this Bill, but where there are areas that do not fulfil the intentions in the detail when you read it, we have to bring forward amendments and there have been numerous amendments up to date, where we are all trying to get the Bill to the right place at the end of the day and we do have to bring them forward so that the final draft Bill reflects as accurately as is possible what is intended, when it goes to Legislative Council for their scrutiny.

Thank you, I beg to move.

The Speaker: Mr Robertshaw.

Mr Robertshaw: Thank you, Mr Speaker.

I rise to second the amendment in the name of the Member for Douglas South.

I want to talk here about what the implications are in adopting this rather revolutionary interpretation of the word 'health'. I want to focus on I think the remaining core issue because we are moving towards the end of our work here on this Bill, and that is the contention on the

part of the mover that it is not a matter – and he has said so a number of times – of providing abortion on demand between weeks 15 and 23.

The House is already resolved, in its own mind, that there is abortion on demand up to and including week 14. I think the Hon. House also recognises the fact that UK law will apply for those very rare late abortions that occur from 24 weeks onwards because the woman will move to the UK for that facility.

But there is continuing real concern, in my view, over whether we have or have not opted for abortion on demand between weeks 15 and 24. My contention is that we have.

There have been, as it were, groups working together in the voting process right the way through our work on this Bill but very shortly, when our work comes to an end, when what we have said, our emotions as expressed, simply become words in *Hansard* and get filed in the Library, this remains and becomes law, and will be law long after the likes of me have departed from this Hon. Court and many others as well. So it is not about us, it is not about our opinions; it is about what we are actually agreeing to here.

My argument is, to repeat myself, that we are actually agreeing, if we reject the mover's amendment here, to abortion on demand right up to and including 24 weeks. I beg the House to consider this point very carefully and I ask each Member to ask: is that really what you want?

Let me explain why I believe that is where we are heading. It all revolves around clause 6 and its various component parts and how it works together or does not, depending on your view. But subsection (4) of clause 6 reads:

> This subsection applies if the continuation of the pregnancy would pose a substantial risk of serious injury to the pregnant woman's life or health.

Or effectively, if we reject the amendment, to the woman's 'life or social well-being'.

If you go on to subsection (7) of the same clause it says:

> This subsection applies if, according to the pregnant woman, there are serious social grounds justifying the termination of the pregnancy.

In other words, it is not the medic's opinion; it is the opinion of the pregnant woman that will decide whether or not an abortion should take place. That effectively is abortion on demand.

The mover has consistently argued that that is overridden by subsection (3) in clause 6. The latter part of which says … I will read the whole thing because I think this is so important:

> During the period commencing with the beginning of the 15th week and ending at the end of the 23rd week of the gestation period, such services may be provided, upon request by or on behalf of a pregnant woman if the registered medical practitioner attending her is of the opinion, formed in good faith that one or more of subsections (4) to (7)

– which I have just referred to –

> applies in her case.

There is not a problem in those circumstances if the medic in that situation acknowledges that an abortion is appropriate. But what if the medic in those circumstances says, 'No, I do not believe that an abortion should take place.' We could be, say, at week 18 or 19. The woman will argue that her will prevails in subsection (7). The mover says that the medic's opinion prevails in subsection (3) and this is where the confusion builds.

As I said, there is not a problem if the medic agrees that the abortion should go ahead. If the medical profession *refused* an abortion under those circumstances and the woman went ahead against her will and had a full-term pregnancy and a live birth, the medical profession have then acted against her will in subsection (7). I just wonder in a court case how the law would interpret the confusion that lies within those clauses.

The woman might say, 'I wanted an abortion, I demanded an abortion, I have the right to that abortion under subsection (7) but I was refused it by the medic under subsection (3).'

So the court would then presumably say to the medic, 'What were your grounds for refusing this? If they were not on medical or mental grounds but they were on social well-being grounds, how did you define the social well-being nature to make that refusal? Where is your evidence to show what your understanding of social well-being is?'

And the answer that the medic would have to give the court is, 'There is no definition whatsoever.'

I touched on this earlier today, Mr Speaker: in the legal advice that the mover got it is explicitly admitted there that there is no definition. In the QC's advice that the mover got, and I read this again:

> In all the circumstance, given the prospect of an IOM court,

– presumably that is us, because we make the law –

> in the future being invited to imply social well-being into the definition of health …

if it should be excluded – they would argue it is wrong, but it *has not been decided*. We have not entered upon a Bill or a discussion as to whether we want to redefine the meaning of 'health' in the broadest sense of the word.

Mr Speaker, if we do this, it is a major step which is going to have really significant implications and yet here it is trying to be, as it were, squeezed under the fence under the Abortion Act without any definition at all, the consequence of which is that we get the alternative legal advice, which says:

> Further, it is readily apparent that introducing such a definition into proposed or extant legislation would render that legislation virtually meaningless, given the aspirational character of the wording.

Should we then, with such messy wording, place a pregnant woman in those uncertain circumstances? And yes, should we, for the same reason, place the medical profession in such real uncertainty? I would argue very strongly that we cannot do that. It is bad legislation.

