

**3. Abortion Reform Bill 2018 –
First Reading approved**

Mr Henderson to move:

That the Abortion Reform Bill 2018 be read for a first time.

The President: Item 3, Abortion Bill 2018, for First Reading, I call on the mover, Mr Henderson.

Mr Henderson: Gura mie eu, Eaghtyrane.

I wonder if I might request if I could divest myself of my jacket, please? I am feeling rather warm.

The President: If that makes you more comfortable, please, Hon. Members, by all means.

Mr Henderson: Thank you.

Eaghtyrane, Hon. Members, my introduction to the Legislative Council of this Bill at First Reading will have to be necessarily lengthy due to the nature of the Bill, its contents and considerable public interest in this matter, least of all Legislative Council's obvious interest. But also, as a courtesy to our new Members, as it would be unfair to expect them to be fully up to speed with Legislative Council's role in relation to this Bill, and the fact they will not have been party to the original briefings by Dr Allinson, arranged for Tynwald Members. Having said that, we did arrange for two formal Legislative Council briefings prior to this First Reading, which all Members attended, and were able to ask a wide range of questions to the legislative drafter and Dr Allinson.

For the purposes of the First Reading of this Bill, I can confirm that the hard copy of the Bill we have before us, and held electronically, is the correct version for the Legislative Council and contains all the changes as made in the House of Keys, which are now correctly applied to the Legislative Council version, and that we have the correct explanatory memorandum to go with that. I have personally had this vigorously double checked. My thanks to Mr Connell, legislative drafter, the Secretary to the House of Keys, Mr. Phillips, and the Legislative Clerk, Mr. King, for that work stream. Having said that, we will be seeing some technical amendments coming through via the Attorney General and other Members of Council.

On 24th January 2017, after a debate in the House of Keys, Dr Allinson, MHK, was given leave to introduce a Private Member's Bill, the Abortion Reform Bill 2018, to restate, with amendments, the law relating to abortion and for connected purposes. A draft Bill was put out for public consultation over the summer of 2017, which besides the consultation, had the effect of triggering a wide ranging national debate about access to abortion services on the Isle of Man. Changes were made to the draft Bill and further consultation, involving the groups and professional bodies who had previously contributed, was carried out in December 2017. Importantly, this consultation included the professional staff who will be involved with the provisions of this Bill, should it become law: the Family Planning Clinic and the gynaecologists who are all supportive. I think it is fair to say that this consultation may have received the highest ever public response to a legislative or policy consultation.

Dr Allinson stated his reasoning in the House of Keys for this Bill, and I am just going to paraphrase from the leave to introduce speech he used on 24th January 2017, which I have circulated to all Members, via an electronic link and hard copy. I have circulated an extract of the relevant *Hansard* to Members for reference and for inclusion for our *Hansard* report of this First Reading. [<http://www.tynwald.org.im/business/OPHansardIndex1618/0369.pdf>]

From his personal experience, as a registered medical doctor, Dr Allinson pointed out in the House of Keys, his reasoning for the leave to introduce his Private Member's Bill. What he explained was a situation where, currently, a woman who, after much consideration, may

consider it important for her to obtain abortion services could not do so in the Isle of Man, and it would necessitate for that person to have to go away to England, predominantly, and procure those services privately. Obviously, in the case of medical emergencies that is a different matter, which was covered by Dr Allinson's Bill as well. However, in the main this is what people have to do and they have to try and find the cost to do that which will include a boat or airfare return, it may well include accommodation costs, and then it will involve clinic costs for the procedure itself at the respective centres, usually Liverpool or Manchester. Dr Allinson recognised the traumatic issues that this would cause a lady in trying to organise herself for this, the financial strain and the fact upon return to the Island they are basically left to get on with it, there are no counselling services or additional support services, as the point stands at the minute.

Also, there is another issue which I feel particularly concerned about and almost ashamed to a point, whereby if a lady returns to the Island from accessing gynaecological services in the UK, they can face stigmatisation, they can face unwarranted discrimination and a whole host of other views forced upon them or not being spoken to or pushed to one side. I think this is wholly unfair as it should, as Dr Allinson believes, be a personal decision solely associated to the needs of that particular individual. Now, given the stigma and ways people in the past have been discriminated against, because of their life choices, it has also become quite apparent that women will access – for want of a better word – termination medication to cause a miscarriage over the internet, and this has become more and more obvious in recent years and certainly by recent seizures of said medications by the Isle of Man Post Office. I do not think this – neither does Dr Allinson – is the right way forward because of the dangerous issues that that may involve with self-medication with no medical advice or counselling. A further point I have continually highlighted with this is that the medication received through the post, it is not known if it is safe or approved, or the first thing about it in many cases. It is just procured over the internet by way of sheer desperation. That person finds themselves in a particular desperate situation, if I can put it like that, and this may have side effects or consequences and I think we can do better than that.

