

STRICTLY PRIVATE AND CONFIDENTIAL

THE CITIZENS ASSEMBLY

TRANSCRIPT OF MEETING RE

THE EIGHTH AMENDMENT OF THE CONSTITUTION

HELD ON SUNDAY, 23RD APRIL 2017

AT

GRAND HOTEL, MALAHIDE

I hereby certify the following to be a true and accurate transcript of my shorthand notes of the evidence in the above-named matter.

APPEARANCES

THE CITIZENS ASSEMBLY: MS. JUSTICE LAFFOY, CHAIRPERSON
MS. SHARON FINEGAN, SECRETARY

EXPERT ADVISORY GROUP: DR. ORAN DOYLE
DR. RACHAEL WALSH
PROFESSOR DEIRDRE MADDEN

CLINICAL ADVISORY

GROUP: DR. ELIZABETH DUNN
DR. ADRIENNE FORAN

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1 THE MEETING COMMENCED AS FOLLOWS ON SUNDAY, 23RD APRIL
2 2017:

3
4 ADDRESS BY THE CHAIR TO INCLUDE BRIEF SUMMARY OF
5 PROCEEDINGS ON PREVIOUS DAY AND INTRODUCTION TO VOTING
6 ON BALLOT 4B:

7
8 **CHAIRPERSON:** Good morning everybody. I think we're
9 ready to start now and this is the last occasion on
10 which I'll say welcome to consider the Eighth
11 Amendment. As you know, we are agreeing the
12 recommendations which will form the basis of the
13 Assembly's final report on the topic of the Eighth
14 Amendment for the Houses of the Oireachtas. Yesterday,
15 the members voted on three ballots. As demonstrated
16 yesterday, I think the ballot paper is fairly complex.
17 Not only that, the balloting system is sequential and
18 that makes it somewhat complex and perhaps difficult to
19 understand. It means that a later ballot, if it is
20 going to happen, depends on an earlier ballot but in
21 any event we have, as it were, come to the end of the
22 road and today we're going to be dealing with Ballot
23 4B.

24
25 Now, just to recall briefly what happened yesterday.
26 First of all in Ballot 1, the members voted by a
27 majority that Article 40.3.3 should not be retained in
28 full. Then, in Ballot 2 the members voted by a
29 majority that Article 40.3.3 should be replaced or

1 amended and then finally, in Ballot 3, the members
2 decided that Article 40.3.3 should be replaced with a
3 Constitutional provision that explicitly authorises the
4 Oireachtas to legislate, to address termination of
5 pregnancy, any rights of the unborn and any rights of
6 the pregnant woman. That was the basis on which the
7 last ballot was voted on and really just to make it
8 absolutely clear.

9
10 In other words, what you have done is that you have
11 recommended in the words I used yesterday in explaining
12 Ballot 3, you have recommended that the Oireachtas
13 would have exclusive power to make law on these issues.
14 So that's really -- you have to understand clearly that
15 that is what you voted on yesterday.

16
17 Now, I'm going to go on now and explain Ballot 4B.
18 Again, this draft ballot was prepared by myself and the
19 Secretariat with the assistance of the Steering Group
20 but after a lot of consultation, if I may say it again,
21 with the Expert Advisory Group, who gave us invaluable
22 assistance. Now, the text is displayed on the screen.
23 This is the text of Ballot 4B, which as you'll see is
24 even more complicated than the Ballots you had
25 yesterday.

26
27 The top of the paper outlines how we have reached this
28 ballot, Ballot 4B. In Ballot 3, as I've already
29 stated, the Assembly voted by a majority to amend the

1 Constitution to explicitly authorise the Oireachtas to
2 legislate. This Ballot, the one we're dealing with
3 now, 4B, will provide the recommendations of the
4 Citizens Assembly to the Oireachtas about what should
5 be included in the legislation. Specifically, it will
6 provide recommendations about the reasons, if any, for
7 which termination of pregnancy should be lawful in
8 Ireland as well as any gestational limits which should
9 apply.

10
11 The suggested wording of the draft ballot paper seeks
12 the recommendations of the citizens, the members of the
13 Assembly on eight reasons listed on the left hand side
14 of the table and they are numbered one to seven. One
15 to eight rather. Numbers one to seven on the list,
16 they list possible reasons for which termination of
17 pregnancy could be lawful in Ireland, while number
18 eight provides

19
20 *"for lawful termination of pregnancy without the*
21 *requirement of any specific reason for termination."*
22

23 Now, just to look at the reasons in order. First of
24 all, one is real and substantial risk to the life of
25 the woman and number two is real and substantial risk
26 to the life of the woman by suicide and those first two
27 reasons, they represent the current law which is
28 contained in the Protection of Life During Pregnancy
29 Act 2013. So, that is the law as it is now. Moving on

1 then to number 3, the reason, one reason suggested is
2 "serious risk to the physical health of the woman."

3
4 Number four, "serious risk to the mental health of the
5 woman."

6
7 Number five, "Pregnancy as a result of rape."

8
9 Number six, "the unborn child has foetal abnormality
10 that is likely to result in death before or shortly
11 after birth."

12
13 Number seven, "the unborn child has a significant
14 foetal abnormality that is not likely to result in
15 death before or shortly after birth."

16
17 Then finally, number eight, "available on request." In
18 other words, termination should be available with no
19 restrictions as to reasons.

20
21 So, if you look at the right hand side of the table
22 now. That is where you are supposed to indicate your
23 recommendation or there is an alternative, a preference
24 to state no opinion and you do so by marking X opposite
25 each reason. So, we expect you to express a view on
26 each reason and you do that on the table on the right
27 hand side.

28
29 Now, linked to these reasons there are five columns

1 which allow you to make recommendations on when, if
2 ever, termination of pregnancy shall be lawful by the
3 various reasons set out on the left hand side of the
4 table. That's the numbers one to seven and indeed
5 eight as well and then the choices presented in the
6 columns I've just referred to are first of all (a), you
7 see (a) there. "Never for this reason."

8
9 So, you're voting against this particular reason,
10 justifying on a lawful basis, a termination of a
11 pregnancy and then B1, B2 and B3 deal with the
12 gestational limits if any and B1 refers to up to 12
13 weeks gestation only. B2 up to 22 weeks gestation only
14 and B3 with no restriction as to gestational age and
15 then finally column C, the fifth column, that's another
16 choice and it is "prefer not to state an opinion" and
17 once again, as was the case yesterday, in the ballots
18 you dealt with yesterday, this is included on the
19 ballot paper to accommodate members who may not wish to
20 express a view on change for all or any of the reasons
21 for which it might be provided that termination is
22 lawful. So, each member has that option to mark X in
23 column in C if you don't want to express a view.

24
25 Now, this is important, excuse me. Members should only
26 select one of those options. While it is conceivable
27 that there may be more than one option which reflects
28 your point of view, it should be noted that any ballot
29 paper with a mark in more than one column for a

1 particular reason, will be considered to be a spoiled
2 vote and therefore will not be counted. So I hope
3 everybody is clear on that. It is consistent with the
4 explanation we gave in relation to what was a spoiled
5 vote yesterday.

6
7 So, just to repeat. One X opposite each reason. I'll
8 deal briefly now with the reporting of the results of
9 this ballot and I'm doing this at this stage not only
10 to give you some information but to aid your
11 comprehension as to the implications of your votes.
12 Given the nature of the ballot and the number of
13 questions being asked reporting will necessarily be
14 more complex.

15
16 A sample results sheet for this ballot is provided on
17 the screen behind me and you can all see it. Once
18 again, it will specify the number of citizens eligible
19 to vote and the number of citizens who voted as was the
20 case yesterday. Effectively, eight separate
21 recommendations are being made on this ballot paper.
22 You will be casting a separate individual vote on each
23 of the eight reasons listed. Each one of the reasons
24 will be reported on separately when I announce the
25 results later this morning.

26
27 A further point must be made clear. As you will see,
28 the columns have also been alphabetised and I've
29 mentioned A, B1, B2, B3 and C previously. So, I'm

1 about to explain what this is about. The first column
2 which is listed A is never for this reason. So, if you
3 don't want a particular reason to be a basis for
4 rendering a termination lawful you put your X in that
5 box. The middle three, up to 12 weeks gestation only,
6 up to 22 weeks gestation only and with no restriction
7 as to gestational age, we've listed those B1, B2 and B3
8 and the last column is listed C and that's prefer not
9 to state an opinion. In other words, if you are not
10 making a recommendation, you put the X in box C.

11
12 Now, I want to just explain the position in so far as
13 it is necessary at this stage, in relation to the three
14 middle columns, B1, B2 and B3. Those three have been
15 grouped together in order to facilitate reporting of
16 the results of the voting. Each option listed under B
17 permits the termination of pregnancy up to certain, if
18 any, gestational limits. As such these will be added
19 together in the initial reporting because collectively
20 they represent all votes cast as to gestational limits
21 on the termination of pregnancy or no gestational
22 limit. In reporting the votes cast in each option
23 listed under B will then be broken down to show how the
24 citizens have voted in relation to gestational limits
25 or none.

26
27 Once again, I want to make it clear how the majority
28 vote of the Assembly will be determined here. Full
29 details of this are given in the note you got

1 yesterday, the note on voting and that note, for
2 members of the public, is also available on line. In
3 relation to this ballot, a majority for each individual
4 recommendation will be determined in the initial
5 reporting by reference to the votes cast for
6 recommendations B1, B2 and B3 combined.

7
8 In respect of any of the eight reasons, there is --
9 sorry, if in respect of any of the eight reasons there
10 is equality of voting on the recommendations, the Chair
11 will have a casting vote as provided for in the
12 resolution of the Oireachtas, under which we're
13 performing this task. Now, the slide -- sorry, this
14 will be how this will be displayed. Can you all see
15 that and I hope it is clear. If not, you can ask some
16 questions in relation to. Anyway, that concludes the
17 description of Ballot B and we're now going to go into
18 private session and we will discuss that ballot, it's a
19 complex one, I should have said 4B. You will discuss
20 that in round table format and you will prepare any
21 questions you have and as was the case yesterday, we
22 would be grateful if you would write the questions out
23 in duplicate. You can keep one format and then give
24 the other to the Secretariat who will pass it on to the
25 Expert Advisory Group and as soon as you have a
26 question formulated please make it available.

27
28 So this is a complex ballot process. There's no doubt
29 about it and I think we're allowing 45 minutes I think

1 for the round table and then we will have the Q&A
2 session and we'll hear your views on the ballot and any
3 amendments you want to make. So we'll resume at 10.30.
4 Thank you very much.

5 **MS. FINEGAN:** Just to say we're in private session for
6 this part but the members have been given some
7 conversation starters and there are a number of
8 additional ones to what you've seen yesterday and I
9 suppose that's just given the complexity of this
10 ballot. It is just to make sure that you try to tease
11 it out as much as you can. So, the Facilitators have
12 these in front of them as well. So, we've 45 minutes
13 and I'll be reminding you towards the end of the
14 discussion just to capture those questions but just as
15 the Chair has said, to begin to send them up as they
16 emerge from the discussion, that would be very helpful,
17 thanks.

18
19 **FEEDBACK AND Q&A FROM MEMBER DISCUSSION ON DRAFT BALLOT**
20 **4B**

21
22 **CHAIRPERSON:** Could I have your attention please.
23 We've run a little bit overtime but it is quite clear
24 to us that you have done an awful lot of work in the
25 last three quarters of an hour plus and we're going to
26 start now and deal with your questions and once again
27 you'll see that I'm joined by our Expert Advisory
28 Group, Dr. Oran Doyle, Professor Deirdre Madden and Dr.
29 Rachael Walsh to deal with the legal issues and on the

1 medical side we have Dr. Elizabeth Dunn again today but
2 to help her today we have Dr. Adrienne Foran. You may
3 remember Dr. Foran gave us a very interesting talk. I
4 think it was the second weekend and she's a Neonatal
5 Consultant at the Rotunda and at Temple Street
6 Children's Hospital and the reason she's here I should
7 explain this, Dr. Declan Keane, who is on the Expert
8 Advisory Group and has been of great assistance to us,
9 he could not be here today. So Dr. Foran very kindly
10 decided when we asked her that she would come and I'm
11 very, very grateful to her. So, we'll start on the
12 questions.

13
14 The mics you'll see -- there are a lot of similar
15 questions from the documentation we've got. We'll try
16 and group them together as best we can and please
17 deliver the question as clearly as possible so that the
18 stenographer can transcribe it. So we'll start on the
19 questions now.