If you simply, though, acknowledge the mover's amendment and remove this contentious 'social well-being' element, then it becomes clear. The House has gone for abortion on demand up to 14 weeks. It recognises the overriding right of UK law to apply for 24 weeks onwards and we are opting for abortion between weeks 15 and 23, on the basis of medical and mental issues – which is absolutely within the capacity of the medical profession to make those decisions and they will not be challenged in court. But they *will* be challenged in court if we force the medical profession into this opaque, uncertain world surrounding the issue of social well-being.

If it is, ultimately in years to come, the will of this House, on careful deliberation, to change its definition of the word 'health' and all that that implies, then that is when that would come into play in terms of this legislation here. But we cannot rush fences and start snatching possible later conclusions over our understanding of the word 'health'.

The QC supporting the mover has clearly implied that. The QC who has given, again, careful consideration to this has clearly explained that it makes this legislation meaningless. Hon. Members, please do not put women in these uncertain circumstances. Please do not the medical profession in these uncertain circumstances.

If you vote against this amendment, you are voting for abortion on demand up to 23 weeks. You would actually be voting for abortion on demand right up to birth, in terms of this terminology, simply except for the fact that our opaque law would be overwhelmed in the UK by clear law, which would permit very late abortions on those rare occasions where there is clarity and understanding as to why that abortion should take place.

Hon. Members, please vote for this amendment, vote for what I believe I think we have arrived at, which is abortion on demand up to 14 weeks, UK law applying from 24 weeks and carefully considered need for abortion on medical and mental grounds between the weeks of 15 and 23.

Thank you, Mr Speaker.

The Speaker: We turn to Mr Baker to move amendments 7 and 8.

Mr Baker: Thank you, Mr Speaker

I rise, as Mr Speaker has indicated, to talk to both of my proposed amendments around 'serious impairment', amendment 7, and also 'serious social grounds', amendment 8.

Having listened to both the Hon. Member from Douglas South and from Douglas East speak to the definition of health, there is quite a lot of synergy between the points that they make and the points that I make in terms of trying to bring clarity and definition to the drafting of the Bill.

We all have unanimously supported the principle of modernising our abortion provision and we have gone through the detailed clauses, on which we have not all agreed but we have reached agreement as a House. All that is left is the detailed definition. It could be seen as this is just one clause amongst the multi-clauses in the Bill, but actually this is the fundamental cornerstone of the Bill that is going to pass through to LegCo and ultimately for Royal Assent.

For me – I have said it before, I will say it again – we have got to produce good legislation that we are proud of, that may be refined by others but actually is the best that we can do in this House. I know a lot of people have really applied themselves, from the hon. mover of the Bill, Dr Allinson, through to those of us who have questioned, scrutinised and raised amendments, and I think that the House has applied itself diligently to the issue in front of it. But the legislation is only as strong as its weakest link and I echo the comments that have been made about some of these definitions being quite weak. Indeed, I draw your attention to the email sent over the weekend by Dr Allinson regarding health, where he stated:

> This stresses the importance of a clear definition to be included in this Bill.

So we are all in agreement that clarity is required. That comment was around the concept of health and the definition of health. I am not going to talk to that; I am going to talk to my two amendments, which are 'serious impairment' and 'serious social grounds'. My amendments attempt to bring that clarity and definition and it is my contention that without such definition this Bill is seriously flawed.

Lack of definition leaves the interpretation uncertain, and as we have seen from previous discussions in this Hon. House, it is easy for Hon. Members to interpret the same information differently. We saw that on access zones, for instance. We all view things through the lens of our experience, our knowledge, the things that have happened in our previous lives. So, if amongst a relatively tight-knit group of 24 people we have a fundamental difference of interpretation, how much more so is that going to be the case when this goes out into the wider world and has to be implemented? Without definition there will be uncertainty and there will be inconsistency. The interpretation will vary between doctors, between women, and probably most worryingly between the women and the doctors who are caring for them, and that cannot be a good thing.

Indeed, this sentiment was confirmed, if confirmation was required, by section 60 of the legal opinion of Monye Anyadike-Danes QC, which was circulated by Dr Allinson. She states:

> It is generally preferable for such important matters, particularly where they are foreseeable, to be addressed directly by the proposed legislation, rather than leave them to be the healthcare professionals to 'work through' or by the courts in the event of any proceedings.

She is clearly saying that it is better for us to try and sort this out and get as much clarity as we can, rather than pass the buck on to doctors or, even worse, on to lawyers to sort out. That underpins what I am bringing forward.

The current Bill, as it is drafted without this amendment, is silent on what serious impairment actually means, yet serious impairment is a crucial tenet of late abortions. So, it is important. What we are saying here is: what are the situations in which we will permit a late abortion? We are saying it is if the foetus or unborn child, whichever language you wish to use, has a serious impairment. What does that mean? We do not say. We are silent on it. It will mean different things to different people. That cannot deliver good law.