Dr Allinson also proposed that there should be counselling services via Noble's Hospital and, in particular, the Family Planning Clinic, and that abortion services should be provided here on the Isle of Man as part of family planning and women's health, to try and bring it in to the health umbrella for proper monitoring and assessment by medical professionals and also, obviously, cover the stressful impacts by way of counselling for women who may require that particular service, before or after an abortion.

Dr Allinson included in his legislation issues regarding mid trimester and final trimester in relation to people who may have to go to the UK for certain procedures, but predominantly they would be for medical need with a medical certificate signing to say the same. So predominantly the Bill is referencing to women and possibly or others who wish to access abortion services here on the Isle of Man, up to 14 weeks of gestation, at their request, with medical advice and counselling and have access to counselling afterwards, should they so need it.

Eaghtyrane, in detail, the Bill has the effect of repealing sections 71 and 72 of the Criminal Code 1872. It decriminalises abortion which is performed in accordance with the new provisions, although it creates a separate offence to target any future attempt to develop backstreet abortion services. It also repeals section 4 of the Infanticide and Infant Life (Preservation) Act 1938 and the Termination of Pregnancy (Medical Defences) Act 1995. It then constructs a framework for the provision of abortion services on the Isle of Man, as a part of reproductive health care, and a legal framework to guide health care professionals and protect the public.

The Bill is constructed of 29 clauses, split into four parts. Part 1 comprises of clauses 1 to 3, dealing with introductory matters, including the short title.

Part 2 comprises of clauses 4 through to 17, dealing with, and in overview, the provision of abortion services and to whom this applies, where these provisions are to be provided, who provides these services, conscientious objections and related matters, informed consent, position of health care professionals, provision of medical products for abortion services,

imposition of duties once a termination has taken place, applies that a termination cannot take place solely on the grounds of gender, with certain exceptions, creates a new criminal offence, requires that the Department of Health and Social Care introduces certain counselling services and imposes a duty on the DHSC to introduce associated regulations.

Part 3 comprises of clauses 18 to 27, which deal with the creation of, or application for, access zones around premises such as hospitals and surgeries where terminations take place or where counselling under the Bill is provided and around the homes of those who provide or participate in the provision of abortion services.

Part 4 comprises of clauses 28 and 29, authorising the Department to incur expenditure because of the resulting Act and provisions for associated repeals.

Eaghtyrane, I just wish to point out that Part 3 did not form part of Dr Allinson's original Bill but was inserted on its passage through the House of Keys.

Dr Allinson, the mover of the Bill, recognised that the law relating to abortion in the Isle of Man was outdated, and not fit for purpose in the 21st century. Attitudes and society have become more realistic, tolerant and more aware of issues surrounding abortion and general family planning and health issues. The House of Keys have resoundingly accepted these principles.

At the outset, Eaghtyrane, the original mover of this Bill has gone out of his way to ensure that the Bill has been heavily consulted upon, to the point where I think it is fair to say that it must be one of the most in-depth consultations for any piece of legislation that has ever been undertaken, certainly in my time in Tynwald. Also of note is that professional bodies, such as the British Medical Association, Royal College of Midwives and local medical specialists, were also consulted on the proposals and the wording, and indeed those that may be affected in the frontline by this proposed legislation, as previously stated. The consultation has also engendered a wide-ranging, continuous public debate. Views of the public were also sought on their support or opposition to such legislation, which provided resounding, and significant support for the proposed changes. Of around 3,600 responses, there was a near 80% in favour of the changes. It has focused media attention on the Island, both nationally and internationally off Island.

Eaghtyrane, I am highly conscious that this Bill has been the subject to multiple amendments, amendments amending amendments and multiple new clauses on its carriage through the House of Keys. I can give you, and Hon. Members, the comfort required that, as a consequence of those multiple changes, the Bill does work, and in its entirety. I say this with some confidence, as I have met with and quizzed the associated legislative drafter, Mr Connell, extensively on this matter and indeed, Dr Allinson, to ensure this is so. There has also been considerable correspondence between myself and these gentlemen in addition, in further clarifying these points, which has enabled me to be as certain as I can as to the functionality of this Bill, as amended. Each clause works with its neighbours and in the totality and intentions of the Bill. No line or clause is skewed or out of sync to such a degree that it will cause a problem with any other Part of the Bill as now constructed, as far as we can tell. The Bill is fully functional, everything works well.