20
21 1 Q. **TABLE 5 - FACILITATOR:** I'm the Facilitator for Table 5
22 and I make these points on behalf of the members from
23 the table. There is a few, so I'll just go through
24 them quickly. In relation to Option 3, which states
25 "*serious risk to the physical health of the woman*", a
26 member would like to know who determines this risk and
27 what does this mean. In relation to Option 6 and 7 and
28 the testing for abnormalities, what is the accuracy of
29 these tests and what is the percentage of accuracy, if

1 someone is able to answer that question. Some members
2 also stated that they felt there should be a reference
3 to socio economic reasons included on the ballot paper
4 and finally, in relation to Option 8, there was an
5 issue raised by a member of the table on the wording,
6 saying on request and there was a possible inclusion
7 suggested of available for crisis pregnancies that
8 maybe would be considered.

9 A. **DR. WALSH:** Thanks very much. I'll deal with the first
10 couple of those and my colleagues from the medical side
11 may deal with some of them. In relation to your first
12 question, who determines what constitutes serious or
13 substantial risk, what's the difference between those,
14 I suppose the first thing to say is coming back to what
15 the Judge said this morning about where we're at now,
16 given your recommendation yesterday, is that these are
17 recommendations to the Oireachtas about what you think
18 ought to be in legislation. So, obviously there would
19 be a lot of working out of the detail in terms of
20 implementation. So, what we were trying to capture in
21 the table here, was for you to be able to give a
22 general steer to the Oireachtas as to how you thought
23 these different issues should be dealt with. I suppose
24 one possible way and this is only a possible way in
25 which that could be dealt with, would be for doctors on
26 a case by case basis to look at whether a medical
27 situation raised a risk that they thought was serious
28 or substantial and to work that out as a matter of
29 medical practice but that's only one possible way in

1 which this could be dealt with and it would be a matter
2 for implementation and certainly I think if the
3 citizens had views on that, that's something that could
4 be incorporated in ancillary recommendations to give
5 further guidance as to how you think that should be
6 dealt with.

7
8 In terms of the issue in relation to socio economic
9 consequences and problems, I think they are captured by
10 ground eight, which deals with the availability of a
11 termination of pregnancy without any restriction as to
12 reasons but certainly I wouldn't see any problem if the
13 room was of the view that specifically socio economic
14 rights, socio economic difficulties were to be a reason
15 to be voted on as a matter of law and that could be
16 something that the room could be canvassed on if there
17 was consensus on that.

18
19 In relation to the language of on request. I don't
20 know whether you can give me some more background as to
21 what the particular difficulty identified with it. I
22 suppose what was attempting to be captured in eight was
23 simply the fact the fact that in juxta position to the
24 other one to seven, what was at stake in eight was no
25 requirement as to a particular reason being articulated
26 to justify a lawful termination in a particular
27 situation. Sorry, do you want to follow up on that at
28 all?

29 2 Q. TABLE 5 - FACILITATOR: So the members, and again it

1 was mixed views at the table. In relation to on
2 request, it just sounded a bit flippant. That's what
3 they kind of described it as. They felt on demand,
4 yes. They felt that if it was to say in the case of a
5 crisis pregnancy that this may define it a little bit
6 more with no restrictions?

7 A. **DR. WALSH:** So, I think on that certainly crisis
8 pregnancies are captured by eight but I think eight
9 would potentially be broader than a crisis pregnancy.
10 So you -- given your concerns maybe one thing that you
11 might want to consider is simply including in ground
12 eight no restriction as to reasons and taking out the
13 available on request language that might speak to your
14 concern and again that might be something to canvass
15 the room's views on it but I think limiting it to
16 crisis pregnancies might not capture what you're
17 suggesting, although crisis pregnancies would come
18 within that would be my view.

19 3 Q. **DR. FORAN:** The option six and seven clarity, what we
20 felt with Option 6 would be definite life threatening
21 conditions and there would be three very definite ones
22 for that. They would be Edwards' Syndrome, Patau and
23 Anencephaly and they can be diagnosed, particularly the
24 Edwards and Patau with 99% accuracy. Option 7 is
25 slightly greyer in the sense that this would be -- an
26 example of this might be where you pick up a severe
27 structural abnormality, like ventriculomegaly,
28 hypo-plastic left heart that are compatible with life
29 but they are very difficult conditions to live with but

1 there's no confirmed chromosomal abnormality. So
2 that's why there's the distinction between those two.

3
4 4 Q. **TABLE 6 - DAVE:** My name is Dave, Table 6, first
5 question would be after the vote is counted, the
6 example that was given of the result ballot, the 3 (b)
7 selections were all included in one count if you know.
8 will there be a breakdown of the three after that?

9 A. **MS. FINEGAN:** I'll show you that now. This is what it
10 will look like. So each individual reason will be
11 listed as follows. So you'll get a separate sheet like
12 this in respect of each of the reasons. We just didn't
13 want to kind of go through it all in that level of
14 detail for the -- but exactly as you say here. So,
15 you'll see there, so this shows the result for reason
16 one. So, you have on the left hand side each of the
17 options which represents each of the columns on your
18 voting form. So, you see in the first column there
19 votes. So, that will be the absolute votes provided
20 under each and under B1, B2 and B3, what will appear in
21 those boxes in each case is the absolute results and
22 then in brackets the percentage terms. So the
23 percentage which is a percentage of B1, B2, B3
24 combined. So, it will be very visible and very clear.

25 5 Q. **TABLE 6 - DAVE:** Then a second question from the table
26 would you be could you explain the reason for the
27 separation of serious risk to physical health of the
28 woman and the serious risk to mental health of the
29 woman, section 3 and 4?

1 A. **PROFESSOR MADDEN:** I'll deal with that issue. That's
2 actually a question that has come up from a number of
3 tables. I think the reasoning for the distinction
4 between -- or the separation out I suppose of three and
5 four. So a number of you have raised that question
6 with us and it is actually an issue that the Expert
7 Advisory Group sort of talked about and discussed at
8 length ourselves as well. So, I suppose the first
9 reason that it was included on the ballot paper was
10 because it reflects the position in the 2013 Act which
11 does have different certification procedures in
12 relation to the physical risks to the life of the woman
13 and the risk to the life of the woman by suicide. So
14 there are different procedures prescribed in that Act.
15 So this is following I suppose in a sense that same
16 model.

17
18 It's also possible that some citizens might see a
19 distinction in terms of or have different views on
20 whether termination of pregnancy should be permitted in
21 a case of physical health or mental health. That's --
22 it's a matter for the room. This is a draft ballot
23 paper obviously. So, if the consensus in the room was
24 to merge the two of those together that would be
25 absolutely no problem. We wouldn't see any difficulty
26 with that. Another issue that has arisen in relation
27 to the wording of three and four, I might just mention
28 as I'm speaking about it, is in the use of the word
29 serious. So there has been some suggestion as to

1 whether or not that the word serious should be removed
2 and that it should just refer to any risk or a risk to
3 the physical health of the woman and then that also a
4 separate consideration would be to merge the two of
5 those considerations together.

6
7 So, this is a matter for you to decide. So, as I say
8 there is two issues. One, is to whether to merge three
9 and four together and to have physical and mental
10 health considered as one category and then there's a
11 second issue as to whether or not to remove the word
12 serious. So, those are matters that I think should be
13 considered and perhaps voted upon. So, I think just
14 procedurally what I'm taking note of here is any new
15 grounds that are proposed and then any amendments to
16 the current grounds. So I'm going to collect those as
17 we're going along and then we can come back to them
18 collectively. So, I probably should have just said
19 also in relation to serious.

20
21 Obviously this goes back to what Rachael was saying in
22 terms of how the word serious would be interpreted.
23 Obviously one of the ways in which it would be
24 implemented is that there would have to be some sort of
25 a clinical assessment in terms of the threshold of risk
26 that would be required in any legislative
27 implementation of your recommendations. So, that's
28 where that word is coming from.

1 6 Q. **TABLE 11 - FACILITATOR:** I'm the Facilitator for Table
2 11. I have a couple of comments and then one question.
3 I think I'll start with the comment. A comment from
4 one member. I have complete confidence in the process
5 that has been followed by the Citizens Assembly. While
6 the topic is obviously complex and full of public
7 interest, the information provided to members to my
8 mind has been clear and impartial and the discussions
9 amongst members have been impassioned and enlightening
10 and then an ancillary recommendation that was suggested
11 by a citizen at this table. It should not be a
12 criminal offence for a woman or a medical professional
13 to facilitate or obtain a termination of pregnancy.
14 So, that would be an ancillary recommendation.

15
16 Finally, one question for the panel. Where do the 12
17 and 22 week timeframes come from?

18 A. **DR. WALSH:** I might just respond briefly on the
19 recommendation in terms of decriminalisation and that
20 is certainly something that you know you all have
21 freedom in your ancillary recommendation to recommend
22 in any way that you see fit but just to give you maybe
23 some context for thinking about that kind of
24 recommendation in light of your recommendation.
25 Yesterday, your recommendation yesterday was to the
26 effect that the Oireachtas should have the explicit
27 authority to legislate on these issues. The effect of
28 that in the immediate term, if implemented, would be
29 that the 2013 Act that is currently the law on this

1 issue in Ireland would remain in force and that
2 contains within it a criminal offence dealing with the
3 destruction of the -- the intentional destruction of
4 human life. Obviously if legislation was enacted,
5 reflecting the recommendations that you make here today
6 about circumstances and reasons for which terminations
7 of pregnancies should be lawful in Ireland, that would
8 change the parameters within which that criminal
9 offence would take effect because you would be
10 indicating and the Oireachtas, if implementing your
11 recommendations, would be indicating additional
12 circumstances beyond the current status quo potentially
13 where termination of pregnancy should be lawful. So
14 just to maybe give you some information in thinking
15 about that.

16 A. **DR. DUNN:** Okay, I'm going to take the questions on the
17 gestational age. We also, as the Clinical Advisory
18 Group, actually toyed around a lot with the different
19 gestational ages and we looked at the different
20 presentations we received, that you also received here
21 at the Citizens Assembly. A lot of it was based on one
22 or two of the speakers, especially Patricia Lahore,
23 looking at the gestational ages that women presented in
24 the UK and around the world. So with regards to the
25 gestational age of 12 weeks, the main reason why we
26 picked that is that most patients or women would know
27 they were pregnant at that gestational age and also,
28 that if someone was going to go ahead and end the
29 pregnancy at 12 weeks, the ability to do that would be

1 usually using medical way of doing it, basically with
2 taking medications. Once you go over the 12 weeks the
3 concern is that you are now looking into the surgical
4 procedure which increases the risk to the Mother going
5 through that procedure. I think you're going to make a
6 comment with regards to the 12 weeks, with the access
7 to medications over the Internet, oh were you not,
8 okay. Then the other gestational age, one member
9 actually had asked why didn't we have a cut off of 18
10 weeks and just when we get to that table, if they would
11 just like to highlight why they were concerned about
12 why we didn't have the next interval at 18 weeks and
13 then why we picked the next interval at 22 weeks. The
14 reason why we picked the next interval at 22 weeks was
15 from a viability point of view. Somebody had asked why
16 we picked 22 weeks, is it 22 weeks and zero days or 22
17 weeks and six days. We picked it as 22 weeks and zero
18 days.

19
20 However, in most of the literature anywhere you'll read
21 they usually say the cut-off is actually just the
22 amount of weeks. No literature actually gives the
23 amount of days or no one table asked exactly was it
24 going to be zero days or six days. We're sticking with
25 22 weeks and zero days. The reason we picked 22 weeks
26 from a viability point of view, once you go over 22
27 weeks and Adrienne can obviously back up on this, there
28 is a risk that the foetus that will be born alive and
29 we're looking at from 22 weeks onwards you would have

1 to inject potassium chloride. I know that you had two
2 speakers in January talk about that. Dr. Peter
3 McPartland and Dr. Thompson who came from the UK. So
4 they were the reasons why we picked those gestational
5 ages and I think there's a lot of other tables have
6 more questions on that.

7
8 7 Q. **TABLE 3 - FACILITATOR:** Thank you. I'm the Facilitator
9 for Table 3. The citizens at this table would like to
10 suggest two additions. One has already been mentioned
11 in terms of the socio economic reasons. The second one
12 being to add in self autonomy over female reproductive
13 system.

14 A. **DR. WALSH:** So, I'm happy to respond to that. I
15 suppose in the first instance I'd suggest that ground
16 eight certainly does speak to lawful termination on
17 those grounds and in terms of the question of whether
18 that would be a standalone basis for voting for a
19 reason for a lawful termination, there would be
20 duplication as I would see it with ground eight to
21 include an additional one specifically referencing
22 bodily integrity of the woman in that what eight is
23 designed to capture is full autonomy over decisions in
24 respect of this issue.

25 8 Q. **TABLE 3 - FACILITATOR:** Sorry, just one of the members
26 were saying to add in full autonomy over the female
27 body or the female system, purely for the reason that
28 it isn't anywhere?