So we have got to consciously either choose to stay silent on this, which for me is passing the buck – it is saying either we have not got the capacity to deal with it ourselves so we will leave it for somebody else to worry about, or it is too hard and too contentious to get agreement on, or it is just easier – but none of those are good answers for me, particularly given the importance of this subject.

Indeed, Dr Allinson's first draft Bill explicitly also recognised the importance of clear definition in the context of the serious social grounds, which at that stage were listed in a very hard-hitting way. Dr Allinson was trying to bring clarity to the circumstances in which those provisions would apply and he got quite a reaction. He attempted to define a list and got responses from people who either agreed or disagreed with whether those were serious grounds or not. Following his consultation process he recognised the limitations of that approach and took that list out and left the Bill silent, did not replace it with anything on what that term means.

So the reality is, as I have already stated, the interpretation will be different by different people and I believe we must address this. I have exercised my mind on it over quite a period of time and I believe I have brought forward a different approach. My definitions are principles based to try and provide a framework in which one can assess the circumstances affecting the woman and the unborn child in order to try and lead us to the right decision. They do not attempt to provide a prescriptive list of situations, but equally they do not stay silent or indeed leave it to others, whether that be the Department or any other body, to bring in their definition at some future date either through order or through legal action, or leave it to the GPs to decide either individually or collectively.

The principles that I advocate are transparent from the wording of my proposed amendments and I have given a lot of thought to this. Amendment 7 is around serious impairment and I have defined that as a condition which would significantly reduce the length or quality of the child's life, it would be permanent and irreversible and could not reasonably be ameliorated after the birth of the child by corrective surgery or the use of aids and adaptations. So it is very clearly set out and that provides a framework – a lens, if you like – through which the medical practitioner, the woman and the people of the Isle of Man can see what we have actually defined here as a serious impairment. I am aware that Dr Allinson is bringing an amendment to that and he will obviously speak to that, but it preserves a large element of the principles I have outlined and modifies the third part.

In terms of the serious social grounds, amendment 8, it means circumstances or conditions affecting the woman which are long term and will have or can reasonably be expected to have a significant adverse and enduring impact on her health. Again, very clear principles that people can look at and provide a framework – a lens, if you like – to assess the circumstances or conditions and make their mind up whether they are satisfied with the definition of serious social grounds.

I hope, Hon. Members, that you see the benefit and the need for definition in these important areas. Please reflect on what these clauses actually say. I cannot think of a better form of words, despite having considered it at length and discussed it with a number of people, including the drafter and Dr Allinson. If somebody can come up with a better form of words, that

is fine but I think what is on offer here is a framework if you accept the amendment, or a silence and left to others to determine.

In my view, the absence of these definitions will leave a huge void in our legislation and leave these important issues without definition, and I think that the Bill is incomplete without them. So, Hon. Members, I hope that you can support this amendment. You understand the reasons for bringing it: it is to make good legislation and to deliver the outcomes that the women of the Isle of Man are looking for.

With that, Mr Speaker, I beg to move:

Amendment 7
On page 8, at the appropriate point in the alphabetical list of definitions (i.e. between the definitions of 'relevant professional' and 'specified' in the amendment above) insert—
'"serious impairment" means a condition which —
(a) would significantly reduce the length or quality of the child's life;
(b) would be permanent and irreversible; and
(c) could not reasonably be ameliorated after the birth of the child by corrective surgery or the use of aids and adaptations;'.

Amendment 8
On page 8, at the appropriate point in the alphabetical list of definitions insert—
*'"**serious social grounds**" means circumstances or conditions affecting the woman which are long-term and will have, or can reasonably be expected to have, a significant, adverse and enduring impact on her health;'.*

The Speaker: Mr Harmer.

Mr Harmer: Thank you, Mr Speaker.

I would like to second both amendments and I will turn to each in turn. I think they are very helpful amendments which apply definition and clarity around those, but they are very different and they address two different issues – one is obviously 24 weeks and above and the other is obviously between 15 and 23.

So if I address the first one, in the current Bill it talks about:

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

Having said that, in its broad form, that leaves quite a large area of possibilities. I believe that at 24 weeks the foetus is viable, it is more likely to be born than not born, it could survive, so the times when we want to intervene should be incredibly rare. I am also minded to remind us that, as far as I am aware, not all of this would be necessarily handled by the UK in law. It may be the practical application, but in law those abortions could happen here so we need to make sure that our law is absolutely accurate.

In terms of serious impairment it talks about in the definition, that 'would be permanent and irreversible' because there may be an opinion at the time but the impairment actually is not permanent, it is not irreversible. Mr Baker's amendment clearly defines that we are talking about permanent impairments, we are talking about irreversible impairments, we are talking about impairments and problems that cannot be ameliorated, cannot be improved after birth with surgery or even adaptations. I am thinking of all of those eminent people we have talked about – Prof. Hawking and all of those people in the past – who maybe would have potentially not been born or will not be born and we want to be absolutely certain that we are not allowing anything like that. I think this definition tightens it, it says it is permanent, it cannot be changed, it is something that cannot be done by corrective surgery, it is life limiting, and that is why I think it is absolutely a very important amendment to the definition.