However, that is not to say that in the small detail there may be room for further improvement or correction of minor errors in the text. To this end, a corrigendum has been issued by the legislative drafter, which has been circulated, or will soon be circulated, addressing such issues. We may find that there might be further technical corrections to be made – three such corrections have already been identified, which I will allude to shortly. There are other corrections required too, which again are technical in nature, providing better clarification, which at this point the Attorney General has agreed to place before Council at the clauses stages. There may be more technicalities, some of which I am aware of, and Members will make those technicalities known at the relevant time as we progress the Bill through its stages. I am hoping we will have a list marshalling any such amendments or clarifications in due course. But the main purpose of the Bill and its legislative intentions do remain, overall, coherent and stable.

I can also confirm, after examination with the legislative drafter, that all necessary repeals have been made within the Bill's context, and that an impact assessment has been undertaken to ensure that the consequent measures of the Bill do not adversely affect any other legislation or interfere with other legislation in a negative way, as far as can be assessed.

Eaghtyrane, I would also confirm, for the public record, that the Department of Health and Social Care have stated to me, and I have their permission to use the following, that the Abortion Reform Bill 2018, if it becomes law, will be in the category where the legislation updates and amends the Department's functions. The Department will be given the powers of that law, including the making of regulations. The Department will adapt, as required, by the new law, which may need some limited investment in both frontline and administrative services, but has not been flagged up as any particular problem. The Department is happy to give assurance to me that it will apply best endeavours to do what is needed to ensure that the new Bill, if it becomes law, comes into effect smoothly and quickly and will then deliver its requirements.

In any event, the Department will be charged, as a result of this Bill, to bring forward relevant secondary legislation by Appointed Day Orders to make parts of the Bill live. The Department is committed to providing the services as outlined in the Bill. The Bill, when law, will charge the Department to deliver these new services, certainly the professional staff that will be involved.

I would also draw Council's attention to the fact that the seconder of the Bill was Miss Bettison, MHK, who is a departmental member, and indeed Mr Ashford, MHK, who is Minister for Health, but acting as a parliamentarian, supported and voted in favour of the Bill, as did all the other departmental members; a strong message indeed.

As far as I am aware, the Department has not – or the Minister acting for the Department – highlighted any issues with the Bill from a departmental point of view. As previously stated, the Department are committed to applying best endeavours to what is needed, once and if this Bill becomes law, smoothly and quickly. The issue of any increased funding, which looks to be minor in overall departmental budgetary terms, has not been flagged up as a problem, and indeed received Treasury concurrence.

Eaghtyrane, in examining this legislation, and in consultation with the legislative drafter and Dr Allinson, and indeed from our briefings with these gentlemen, I can place on public record that this legislation dovetails with that of the UK if we have to send a patient to the UK for treatment there, for gynaecological services. Consultants there have advised that the way in which this Bill would allow for patients to be transferred from the Isle of Man to the UK, and for what procedures, does fit in with their UK legislation, and they do not see any problems with this or with the services they would be requested to provide.

In moving the Bill forward, Eaghtyrane, I have to point out that I would like to do so in the way the House of Keys elected to, which is – when we reach the clauses stage, and if the Hon. Council are in agreement – to move clauses 1 and 2, miss out clause 3, which uses defining terms within the Bill, returning to that at a later point within the clauses stage, and move to the remainder of the clauses, then once we have achieved that, and after clause 27, I propose to return to clause 3 and move it at that point, then return to the remainder of the Bill and move clauses 28 and 29 to conclude the business.

I would like to do it this way round so we discuss the policy and intent of the Bill first, and to take account of any changes that may be determined as necessary on its passage through this and subsequent readings. In doing so, then we can return to the definitions used throughout the Bill to ensure they are consistent with it and any changes that may have occurred. Doing it the other way around would mean we would be ratifying the definitions ahead of what we may or may not do with the main body of the Bill, which in my opinion would be premature. It makes sense to leave the definitions until last so any changes to them can be made at that point, if required, as a result of how we deal with the main part of the Bill.

