



IRISH MEDICAL  
ORGANISATION  
Cearrchumann Dochtúirí na hÉireann

10 Fitzwilliam Place, Dublin 2  
Contact: [vhetherington@imo.ie](mailto:vhetherington@imo.ie)

**IMO GP Committee Submission to the Joint Oireachtas Committee on Health on the General Scheme of the Health (Termination of Pregnancy Services – Safe Access Zones) Bill 2022**

**About the IMO**

The Irish Medical Organisation (IMO) is the trade union and representative body for all Doctors in Ireland.

**Introduction**

The IMO GP Committee welcomes the opportunity to comment on this legislation, with the objectives to protect the safety, well-being, dignity, and privacy of women accessing termination of pregnancy services, as well as the service providers, their staff, and others who need to access defined locations (healthcare settings) in the course of their duties and responsibilities.

Although there is a diversity of opinion within society and the medical profession on the termination of pregnancy services, given that now patients have a legal right to access termination of pregnancy healthcare services in Ireland, and medical practitioners have a right to carry out healthcare services in this regard, it is of significant importance that both patients and doctors are protected from violence and harassment, and that patients have a right to confidentiality and privacy when accessing their healthcare needs.

While the IMO supports the underlying objectives of this Bill, and the means to achieve such objectives, there are comments under specific headings in bold below, of which must be clarified to ensure the robustness of the provisions and subsequently the wellbeing of women accessing termination of pregnancy services and medical providers.

**Penalties**

In the 7 year period 2015-2021, there have been 733 recorded assaults on doctors in Ireland, with healthcare staff 4 times more likely to be assaulted than those working in private businesses.<sup>1</sup> The result of this can lead to increased loss of morale, depression, and resignations amongst medical practitioners. Given that there are current concerns surrounding accessing termination of pregnancy services, as illustrated by the necessity to implement safe access zones, penalties on a general level

---

<sup>1</sup> Irish Medical Journal (2021) [Violence towards Healthcare Staff](#)

must be sufficient in acting as a deterrent from both engaging initially and repeatedly in prohibited conduct within Safe Access Zones and harassment of service providers.

There is a query in relation to Head 6 on the harassment of medical practitioners. The provision intends that a person guilty of an offence under Head 6 is liable on conviction on indictment to a fine not exceeding €25,000 or imprisonment for a term not exceeding 12 months. However, the Non-Fatal Offences Against the Person Act states that any person found guilty of harassment can face up to 10 years in jail. Furthermore, Non-Fatal Offences Against the Person Act defines harassment in the context of 'causing alarm, distress, or harm', while the current bill does not, suggesting there is a lower bar for which individuals can be prosecuted under harassment. The IMO believes it is necessary to include 'causing alarm, distress, or harm' to act as a deterrent from potential individuals or groups intending to influence medical practitioners' decisions regarding termination of pregnancy services.

### **Safe Access Zones – Length**

#### Rationale for Length of Safe Access Zone

It is important to clarify and have a definitive rationale for why the designation of a safe access zone is defined as the healthcare premise and the area of 100 metres surrounding or adjacent to a healthcare premise, which may include any part of that area that is a public place.

Using international comparators as a means of situating future policy provisions is a key mechanism for ensuring that we coincide with international standards. Of those that do have safe access zones in relation to termination of pregnancy services, Ireland (as briefly illustrated below) will likely fall within the middle in terms of the distance the safe access zones occupy.<sup>2</sup>

#### Canada

Canada has various provisions depending on each Canadian Region. In British Columbia, *the Access to Abortion Services Act* provides for the creation of access zones around abortion facilities [max. 50m], doctors' and service providers' residences [160m], and doctors' offices respectively [10m, but this may be varied up to a maximum of 20m]. In Quebec, the inclusion of *Access to Voluntary Termination of Pregnancy Services* within the *Act respecting health services and social services* provides that no person may demonstrate or protest with reference to abortion demonstrations within 50m of a facility or premises providing voluntary termination of pregnancy services. In Ontario, *The Safe Access to Abortion Services Act 2017* establishes access zones with reference to abortion demonstrations 150m around clinics or facilities providing abortion services.