Regarding serious social grounds, again I think we have tried to grapple, as Mr Baker has said, with the concept of trying to have a list, but what do we actually mean by that, and it comes back … But I think the definition, unfortunately, in its word sense, does not actually help because if we look at the word 'social' it is communal, it is community, it is collective group, it is general, it is the population, it is civic, it is public, it is the social group. So the word 'social' is not about the woman, and the point I would like to make is that Mr Baker's amendment actually clarifies that it is about the woman and this has always been, right the way through this Bill, about the interests of the woman. If you just go straight to the Bill in clause 7:

> This subsection applies if, according to the pregnant woman, there are serious social grounds justifying the termination of the pregnancy.

The bit that worries me is it is the community that will decide what those serious social grounds are. It could be poverty, it could be the size of the family, it could be whatever society has in terms of social factors. Mr Baker's amendment simply makes it clear that what we are talking about is:

> means circumstances or conditions affecting the woman which are long-term and will have, or can reasonably be expected to have, a significant, adverse and enduring impact on her health;

and we have defined 'health' as well, but the point is it is about the woman and I think that is a really important definition. It is not about a pressure group. We have talked about, in one sense, stopping gender selection, but there will be other pressures, other social concerns, because the word 'social' is about the community, is about the group, is not about the individual. So in that instance it would mean that we have actually defined something we had not intended to define, and that is really where I am coming from. We have moved away from a list but we have got a term which actually was not the intention, so that is why I will be supporting both amendments.

The Speaker: I turn now to Dr Allinson to move your amendment to amendment 7 – on the Order Paper, 7A.

Dr Allinson: Thank you, Mr Speaker.

I rise to propose an amendment to the text suggested by the Hon. Mr Baker. He has tried to define the term 'serious impairment', which is technically and ethically very difficult and I thank him for the amount of thought and effort he has put into this. I have suggested a change to the language used in paragraph (c) to ensure that the woman is implicitly involved in the decision process.

A term such as 'could be reasonably ameliorated' might suggest one operation or 10 surgeries before the age of five for the child, corrective surgery presupposes consent on the part of the parents and although new technologies offer the potential for aids such as electronic wheelchairs and gaze-directed computers, the serious impacts on the quality and duration of the life of the child can still be huge.

I propose new text for paragraph (c) which would read:

> could not, in the view of the woman, after discussion with a relevant professional, be sufficiently ameliorated, after the birth of the child, by corrective surgery or the use of aids and adaptations;

Again, following on from the previous speaker, this puts the woman at the centre of things so that she and the rest of her family are involved in these very rare but very difficult discussions to see what they can actually cope with, and so I hope that this will enhance the amendment that Mr Baker has brought forward. And while I am standing, if I can also support again the very difficult job he has done in terms of defining serious social grounds and support that amendment as well.

These definitions, unfortunately, do not often occur in legal documents and legal frameworks, but I think they are very important to give clear guidance both on what this House expects but also what the law provides.

Thank you, Mr Speaker. I move the amendment in my name:

Amendment 7A
As an amendment to amendment 7, to substitute for paragraph (c) —
'(c) could not, in the view of the woman, after discussion with a relevant professional, be sufficiently ameliorated, after the birth of the child, by corrective surgery or the use of aids and adaptations;'.

The Speaker: Miss Bettison.

Miss Bettison: I beg to second the amendment.

The Speaker: Mr Cregeen.

Mr Cregeen: Thank you, Mr Speaker.

On listening to what the mover has just said regarding his acceptance of the amendment by Mr Baker on 'serious social grounds', I will move my amendment just to go through process, but am aware that the mover of the motion is actually supporting the other 'serious social grounds'.

The Speaker: It might help the Member if I interrupt at this point. In my consideration of what order the votes be put, because amendment 8 is the more rigid definition – that is Mr Baker's amendment – I would take that first and if that failed then I would move to your definition, Mr Cregeen.

Mr Robertshaw, do you have a question on that?

Mr Robertshaw: Just seconding the amendment.

The Speaker: Well, I am going to allow Mr Cregeen to continue with his introductory remarks but I just wanted Hon. Members to know how I was going to take the voting and in which order, so that it is quite clear when we come to it.

So, Mr Cregeen, if you would care to carry on with your opening remarks for amendments 9 and 11.

Mr Cregeen: Thank you, Mr Speaker.

On reviewing the social grounds, I have looked through 36 jurisdictions to try and find a clear definition and every one seems to be national specific. There is not one model that you can pick from any jurisdiction that has travelled across to others.

If I go through just a few of them: if pregnancy, childbirth or care of the child entails a risk of deterioration to the woman's health on account of existing potential physical or mental illness or consequences of other conditions; if the woman is incapable of giving proper care to a child due to physical or mental disorder; if the woman is for the time being incapable of giving proper care to a child on account of the woman's youth or immaturity; if it can be assumed that the pregnancy, childbirth or care of the child constitutes a serious burden to the woman which cannot otherwise be averted; in Iceland you have got if the woman endures a difficult domestic situation, large family or serious bad health of others in the household. Going through these, at least they have got a definition; there is something there for giving guidance to the doctors for what is defined as serious social grounds.