Eaghtyrane, I must also advise this hon. place that there are amendments to be moved by the Attorney General, as previously mentioned, technical in nature, to allow for a more refined Bill

and resultant legislation. One is to remove the definition of 'health', which is causing legislative issues and to note that this was highlighted in the House of Keys; to rectify a consequential numbering cross referencing issue with one of the Bill's clauses; to make addition to the reference to 'gestation'; and some further amendments and points as outlined.

I wish also to place on record the matter of human rights issues that have been raised in relation to access zones. This will be addressed via further small, technical amendments, I am hoping, from the Attorney General, that will ensure the Bill is human rights compatible, as far as we can tell, by removing an obstacle which may have the potential to cause issue here. I say potential, but to remove the ambiguity of that in any case seems sensible, thus giving us more confidence that the Bill is human rights compliant by removing a known possible obstacle to that.

Eaghtyrane, I wish to advise Council further that I have, in consultation with you, the Speaker of the House of Keys, the Secretary to the House of Keys, the Clerk of Legislative Council and Dr Allinson, as provided for by Standing Orders and the permission of Mr Speaker, that Dr Allinson can be called to the bar of the Legislative Council, if required. If Hon. Members feel this appropriate, then I would suggest that Dr Allinson be called to the bar next week at the Second Reading, if they would find this helpful, so he can answer any detailed or medical questions. However, if for today's purposes, he is aware that he may be called, and indeed he is with us today in the Visitors' Gallery.

Eaghtyrane, I want to refer again to the fact that there seemed to be a high expectation that once this Bill reached the Legislative Council it would pass through all of its stages in relatively quick fashion, which was alluded to by one or two Members in the House of Keys during its debate there, and that we should not hold this Bill up or stymie it in any way, as was stated at the Third Reading stage. There was a further expectation or perception that if we reviewed this Bill quickly it would be in time for Royal Assent prior to the summer recess, and possible promulgation on Tynwald Day this year. There was an impression in the media, following my not moving this Bill on 8th May, that Legislative Council has somehow delayed the Bill for its own reasons. Unfortunately, the real technical explanations for not doing so – which I explained clearly and in detail on 8th May – failed to make it in any degree into media reports, as far as I can tell. I just wish to set that impression straight, Eaghtyrane, that it was not just a Legislative Council delaying tactic or to frustrate the House of Keys. There was sound, technical justification for doing so. However, I can congratulate Manx Radio today for their correct and accurate reporting of this matter on their website, thank you for that.

I wish to advise, Eaghtyrane, for the public record and for the media, or certain media, as I have previously done when advising Council of my intention not to move this Bill on 8th May, that in the main trying to receive Royal Assent by July this year was impossible, even if I managed to move all stages of the Bill at the First Reading. The date for promulgation this year had well passed by the time the Bill reached Legislative Council in the first instance. Of further important note, due to the legislative timetable, in that we have only so many sittings left, Tynwald sittings and TT recess to take account of as well. And even more importantly, the Bill will have to go to the MOJ for Royal Assent approval anyway, which takes on average around six weeks, all being well, then there is no chance of the Bill receiving Royal Assent until the autumn, in any case.

Not moving the Bill at the last Legislative Council meeting did not – and I repeat and underscore that point – alter or affect this timetable as outlined to any degree. The Bill was always on course for Royal Assent in the autumn. Promulgation on Tynwald Hill was always – I repeat – always, going to be in July 2019, in any case.

I wish to further put on record that this decision was taken in consultation with Dr Allinson, who was in agreement and supportive of this move for the aforementioned reasons, namely technical and the fact that the Legislative Council could not progress it at the last First Reading due to the technical issues that we were presented with. Having drawn this matter to public attention again for absolute clarity, I must also point out that the House of Keys have given their

near majority approval to this Bill at all of its stages and latterly at the Third Reading stage, whereby the voting was 22 in favour, and 2 against. It is the Keys' wish that this Bill becomes law, as it is mine, and other Members', if not all of us, in Council. But the Legislative Council do have a duty, as part of its functions, to examine this legislation and give it a sober second look so that it is fit for purpose.

As a matter of good housekeeping, Eaghtyrane, I think I referred to the Secretary of the House of Keys as the 'Clerk of the House of Keys' in my statement of May 8th, which I point out is an incorrect reference.

Eaghtyrane, in closing, I would quote Dr Allinson at the leave to introduce stage, by saying:

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

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

And I have to say, Hon. Members, this is from 2017:

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

Eaghtyrane, having outlined the principles of the Abortion Bill 2018, as presented to the Legislative Council, and as amended by the House of Keys with the insertion of additional clauses and offered my assurances to Council and further clarification on various issues, I beg to move the First Reading.