29 A. **PROFESSOR MADDEN:** Can I just clarify. Do you mean

1 that termination of pregnancy should be permissible in
2 order to satisfy the right to autonomy of the woman?

3 9 Q. **TABLE 3 - FACILITATOR:** Just that it is actually
4 written somewhere that women have full autonomy over
5 their reproductive system because it isn't written
6 anywhere?

7 A. **PROFESSOR MADDEN:** I suppose this ballot is trying to
8 elicit your views.

9 10 Q. **TABLE 3 - FACILITATOR:** Correct, so if it is written
10 anywhere in the process?

11 A. **PROFESSOR MADDEN:** Okay, not specifically in this
12 ballot?

13 11 Q. **TABLE 3 - FACILITATOR:** Just so that it's documented.

14

15 12 Q. **TABLE 1 - FACILITATOR:** Thank you, Judge. I'm the
16 Facilitator for Table 1 and the citizens at this table
17 have asked me to put forward two comments and two
18 questions. If I start with the comments. These
19 comments are a minority view. They do not represent
20 the views the majority of the people at the table. The
21 first comment is that rape should not be included as a
22 reason for termination as it adds to the problems of
23 the woman and the second comment is that gender
24 selection should be specifically mentioned as a
25 restriction on termination. The two questions, one has
26 been address already and it was about the gestation
27 age. So thank you very much for that. The second
28 question is why is incest not included as a reason for
29 termination. Thank you.

1 A. **DR. DOYLE:** So, if I can take the question in relation
2 to incest which has come from a number of other tables
3 as well. So, as we're using the term rape, rape covers
4 all non-consensual sex including sex with a minor in
5 the sense of statutory rape. So I think that's covered
6 within the idea of rape. The additional things that
7 would be covered by incest if you were to include it,
8 and it's a matter for the citizens to decide what
9 should be included, would be situations of consensual
10 sex between adults where they are in a close family
11 relationship. So, as defined, as set out in Tom
12 O'Malley's paper to you I think in weekend 3.

13
14 So, if Father, Grandfather, brother or son are looking
15 at in terms of a female's Mother, Granddaughter, sister
16 or daughter but in all cases it would be adults fully
17 consenting to the sex, that would be the only
18 additional ground that you would be bringing by
19 including incest. So the reason we didn't include it
20 was that we didn't feel from the comments that had come
21 through from the members that they wanted an exception
22 to cover -- they wanted a ground for rape or sorry, a
23 ground for termination that would cover those sorts of
24 situations and we thought that given that rape included
25 all non consensual sex and all sex with minors that
26 that adequately captured what had been coming for from
27 the citizens but as I say this is one that can very
28 definitely be put to you and if you want to include
29 incest or include that other category of cases, then

1 it's certainly something that could be added to the
2 ballot.

3
4 13 Q. **TABLE 4 - CITIZEN:** The panel has already touched on my
5 point but I'll present my proposal actually for the
6 record. I wish to propose to the Chair and my fellow
7 members that another reason is added to the ballot
8 paper. I should say for the record this is my view and
9 not the view of the table. Let me preface it by saying
10 that I understand that these are just recommendations
11 to the Oireachtas and that we're a long way from the
12 eventual right of any laws and I understand that and
13 I'm aware of that and I say that because my proposal is
14 specific in its wording but I'll explain why I think it
15 merits inclusion. My proposal is that reason nine
16 would read as follows:

17
18 *"the continuance of the pregnancy would involve risk*
19 *greater than if the pregnancy were terminated of injury*
20 *to the physical or mental health of the pregnant*
21 *woman."*

22
23 If this sounds familiar it's because it is Option C of
24 the statutory grounds for legal termination in Britain,
25 1967 Act. So my reasons for this proposal are number
26 one. The Assembly voted overwhelmingly for change. I
27 believe a driving factor for this vote was a desire to
28 help and care for Irish women in their own country. In
29 order to do this it's common sense to remove the reason

1 to travel to England for medical care. To achieve this
2 we need an equivalent law in Ireland. Any significant
3 difference would not solve this issue nor effect the
4 change we wish to implement.

5
6 Number two. While the wording in the proposal is
7 similar to reasons three and four of the ballot paper,
8 it is less constrained by language. It omits the word
9 serious which I believe could be a legal milestone for
10 doctors in the future. The language in the proposal
11 has already been legally tested, albeit in a different
12 jurisdiction.

13
14 Number Three. By including physical and mental health
15 together it gives them both equal standing and equal
16 importance. So my original thought was to propose this
17 as an extra reason on the ballot paper rather than
18 replacing reasons three and four. I believe it is
19 sufficiently different to warrant inclusion on its own
20 and more importantly I didn't want to restrict the
21 choices available to the members. However, if the
22 members feel that it would be better to replace three
23 and four well then they should voice their opinion. I
24 hope that this proposal is seconded and voted on by the
25 members. Thank you.

26 A. **CHAIRPERSON:** It might be no harm if you just read out
27 once again what you're suggesting so that everybody is
28 clear about what you're suggesting. The terminology
29 from the UK Act.

1 14 Q. **TABLE 4 - CITIZEN:** Reason nine would read and it's the
2 text from Option C of the statutory grounds in the
3 legal termination in Britain and it reads
4
5 *"the continuance of the pregnancy would involve risk,*
6 *greater than if the pregnancy were terminated, of*
7 *injury to the physical or mental health of the pregnant*
8 *woman."*
9
10 **CHAIRPERSON:** would anybody like to comment on that?
11 A. **PROFESSOR MADDEN:** Part of what you've said we've
12 already touched on in answer to earlier questions about
13 firstly, the merging of physical and mental health,
14 which is of course a matter for the Assembly and the
15 other issue is I suppose removing of the word serious,
16 which is also a matter for you to consider, whether you
17 want to I suppose broaden the threshold from serious to
18 consideration of any risk. So those are proposals that
19 can be put to the Assembly and the specific proposal
20 then that you're making which is to adopt equivalent
21 wording to the wording in the legislation in the UK, is
22 also a proposal that can be put to the Assembly and
23 voted upon I think. It's consistent with what we've
24 already, so there's three possibilities. You merge
25 three and four as they currently stand. The second
26 option is that you remove the word serious, having
27 merged the two of those you remove the word serious and
28 the third option is that put the specific wording as
29 you've suggested to the members.

1 **CHAIRPERSON:** Instead of?

2 A. **PROFESSOR MADDEN:** Instead of, yes.

3 **CHAIRPERSON:** Three and four that is. Very good.

4

5 15 Q. **TABLE 13 - FACILITATOR:** I'm the Facilitator for Table
6 13 and we have one question for the panel and one of
7 the members has just a comment to make. If reason
8 number eight was designed to capture autonomy, why not
9 just call it full autonomy and the question is also in
10 relation to reason number 5, in other jurisdictions
11 where abortion is now permitted in legislation, what
12 kind of mechanisms or criteria are applied by the
13 Governments of those respective countries to test the
14 validity of rape claims?

15 A. **DR. WALSH:** I might just respond on the first point in
16 the same way really as I did earlier, which is to say
17 that by framing eight in terms of having no requirement
18 whatsoever as to a reason or ground being articulated
19 for termination, for lawful termination of pregnancy,
20 the framing of that was intended to capture giving full
21 autonomy to women in relation to decision making on
22 this issue and perhaps coming back to the point that
23 was made at an earlier stage in the process. If that's
24 a statement of principle, that the Assembly wants to
25 include, that's something that could be discussed in
26 terms of recommendations but that phraseology just
27 didn't seem to capture the functions that we were
28 trying to capture in this space for the draft ballot.

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16 Q. **TABLE 7 - FACILITATOR:** Judge, I'm the Facilitator for Table 7 and I've two questions. My first question is for Dr. Foran. Regarding the tests for abnormality, could Dr. Foran tell us at what gestation do these tests take place as most women in a second or subsequent pregnancy are not scanned until they are 20 weeks?

DR. WALSH: We might just pause for two seconds. Was there a second question from Table 14 that didn't get answered. Would you mind restating. Do you mind if we come back to you and just make sure we don't miss.

17 Q. **TABLE 14 - FACILITATOR:** Yes, the question was in relation to reason number five and basically it was that in other jurisdictions where rape is covered in legislation in terms of abortion, what kind of mechanisms do these other jurisdictions or Governments apply to test the validity of claims from people who would claim that they had been raped and want an abortion?

A. **DR. DOYLE:** So, the answer to that is that we haven't been able to undertake a comprehensive research of all of those countries to establish how they go about testing such claims and also in any event we didn't want to be providing new information to you during the ballot sessions today. So, I think the approach probably to take is you have had the paper from Tom

1 O'Malley. What you're doing again is making
2 recommendations to the Oireachtas as to the sorts of
3 things that you would like them to include in any new
4 legislation and if the citizens were to vote to include
5 the rape exception or the rape ground reason number 5,
6 that's just a broad steer to the Oireachtas and then
7 the Oireachtas would have to give thought on to how to
8 implement it and it with its greater resources might be
9 able to undertake the sort of research of other
10 jurisdictions that could inform its decision making.
11 So, really you are probably with nearly all of these
12 things saying there's a general area here. We're
13 handing it to the Oireachtas and the Oireachtas needs
14 to think through how to implement it?

15 A. **DR. FORAN:** I can remember your question. So I'll take
16 some of it and Dr. Dunn will answer a bit more of it.
17 So, the Option 6 is probably again a little bit
18 clearer. So it's non-invasive pre-natal testing. Most
19 of the conditions that are incompatible with long-term
20 survival such as Patau, Edwards and Anencephaly would
21 be 99% diagnosed with a chromosomal ones with the blood
22 test and then the Anencephaly with the ultrasound.
23 You're right. Option 7 is a little bit greyer in the
24 access to ultrasound scanning for other abnormalities
25 that may be detected on scan and that again comes down
26 to implementation and probably part of the
27 recommendations I think that should come from this
28 Assembly is that all women should have anomaly scans
29 prior to that gestation, if that's what we agree or you

1 agree as a Citizens Assembly. Dr. Dunn might give you
2 more of the accuracy figures for it as well.

3 A. **DR. DUNN:** So a lot of what you're asking us down to
4 implementation. So, on the ground basically most women
5 will know they're pregnant by 12 weeks. Not every
6 woman will have an access to a scan at 12 weeks. This
7 non-invasive pre-natal testing, which is the new
8 diagnosis for chromosome abnormalities can be taken by
9 any woman in the country but they have to pay for it.
10 So it can cost between €400 and €450. It's a blood
11 test from the Mother that is 99% accurate now with
12 regards to chromosome abnormalities. Once that's
13 undertaken and it shows that the woman could be high
14 risk, she then is allowed or makes a decision to go
15 ahead and have a further test which is more invasive,
16 which is either taking a piece of placenta which I
17 think Peter explained is between 11 and 12 weeks and
18 this will give you a more definitive diagnosis that
19 would be free to any woman in the country or else they
20 may want to wait because the risk of a miscarriage
21 doing that test early on in pregnancy is very high.
22 It's one in a hundred. So if you go ahead and have the
23 test you could loose a perfectly healthy foetus. So
24 most women wait to do the amnio which is usually done
25 after 15 weeks and the risk of that is usually quoted
26 as one in 200 hundred. So a lot of it is down to
27 implementation about when the diagnosis can be made.
28 Most women would be offered an anatomy scan at 18
29 weeks. Most of those women will not have had any other

1 scans in that pregnancy. Some women who have had a
2 scan early on in pregnancy we defer that scan to
3 usually about 20 weeks because obviously the size of
4 the foetus is getting bigger. It's much easier to see
5 inside the brain, the heart and look at the spine.
6 Most anencephalic babies will be picked up at 12 weeks
7 if the woman has an early scan. I don't know, that
8 might be too detailed for you.

9
10 18 Q. **TABLE 7 - FACILITATOR:** My second question is of a
11 legal nature. If the State was unable to carry out a
12 procedure, i.e termination within the gestation period
13 recommended by the Assembly, what would the legal
14 implications be in relation to the time over run?

15 A. **DR. DUNN:** So, I'll just to start to answer that. I'm
16 sure Rachael will jump in as well. A lot of this will
17 be down to access. So, in an ideal world women should
18 have earlier access to scans and to investigations,
19 tests, et cetera. So, one would anticipate but
20 obviously this is all down to implementation and
21 Government funding, how early women can access their
22 scan and the investigations that they wish to proceed
23 with. So in an ideal world most of the diagnosis
24 should have been made within the limit of 22 weeks. I
25 don't know if that helps.

