# Submission template: Parliamentary Inquiry into Freedom of Conscience in Abortion Provision

The terms of reference of the Inquiry are:

* To assess the extent to which the Conscience Clause provides adequate protection for doctors who do not wish to participate, directly or indirectly, in the provision of abortions;
* To assess the extent to which the Conscience Clause provides adequate protection for other health professionals who do not wish to participate, directly or indirectly, in the provision of abortions;
* To examine how freedom of conscience in the law and professional guidance can be developed for healthcare professionals going forward.

Section 4 of the Abortion Act (1967) requires that ‘no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection’. Commonly known as the ‘Conscience Clause’, the purpose of this section of the 1967 legislation was to enable men and women with conscientious objections to abortion to remain fully engaged in providing healthcare without being compelled to participate in the provision of abortion.

This short Inquiry will examine whether the Conscience Clause continues to provide adequate protection for healthcare professionals who do not wish to be involved, directly or indirectly, in the provision of abortions. The Inquiry particularly welcomes examples of good and bad practice in the use of the Conscience Clause.

The Inquiry requests responses to this call for written evidence as soon as possible. The deadline for submissions is **midday** on **11th July 2016**.

Evidence can be submitted in the following three ways:

1. **Online** – From the online form that is accessible from the Inquiry website [www.conscienceinquiry](http://www.conscienceinquiry.org).uk.
2. **Email** – By sending your submission to [submissions@conscienceinquiry.uk](mailto:submissions@conscienceinquiry.uk). If you wish to make a submission following the template layout, you can download the submission template from the Inquiry website, [www.conscienceinquiry](http://www.conscienceinquiry.org).uk and email the completed document as an attachment.
3. **In writing** – please send your submission to the following address. If you wish to make a submission following the template layout, you can download the submission template from [www.conscienceinquiry](http://www.conscienceinquiry.org).uk.

Fiona Bruce MP

House of Commons

London, SW1A 0AA

Please note that there is a limit of **500 words maximum per question.** All evidence will be made public once the report has been published. Please indicate below if you wish your evidence to be anonymous.

We look forward to receiving your submission.

**Information about respondent**

Name:

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Email:

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Phone number:

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Address:

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Postcode:

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Are you responding on behalf of an organisation or as an individual?

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Name of organisation (if applicable):

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Position in organisation (if applicable):

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Please describe your interest in the questions raised by this Inquiry.

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Do you wish for your evidence to be kept anonymous?

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**Inquiry questions**  
  
1. Do you think freedom of conscience for healthcare professionals in the provision of abortion is important? If so, why? If not, why not?

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2. Do you think that doctors with a conscientious objection to abortion have adequate protection to fully engage in their profession without compromising their freedom of conscience?

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3. Do you think that other healthcare professionals with a conscientious objection to abortion have adequate protection to fully engage in their profession without compromising their freedom of conscience?

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4. Do you have personal experience of, or do you know of, examples of good practice where healthcare professionals do not wish to participate, directly or indirectly, in the provision of abortions? Good practice might have been shown by the healthcare professional, healthcare organisation, or both.

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5. Do you have personal experience of, or do you know of, examples of poor practice where healthcare professionals do not wish to participate, directly or indirectly, in the provision of abortions? Poor practice might have been shown by the healthcare professional, healthcare organisation, or both.

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6. In your view, are there any useful precedents for protection of freedom of conscience from other areas of the UK or from other jurisdictions?

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7. Do you think legislation or professional guidance for healthcare professionals in the UK should be changed or developed? If so, in what way would you recommend?

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8. Any other comments?

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