The President: Hon. Member for Council, Mrs Poole-Wilson.

Mrs Poole-Wilson: Thank you, Mr President.

I am very pleased to be seconding the First Reading of this significant Bill today.

Reform of our abortion law is long overdue. For too long those of our Island citizens, those women, who need to access abortion services have been forced, in the majority of cases, to travel to the UK to obtain this type of healthcare, often at considerable personal cost. It is not only the financial cost, which in turn means the ability to access any care at all is restricted by financial means, it is also the pain, stress and shame of having to travel and undergo treatment away from home, not to mention the health risks involved in miscarrying whilst away. Our current law thus not only denies women access to healthcare but also passes a judgement on them.

So I welcome this reform. I welcome the prospect of a legislative framework that enables women to seek advice on and be counselled in relation to abortion services as part of their healthcare. I welcome that this framework is one which will be subject to regulation, as the healthcare will be provided by those professionals – doctors, midwives, nurses and pharmacists, all of whom are trained and subject to regulation by their own professional bodies. I also welcome the fact that the framework proposed by the Bill includes checks and balances as to where and when abortion services may be provided, as to the provision of impartial counselling, as to the duty to obtain informed consent and to recognise and respect a healthcare professional's conscientious objection.

Reforming the law will not, of course, remove the difficult personal circumstances of each woman who may need this healthcare. The notion that abortion becomes the default option or that it is undertaken lightly, I think overlooks the realities experienced by the women and their families who find themselves in this situation.

We all know or have heard of women facing this very tough decision, often in crisis. Indeed, a number of women have courageously been open about their personal circumstances to help raise awareness and improve understanding of this difficult issue. For women in such difficult circumstances, the answer has to lie, not in judgements about what they should or should not do, but in compassion and care to enable them to reach their own informed decision. This proposed law will allow for each woman to obtain advice and impartial counselling, covering not only information about termination, but also options for support and help, should the woman be able and wish to continue the pregnancy. This law will create the landscape to allow women to be supported, to reach an informed decision, and to receive the appropriate care.

As the hon. mover has said, the principle and nature of the proposed reform has been overwhelmingly endorsed by the House of Keys. Following extensive debate there, the mantle now passes to the Legislative Council to scrutinise this Bill.

A lot of detailed research, consultation, advice and debate has taken place so far to inform and shape the Bill's content. Additionally, we all of us have received communications from individuals and organisations expressing their views on this proposed reform, for the most part in a thoughtful and reflective way. It is an emotive subject and for some the notion of abortion reform remains unacceptable. However, many in this Island, men and women, have spoken and written in support of reform. As the hon. mover pointed out, consultation last summer on the principles of the Bill elicited over 3,500 responses, and the vast majority were in favour of allowing access to abortion services in a range of different situations, including later in a pregnancy, in certain narrow circumstances. Critically, the debates in the House of Keys have allowed, so far, for a range of views to be listened to and discussed in a considered way and the outputs of those debates have led to a number of amendments, as the hon. mover has already alluded to.

In our work here in the coming weeks, I would hope that we can support the nature and extent of the proposed reform, while ensuring that the detail of the Bill works in practice to enable the intended reform. I am seconding the Bill today in the knowledge that a close read of the Bill, following incorporation of all the amendments made in the Keys, has shown that there will need to be a number of what might be termed 'technical amendments' moved in due course to enhance the Bill's efficacy and Legislative Council has an important contribution to make to this. But the principle and nature of the reform has been established and we now have the opportunity, through our scrutiny, to ensure that the Abortion Reform Bill becomes the good and just law that is intended.

Thank you, Mr President.

Mr Cretney: Hear, hear.

The President: Miss August-Hanson.

Miss August-Hanson: Thank you, Mr President, and my many thanks to Dr Alex Allinson, the hon. mover as well as to Mr Henderson in Legislative Council and also to the seconder for what she has just said.

I will attempt not to repeat what has so eloquently been put by both, I agree to much of what they have had to say. It is not every day that you have the opportunity to speak up for what you believe and there are many that believe women's rights have come far enough, but there is some way to go, and this Bill – reforming our outdated abortion laws – takes us another stride forward in the road to equality, I believe.

