



Opening Statement from the Irish College of General Practitioners to the Oireachtas Joint Committee on Health and Children on the General Scheme of the Protection of Life during Pregnancy Bill 2013

Deputy Buttimer, Members of the Joint Committee on Health and Children, Ladies and Gentlemen I would like to thank you for your invitation to the Irish College of General Practitioners to present on the Protection of Life during Pregnancy Bill. This is an extremely important piece of legislation and the college welcomes the opportunity to be involved in the legislative discussions. The General Practitioner has a key role in supporting women during pregnancy.

By way of introduction I am a General Practitioner and Medical Director of the Irish College of General Practitioners.

Established in 1984, The Irish College of General Practitioners (ICGP) is responsible for post graduate specialist medical education, training and research in the specialty of General Practice. The ICGP also provides an extensive range of practice management services focussed on the effective organisation of General Practice. The College has a national advisory role in relation to clinical standards and interacts regularly with a number of bodies including the Medical Council, Department of Health and Children, the Health Service Executive and the Health Information & Quality Authority amongst others. As a membership organisation the ICGP is responsible for providing continuing medical education (CME) for established GPs numbering over 2,500 at present.

The mission of the ICGP is to serve the patient, and its members / general practitioners by encouraging and maintaining the highest standards of general medical practice.

The core values of the College are quality, equity, access and service to the patient.

The ICGP has provided guidance for its members on the management of Crisis Pregnancy since 1995 and the latest guidance is available on open access on the ICGP Website.

In the vast majority of cases, a termination of pregnancy is a decision taken as a last resort and in great distress. The college believes that the structures, resources and systems to support women during a crisis pregnancy should be enhanced.

There is a need to improve access to social supports, counselling and psychology services. Peri-natal psychiatry should be a priority for government in supporting women in crisis pregnancy.

The GP is usually the first point of contact a pregnant woman has with the health service. The General Practitioner has a key role in supporting women during pregnancy. All pregnant women are entitled to free antenatal care under the Mother and Infant Scheme.

Current obstetric practice does not place a patient in the care of an obstetrician until 16 to 20 weeks gestation. GP care is immediately available to every pregnant woman and GPs routinely play a supportive role to women through the provision of antenatal and post natal care. The GP has knowledge of the woman's past medical and psychological health and of her social supports. In many instances this knowledge extends over a number of years. GPs view every patient as an individual and care for them in their unique circumstances. Therefore the GP has a vital role in the assessment of risk.

This role is supported by the Expert Group's Report which suggested that "it may be appropriate that GPs are consulted as a matter of best practice in the course of the diagnostic process. This would provide access to their knowledge of the patient and establish continuity of care for the woman after the treatment has been delivered".

Consultation with her GP should take place only with the woman's consent and the importance of confidentiality should be emphasised in all aspects of the Bill. The current Heads of Bill could be strengthened in this regard. The legislation should not be enacted until a specific, well defined referral pathway is in place with appropriate professional support. GPs will usually be the first person that a woman with a crisis pregnancy presents to and will need to know exactly how to refer the woman in a timely manner.

The GP has an important ongoing role as patient advocate and in providing non-judgemental support to women who have been involved in this process – whether or not they have had a termination.

The ICGP recommend that the Department of Health commission an independent guideline consortium to develop evidence-based national clinical guidelines to underpin implementation of the legislation. Following the guidance provided by the National Clinical Effectiveness Committee this process should involve healthcare professionals and patients in the guideline development process and employ internationally agreed standards of guideline development methodology. The ICGP has experience in this area and is willing to take an active role in the development of these guidelines.

Dr Margaret O'Riordan

Medical Director ICGP



Submission from the Irish College of General Practitioners to the Oireachtas Joint Committee on Health and Children on the General Scheme of the Protection of Life during Pregnancy Bill 2013

Introduction

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Summary of recommendations

In the vast majority of cases, a termination of pregnancy is a decision taken as a last resort and often in great distress. The college believes that the structures, resources and systems to support women during a crisis pregnancy should be enhanced. There is a need to improve access to social supports, counselling and psychology services. Peri-natal psychiatry should be a priority for government in supporting women in crisis pregnancy.