I am sure that the mover of the Bill, when he went through his consultation on all this, must have been aware that there is such diversity out there. It has been very difficult to nail it down

but I think something has to be put down, even if it is contrary to other jurisdictions, as long as we have got a clear definition for the physicians to actually work to, and I think it is part of our duty as legislators here to give that guidance.

With that, Mr Speaker, I beg to move:

Amendment 9
On page 8, at the appropriate point in the alphabetical list of definitions insert —
*'"**serious social grounds**" has such meaning as may be specified by the Department;'.*

Amendment 11
Page 8, after line 15 (and Mrs Caine's agreed amendment) insert—
'Tynwald procedure for regulations defining "serious social grounds" — approval required.'.

The Speaker: Mr Robertshaw.

Mr Robertshaw: Thank you, Mr Speaker.

I rise to formally second the amendment in the name of Mr Cregeen, but I will be supporting Mr Baker's amendments. I think they are an excellent effort and attempt to try to get articulation around these things and equally I support the mover's adjustment to those amendments.

All I would say is that now we are trying to get a definition around the words 'serious social grounds' that has got to be very helpful, but it just goes back to my earlier point about the concept of social wellbeing defining health becomes superfluous and actually an unnecessary complication. So if we remove that, retain 'serious social grounds', define it and then amend it, I think we are arriving at as near as we can to a rational and clear solution.

Thank you, Mr Speaker.

The Speaker: Mr Hooper.

Mr Hooper: I think I am just going to focus on talking primarily about the amendment from Mr Baker. I completely accept and understand where the Hon. Member is coming from, and actually I am fully supportive of his definition of 'serious social grounds'. I think if I was going to write one that is pretty much what I would have written. I think actually in fairness if I was going to try to write a definition of 'serious impairment' I probably would have come up with something almost identical to what the Hon. Member has written.

So I do not really have an issue with that. The issue I have is that, especially listening to some of the comments that have been made around the House this morning, we are at risk of promoting a sort of tick box mentality. You are defining serious impairment here: 'significantly reduce the length or quality', 'would be permanent and irreversible' and then 'could not be reasonably ameliorated after the birth'.

All those things cover, for example, Down syndrome. Given that the intent is to try to define the term, so we are taking the decision away from the doctors and making the decision here, there is a very strong case for someone to go to the GP and say, 'I have a child with Down syndrome, it ticks all these boxes, I would like an abortion please.'

If you listen to Mr Robertshaw's arguments about the definition of health, arguing the doctor does not have the final say, then actually what you are doing by approving that amendment is saying actually we are okay with that, we are okay with people having abortions for these kind of disabilities that actually that was never the intent of the Bill. At least that was my reading, it was never the intent of the Bill.

I know that is not the intent of the amendment. I am just worried that that may be the unexpected or unforeseen consequence of that. I personally am much more comfortable leaving the term undefined, as our current legislation does not define these terms. The current Act, we

have the UK Act, does not define the equivalent terms that they have and rather leaving it up to the doctors to make these determinations on a case-by-case basis.

The reason I say that is not because it is easier or because it is too hard for us here. I just believe that some things you cannot define tightly in legislation because they really are dependent on the unique circumstances of the individuals that are being affected. So if we did choose not to define the term 'serious impairment' it is not us walking away from our responsibilities; it us saying actually this is a very complex area and the people who are best placed to make determinations in this very complex area are the medical professionals who are dealing with people on the ground.

I think that would be good legislation. I do not think good legislation is trying to define things because we feel we need some kind of definition to make sure that we have absolved ourselves of that responsibility: 'We have defined it so we have done our bit.' I do not think that is right and I think we should be very careful before we accept a definition that really could be applied in a much wider term than I think the mover of the amendment is intending.

I think I will touch on the definition of health – I was not intending to. My reading of this Bill is that the GP, clause 6, the doctors have the final say. The clause is very specific. It says 'they may provide a service,' not 'they must' or 'they shall', so they will always have the ability to say no, which is just like any other medical procedure. I appreciate this is a very serious medical procedure, I am not trying to devalue that, but if we are talking about the definition of health the argument that is being put forward for why we need to remove the phrase 'social wellbeing' is that doctors do not understand social wellbeing, they are not trained to assess that, it is not part of their job, it is not something they do routinely anyway. I say that is just nonsense, quite frankly.

I have just gone through a process of some quite serious surgery and I can guarantee you that as well as considering the effects on my physical and mental health, actually the effect on my social wellbeing was foremost in the doctors' minds. They were not just going to say, 'Well, actually we can chop off your leg and replace it and we are not going to worry about the social consequences, the consequences that is going to have to your quality of life'. Of course not. That was a key consideration.

So I think trying to amend the legislation on the grounds that doctors really are not competent to assess this, which is essentially the argument that is being made, that it is outside their remit, I think is quite a weak argument to make. I would urge Members to seriously consider the reality of how doctors work on the ground on a day-to-day basis, and not how you may envisage them to be interpreting this law. They do this anyway, so I think to try to remove that definition on that basis is something we really should not be considering.