Those who have taken the decision to have an abortion have long been subject to stigma, encouraged to believe that abortion is wrong, that it is a decision taken very much off the cuff, without strength to carry through with what has been started and something to be ashamed of. And to that I will say this: that I firmly believe that no woman takes a decision to abort lightly,

and to say so, I feel, is narrow-minded. These women are patients and this is about ensuring that they get equitable care.

Over the course of this Bill through Keys, and on through to the Legislative Council, there has been solid debate, public engagement and it shows us to be a very compassionate society. It is a debate that has stretched its wings into every demographical area, catalysing further discussion on life, on death, on democracy, free speech, right the way through to the very meaning of healthcare itself. And no matter what side of the fence our beliefs are fixed, that demonstrates a strength by our Islanders to be celebrated. That we are unified in that we truly care, whatever ideologies we may subscribe to.

When Dr Alex Allinson introduced the Abortion Bill in Keys on 24th January last year, he said this:

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

The fact that people have been forced to break the law to access healthcare, at a time when support was most needed, when counselling was pivotal, is a clear indication a change of direction was in order to bring about effective reproductive healthcare on the Isle of Man.

I salute Dr Allinson on what we have received in LegCo from the other place, which does quite the opposite; it repeals archaic, unnecessary parts of Manx legislation and it is an intelligent and modern tidy-up exercise of what we have had before.

A Committee of the Whole House in Keys has proved a profoundly positive debating tool in creating a reasonable Bill, in a dignified and measured way, which was handed to us ready to do our job, that second, safe, layer of scrutiny, ensuring the Bill works in its respective parts, and is clear and functional in practice on the Isle of Man, and within UK law.

Thank you, Mr President.

The President: Mrs Hendy.

Mrs Hendy: Thank you, Mr President.

I welcome this long overdue legislation to give the women our Island a choice and also to treat this health issue with seriously considered options openly and to get away from a climate of secrecy and stigma, of the past.

Dr Allinson has been commended by his colleagues in the House of Keys for bringing this Private Member's Bill forward so early in his parliamentary session. However, this showed his courageous and important attitude, highlighting how the gap in our legislation needed to be tackled at an early stage and change needed to be affected. The two separate consultation processes has given a clear indication that the Isle of Man really has a mind to take this modernising legislation forward.

I do thank my learned colleague, Mr Henderson, for pointing out the timescale issue as well, that when this Bill had left the House of Keys it was already destined not to be able to be promulgated in the July sitting on the Hill, and we must consider this Bill and scrutinise it, and that is our role.

We need to concentrate on the spirit of the Bill and remember that the legislation in place is extremely outdated and not fit for purpose, especially in this day and age when we strive for levels of excellence in our quality of life and freedom to thrive and flourish.

The situation where a sensitive and difficult process, which involves a woman and probably her partner and family, in one of the most difficult decisions of her life, should not have the stigma that it has had in the past. And the Criminal Code of 1872 is not the legislation that we should be operating in these times. (**A Member:** Hear, hear.)

It has already been recognised that the Keys had one of the best and most politically informed debates in our times, demonstrating again the importance of this matter. It is a very emotive subject and deals with complex issues. Our duty is to scrutinise this Bill, satisfy ourselves so far as possible that it will operate well and to take forward the Bill and always be aware of the will of the Keys in this matter of policy. Not that this should be undue pressure on us, but that we should be mindful of the overall process.

I look forward to the Second Reading and the clauses stage and the outline of the process that has already been hinted at today. And I will be supporting the First Reading of this Bill today, thank you.

The President: The Lord Bishop.

The Lord Bishop: Gura mie eu, Eaghtyrane.

I thank the hon. mover for the comprehensiveness of his introduction and I thank hon. colleagues for their reflections on the matter. I am grateful to the House of Keys for the amendments that have been implemented and clearly this Council is open to considering further amendments, as necessary, at the Second Reading.

I wonder though if I might also, at this stage, introduce the question of first principles and perhaps whether the Bill is as inclusive and as liberal as we would understand and wish it to be. I would perhaps wish to make the point that the legislation takes us into a new category of moral and ethical decision making. It takes us into a new category and one which sits possibly outside and beyond the norms of liberal Western understanding; for all that it may be compliant with human rights. It takes great care, and rightly so, to protect the needs of the mother. It takes less concern, I think, to protect the other life involved. And whilst, clearly, I need to declare my own limitations of experience – I am a male, I am not a woman, I have no experience of pregnancy and cannot fully understand that experience, although I have been privileged to see it from the perspective of a father – nonetheless, it is clear to me, that in our understanding of human life in this particular regard, both lives have significance and both lives do matter, the mother and the child. The question that I would raise is whether this legislation takes us outside those moral norms because it rejects the concept of the right to life as the foundational right of all human beings. It either rejects it or it is unwilling to acknowledge it.