26 A. **DR. WALSH:** I suppose just on the legal point if I
27 understand what you're querying is depending on the
28 gestational limits that might be recommended, what
29 would be the status of any termination of pregnancy

1 outside those time limits and I suppose again the first
2 thing to reiterate is that barring any further
3 developments, the 2013 Act would remain in force
4 barring Oireachtas action on that and as I've said that
5 provides for a criminal offence outside the context of
6 lawful abortion. So I don't know does that answer the
7 question that you're asking?

8 19 Q. **TABLE 7 - FACILITATOR:** I think what my friend was
9 trying to clarify, was if the Health Service couldn't
10 accommodate within the timeline, what would be the
11 legal implications if it ran outside that?

12 A. **CHAIRPERSON:** That's not really a matter for us. What
13 we're dealing with here are recommendations in relation
14 to the Eighth Amendment. There are implementation
15 issues and then there are public policy issues in
16 relation to funding, services and all of that but we're
17 only concerned with the reasons. That's all we're
18 concerned with today.

19 20 Q. **TABLE 7 - CITIZEN:** Very good, Judge, thank you.

20 A. **CHAIRPERSON:** would my advisors agree with me on that
21 or would they have anything further to add?

22 A. **PROFESSOR MADDEN:** So is the question whether you could
23 take any sort of legal action against the State for not
24 providing a woman with the treatment within the
25 timeframe set by law. Is that the question?

26 21 Q. **TABLE 7 - CITIZEN:** well would the law be broken.
27 Perhaps the termination wouldn't go ahead because of
28 the over-run and therefore she would be denied the
29 termination which she requested and that the State

1 would have let her down?

2 A. **PROFESSOR MADDEN:** well I suppose the first issue is
3 that if there are specific time limits set in the
4 implementation of your recommendations by the
5 Oireachtas, if there are specific time limits set in
6 the Act then obviously exceeding that time limit would
7 naturally incur some sort of a penalty because it's
8 lawful to provide the termination within the timeframe
9 that has been set by the law and therefore if it falls
10 outside of that time limit then it's by definition
11 almost unlawful.

12
13 So therefore that's one issue in terms of whether or
14 not there will be penalties attracted by somebody who
15 has had a termination outside of the time limits set by
16 the Oireachtas but that's a matter for implementation
17 and further than that if the woman is unable for
18 whatever reason to avail of a service within the
19 timeframe set by law, then again I suppose that's a
20 matter for the Health Service to design a service in
21 terms of making sure that the screening, as Liz was
22 talking about, is available to meet whatever time
23 requirements are set by the law but that's really an
24 operational issue I think.

25 A. **CHAIRPERSON:** The implementations of any change in the
26 law is going to involve a wide, wide range of issues
27 and many of those issues would be issues of policy.
28 So, I mean we cannot go down that road.

29 22 Q. **TABLE 7 - CITIZEN:** Thank you.

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23 Q. **TABLE 14 - FACILITATOR:** I'm the Facilitator for Table 14 and one of the citizens at this table asked me to ask a question, has a query with regard to the scope of reason seven. He asked what does significant encompass and would this be seen as encompassing cases of physical handicap?

A. **DR. FORAN:** I think seven is less clear cut than six as I said earlier. The Section 6 is very clear. I think seven is when there is a significant abnormality found either structural or biochemical in the foetus that is associated with a significant disability or handicap and I think you can't get any more specific than that and that's why we've separated six and seven because six is clearly life limiting where seven is not life limiting and you can't get any more specific than that and the example I used earlier might be a structural complex heart lesion that requires a lot of surgery or a biochemical disorder that would be associated with maybe a lot of handicap and disability but not incompatible with life and that's why we made the clear distinction of those two. Unfortunately, it's very difficult to get more specific in seven than that.

24 Q. **TABLE 14 - FACILITATOR:** Thank you.

25 Q. **TABLE 4 - FACILITATOR:** I am the Facilitator for Table 4. There are three things. First of all, we were one of the tables who asked about incest. Is incest always classified as rape. If not there is no inclusion of

1 incest in the reasons listed on the ballot paper 4B,
2 the panel may feel it has answered that?

3 A. **CHAIRPERSON:** That has been answered, yes.

4 26 Q. **TABLE 4 - FACILITATOR:** There is a proposal for an
5 extra column up to 18 weeks. So 18 weeks gestation
6 only should be included as the maximum gestation for
7 the grounds. If we are going to permit abortion in
8 Ireland a time limit of 18 weeks in certain
9 circumstances should be permissible?

10 A. **MS. FINEGAN:** Can I just ask, I know Liz referred to
11 this earlier because we got this in and I think Liz you
12 were looking for clarification as to?

13 A. **DR. DUNN:** Yes, I was just wondering if I could know
14 exactly why someone picked 18 weeks?

15 A. **CHAIRPERSON:** what's the rationale behind it really?

16 A. **DR DUNN:** Because I'd find it easier to answer the
17 question.

18 27 Q. **TABLE 4 - FACILITATOR:** As I understood it, it was felt
19 that the period between 12 weeks and 22 weeks was too
20 broad and that there should have been mid ground
21 between those?

22 A. **DR. DUNN:** well that's probably what we thought the
23 citizen was thinking of. So, basically the reason why
24 we didn't put in a gestational limit at 18 weeks is
25 because the management would be the same as if at 12
26 weeks. However, the method of the termination of
27 pregnancy would be slightly more difficult for both the
28 physician and also for the woman herself because the
29 foetus born at 18 weeks will not be viable.

1 28 Q. **TABLE 4 - FACILITATOR:** And there is a comment I've
2 been asked to read out just to put on the record by one
3 of the members. The Oireachtas Committee should read
4 all documentation and watch all presentations, Q&A to
5 ensure they are as informed as the members are. Test
6 them, we don't trust them!.

7 A. **CHAIRPERSON:** well all I can say to that is we have
8 arranged to have a Stenographer here today. So we will
9 have a transcript.

10

11 29 Q. **TABLE 14 - MICHELLE:** Hello, my name is Michelle, Table
12 14. A question I'd like to ask the panel is how will
13 terminations be funded here in Ireland going forward
14 please?

15 A. **DR. WALSH:** I suppose there's nothing in the draft
16 ballot dealing with that. It's certainly coming back
17 to some of the issues that were raised earlier, an
18 issue that the citizens might want to address in terms
19 of ancillary recommendations on your forms but the
20 status quo would be that there isn't funding for this
21 and that would be something for you to consider, in
22 making your recommendations.

23 A. **CHAIRPERSON:** And of course it is a matter of policy,
24 which would have to be considered by the Government in
25 particular down the road but it can be -- a
26 recommendation can be put in if you wish in the
27 ancillary recommendations.

28

29 30 Q. **TABLE 14 - JORDAN:** Hi, Jordan from Table 14. I

1 suppose we arrived at this ballot because the Assembly
2 voted for change to the Constitution to allow the
3 Oireachtas to legislate. So, I was curious as to why
4 there's -- the ballot heavily relies on language that
5 from legislation that was enacted with the current
6 Constitutional provisions. Examples include the words
7 real and substantial which I think was referenced
8 earlier. It is from the 2013 Act and the X case and
9 other pieces of, I suppose other words, serious risk as
10 opposed to just risk. Yes, so I wondering why are we
11 using that wording from existing legislation and
12 Constitutional provisions if the Assembly has voted for
13 change?

14 A. **DR. WALSH:** Thanks for your question. I suppose in
15 relation to real and substantial risk, 1 and 2, our aim
16 in framing one and two was to have something on the
17 ballot that deals with the status quo. So those are
18 the reasons for which termination of pregnancy is
19 currently lawful in Ireland, reflected in the 2013 Act
20 and as you indicate reflecting the X case and one
21 reason behind having that at this stage was recognising
22 the fact that there may be citizens involved in the
23 process still voting, who might actually want to --
24 their view might be to make that more restrictive. So,
25 for instance, removing ground two and they may wish to
26 indicate a view on the status quo notwithstanding the
27 stage that we've gotten to through the majority vote.
28 So, we felt it was important to reflect the status quo
29 in terms of reasons for lawful termination on the

1 ballot but certainly in terms of the wording of
2 recommendations that you might make for proposals for
3 change to the status quo, that's a matter for you, the
4 Assembly and as we've seen, recommendations have been
5 made as to whether serious might be taken out et
6 cetera.

7 A. **CHAIRPERSON:** And our objective was to give a wide
8 range of reasons because of the diversity of views.

9
10 31 Q. **TABLE 10 - FACILITATOR:** Hi, I'm the Facilitator for
11 Table 10. They had a few points and a question. The
12 members of the table felt they should have got the
13 ballot paper three that was amended to show the
14 pregnant woman at the end and it is at the introduction
15 for ballot 4B, we should have been reissued showing
16 that also. The table asked for clarity on Option 7 and
17 what is meant by significant fatal abnormality that is
18 not likely to result in death and to give examples.
19 Finally, they asked for another reason to be added in
20 for social circumstances and they felt that this should
21 be added because we know you said about point 8, but
22 that if point 8 isn't actually taken as a
23 recommendation for going forward, that it would be
24 missed in that circumstances?

25 A. **CHAIRPERSON:** well, can I just say it was just for
26 administrative reasons we haven't done the changes yet
27 to 4B.

28 A. **MS. FINEGAN:** Because I suppose we have already amended
29 the ballot paper, the preamble in light of the decision

1 taken yesterday. So certainly the ballot you'll be
2 voting on will be reflective of that change that was
3 made to Ballot 3 but I suppose it was anticipation of
4 potential further changes on the ballot paper as a
5 result of this discussion and in the interest of trees,
6 to not be reissuing all manner of paper again really.

7 A. **DR. FORAN:** The question on Option 7 I think may have
8 been addressed but to clarify again it is conditions
9 such as structural abnormalities that don't have a
10 chromosomal abnormality or via chemical disorders that
11 may lead to disability but not death for the child.

12 A. **DR. WALSH:** And just in relation to the point on social
13 circumstances, I think from what we've discussed, when
14 this arose earlier, that's now in the list of potential
15 issues for the Assembly to vote on in terms of
16 recommending. So, I think socio economic is the
17 language, does that capture what you want?
18

19 32 Q. **TABLE 4 - CITIZEN:** Hello, I'm a member of Table 4.
20 Just with regard to removing the word serious from
21 reasons three and four. It's my understanding after
22 supporting my wife through three pregnancies and
23 successful deliveries, but that there's always a risk
24 involved in pregnancy and there's always a risk
25 involved in child birth. There is a risk of, and a
26 life threatening risk, albeit a low risk, in most
27 cases. In all cases maybe a low risk. So, to remove
28 serious risk or serious and just say risk to the
29 physical health of the woman and risk to the mental

1 health of the woman, effectively means available on
2 request I believe but I'd just like you to comment on
3 that?

4 A. **DR. DUNN:** I'm just going to give a little preamble on
5 risk. So basically everything in life has a risk and
6 the idea is that obviously the benefit of doing
7 something would far outweigh the risk and when we
8 discuss anything with a patient you try to quantify it
9 into how risky the procedure is or how risky the
10 scenario is. So you would divide it up into whether
11 it's common, rare and a variety in between and you
12 would say if something is very common, it's between one
13 and ten chance of that happening and you might say to
14 the patient, it's like a person in your family.

15
16 The next thing is you might say it's common. So that
17 would be one in ten to one in a hundred and that's like
18 somebody who lives on your street. The next thing is
19 uncommon, one in a hundred to one in a thousand and
20 then you start to work your way up. Now, what might be
21 a risk to someone, they might say oh one in ten, that's
22 definitely going to be me. The other person might say
23 nine out of ten probably not going to happen to me.
24 So, the word risk it is quite difficult to quantify and
25 it's all down to the actual couple or the patient
26 themselves and how they discuss it with either their
27 midwife or their obstetrician.

28 A. **DR. DOYLE:** Just to come in, in terms of ballot
29 options. I think to take your point in that direction,

1 it seems clear from some tables that some people would
2 like to be able to vote on an option without the word
3 serious in it but that doesn't mean that an option
4 can't be included as originally drafted. You could
5 have both options there and I think that's maybe
6 something for us to consider when we recess to look at
7 all of the suggested amendments that have been put
8 forward.

9
10 33 Q. **TABLE 4 - CITIZEN:** Can I just clarify. Just I'm not
11 in favour of removing the word serious from Option 3
12 and 4. Look it, I haven't an opinion on the extra
13 option but I think if there was an amendment proposed
14 to remove the word serious from options 3 and 4 and I
15 think if the word serious is removed from options 3 and
16 4, you are effectively having three options which
17 effectively mean the same thing available on request.
18 That's my point.