The Speaker: Could I just have an indication at this point, please, of how many other Members wish to speak on this? Mr Cannan and then, Dr Allinson, you will have a right of reply. I leave it in the hands of Members, would you rather I took those final speakers or would you like me to adjourn and return at 2.30 p.m.? I am conscious that there is also a presentation soon, so it will depend on how Members want to deal with it.

In which case, I will ask Mr Cannan if you wish to make your contribution now? Are Members content with that? (**Members:** Yes.) Okay.

Mr Cannan.

Mr Cannan: Thank you very much, Mr Speaker.

First of all, I am slightly surprised by the last contribution. The Hon. Member for Ramsey thinks that some things in legislation cannot be defined, which was really helpful to hear, and that defining does not make for good legislation. So I shall be bearing that in mind when I am next moving one or two Items that will be forthcoming.

I think really the key part to this, I can see obviously these amendments around serious impairment and serious social grounds from Mr Baker, but I do note his move for 'serious social

grounds' definition does contain the word 'health', and that of course refers us back to the amendment proposed by Mrs Beecroft who suggests that we take out the words 'social wellbeing' and instead retain a clear definition of physical and mental wellbeing.

I think it is very important because I think that most of us, I hope, or at least some of us in here, will be supporting Mr Baker, but of course by failure to remove the words 'social wellbeing' under the words 'serious social grounds', effectively by leaving in the word 'health' as defined in the legislation, I think, dilutes Mr Baker's amendment significantly. I think we should be taking that amendment very seriously, supporting what he is suggesting here by his definition, which effectively talks about, and should talk about, serious social grounds being grounds that impact on the physical and mental health of a woman.

Leaving the definition of social wellbeing in as is, undefined, potentially causes us problems to the intent and purpose of this Bill, whereby we are effectively accepting abortion on demand up to 14 weeks and then putting in limitations around how abortions can be delivered after that period; and specifically, obviously, abortions from the commencement of the 15th week, ending at the 23rd week and from the 24th week on.

The definitions and clarity that are provided to both recipients of the service and providers of the service are much clearer when we talk about physical and mental health. It is interesting because England NHS – the NHS are the NHS that we support, the principles that we support – do not promote a huge amount of definitions, but they have tried, certainly at stages, to define mental health. The definition of mental health in the UK's national No Health Without Mental Health policy is that:

> It is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. Levels of mental health are influenced by the conditions in which people are born into, grow up in, live and work in.

My point is if that is the definition of mental health and that by itself extends into a significant amount of areas, where does social wellbeing extend into?

We are all very clear about a doctor's ability to define somebody's physical health; we are perhaps slightly less clear about a doctor's ability to define mental health, because we are now really getting into quite subjective decision-making processes and of course I refer back to this statement that the NHS have made about mental health:

> … a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.

Those are the fundamentals which they are defining. So can somebody please explain to me what social wellbeing actually means? If that is mental health and that is the broad scope of a doctor's ability to interpret someone's mental health, what actually have we left social wellbeing to mean?

Clearly we have had this debate previously; it is a debate that is open to a huge amount of interpretation and I think that after 14 weeks the intent of this Bill, the intent of the House, is to tighten up the ability for women to have abortions and receive abortion services according to certain criteria, and that criteria continues to tighten up the longer the pregnancy goes on.

My suggestion to you is that the ability to undertake an abortion up to 14 weeks is there, it is undefined, it can be undertaken for any purpose whatsoever; after 14 weeks we are determining there must be criteria in place; and I would suggest to you that already the term 'physical and mental health', and mental health in particular, gives a doctor a broad remit to, alongside the woman, talk about the reasons for requiring a termination after 14 weeks.

So I think that if we are serious about supporting Mr Baker with his amendment in relation to serious social grounds and the interpretation of the word 'health', then we will also be serious about supporting in turn what Mrs Beecroft is doing and simply ensuring that our professionals and those in receipt of abortion services are crystal clear that these services can take place after

the 14th week with the provisos listed; but specifically on the basis that we regard health as being physical and mental, and that the definition of mental health itself should be that which is being used as much as possible and defined as much as possible by the NHS.

As you have heard from me today, that in itself is actually quite a broad definition and I would like somebody to stand up to tell me today if the NHS definition, as it stands in their national document, No Health Without Mental Health policy, is inadequate, why it is inadequate and therefore what social wellbeing actually means if mental health does not cover:

> … a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. Levels of mental health are influenced by conditions people are born into, grow up in, live and work in.

On that basis, I think I would urge Hon. Members that Mr Baker's amendments make a great deal of sense, but in order to ensure that we actually get some positivity from Mr Baker's amendments and if we are serious about supporting him on serious social grounds then, by the very virtue of that, we should also support Mrs Beecroft's amendment to ensure that we have physical and mental wellbeing as being the current best definitions we have of health in support of the intent of this Bill.

Mr Cregeen: Thank you, Mr Speaker.