I recall the introduction of the Bill, at Second Reading, in the other place by Dr Allinson, in which he referred to this as an issue of ‘medical health’ and noted that it was not about issues to do with when life begins or to do with the right to life. I have to take issue with that and say that those are important questions and I do not believe that they are questions that we can disregard, without going quite close to the idea of suggesting that the end justifies the means, which can never be the case.

The foundational right to life, the right that every human being has, that fundamental right to life, is the basis of Western legislation. And you will see it, not just in issues around the unborn child, but also issues to do with the care of people at the end of life, with the death penalty and crime and punishment and with the case for war. All of those questions, all of those moral decisions, are based on the foundational right to life. As indeed, for example, are the laws of armed conflict and the conventions of warfare. And if you remove that principle – if you remove that principle that each human being has, as their foundational right, the right to life – then indeed there is no reason to care for the unborn or not to practise euthanasia, or not to have the death penalty or not to go to war as an aggressor. I raise those issues, perhaps, largely to do with how this legislation may be perceived and whether we have indeed given sufficient weight to that foundational right to life in this issue.

Noting the discussion about compliance with human rights, I would refer simply, I think, also to the United Nations Declaration on the Rights of the Child, which says that the child:

...by reason of physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.

My question for this Hon. Council is whether we perceive this legislation as enshrining that care before as well as after birth, for those who would be particularly vulnerable in our society and whether or not this legislation both contains and will be perceived to contain that understanding of the foundational right to life as that which characterises our ethical and moral shared life as human beings.

So my question, in summary, to do with this Bill, at this stage, is to ask whether it removes, rejects or undermines that foundational moral principle and whether, in its proper desire to care for the needs of the mother – which I support and applaud to the fullest extent – it makes adequate provision for the needs of the other life involved. And indeed, it has seemed to me that the discussion and the debate around this issue has often seemed unwilling to give due attention to that other life. And for that reason my wish would be that either in a select committee or in a Committee of this Whole Hon. Council, we might be able to enable that proper consideration of those ethical principles which I have outlined and which I believe, in the literal sense of the word, to be vital to discussion of this subject.

Eaghtyrane, thank you.

The President: Mrs Lord-Brennan.

Mrs Lord-Brennan: Thank you, Mr. President.

First of all, I would like to thank Dr Allinson for the bold step of taking this legislation forward so that we can talk about things in full detail and also to the mover for the efforts he has gone to to provide extra information for us, to the point we have got to so far.

I should probably start by saying that I am in favour of abortion reform, for all of the reasons mentioned by the hon. mover and the seconder. That said though, cards on the table, I did originally, initially, struggle with the provision for abortion on social grounds up to 24 weeks, and that is me taking a non-religious view. But just to introduce a further shade of grey in between what we have heard so far, I really had to test my thinking in respect of that and then to force myself to consider the real situations and the imagined alternatives where a woman might make that choice, a decision that no one would take lightly and that they would have to live with. I think it is fair that we are putting the woman at the centre of this, and that and that is right. So I had to check my thinking in various ways and I have realised that the essence of this is the judgment and the situation of the woman. I would say that we are not legislating for morality or for what a woman should or should not do, but we are here to determine good law that will work, so that any woman making this choice does not fall outside it, outside health care provision and other support. Moreover, the other place has set out the principles and the scope here.

So really, for me, there is value in hearing from different views about how this Bill will work, because I think that the essence of scrutiny is surely kind of putting off ... leaving ourselves open to an alternative view so that we can challenge what we think. I feel that, to my mind, our role here is really to add some nuanced thinking and to check that how this Bill is drafted will work so it can bear out the will of the Keys. I am grateful for the work that has come so far and that we have heard reference to gentlemen talking to other gentlemen with assurances that it is going to work fine. I hope that in this journey there might be a little bit of space for any Member to approach this inquisitively and to explore any areas that we feel need to be addressed. It has been a long process to date, I think that we can progress this and do a good job in a short amount of time. But I do feel that how we need to approach our legislative actions is with an inquiring mind and bearing in mind the functionality and adding to what the Keys have done in that respect.

The President: Thank you.

Does any other Member wish to speak? I call on the mover to reply then, Mr Henderson.

Mr Henderson: Gura mie eu, Eaghtyrane.