19
20 34 Q. **TABLE 9 - FACILITATOR:** I am the Facilitator for Table
21 9. The question raised by the citizens at this table
22 has already been addressed. So just a couple of
23 comments. The citizens feel there should be an
24 inclusion of funding in the recommendations as well and
25 some members also feel that termination should be seen
26 entirely as a health issue and not a moral issue, thank
27 you.

28
29 **CHAIRPERSON:** Are there any remaining issues that

1 haven't been covered. We do want to deal with
2 everything but we don't want to sort of replicate
3 reasons.

4
5 35 Q. **TABLE 7 - CITIZEN:** Hello, my name is Frank. I'm a
6 citizen at Table 7. Just with regard to the suggested
7 additions of the UK, what is stated in UK law and what
8 my fellow citizen raised here with regards to the words
9 "serious risk", I'd just like to say a couple of
10 things. One is that the Assembly has agreed by
11 majority to change the existing Constitution and has
12 also agreed by majority to insert something new into
13 the Constitution which gives the Government or the
14 Oireachtas authority to legislate but I'd like to just
15 also point out that the authority that we've given
16 democratically is to address both the termination of
17 pregnancy and any rights of the unborn and so the words
18 "serious risk" should certainly remain and I would be
19 opposed to the inclusion recommended by my friend and
20 colleague on Table 4 of the UK wording because that is
21 in effect abortion on demand and I would just say to my
22 fellow citizens that we've done what we've done
23 democratically. We are where we are and there is a
24 life also in the room who is dependent on another life
25 and we just shouldn't forget that when we go to this
26 ballot. Thank you.

27 A. **DR. WALSH:** I might say I think that just reinforces
28 the point that was being made by Oran, that perhaps
29 there's a need for two options on this to be included

1 on the ballot. One, including the word "serious" in
2 relation to physical and mental health, separately or
3 merged, depending on the views of the Assembly and the
4 other not including the word "serious", depending on
5 that seems to be consensus that's emerging from the
6 room but obviously a vote would be required.

7
8 **CHAIRPERSON:** Very good. Well then have we got to a
9 point where we can discuss what changes you would like
10 to see to the ballot paper. I just want to be clear
11 that I'm not cutting off anybody?

12 **MS. FINEGAN:** we've Table 10 please?
13

14 36 Q. **TABLE 10 - CITIZEN:** I think the majority of people
15 here agree that we would suggest that we might include
16 that all women have access to the same standard of
17 obstetrical care, to include early scanning and
18 testing. This would be an ancillary recommendation and
19 this is based I think on earlier presentations that we
20 had where it was outlined that there wasn't an equity
21 of provision throughout the Country?

22 A. **CHAIRPERSON:** well that really is a matter for the
23 ancillary recommendations rather than for the ballot
24 paper.

25 A. **MS. FINEGAN:** Just need to be clear on that. When the
26 voting has concluded and the counting is taking place
27 because that by nature, the ballot will take longer
28 than it did yesterday. That will be the opportunity.
29 Those forms will be circulated and we had indicated to

1 you in advance, some weeks in advance that that was
2 what we were going to be doing, to allow you time to
3 start thinking about it and it was precisely for those
4 types of issues. So thanks for that.

5
6 **DR. WALSH:** There's just one question I've noted in my
7 papers here that came into us in the room that hasn't
8 been asked which I can just answer briefly, which was
9 what the law at the moment is in relation to
10 gestational limits. I think as I mentioned yesterday,
11 the 2013 Act doesn't expressly on its face include any
12 gestational limits, nor did the X case upon which it
13 was based. Important to note though that the 2013 Act
14 does require a Doctor to be of the opinion, an opinion
15 formed in good faith, that a medical procedure pursuant
16 to the Act is required and in forming that opinion has
17 to have regard to the need to preserve unborn human
18 life as far as possible. Just for your information.

19
20 37 Q. **TABLE 8 - FACILITATOR:** A question has just arisen from
21 a citizen at Table 8, I'm the Facilitator. With regard
22 to the eight option, should the wording on number eight
23 be "demand" rather than "request"?

24 A. Right.

25
26 **CHAIRPERSON:** Very good. Thank you very much. Well
27 perhaps -- the notes I've been taking the first two
28 reasons that we have to consider and put the
29 possibility of varying the ballot paper to you are

1 three and four. Aren't they the first, yes. We will
2 recess to consider them.

3 **MS. FINEGAN:** I think we've captured -- you know I
4 think we have a very strong sense of what exactly it is
5 we need to look at in order to come up to address your
6 issues. So it probably makes more sense to on that
7 basis come up with a revision that we could put to you.
8 So we will recess and come back.

9 **CHAIRPERSON:** Before we go out I just want to say one
10 thing. You remember yesterday an issue was raised
11 about the terminology. We have the termination of
12 pregnancy and other possible terminology, abortion and
13 we said we'd think about that over night and this is
14 our answer to the question that was raised. The term
15 of abortion is used in many countries to refer to
16 termination of pregnancy but this term is not -- is
17 generally not used in Irish obstetric practice but for
18 our purposes and for the purposes of the ballots we
19 have put before you, termination of pregnancy means
20 "*the intentional procurement of miscarriage of a woman*
21 *who was pregnant that results in a foetal death.*"

22
23 We might put that up on the screen, could we arrange
24 that so that's you'd see it but we just want to clarify
25 that for you as the issue was raised yesterday. We'll
26 consider all of the points you've made.

27 **MS. FINEGAN:** We'll have a coffee break and then we'll
28 come back and we'll look at the wording.

29

1 COFFEE BREAK

2
3
4
5
6 AGREEMENT ON WORDING OF DRAFT BALLOT 4B INCLUDING
7 EXPLANATION OF ANY AGREED AMENDMENTS

8
9 **CHAIRPERSON:** Very well, we can resume our business.
10 We're very grateful to the members for the comments and
11 suggestions and recommendations they made in relation
12 to the ballot paper and we've considered it, as you
13 will appreciate, in some depth and first of all, all
14 I'm just going to put up, just so that you'll see it,
15 the definition of termination of pregnancy that I said
16 I'd put up and then I'm going to move on to a revised
17 ballot paper, that we're going to discuss with you.
18 This is not something that is going to happen
19 necessarily. You're going to get a chance to vote on
20 the changes that appear in it but we're going to put
21 the revised paper up and we have identified where we
22 see issues that you want to have included in the ballot
23 paper and we're going to go through those and Dr. Doyle
24 is going to do that. So I'll put up the revised ballot
25 paper now and Dr. Doyle will indicate the changes and
26 what we're going to put to you to vote on in relation
27 to the changes via a show of hands of course.

28
29 **DR. DOYLE:** So I'm going to speak through or talk

1 through each of these, focusing on the areas where
2 there was discussion and explaining why the Ballot
3 Paper has been changed in the way that it has had and i
4 some places why it hasn't been changed. So, the first
5 change, there was a general query about an 18 week
6 gestation limit. We think that when that was
7 explained, the person who had asked the question, they
8 were happy that that not be included. So we haven't
9 included a separate column of 18 weeks.

10
11 There was no real discussion around one and two. So
12 they've been left as they are. There was obviously a
13 lot of discussion around three and four and our view is
14 that three and four need to stay with the separation of
15 physical and mental health because there maybe citizens
16 among you who want to distinguish between those things
17 and if a majority took a different view that those two
18 things should not be distinct that would disenfranchise
19 citizens from being able to express their view in the
20 way that they want to express their view.

21
22 So, for that reason, we have left "serious risk to
23 physical health" and "serious risk to mental health" as
24 separate options three and four. However, recognising
25 the points that were made, that a distinction should
26 not be drawn between those two types of health because
27 there isn't a distinction, we'll put to you the
28 inclusion of an additional option and just serious risk
29 to the health of the woman and we appreciate that that

1 may involve some element of repetition but we thought
2 it was the best way of ensuring that no citizens were
3 disenfranchised, while still recognising the view that
4 was put forward by others, that a distinction should
5 not be drawn between physical and mental health. So
6 that's the first thing I think that's going to need to
7 be put to a show of hands vote as the Judge later moves
8 through the ballot paper with you.

9
10 Then in relation to the question of whether serious
11 risk should be included, the view that we took was that
12 there should be both options. So one with serious risk
13 and one without the qualifier serious and that explains
14 why 6, 7 and 8 are there. Obviously the inclusion of 8
15 would depend on the view taken as to the inclusion of
16 5. We think that's the best way of allowing again
17 citizens to express the preferences that they want to
18 express and take whichever they view want to on both of
19 those types of options. We haven't included one framed
20 in terms of the statutory language used in the 1967
21 Act. We think that the phrase "risk to the health of
22 the woman" captures more or less that. Captures what
23 the English Act captures but without using that sort of
24 legalistic language that we haven't been using
25 elsewhere in the ballot paper, but if there were a
26 majority in favour of number 8, we would propose
27 including in the final report a reference to the
28 English statutory language as a way that another
29 jurisdiction has given effect to that sort of idea.

1
2 In relation to number 9, we haven't added incest for
3 the reasons that were given and I think that the people
4 who had raised that were happy with the answers that
5 were given on that. It would be introducing a very
6 different category of thing. Then in relation to 12
7 there's a -- maybe if there's a question?
8

9 38 Q. **TABLE 3 - CITIZEN:** Sorry, just on the question of
10 incest. I raised this morning it said in Irish law
11 rape and incest were regarded as the same?

12 A. **DR. DOYLE:** It's not that they are the same. It's that
13 incest includes an additional range of things. So what
14 rape covers is all non-consensual sex and we're also
15 including, and we can clarify this in the report if
16 necessary, the idea of statutory rape which is sex with
17 a minor irrespective of whether they are consenting or
18 not because they are legally not able to consent. So,
19 what's now number 9, pregnancy as a result of rape
20 would cover those situations. If you included incest
21 as well, you would also be including situations where
22 adults who were consenting but had sex with their
23 brother or sister, father or mother and Grandfather and
24 Grandmother, would also, and a pregnancy resulted, that
25 would be grounds for a termination of pregnancy.
26 Again, so we may have misread what the room wanted on
27 that, so we could -- I think it would have to be kept
28 separate from rape because I think it is very different
29 but we could put to the room the option of separately

1 voting for pregnancy as a result of incest?

2 39 Q. **TABLE 3 - CITIZEN:** No, I was just curious because in
3 the chart that we got for jurisdictions, that rape and
4 incest is put together?

5 A. **DR. DOYLE:** Yes, and the chart uses those terms quite
6 loosely and certainly couldn't be saying, as there
7 wouldn't be the same legal definition of all of those
8 in every country and so the fact what counts as incest
9 in Italy, for example, is likely to be different from
10 what counts as incest here. Indeed what counts as rape
11 in different countries is likely to be different. You
12 are happy enough not to include incest?

13 40 Q. **TABLE 3 - CITIZEN:** Yes, okay.

14

15 41 Q. **TABLE 6 - CITIZEN:** Just regarding 3, 4, 5, 6, 7, 8, I
16 mean it's obvious what they are. One is serious and
17 one is not serious. If you were to feel that you
18 didn't want the serious in the text, so therefore you'd
19 vote or your option, now only as an example your option
20 was B1 for 6, 7 and 8, would you be expected to vote B1
21 for 3, 4 and 5 or would you be expected to -- even
22 though that the only difference to the term is
23 "serious", you know what I mean. You're nearly being
24 asked to define what is serious, what is not serious by
25 having both of them there or the same, if you wanted
26 "serious" in it. So you voted just say B1 for 3, 4 and
27 5, would you automatically vote B1 for 6, 7 and 8
28 because with the exception that it doesn't have
29 "serious", it's the same thing. So you know what I

1 mean?

2 A. **DR. DOYLE:** I think it's a very good question. I think
3 you need to consider each of them individually from one
4 to 13, because you don't know how everybody else is
5 going to vote on the other issues. So irrespective, if
6 you were a person who was voting, somebody might want
7 to vote for in favour of six but would not know whether
8 a majority of citizens will vote in favour of six. So
9 therefore that person would need to consider how they
10 would vote in respect of number three as well, bearing
11 in mind that they don't know how the rest of the room
12 is going to vote on number 6. So I think you have to
13 take each one in isolation and I think that if what I
14 wanted to happen doesn't happen in respect of any of
15 the other reasons, what would I like the outcome of
16 this one to be and then vote for that. That might mean
17 different things to different people in different
18 contexts but I think the important thing is to take
19 each line individually and imagine it is the only thing
20 you're being asked to vote on.

21

22 42 Q. **TABLE 3 - CITIZEN:** I'm just wondering if I don't want
23 to distinguish between physical and mental health, if I
24 want my vote to show that the health of the woman
25 encompasses all, that there should be no distinction
26 between the two, there's no way for me to vote on that
27 to show that because I'd have to take each one
28 separately. Like if I ignore and say I prefer not to
29 state an opinion, I don't get counted at all. If I

1 said never for this reason that makes no sense. If I
2 make the distinction myself then I'm saying the
3 physical and mental health of the woman is different
4 but if all I want to do is say the health of the woman
5 should be the health of the woman, is there not some
6 way I should be able to do that on that form?