If I refer back to the review that I was doing on 30-plus jurisdictions, on their guidance they do have guidance on physical and mental well-being, so these are already in other jurisdictions and I would agree that if we were the jurisdiction to actually not put this in I think that would probably be very detrimental to the standing of our jurisdiction compared to others.

So, Mr Speaker, I would urge Members to support Mr Baker's; if not Mr Baker's, then support my amendment.

The Speaker: Mr Baker to sum up on both of your amendments.

Mr Baker: Yes, thank you, Mr Speaker.

Just to respond to the comments, I would like to thank Dr Allinson for his comments, his support of both amendments and for acknowledging there has been difficulty in getting there. I am pleased to have Dr Allinson's support for my amendments.

In terms of his amendment to my amendment, we have obviously discussed that collaboratively and I understand the reasons why Dr Allinson wanted to bring that forward to involve the woman in the decision-making in conjunction with the professional. The key thing for me was that not only has he said, when he spoke, that these are rare and difficult situations, but the key thing in this circumstance is that this is very much a wanted pregnancy and the doctor's role is to help the mother, and the father hopefully, to come to terms with that where they have had a piece of bad news, which has probably come from the 20-week scan in a lot of cases, and it is about managing a very difficult situation. Clearly the people who are going to be most impacted are the family who are having the child, and it is a child that they wanted, so I understand why Dr Allinson has made that amendment to my amendment and I am prepared to support that.

Thanks to Mr Cregeen for his support as well. I had not realised there were 36 different definitions of 'serious social grounds', but that is interesting and again it shows the real difficulty, endorsing what Dr Allinson has said. The key point that Mr Cregeen made was that at least they have a definition, and with my amendment we too have a definition but it is a framework to work through, and I think that is far better than the alternative, which is not to have one.

Mr Hooper – I thank him for agreeing that my attempts at definitions were pretty reasonable and passed his very rigorous test; I will take that one as a compliment. He described it as a tick-box mentality. That is certainly not what is intended. It is not a tick box to say right, okay, you

score … like the *X Factor*, you get three yesses and you are in. It is about providing a framework and a lens to look at these issues through. I cannot say it is a tick-box approach. He may be right, there can always be unintended consequences from whatever we do but I do not think that should stop us moving forward in terms of putting these definitions in. The alternative is if Mr Hooper prefers to leave it undefined and in the doctor's hands. That is his view; I respect that view but it is not one that I can agree with. I do not think that by putting the amendments that I have defined around serious impairment it is actually going to lead to more wide abortions than would be the case by leaving it, by staying silent. That is the choice that is in front of us, Hon. Members: to either accept the framework or to stay silent on it.

Finally, I thank my hon. friend from Ayre and Michael, Mr Cannan. He is right, there is a clear link between my definition of serious social grounds and health. It comes in with the use of the word 'health' in there and I was very conscious of that when I drafted my amendment. I chose to use the word 'health' knowing that the definition of health would be something that would need to be discussed and agreed by this Hon. House, so simply the definition flows from whatever we decide on Mrs Beecroft's amendment through to mine. I just felt it was better to dovetail those two things rather than for me to try and put a separate definition around there.

I thank him for his comments about supporting my amendments and he has made a very clear link between, in his view, the logic for supporting my amendments and that for supporting Mrs Beecroft's. I will leave Hon. Members to make their own minds up on that. I, however, will be supporting Mrs Beecroft's amendment. I think it is made for the right reasons and I think it is quite broad in terms of the definition of physical and mental health.

With that, I will sit down. Thank you.

The Speaker: Mrs Beecroft to reply to comments on your amendment.

Mrs Beecroft: Thank you, Mr Speaker.

I would like to thank my seconder, Mr Robertshaw, and I would like to thank Mr Cannan for his comments as well that referred to the amendment because they are actually really spot on. If your social circumstances and matters that affect your social well-being are so severe, then they are … I cannot think of a circumstance where it would not affect your physical or your mental health.

There are circumstances, I realise, that would come outside of that. I mentioned one in this House – I cannot remember how many weeks ago now because it has been going on a while, but I did say in the original list there were things listed like homelessness, and if that is grounds for a woman after 14 weeks to have to request an abortion because she is pregnant and she is homeless, then I ask what sort of society we are living in. Equally, if she was in that position, I cannot but think that it would affect either her mental or her physical health. So if there is something outside of that, then we should be fixing the problem. If it is homelessness we fix the homelessness problem; we do not try and wrap it up as something else. But if there is something so severe, it is bound to affect your physical or your mental health, which is covered with what your GP can advise anyway.

So this very loose and not defined at all social well-being does not need to be there. It is not adding anything apart from confusion, which is why I really believe it needs to be taken out.

I thank Mr Baker for his words of support as well; they are most appreciated.

I have thanked the ones I can remember – I cannot remember everybody, it is a while ago in all the other amendments that have been going on this morning, but I thank anybody I have missed who contributed or who showed their support. I do hope that Members will think again about what has been said since I spoke as well. Even if you thought to yourself at the time, 'No, I don't think she's right,' listening to what other people have said since then I really hope that you will think about changing your minds and support my amendment.

Thank you, Mr Speaker.