#### Australia

Similarly, abortion in Australia is regulated by each individual Australian jurisdiction. In New South Wales, the *Public Health Act 2010* provides for safe access zones up to a radius of 150m from a reproductive health clinic. Queensland's recently passed *Termination of Pregnancy Bill 2018* provides for the establishment of safe access zones of 150m around facilities providing abortion services. Similarly, Tasmania's *Reproductive Health (Access to Terminations) Act 2013* provides for access zones

---

<sup>2</sup> Oireachtas Library and Research Service (2019) '[Safe Access Zones – What do other countries do?](#)'

of 150m from facilities providing abortion services and sets out certain behaviour prohibited within those zones. South Australian legislation does not provide for safe access zones.

### Europe

The L&RS has not identified any European country with specific safe access zone legislative provisions.

However, while comparison is useful to illustrate that we do not fall behind minimum international standards, such metrics should not determine maximum standards, in this instance what the maximum length that the safe access zone 'ought' to be.

On the other hand, it is argued that 100 metres may interrupt freedom of assembly, particularly in urban areas. The IMO finds that rights are balanced against one another and are not in this sense absolute. It must still be noted and acknowledged that freedom of assembly will still be allowed in relation to other issues of interest. Therefore, it does not infringe on one's right to assemble more broadly, but rather it in instances where the freedom of assembly infringes on women's right to access termination of pregnancy.

### **Safe Access Zones – Definition**

The designation of a "Safe Access Zone" includes both a) the health premise itself and b) the area of 100 metres surrounding or adjacent to a healthcare premise, which may include any part of that area that is a public space. Further, Head 6 refers to Harassment of medical providers in relation to Termination of Pregnancy Services.

There must be further deliberation as to whether a protest or assembly outside the home of medical practitioners in relation to termination of pregnancy services would constitute 'harassment' or whether it would be more appropriate to include the homes of medical practitioners within the definition of a "Safe Access Zone". Regardless of the feasibility of either proposals, it must be accepted as a principle that individuals and groups cannot protest or assembly in such a manner that it affects a medical practitioner's and their family's home and family life. It is unclear currently whether there is specific protections in relation to prohibiting protesting outside the homes of medical practitioners or their staff and clarification is required.

### **Harassment in Relation to Termination of Pregnancy Services**

The IMO greatly supports the inclusion that 'it shall be an offence to intimidate or harass a service provider in relation to that service provider's decision to provide termination of pregnancy services', under Head 6. Further, the IMO welcomes the noting within the Bill of the multiple means that can be used to harass and intimidate, including repeated communication through letter, social media, texting, or through non-electronic means including watching or monitoring.

While there is protections given to patients and medical practitioners within the safe access zones, and as shown for harassing medical practitioners, it is unclear whether the harassment of patients

through the various means stated above will constitute an offence and the subsequent penalties for doing so.

### **Protocols**

Clear guidance on protocols that medical practitioners can follow to protect themselves and their staff need to be in place in all healthcare facilities. In circumstances where a patient is repeatedly abusive and aggressive within a GP Practice, for example, a letter may be sent from the practice in which the patient is requested to reflect on their inappropriate actions, and if they fail to comply they may be advised to find another GP. However, there must be clear guidance on what to do in instances where harassment or assault is perpetrated by those who are not patients, but rather members of the public or protesters.

### **Data Collection**

There is a requirement to gather and utilise evidence-based data to understand the specific nature of the problem across time and regions, and how to address it effectively. The IMO at its AGM, in May 2019, called for a national officer to be appointed for the delivery of a protocol on staff assaults, and the maintenance of a national register of such incidents. This is an important step in the collection of accurate data. Similarly, there is a need to have accurate data on instances where the wellbeing, safety, dignity and privacy of women accessing termination of pregnancy services is compromised. In this sense, to tackle this problem a holistic approach is required, which incorporates the recording and monitoring of episodes of harassment to ensure a complete national picture of the phenomenon.