I would like to thank my seconder, Mrs Jane Poole-Wilson, for supporting the First Reading and indeed for her introductory comments and outlining all the issues I think many of us feel that are very important for this legislation. I would also like to thank Dr Allinson, in the background, for this help and support as well.

In relation to the few comments that have been made, I thank Miss August-Hanson for her input and support. I am pleased that she has noted the issue of equality in the middle of this as well, which is another positive aspect that has been pushed forward. I do not think we have reached the end of the road to equality either, I think there is much more to be done. And certainly if there is anything I can do, and/or with other Hon. Members, to achieve that, then I am in. She also looked at other aspects, free speech, and mentioned that it was an intelligent, modern way forward and our Legislative Council role within that, which I thank her for.

Mrs Hendy was supportive and welcomed it as a health issue, looking at it in a realistic, modern way. She said there was a gap in the legislation, she recognised good consultation and she recognised especially, as other Members have done, that the legislation is woefully out of date that applies to this situation. To, in my view, the point where some of it has almost become meaningless, in a way, because it is referring to decades and decades ago in societies that have long since changed, evolved and developed into something totally different now.

The Lord Bishop, I thank him for his input, for his balanced approach and for putting a different view and injecting that into the debate and for giving us pause for thought, I suppose, and giving us a pointer for reflection and to think about what it is that we are doing. I thank him for that and I thank him for pointing out the rights of mother and child and so on, that has to be a consideration. I have to say, I am glad that we do have a Lord Bishop position, if I can put it like that, on the Legislative Council and Tynwald, which is able to put a different perspective into things and it certainly has caused me to have an in-depth observation of what it is we are doing here.

However, I would say, Hon. Members, that in 2018, with the situation as it is, and the fact that if someone finds themselves in such a desperate situation where they are truly unable to cope or unable, due to financial reasons or for a huge range of other reasons – social, mental health or otherwise where they, at the end of the day, having considered all their options feel there is only one option and that is to consider a termination, then they do have to go away and all that goes with that and they are going to go away anyway, because of the situation. They are going to order the tablets in the post because of the situation; they are going to place themselves in danger as a consequence, maybe, certainly with ordering tablets in the post or through the Internet. As I know only too well from my health care experience in the past, the dangers that that can entail. If somebody is so desperate then they will consider other options that will endanger their own lives as well, and not only that, if the desperation moves to a point of complete, utter hopelessness then that person may then start to consider suicidal ideas, and I do not think that is right either. I think that we should have the woman at the centre of this, what is right for her and her situation and so on.

I feel that Dr Allinson has tried to strike the right balance here by recognising for up to 14 weeks the mid trimester and the final trimester. And to answer Mrs Kate Lord-Brennan's issue with regard to 24 weeks, I think under those circumstances it has to be under medical guidance and supervision, so the initial point of the Bill is termination, on request, up to 14 weeks. So after that you are actually then moving into the realms of medical supervision or opinion or professional thought on the matter for physical reasons, physical danger reasons, where mum may be in danger herself. So that is a very important factor to take into consideration there, that the Bill does not automatically give a right up to 24 weeks, it is up to 14 weeks, I just need to make that point clearly.

Mrs Lord-Brennan went on to offer support, which I am grateful for, and went on to point out some various points, the functionality of the Bill and so forth. But I am pleased with some of the comments that she said, that really it should be the woman that is at the centre of the consideration here, and in a holistic view, the environment that she is in as well, it all comes into play in looking at oneself and the situation. Everyone is different, every situation is different. And indeed, as the Lord Bishop said, to experience that you have to be the one experiencing it, none of us know truly, unless there is a health care expertise in it, such as Dr Allinson, and I think we need to bear that in mind.

So with that Eaghtyrane, I beg to move the First Reading.

The President: Hon. Members, I put the question to Council that the Abortion Reform Bill be read for the first time. Those in favour, say aye; against, no. The ayes have it.

A division was called for and voting resulted as follows:

FOR	AGAINST
The Lord Bishop	None
Mr Cretney	
Mrs Poole-Wilson	
Miss August-Hanson	
Mrs Sharpe	
Mr Henderson	
Mr Crookall	
Mrs Lord-Brennan	
Mrs Hendy	

The President: Hon. Members, 9 votes for, no votes against. The motion therefore carries. Hon. Members this brings us to the conclusion of today's sitting. Council will now stand adjourned until Tuesday 12th June, 10.30 a.m. in this Chamber.

Thank you, Hon. Members.