7 A. **DR. DOYLE:** I think you can say prefer not to state an
8 opinion and I think there is just -- there is a bit of
9 a tension between two legitimate concerns. So, one is
10 your legitimate concern articulated for not accepting
11 that that distinction is valid and the other is the
12 legitimate concern of there may be citizens who think
13 that that distinction is valid and want to be able to
14 reflect that distinction themselves on how they vote
15 and I think the view that we took was for the purpose
16 of exercise of deliberative democracy, that second
17 concern was more important to take account of but I
18 think beyond that it would be open for somebody who has
19 your concerns to vote "prefer not to state an opinion"
20 in respect of the ones where you think it's just
21 something that you shouldn't have to vote on because it
22 uses a distinction that you don't accept as valid and I
23 think the report is going to have to -- the
24 Stenographer's report will reflect the fact that this
25 has probably been the issue on which there has been
26 most discussion about today and reflect the concerns
27 that were expressed by you and by others.

28 43 Q. **TABLE 3 - CITIZEN:** But it's very clear on that form,
29 if someone has a distinction between physical and

1 mental health, it is not at all clear if someone
2 believes the two are the same.

3
4 44 Q. **TABLE 4 - CITIZEN:** I think the ballot paper can be
5 left as it is to address the concerns of everyone but I
6 think it will work if, for example, risk, excuse me
7 now, I'm just thinking on the fly here, yes, with risk
8 to physical health of the woman, Option 6, Option 7 or
9 reason 6, reason 7 and reason 8. I believe that each
10 member of the Assembly should only vote on one of these
11 and for the other two they should prefer not to state
12 an opinion and the reasons for this is that if you
13 don't want to make a distinction regarding the mental
14 health and the physical health of a woman, you would
15 fill out row 8. If you only want to consider the
16 physical health of the woman, you would fill out row 6
17 and state "prefer not to state an opinion" for row 7
18 and 8. If you want to only include the risk to the
19 mental health of the woman, you would fill out that row
20 which is row 7 and for row 6 and row 8, you prefer not
21 to state an opinion. So I believe that the ballot
22 paper will address everyone's concern here but that
23 they should only fill out one of row 6, 7 and 8 and one
24 of rows 3, 4 and 5.

25 A. **DR. WALSH:** Can I just suggest. I think that might
26 require us to change somewhat for the purposes of this
27 ballot our understanding of what a spoiled vote it but
28 I can see the logic in terms of what you're suggesting
29 in responding to the concern there. So maybe that's

1 something for us to consider.

2
3 45 Q. **TABLE 14 - JORDAN:** Sir, I wouldn't share the same
4 opinion as Mr O'Halloran from Table 4 but there does
5 seem to be a distinction between serious in 3, 4 and 5
6 and without the word serious in 6, 7 and 8. There are
7 also seems to be divided opinion in the room between
8 just saying health and distinguishing between physical
9 health and mental health. So I was wondering -- I
10 propose that we see, by way of a show of hands, which
11 or who in the room would rather delete 3, 4 and 6 and
12 7, to see who wants health as opposed to physical and
13 mental being distinct. Does that make sense?

14 A. **DR. DOYLE:** It makes sense. I understand the point.
15 The reason that we hadn't wanted to do that is that
16 that would allow the majority to prevent people
17 expressing what their preference is and that seems,
18 given what this is, that there's limitations as to what
19 can be achieved through the ballot paper but in terms
20 of deliberative democracy, exercises meant to provide
21 people's preference as to the Oireachtas's policy
22 options to take, that that's just not a wise thing to
23 do.

24 46 Q. **TABLE 14 - JORDAN:** Yes, I would agree with what you
25 said earlier about that members that are voting take
26 every reason as a separate reason and vote on that
27 individually. So, as such, reason one is an individual
28 reason. Reason two is an individual reason. So that
29 the members can vote on them individually as opposed to

1 them being related.

2 A. **DR. WALSH:** Just following up on that, I think there
3 was another aspect related to that in the question from
4 Table 6 that we didn't quite capture in the answer at
5 the time which was I think you were also asking whether
6 you could have a different view as to gestational
7 limits as you go down the category as between 3, 4 and
8 5 versus 6, 7 and 8 and I think the answer there is
9 yes, you could. That could be a view substantively
10 that you take as a citizen. There would be no reason
11 that you would have to stick in the same column the
12 whole way down if that didn't reflect your view.
13

14 47 Q. **TABLE 14 - CITIZEN:** Sorry, just what the other citizen
15 said about being able to express your view that if you
16 wanted to not distinguish between mental health and
17 physical health, is it possible to interpret 8 and 5 in
18 that way. So that if I wanted as my fellow citizen
19 said, to just vote on not distinguish between mental
20 and physical health and vote in that way, could I --
21 would it work if I sort of just preferred not to state
22 an opinion on 3, 4, 6 and 7 and instead voted with 5
23 and 8. would that be a way of expressing that opinion
24 because I would be in a similar position to the citizen
25 at the other table, in the way that I would like to
26 vote?

27 A. **DR. DOYLE:** It seems to me, I think that's how I would
28 understand it if I was reading a ballot paper where
29 somebody had taken those options and I think that was

1 the reason when we were redoing it, that in terms of
2 five and eight, we didn't put in the words physical and
3 mental and just referred to health.

4 A. **DR. WALSH:** The only thing perhaps to bear in mind is
5 if you take that route and you exercise the prefer not
6 to state an opinion option on 3, 4 and 6, 7, if your
7 view as to 5 and 8 isn't in the majority, you'll have
8 made the decision not to cast a vote essentially that
9 will be contributing to the formation of the majority
10 on 3, 4 and 6, 7.

11 48 Q. **TABLE 14 - CITIZEN:** Oh okay, thank you.

12
13 49 Q. **TABLE 13 - CITIZEN:** Hi, I was just wondering if it
14 would be possible from questions 3 to 8 to include
15 "prefer not to state in the formation of majority",
16 meaning that if I decided to cast my vote on 5 and 8
17 and decided to tick "prefer not to say" on the other
18 ones, that if the majority preferred not to state on 3,
19 4, 6 and 7, that it would mean that the majority have
20 chosen that they don't want it included and that they
21 don't want to make a distinction?

22 A. **DR. DOYLE:** I think that can be done. It does have the
23 -- as well Rachael pointed out that there may be risks
24 in terms of your overall preferences in doing that but
25 that's a decision that we all have to make.

26 50 Q. **TABLE 13 - CITIZEN:** But to like actually like actively
27 include it in that if 50 people preferred not to state,
28 that that would be a majority out of the 91 of us or
29 the 90 whoever?

1 A. **CHAIRPERSON:** we'd have to revise the rules, the voting
2 rules.
3

4 51 Q. **TABLE 3 - CITIZEN:** I'm sorry, just in that, could we
5 just not group them clearly. Say 3, 4 and 5 put them
6 together and if I've chosen that one option, serious
7 risk to the health of the woman, that that's clearly a
8 group that have chosen that option, that they do not
9 want to distinguish and then 6, 7 and 8 group them as
10 three together and if only one box is marked in those
11 three that we are a group who are not distinguishing
12 between physical and mental health. Would that require
13 a revision?

14 A. **DR. WALSH:** I think that comes back to the suggestion
15 essentially in substance that was made over here. So
16 the key thing there as I understand it is the current
17 rules are that a vote is spoiled if an option is not
18 selected on each line. So that would require a change
19 to allow you to put nothing on two lines without
20 spoiling the entirety of the ballot. So that would be
21 I suspect --

22 A. **PROFESSOR MADDEN:** I think what you were suggesting
23 though was to actually express "prefer not to state an
24 opinion" weren't you?
25

26 52 Q. **TABLE 4 - MR. O'HALLORAN:** Yes, I think the issue of if
27 you don't want to distinguish, for example, between
28 physical health and mental health and this is getting
29 complicated but we're trying to stay in the rules as

1 they are devised now. If you don't want to make a
2 distinction I'm going to put forward a little change in
3 that you vote for all 6, 7 and 8 and that way your
4 opinion is registered within the rules of the ballot
5 presently. So, if you don't want to make a distinction
6 between physical and mental health of the woman, you
7 would vote in 6, 7 and 8. Now, it's getting
8 complicated and similarly for the serious risk ones, if
9 you don't want to distinguish between physical and
10 mental health then you would vote for 3, 4 and 5.
11 Alternatively the rules will have to be changed for the
12 ballot and that we would only vote in either 6, as I
13 originally suggested, in either 6, 7 or 8 and one of 3,
14 4 and 5.

15 A. **CHAIRPERSON:** But you want to vote in relation to 2, 3
16 and 4 and also 6 and 7.

17 A. **DR. DOYLE:** So, having a discussion among ourselves, a
18 suggestion that we think hopefully might capture the
19 concern would be a completely different approach but to
20 add an additional question in a different form at the
21 end of the ballot which would allow people to record
22 the fact that they do not accept that there is a
23 distinction between the physical and mental health and
24 to record that as your view and then people can -- you
25 can go about answering the other questions in whatever
26 way makes most sense to you but would allow you to
27 express that view.

28
29 **CHAIRPERSON:** So what are we putting in?

1 **DR. DOYLE:** So we're going to need to work on the
2 wording of that but it will be something "I do not
3 accept that there is a distinction between the mental
4 health and the physical health of the woman" and we'll
5 try to mirror the language as much as possible. So
6 we'll come around to a show of votes on everything. So
7 we'll add that in as something to vote on. The
8 remaining issues, number 12, socio economic reasons,
9 that has just been included in response to the
10 suggestions made from a number of tables and then
11 number 13, what we have done is just changed it to no
12 restriction as to reasons, taking out the language
13 "available on request." We think that this captures
14 the value of autonomy, that people were referring to
15 but it does it using language which is similar to that
16 which has been used on the rest of the ballot paper and
17 that can match up fairly easily with the other
18 questions and also with the approach to gestational
19 limits and I think that that's -- there's loads of
20 different ways that you can express that and we think
21 this is the way of expressing that concern, that value,
22 that some people want to vote for in a way that coheres
23 best with the rest of the ballot paper. So that's why
24 that proposal was being made.

25 **CHAIRPERSON:** Very good. So, we'll vote on the
26 proposed changes which are reflected in the revised
27 ballot paper behind you and the first one is reason
28 five and what you're voting on here is whether that
29 reason goes into the ballot. In other words whether

1 there is an additional reason included, serious risk to
2 the health of the woman. So the issue you're voting on
3 now is whether that goes into the ballot paper. So
4 would you put up your hands if you are in favour of it
5 going in? That definitely looks like a majority
6 without a count but does anybody feel that we should do
7 a hand count. All right, then the members want reason
8 five to go in.

9
10 Now, we'll move on then to the next question which
11 relates to reasons 6, 7 and 8 and as you know the word
12 "serious" is gone and the question you have to vote on
13 is whether you want the inclusion of 6, 7 and 8 with
14 the word "serious" missing. If you do put up your
15 hands. Sharon believes it is a majority. Is there any
16 question about that. If so, we'll do a hand count? It
17 certainly looked like a majority. All right, so
18 paragraphs 6, 7 and 8 are going in and as Oran said in
19 the report we will refer to the 1967 legislation and
20 the terminology used in it. It will be a matter for
21 the Oireachtas down the road to decide what terminology
22 they are going to use but we will make that point in
23 the report.

24
25 Then going on to number 12. What you have to vote on
26 here is whether you are in favour of including reason
27 12 which is socio economic reasons. So, if you'd put
28 up your hands if you were in favour of that. Well that
29 certainly looks like a majority. Is there anybody who

1 is a bit concerned that it isn't a majority because if
2 so we'll do a hand count. All right. Very good. Then
3 reason 12 goes in, socio-economic reasons.

4
5 Reason 13 is a very minor word change but I think it's
6 a very useful word change and are you in favour of
7 amending reason 13 to read "no restriction as to
8 reasons". If you are put up your hands. All it does
9 is it leaves out the request and quite frankly I think
10 that was a good suggestion and we're going to add --
11 now, we'll be adding an additional reason, statement is
12 it. It's going to have a number, no. There is a
13 number to be added at the bottom of the ballot paper
14 and the question is, well the introduction to the
15 question is, "*there is no distinction between the*
16 *physical and mental health of the woman*" and then you
17 have three options. Yes, no, prefer not to state and
18 if you're in favour of the addition of that question at
19 the end of the ballot paper put up your hands.

