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05<sup>th</sup> February 2024

Deputy Collins  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ 7664/24: To ask the Minister for Health whether a candidate's desire to exercise their conscientious objection with regard to the non-performance of terminations of pregnancy would disadvantage them in the hiring or promotions process within the Health Service; and if he will make a statement on the matter.**

**PQ 7665/24: To ask the Minister for Health his views on the roll-out of abortion provision in the eight remaining hospitals that he said would be performing abortions by early 2024; the number of people appointed to positions to ensure abortion provision could begin in these hospitals; the various positions people were appointed to, including obstetricians, nursing staff etcetera; the cost of these hirings and any other administrative or capital costs incurred in the roll-out of abortion provision in these facilities; any additional expenditure earmarked to be spent to complete the roll-out in 2024; and if he will make a statement on the matter.**

Dear Deputy Collins,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position on the various areas and issues you raised.

### **Conscientious Objection**

There is not currently a formalised national workplace policy with regard to Conscientious Objection. In the absence of same, NWIHP will endeavour to undertake a programme of work later this year which will examine/consider local workplace policies, employment and health law and healthcare providers understanding of CO as it relates to TOP service provision.

### **CO Provisions in the Health (Regulation of Termination of Pregnancy) Act 2018**

Section 22 of the 2018 Act provides that no medical practitioner, nurse or midwife will be obliged to carry out, or to participate in carrying out, a termination of pregnancy to which he or she has a conscientious objection. 22(1) A person who has a conscientious objection shall, as soon as possible, make such arrangements for the transfer of care of the pregnant woman concerned as may be necessary to enable the woman to avail of the termination of pregnancy concerned. 22 (3)

There is no statutory right to conscientious objection in an emergency i.e. where there is an immediate risk to the life, or of the serious harm to the health of the pregnant woman 10 (a), and; the foetus has not reached viability 10 (b), and; it is appropriate to carry out the termination of pregnancy in order to avert

the risk to the life, or of the serious harm to the health of the pregnant woman 10 (c). Emergency care must be provided by any staff present to a person undergoing a termination of pregnancy or experiencing complications following a termination of pregnancy.

### **Code(s) of Professional Conduct and Ethics**

The Medical Councils, Guide to Professional Conduct and Ethics for Registered Medical Practitioners sets out the principles of professional practice that all doctors registered with the Council are expected to follow. As per this Guidance, all medical practitioners should be aware of their obligations if they have a conscientious objection to providing a treatment.

The NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives is the overarching structure that informs our framework of professional guidance to registered nurses and midwives. All registered nurses and midwives should also be aware of their obligations if they have a conscientious objection to providing treatment.

### **Appointments and promotions**

Where a post/appointment incorporates TOP service provision, this should be referenced as part of the job description. The Consultant Applications Advisory Committee (CAAC) provides independent and objective advice to the HSE on applications for medical Consultants and qualifications for Consultant posts. All Consultant Obstetrician Gynaecologist jobs that are submitted to CAAC are approved by the Clinical Director of NWIHP. This does not occur unless the TOP service is specifically referenced in the business case or descriptor.

### **Roll out of TOP Services**

At present, 17 of the 19 maternity units are providing termination of pregnancy services under all provisions of the Health Regulation of Termination of Pregnancy Act 2018. Five of these sites commenced TOP service provision in December 2023, as follows:

- St Luke's Hospital Kilkenny;
- Portiuncula University Hospital Ballinasloe;
- Letterkenny University Hospital;
- Wexford General Hospital; and
- Midland Regional Hospital Portlaoise

The remaining two maternity units will begin full TOP service provision in the latter half of this year.

Since 2019, €12m has been allocated for the provision of TOP services in the acute hospital setting. This funding has allowed for the recruitment of additional resources and has also been utilised to cover expenditure incurred by maternity networks and individual maternity hospitals for once-off set up costs. 73 WTE have been recruited to deliver and sustain termination of pregnancy services within the acute hospital setting. These resources are embedded within existing gynaecology and maternity services such that termination of pregnancy service provision is just one of the areas of responsibilities that they hold on the ground. Resources supported by this investment included additional consultant obstetricians and Gynaecologists, midwives and nurses, ultra-sonographers, theatre staff, bereavement specialists, administrators, medical social workers and pharmacists.

Yours sincerely,

*D. O'Donnell*

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**Davinia O'Donnell**

**General Manager | National Women and Infants Health Programme**