The Speaker: Finally, to sum up the debate on clause 3, Dr Allinson.

Dr Allinson: Thank you, Mr Speaker.

Can I start by thanking all Members of this House for what has been a very useful debate, a very informed debate and a very civil debate trying to quantify very difficult subjects and definitions. Genuinely I think this shows the House perhaps working at its best together where necessary, disagreeing where necessary, but hopefully coming up with the right decision and the right law for our country.

I do have to speak, though, about the definition of health. The definition of health used in this draft Bill was developed by the World Health Organisation in 1948 and remains the foundation of its constitution. The WHO still maintains this definition for its purposes and throughout the United Kingdom's membership we on the Isle of Man are included in this. This same definition as recognised in international law underpins other conventions and treaties that apply to the Isle of Man, such as the UN Convention on the Rights of the Child, the UN Convention on the Elimination of all Forms of Discrimination Against Women and the UN International Covenant on Economic, Social and Cultural Rights.

I would like to thank the Tynwald Library for their research into our existing legislation. They could find no previous Act where health is explicitly defined. Even the National Health Service Act only includes definition of illness, but not health. And so I worry that to purposely move away from an implicit definition of health in place for over 70 years would have major implications for our existing legislation and international obligations. Our Director of Public Health, Dr Henrietta Ewart, has really voiced her concerns about attempts to redefine health and supports the continual use of the WHO definition.

Both in this House and in another place Members have argued passionately about the principles of the NHS and for holistic healthcare which deals not just with illness but with preventing the causes of illness. Underlying causes of health inequality include poverty, unemployment, poor education and addictions. These are not surreal subjects, these are some of the social factors that healthcare professionals wrestle on a daily basis and I think they must be included in any meaningful definition of health.

I am aware that some Members feel that the present definition could permit so-called abortion on demand in the middle or even the last trimester. They may also be concerned that this definition might in some way clash with clause 6(7), which we have already passed and which allows for abortion to be justified in the second trimester for serious social grounds. But I would like to say that genuinely both these fears are unfounded.

To try and reassure Members and aid this debate I have previously circulated the legal opinion of Monye Anyadike-Danes QC. This eminent barrister has for decades worked on human rights legislation and public inquiries and she has given evidence to the UK Supreme Court and was specifically instructed to look at the definition of health used in this Bill and the Isle of Man legislation. She clearly concludes that the use of the WHO definition of health is entirely consistent with our current legislation and international obligations. She also does not see any danger of so-called abortion on demand after 14 weeks, because the medical practitioner is the gateway to any medical treatment and he or she must form an opinion in good faith that the requirements for an abortion in the middle or late stages of pregnancy are strictly met, and if he or she does not then that is an offence. So there are those very clear safeguards.

Hon. Members, you have been given two apparently opposing legal opinions and you probably ask yourself which one of those should you rely upon. My actual answer, paradoxically, is neither. Both are exactly what they say they are: they are legal opinions to inform debate and question assumptions, but they are not drafting instructions. We are not some client sitting in a court; we are Tynwald. We have an Attorney General and legal drafters to make our ideas, policies and priorities into law and we create the laws the QCs, advocates and barristers have to then interpret and apply. It is in our hands to craft legislation using all the resources available to

this Hon. House, and for that reason I ask you to accept the definition that is in the current Bill and reject this amendment.

Thank you, Mr Speaker.

The Speaker: Hon. Members, we move to the votes and I will take first amendment 8 regarding the definition of 'social grounds' and, as I have said, if that amendment were to fail I would take Mr Cregeen's. If it passes, then Mr Cregeen's amendments 9 and 11 fall.

So, taking amendment 8 first in the name of Mr Baker, those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Amendments 9 and 11 therefore fall.

We turn to amendment 7 in the name of Mr Baker and to that there is an amendment in the name of Dr Allinson at 7A.

Taking Dr Allinson's amendment first, those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Amendment 7 as amended: those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Amendment 4 in the name of Mrs Beecroft, changing the definition of 'health': those in favour of Mrs Beecroft's amendment 4, please say aye; against, no.

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

FOR	**AGAINST**
Mr Baker	Dr Allinson
Mrs Beecroft	Mr Ashford
Mr Cannan	Miss Bettison
Mrs Corlett	Mr Boot
Mr Cregeen	Mrs Caine
Mr Harmer	Mr Callister
Mr Quayle	Mr Hooper
Mr Robertshaw	Mr Malarkey
Mr Speaker	Mr Moorhouse
	Mr Peake
	Mr Perkins
	Mr Shimmins
	Mr Skelly
	Mr Thomas

The Speaker: With 9 votes for and 14 against, the noes have it. The noes have it.

We then move to clause 3 as amended by amendments 7, 7A and 8. Those in favour, that clause 3 as amended stand part of the Bill, please say aye; against, no. The ayes have it. The ayes have it.

Hon. Members, that concludes consideration of the clauses stage of the Abortion Reform Bill and that also concludes the business that is before the House today. We are therefore adjourned until 1st May at 10 o'clock in our own Chamber.

The House adjourned at 1.29 p.m.