20
21 Now, the next thing is do I have to make any change to
22 the rules to accommodate that, no, no. All right, very
23 good. well we've got there at quarter to one. I think
24 that's everything isn't it?

25 **MS. FINEGAN:** Yes. So I mean just procedurally what
26 we'll do is we'll just have to print the ballot paper.
27 We've already made most of those changes with the
28 exception of putting that last one in. I suggest, given
29 where we are time wise, that we cast our ballot and

1 we'll see what people think, have your lunch and then
2 come back for the result. I hope the hotel are okay
3 with that. So I think it will broadly keep us, there's
4 a question is there?
5

6 53 Q. **TABLE 14 - JORDAN:** I was just wondering could you
7 print the ballot in landscape format because it seems
8 to be quite dense if you print it. Even the draft
9 ballot is quite dense when it's printed in portrait?

10 A. **MS. FINEGAN:** I'm not sure if it will all fit on one
11 page in that circumstance. We've just been consulting
12 with our experts as to the best way to put the ballot
13 paper. You know from the point of view procedurally
14 and so on. So, I think whatever works best we'll do,
15 now that we've got that extra question to add in, in
16 answer to that question. So I think you need to give
17 us five or ten minutes to produce the ballot papers.
18 Sorry, we've another question at the back?
19

20 54 Q. **TABLE 12 - CITIZEN:** As there has been so many changes
21 made to the ballot paper, would it be possible to print
22 a draft of it for our records as well?

23 A. **MS. FINEGAN:** Of course, yes.
24

25 55 Q. **TABLE 8 - CITIZEN:** Just a thought. I was wondering do
26 we really need number 8 on the ballot sheet because we
27 have already covered mental health and physical health.
28 So could maybe the medical field suggest giving an
29 example of what would that cover, number 8?

1 A. **CHAIRPERSON:** Inclusion of it has been voted on by a
2 show of hands.

3 56 Q. **TABLE 8 - CITIZEN:** well could the medical profession
4 maybe give an example of what would that entail, what
5 would that cover?

6 A. **DR. FORAN:** I think it was put like that -- that the
7 main part of the discussion this morning has been about
8 keeping together or keeping them separately and that's
9 the reason why it is there, so that people have both
10 options. It's not really to do with any medical
11 distinction. It is to do with whether you want mental
12 and physical health together or separate and that's
13 what that's there for.

14 **CHAIRPERSON:** If you look at the question we're posing
15 on the back of the ballot paper now or the bottom of
16 the ballot paper, there is no distinction between the
17 physical and mental health of the woman, the question
18 is and you have three options, yes, no or prefer not to
19 state. So that's what you're being asked. So that
20 highlights the concern that was expressed. That we
21 shouldn't be distinguishing between physical health and
22 mental health. That's what this was to capture.

23 **TABLE 8 - CITIZEN:** Okay, thank you.

24

25 **MS. FINEGAN:** Okay, we'll proceed to that and we'll
26 give you a copy. We'll distribute you one to all the
27 tables and then they'll be available for voting.

28

29 Folks, if I could just have your attention please.

1 Just while the papers are being printed. I just wanted
2 to draw to your attention the wording that we're going
3 to use and the way in which it's going to appear on the
4 ballot. So, the second question, the additional
5 question that we agreed in the session we've just
6 concluded, just in terms of the structure of the ballot
7 paper, it works best to include it as a separate part,
8 on a separate page, just in terms of how it will fit
9 and so on and the language that we're using is

10
11 *"a distinction should not be drawn between the physical*
12 *and mental health of the woman."*

13
14 And you have three options. Agree, disagree or prefer
15 not to state an opinion with a clear instruction above
16 it as to how to how to express that view. So, just to
17 say those ballots are being printed. They'll have two
18 pages. The first page is the revised ballot paper that
19 we have agreed and it will have a small amendment at
20 the top which it says 13 reasons as opposed to eight
21 across the top there and so there'll be two pages and
22 what we'll also be doing, just for your own records, is
23 giving you a copy of the ballot. It will be on a
24 different colour paper and it will be watermark draft
25 just for the purposes of absolute clarity, that
26 additional ballots can't be cast by more than one
27 person. So, that will be with you any moment and we'll
28 begin the voting process then. Thanks for your
29 patience.

1 **CHAIRPERSON:** It initially was to take an hour. So
2 will we aim to be back here at quarter past two or is
3 that unrealistic?

4 **MS. FINEGAN:** Yes, we have to cast the vote and then
5 count it.

6 **CHAIRPERSON:** After the count?

7 **MS. FINEGAN:** Yes, I mean I think we're talking
8 probably 45 minutes of a count and 45 minutes of a vote
9 probably, depending on how long. So, I think if we're
10 voting until two and then probably coming back by half
11 two, quarter to three. So, apologies, that's where we
12 are unfortunately. Just where we've gotten to today.
13 I mean the most important thing obviously is to cast
14 your vote and obviously we're prioritising getting the
15 ballots printed asap, to allow you to do that and maybe
16 you'd just be courteous to your fellow citizens who may
17 need to get for train connections and so on, to allow
18 them to express their preference first. Just if you
19 could organise that amongst yourselves that would be
20 great. Thanks.

21
22 I'll just draw your attention to your form about
23 ancillary recommendations. It's a good opportunity now
24 not to waste the time and delay you further, to look at
25 that document. So, you've all been provided with it.
26 So it now is a good opportunity I think to start
27 filling that in. There is an envelope on your table to
28 slot that into when you've completed it. So just not
29 to loose site of that, given especially some of the

1 comments that have come from the floor this morning
2 about particular issues that you want to see captured
3 on that. So, just drawing your attention to maybe
4 start working on that at the moment, okay, thanks.
5

6 VOTING
7

8 **MS. FINEGAN:** Okay folks, as voting has now concluded,
9 we are going to go into private session and we should
10 resume at about quarter to three for the announcement
11 of the results. Thanks.
12

13 **BRIEF ADJOURNMENT**

14
15 **THE MEETING CONTINUED AFTER A BRIEF ADJOURNMENT**

16
17 **MS. FINEGAN:** We are ready to go so just to have your
18 attention as we put everything up on screen.
19

20 **ANNOUNCEMENT OF RESULTS, CONCLUDING REMARKS AND**
21 **REFLECTION FROM THE CHAIR:**
22

23 **CHAIRPERSON:** Thank you for all being so patient and
24 waiting so long. It was a fairly complex task. It's
25 hardly surprising because it was so complex that we are
26 finishing more than two hours after we had expected to
27 finish, but in any event I am going to take you through
28 the results of Ballot 4. It was Ballot 4B but it's now
29 Ballot 4. I am going to deal with each, with each of

1 the reasons sequentially.

2
3 The first reason is Reason 1. That reason was real and
4 substantial physical risk to the life of the woman.
5 The number of eligible voters were 88. The number of
6 votes cast, 88, invalid votes, 1. My understanding in
7 relation to all of the invalid votes, we had none up to
8 now, but apparently there was no X marked opposite a
9 particular reason and that was the invalidity in
10 relation to that particular reason. Then the total
11 valid poll accordingly is 87.

12
13 Then just looking at the result, you will notice that
14 if you take B1, B2 and B3 together the total vote is
15 82. Then if you breakdown B1, B2 and B3 the high line
16 is B3 with no restriction as to gestational age and
17 that vote is 76%.

18
19 In relation to the other votes, never for this reason,
20 only one, and up to 12 weeks gestation only, eight,
21 that's 10%, and up to 22 weeks gestation only, 12
22 votes, that's 15%. In relation to the 'prefer not to
23 state an opinion', the total number of votes under that
24 category was four.

25
26 So we will move on to the next reason which was Reason
27 2, real and substantial risk to the life of the woman
28 by suicide. The number of eligible voters again, 88.
29 The number of votes cast, 88. Invalid votes, one, and

1 total valid poll 87.

2
3 Then as regards the votes, B1, B2 and B3 categories
4 totalled 79 votes, that's 95%. Again the high line was
5 with no restriction as to gestational age and that's 48
6 votes or 61%. The other B Categories up to 12 weeks,
7 nine votes, 11%. Up to 22 weeks, 22 votes, 28%.
8 'Never for this reason', four votes, and 'prefer not to
9 state an opinion', four votes.

10
11 So then we will move on to Section 3. I take it you
12 are all able to follow this? Thank you. Section 3,
13 again the same number of eligible votes and votes cast
14 and the total valid poll again this time was 87 votes.
15 When we look at the result the B Categories aggregated
16 76 votes or 93%. The highest number of votes in that
17 category went to B3 with no restriction as to
18 gestational age and that was 43 votes or 57%. Then up
19 to 22 weeks, 21 votes, 28%. Up to 12 weeks, 12 votes,
20 16%. Then on the other categories, 'never for this
21 reason', six votes, and 'prefer not to state an
22 opinion', five votes this time.

23
24 Moving on to Reason 4, serious risk to the mental
25 health of the woman. Again the voting is similar. The
26 eligibility and the votes cast. The total valid poll
27 was 87. Now looking at the result, again I will look
28 at Categories B1, B2 and B3 in aggregate and they
29 achieved 74 votes or 90%. The highest subcategory was

1 B3 with no restriction. That was 35 votes or 47%. Up
2 to 22 weeks was 24 votes, 32%. Up to 12 weeks, 15
3 votes, 20%. The 'never for this reason' eight votes,
4 and 'prefer not to state an opinion', five votes.

5
6 Then moving on to Ballot 4, serious risk -- sorry, I am
7 moving on to Reason 5, sorry. Serious risk to the
8 health of the woman. No invalid vote this time so the
9 total vote was 88. The three B Categories aggregated
10 77 votes or 91%. The breakdown of that was B1 --
11 sorry, B3 was the highest vote with no restriction.
12 That was 40 votes or 52%. B2 up to 22 weeks, 25 votes
13 or 32%. Up to 12 weeks, 12 votes or 16%.

14
15 Then in the other categories, 'never for this reason',
16 eight votes, and 'prefer not to state an opinion',
17 three votes.

18
19 Reason 6, risk to the physical health of the woman.
20 Like most of the votes the total valid poll on the
21 usual basis was 87 votes. Then the result, again
22 looking at the B Categories in aggregate, they
23 aggregated 66 votes or 79%. The highest in that
24 category was B3 with no restriction, 28 votes and 42%.
25 Then up to 22 weeks, 26 votes, equivalent to 39%, and
26 up to 12 weeks, 12 votes, 18%. On this ballot 'never
27 for this reason' secured 18 votes, and 'prefer not to
28 state an opinion' secured three votes.

1 Reason 7, risk to the mental health of the woman.
2 Again the eligible and cast votes are the same and one
3 invalid vote so the total valid poll was 87. Now in
4 this category or for this reason I look at the B1
5 Category first. The three B subcategories aggregated
6 63 votes or 78%. The highest vote was for up to 22
7 weeks. You will see that that was 31 votes, 49%.

8
9 Then next B3 with no restriction, 20 votes equivalent
10 to 32%. Then B1 up to 12 weeks, 12 votes, that is to
11 say 19%. 'Never for this reason' secured 18 votes, and
12 'prefer not to state an opinion' secured six votes.

13
14 Now Reason 8, risk to the health of the woman. Again
15 87, the total valid poll was 87 votes and that was on
16 the same basis as the earlier reasons. Looking at the
17 result, looking at the B Category in aggregate the B
18 Categories secured 65 votes or 78%. The highest number
19 of votes in the subcategories was for B2 up to 22
20 weeks, 30 votes and 46%.

21
22 Then B3, no restriction. That was 25 votes or 38%.
23 Then up to 12 weeks, ten votes and 15%. The 'never for
24 this reason' secured 18 votes, and 'prefer not to state
25 an opinion', four votes.

26
27 Then we come to Reason 9 which is pregnancy as a result
28 of rape. In this case there were 86 total valid votes.
29 The number of eligible votes again was 88 and the

1 number cast was 88. There were two invalid votes. The
2 total valid poll, as I've said, came to 86 votes.

3
4 Then when we look at the result, we look first of all
5 at the B Category. The aggregate for B1, B2 and B3 was
6 73 votes or 89%. Now when we look at the breakdown we
7 see that there is an element of equality here in that
8 B2, that's up to 22 weeks, secured 25 votes or 34%.
9 Similarly B3, no restriction, secured 25 votes up to
10 34%.

11
12 Then B1, up to 12 weeks, 23 votes and 32%. There were
13 nine votes 'never for this reason', and the number of
14 votes for 'prefer not to state an opinion' was 4%. Now
15 because of the equality in this particular case I have
16 to exercise my casting vote. I am going to exercise my
17 casting vote in favour of B2, up to 22 weeks. So the
18 total number of votes in that category now are, the
19 total number is 26. The percentage will have to be
20 worked out separately. So that's that vote.