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during pregnancy. All pregnant women are entitled to free antenatal care under the Mother and Infant Scheme.

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Consultation with her GP should take place with the woman's consent and the importance of confidentiality should be emphasised in all aspects of the Bill. The legislation should not be enacted until a specific, well defined referral pathway is in place with appropriate professional support. GPs will usually be the first person that a woman with a crisis pregnancy presents to and will need to know exactly how to refer the woman in a timely manner.

The GP has an important ongoing role as patient advocate and in providing non-judgemental support to women who have been involved in this process – whether or not they have had a termination.

The ICGP recommend that the Department of Health commission an independent guideline consortium to develop evidence-based national clinical guidelines to underpin implementation of the legislation. Following the guidance provided by the National Clinical Effectiveness Committee this process should involve healthcare professionals and patients in the guideline development process and employ internationally agreed standards of guideline development methodology. The ICGP has experience in this area and is willing to take an active role in the development of these guidelines.

Comments on specific heads of the bill

Head 2: Risk of loss of life from physical illness

Head 2 recommends that hospital specialists "*shall consult with a woman's general practitioner where practicable*".

The details of the consultation are not clear and raise concerns about patient autonomy and confidentiality as to whether a consultant can request information from a GP without the patients consent. For instance the GP may not be aware that the patient is pregnant. The GP would need to see the patient in order to form an opinion.

Head 4: Risk of loss of life from self-destruction

Head 4 specifies that the decision requires an obstetrician, two psychiatrists and consultation with GP. GPs have expertise in assessing suicidal intent and will have prior knowledge of the patient and their background including supports. The GP can assist in the decision making process.

Page 11 The bill does not specify that the three doctors examine the woman together or that they examine the woman at the same location, it is expected that

The practicality of organising an appointment for the woman with three different doctors merits consideration. The practicalities of setting up these interviews in a local hospital and keeping the reason for the appointments confidential should also be considered.

Page 11 It was not felt desirable to provide in legislation for a specific referral pathway.

The legislation should not be enacted until a specific, well defined referral pathway is in place with appropriate professional support. GPs will usually be the first person that a woman with a crisis pregnancy presents to and will need to know exactly how to refer the woman in a timely manner.

GP should be consulted as a matter of best practice

Possibly need to add in here to the sentence *GP should be consulted as a matter of best practice, with the woman's consent.*

Head 6: Formal medical review procedures

Head 6 refers to the review process of decisions to refuse a termination. It may be appropriate to include the GP at this stage if he/she has not been part of the initial decision making process.

Page 14 . A pregnant womanmay apply in writing to the HSE..to have her case reviewed..

This will be very difficult for a woman with poor literacy skills.

Who is this letter sent to and how can the HSE ensure that her letter will be dealt with confidentially?

Page 14. The executive shall establish and maintain a panel of medical practitioners

There should be a nominee from the ICGP included here.

The executive shall appoint or authorise one or more of its employees

There are serious concerns about confidentiality in this review panel. The very nature of applying for review means that the administrative staff involved in receiving the letter, setting up the review panel and corresponding with the doctors and the patient will have access to very sensitive patient information.

Page 14*the outcome of the committee's review shall be given to*

- a. *The woman...*
- b. *The executive.*

Again issues of confidentiality need to be addressed here. Will the woman's GP be informed of the outcome with her consent? What supports will be put in place for the woman afterwards?

Page 15*guarantee to a pregnant woman at least the possibility to be heard in person*

Does this mean the woman will be interviewed by the review panel? This would be a daunting process for a patient and would discriminate against those with poor social skills and low educational attainment.

Head 7: Review in physical illness matters

The woman's GP may be able to contribute an informed medical opinion to the obstetrician/gynaecologist on the patient's current physical illness and therefore should also be included in this head.

Head 12: Conscientious Objection

According to Irish Medical Council Guidelines doctors may have conscientious objections but must refer to another doctor who may provide the service. How will doctors who are willing to refer patients requesting a termination in these circumstances be identified?

**Submitted on behalf of the Irish College of General Practitioners by
Dr Mary Sheehan Chairman, Dr Seamus Cryan President and Professor
Bill Shannon Immediate Past President.**