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EDITORIALS

A tale of two countries: women's reproductive rights in Ireland and the US

Ireland steps forward while the US turns back

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In recent weeks, polar opposite approaches have been taken to determine how to implement health policy that directly affects only women. On one hand, the Trump administration in the US has introduced a proposal to cut off access to federal funds for more than 4000 family planning facilities if they provide, discuss, or refer for abortion.[1] On the other hand, Ireland held a referendum which decisively overturned its highly restrictive abortion law.[2] Yet despite these opposing pendulum swings on reproductive health policy, both countries could be considered to be politically dominated by a religious or conservative agenda.

Abortion is a highly emotive topic in any country, yet it is often misunderstood and misrepresented in public discourse. The Irish people were able to listen to the evidence not only from world literature but their own country showing that restricting access to abortions does not decrease the number of abortions but does result in women dying.[3] The inquiry into the death of Savita Halappanavar, the dentist who died from sepsis at 17 weeks of pregnancy because she was denied a pregnancy termination after her membranes ruptured and she became critically ill, was a major turning point.[4] Her death reverberated throughout society, the medical profession, and politicians.[5] Added to this were over 160 000 women known to have left the country to obtain abortions safely in the UK because abortion was prohibited in Ireland.[6]

As a result of several years of reflection and advocacy the Irish public gave a resounding "yes" to the question of whether the restrictive law should be repealed. Ireland will now enact laws that respect the rights of women and the views of its society. Government draft legislation indicates that abortion will be available without limitation until 12 weeks' gestation and after that only with some indication of serious threat to the woman's health or in cases of fetal anomaly.[7] No deception, no confusion; only discussion to inform the option each woman chooses.

By contrast, the new US approach is characterised by deception, confusion, and a mandated lack of full discussion of pregnancy options. The proposed rule has been termed the "domestic gag rule" after its counterpart, "the global gag rule," brought in immediately after President Trump took office in 2017. Historically, restrictive laws have not been shown to reduce the numbers of abortions—their presumed intent—but generally have led to higher abortion rates, partly because of the separation of contraceptive services from abortion services.[3] Separating contraception and abortion causes an important lost opportunity to prevent a subsequent unintended pregnancy by provision of contraception at the time of abortion.[8]

The domestic gag rule, if enacted, would undermine fundamental principles of the standard of care provided to women. The announcement of the domestic gag rule means that recipients of federal family planning funding (Title X funds) would be unable to provide full information to patients with an unintended pregnancy and will additionally need to physically and financially separate family planning services funded by Title X from their abortion services. To be clear, the four million people using the Title X programme are disproportionately low income women of colour.[9]

Rather than being given complete information as required to make an informed choice, women would be provided only with information about continuing the pregnancy to term. If the unethical and non-evidence based practice proposed in the rules of the 31 page document is enforced, contraception service providers may find themselves in ethical or legal conflict.[1] Coercing women to continue a pregnancy is a violation of human rights. When such women have serious medical risk factors, it will increase US maternal mortality rates, which are already the highest in the developed world.[10]

While the Trump administration may believe that anti-choice sentiment in the US is on the rise and to its political advantage, recent information from *Data for Progress* indicates there is no US state where support for banning abortion reaches even 25%.[11]

The timing of these two countries' stories ironically coincided on 13 May, with the 50th anniversary of the 1968 United Nations International Conference on Human Rights, where family planning was declared a basic human right.[12] Furthermore, the Lancet Commission on sexual and reproductive health and rights,[13] launched at the World Health Assembly on 21 May, called for full integration of these rights into universal health coverage, one of the targets of the sustainable development goals.[14]

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It seems that the US is offside with respect to women's rights and that the changes would have a societal cost. The US government has invited comments on the proposed rule until 31 July 2018.[1] If it will listen, as did Ireland, to fact, science, and internationally accepted human rights, these societal costs may still be averted and women's lives saved.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare the following interests: DS is a strong advocate for women's sexual and reproductive health and rights and as president of the International Federation of Gynecology and Obstetrics spearheaded the initiative for the prevention of unsafe abortion and its complications with action plans in 46 countries between 2006-2017. WVN holds a chair in family planning applied public health research funded by the Canadian government organisations the Public Health Agency of Canada and the Canadian Institutes of Health Research; is funded as a scholar of the Michael Smith Foundation for Health Research; is a member of the board of directors of the Society of Family Planning; and a member of the abortion clinical practice guidelines committee for the Society of Obstetricians and Gynecologists of Canada.

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