21
22 Then Reason 10, the unborn child has a foetal
23 abnormality that is likely to result in death before or
24 shortly after birth. Again the voting, the number of
25 votes, the number of eligible votes and votes cast,
26 invalid votes just one, so the total valid poll is 87.
27 So that's the same as the count for the previous
28 reasons.

1 Now when we look at the result of this vote we see that
2 looking at Category B in the aggregate we see that
3 there were 77 votes for Category B. That's equivalent
4 to 89%. The breakdown, the highest number of votes was
5 for no restriction, 53 votes or 69%. Then 22, up to 22
6 weeks, 18 votes or 23%. Then up to 12 weeks, six votes
7 or 8%.

8
9 In relation to the other categories 'never for this
10 reason', ten votes were secured, and then in relation
11 to 'prefer not to state an option', there was no vote
12 for this particular reason in that category.

13
14 Reason 11, the unborn child has a significant foetal
15 abnormality that is not likely to result in death
16 before or shortly after birth. In this case there were
17 two invalid votes, so the total valid poll was 86
18 votes. In relation to the result, again I look at
19 Categories B1, B2 and B3 and they aggregate 66 votes or
20 80%. The breakdown, the highest number of votes was
21 for B2, up to 22 weeks, 32 votes, 48%. Then no
22 restriction, 25 votes, equivalent to 38%. Then 12
23 weeks, up to 12 weeks, nine votes, that's to say 14%.

24
25 In relation to the other two categories, 'never for
26 this reason', there were 17 votes cast for that. Then
27 'prefer not to state an opinion', three votes were
28 cast.

1 Then Reason 12 which is socioeconomic reasons, the
2 total valid poll this time was 87 votes. There was
3 only one invalid vote. Looking at the result
4 Categories B1, B2 and B3 aggregate 60 votes which is
5 equivalent to 72%. When you break that down the
6 highest vote was for up to 22 weeks, that was 30 votes
7 or 50%. Then up to 12 weeks, 24 votes and 40%. Then
8 with no restriction, six votes and 10%. The other
9 categories, 'never for this reason', 23 votes, and
10 'prefer not to state an opinion', four votes.

11
12 Reason 13 which actually is the last reason and this is
13 the no restriction as to reasons. The total number of
14 votes in this category was 87. There was one invalid
15 vote. Looking at the result Categories B1, B2 and B3
16 aggregated 52 votes or 64%. The breakdown was as
17 follows; up to 12 weeks, 25 votes or 48%. Up to 22
18 weeks, 23 votes or 44%. No restriction was four votes,
19 that's equivalent to 8%. The other categories (a)
20 'never for this reason, 29 votes, and (c) 'prefer not
21 to state an opinion', six votes.

22
23 Finally the question that was added on this afternoon
24 and the question was based on this statement:

25
26 *"A distinction should not be drawn between the physical*
27 *and mental health of the woman."*

28
29 In relation to this there were 88 valid votes. There

1 was no invalid vote. The response was that 60 of the
2 voters, that is to say 72%, agreed with that statement.
3 23 voters or 28% disagreed with the statement and five
4 voters preferred not to state an option. So that is
5 the result of all of the ballots.

6
7 They will remain up on --

8 **MS. FINEGAN:** We will get them up online as soon as
9 possible.

10 **CHAIRPERSON:** Oh they are not online yet, are they not,

11 **MS. FINEGAN:** Not yet. They are in the process of
12 going up.

13 **CHAIRPERSON:** Very good, yes. We will have hard copies
14 available for the members as well shortly. As they say
15 as gaeilge, I have a cúpla focail to say before we
16 separate. Again I regret that you were detained here
17 for so long but there was no way of avoiding it because
18 of the complexity of the voting and the complexity of
19 the counting. So I will just proceed, as they say,
20 with my cúpla focail.

21
22 This weekend we have reached a conclusion of sorts as
23 you, the members, have fulfilled the first task that
24 the Houses of the Oireachtas asked you. Having
25 comprehensively considered Article 40.3.3 as set out in
26 the constitution, you have made your recommendations
27 known. These recommendations at a minimum have called
28 for a change to the status quo. I will now for the
29 purposes of absolute clarity and posterity take the

1 room through these recommendations.

2
3 First of all there is the results. In Ballot 1 the
4 members voted by a majority that Article 40.3.3 should
5 not be retained in full. To be clear, to act on this
6 initial recommendation a constitutional referendum will
7 be required. In Ballot Number 2, 56% of the members of
8 the assembly voted that 43.3.3 should be replaced or
9 amended.

10
11 This result brought us to Ballot 3. In this vote 57%
12 of you recommended that Article 40.3.3 should be
13 replaced with a constitutional provision explicitly
14 authorising the Oireachtas to address termination of
15 pregnancy, any rights of the unborn and any rights of
16 the pregnant woman, in other words it would be a matter
17 for the Oireachtas to decide how to legislate on these
18 issues.

19 This morning you were asked to make recommendations by
20 ballot to the Oireachtas about what should be included
21 in the legislation, specifically what reasons, if any,
22 what were the reasons, if any, for which termination of
23 pregnancy should be lawful in Ireland as well as any
24 gestational limits that should apply. I have just
25 read out the results of that ballot and I would like at
26 this stage to express the gratitude, my own gratitude
27 and the gratitude of the secretariat and the members to
28 John Fitzpatrick and his team for the great job they
29 did in advising us first of all and then actually doing

1 the counting of the vote. It has achieved absolute
2 transparency for us and accuracy.

3
4 The recommendations you have made certainly have called
5 for a change to the status quo, and in fact I think
6 there will be a lot of analysis of this. I haven't
7 done the analysis because like you I have only seen the
8 results, but I think they have provided a clear map for
9 my report to the Houses of the Oireachtas. The members
10 will certainly know, I think, what way this assembly is
11 recommending that legislation be enacted to deal with
12 termination of pregnancy, any rights of the unborn and
13 any rights of the pregnant woman.

14
15 Now, I have mentioned several times throughout this
16 weekend about ancillary recommendations and I am going
17 to mention them again because I think they are
18 important. Further to these definitive balloted
19 recommendations, you recollect that we asked you to
20 provide earlier through the reflective written exercise
21 certain recommendations. I know that I can be prone to
22 repetition on the matter of how well informed you are
23 as a group of people on this topic and I make no
24 apologies for that as I have seen how hard you have
25 worked throughout the process and I remain convinced of
26 the merits of capturing as much information from you as
27 we can. Therefore the consensus issues which come
28 through the process will have a home in the report. I
29 believe they will be of benefit to those who will be

1 tasked with considering the report and indeed tasked
2 with a very, very difficult job of legislating in this
3 difficult area. I hope you have furnished your
4 recommendations. Have they been collected?

5 **MS. FINEGAN:** They have, yes.

6 **CHAIRPERSON:** Thank you very much. Now, there is
7 obviously, there has emerged in this process some
8 dissenting voices. Though I talk now of majorities and
9 consensus I wish to acknowledge that those whose
10 perspectives or opinions did not emerge in the final
11 vote, we will have regard to them. This is an exercise
12 in deliberate democracy and your vote remains important
13 because of the very fact it captures that other
14 perspective, that dissenting voice, the different
15 interpretation. I wish to assure you that your votes
16 and voices will be recorded and will have a valuable
17 place in the report.

18
19 Now a few words about the process and a short
20 reflection on this weekend and how we reached the
21 recommendations. Since we have come together on this
22 topic, we, and I think probably this goes to you more
23 than to me, have challenged experts, each other and
24 indeed ourselves to find answers to deeply complex
25 questions. This weekend was not without its moments of
26 tension and was often fraught with the pressure we all
27 felt.

28
29 I think this was an entirely reasonable response and

1 every sentence deserved to be passed to the extent that
2 it was, and I have come to expect nothing less from
3 this forum than to be required to do so. I was
4 heartened to see, and I mean this, how the spirit of
5 collegiality ultimately prevailed. The atmosphere
6 today was certainly much more benign than yesterday. I
7 am grateful to the citizens for adopting that approach
8 because I do know this is very, very difficult for the
9 vast majority of people who have to address these
10 issues. I want to say that your work alone has allowed
11 so much new information into the public sphere and your
12 respect and willingness to listen to one another may
13 have set a new tone.

14
15 I want to thank those who have contributed to the
16 assembly. In the room every weekend we have had an
17 incredibly bright and enthusiastic team of facilitators
18 and note takers. I think they may have parted,
19 departed, but in any event I do want to record our
20 appreciation to them. Their work involves a very
21 special skill and we benefited immensely from their
22 presence, also the expert advisory group who have also
23 been an immense support to the secretariat and to me
24 throughout the process. I say I am very grateful for
25 all their work and I mention immense support. Those
26 words do not represent my real feeling about the expert
27 advisory group. I think the epithet I used on previous
28 occasions was invaluable. The work and the assistance
29 I got from the expert advisory group was really

1 invaluable, and the amount of time and effort they put
2 into assisting the secretariat and assisting me and
3 sort of the long term assisting the public was immense.
4 I am very, very grateful to them.

5
6 Before I leave the expert advisory group, we had great
7 assistance from Adrienne, Dr. Adrienne Foran today. I
8 am very, very grateful, as I said this morning I am
9 very grateful to her for at short notice assisting us.
10 Again the epithet that springs to mind is invaluable.
11 Thank you very much, Adrienne.

12
13 I want to thank those who helped us to provide you with
14 information, with the information you needed to come to
15 this weekend's recommendations. As I have said before
16 we were very fortunate to be able to withdraw from the
17 more polarising perspectives and begin with the facts.
18 I said that yesterday and I repeat it today. Over the
19 course of this assembly you heard from 25 experts
20 across medical, ethical and legal fields and I believe
21 that their contributions provided us with a solid
22 foundation to go forward. If I may also say I do
23 believe that they should provide great assistance to
24 the Oireachtas Committee and to whoever is dealing with
25 the drafting of legislation in the fullness of time. I
26 think they will derive great benefit from the papers
27 that we got from the experts. I am very glad that we
28 put that effort into obtaining all of this information.

29

1 If any of you read the summary of what happened at the
2 earlier meetings you will probably like me have been,
3 if I may use the word, gobsmacked when you looked back
4 on the amount of material we got. The secretariat did
5 a fantastic job in procuring all of that information.
6 It's there, it's on the website and it is to be of
7 benefit I am sure to the Oireachtas Committee.

8
9 I don't want to leave out the advocacy groups. They
10 played an exceptionally important role in the process
11 as well. I wish to extend my gratitude to all those
12 groups who came before us to share their perspectives.
13 This is also true of all of those individuals
14 representative groups and organisations who made
15 submissions to the assembly on the topic of the 8th
16 Amendment. As you know there is a colossal volume of
17 submissions and they have provided us with a further
18 impetus to our work on this process.

19 Just to remember seven weeks ago, it's hard to believe
20 it's seven weeks ago, I want to say thanks to the women
21 whose voices reverberated around this room as they
22 recalled their own experiences of the 8 th Amendment.
23 I want to once again repeat my heartfelt gratitude to
24 them for their contribution.

25
26 I am not forgetting the members. I mean we wouldn't be
27 here if we didn't have the members. I know from the
28 information I get from the secretariat that many of you
29 have made some very major sacrifices to be part of this

1 process and you have all given up your time and energy.
2 Each weekend, and this weekend in particular, involved
3 an incredible degree of concentration and evaluation.
4 You were pushed and pulled and you never flinched. It
5 was September 2016 when most of you were initially
6 approached to participate in the process and it is very
7 important now towards the end of April 2017 that we
8 recognise your continued dedication to the process.

9
10 My cúpla focail are coming to an end you will be glad
11 to hear. I just want to tell you briefly of the next
12 steps. You have made your recommendations known
13 through a rigorous voting process and it is now up to
14 me to fulfil the next step in the terms of reference,
15 and that's to say to do the final report. I will
16 endeavour to finalise this report and furnish it to the
17 Houses of the Oireachtas by late June. The secretariat
18 and I will communicate the contents of the report and
19 the date will be submitted to the Houses -- sorry, the
20 date, it is to be submitted to the Houses. You will be
21 informed of it in advance. Go raibh míle maith agaibh.
22 With that I call our weekend to a close. Thank you
23 very much.

24
25 **THE MEETING CONCLUDED**
26
27
28
29

'never^[12] - 70:8, 70:20, 71:3, 71:15, 71:26, 72:11, 72:23, 73:13, 74:9, 74:25, 75:9, 75:20
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1

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11^[4] - 20:1, 20:2, 32:17, 74:14
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12^[40] - 3:10, 8:12, 10:5, 20:16, 21:25, 21:29, 22:2, 22:6, 32:5, 32:6, 32:17, 33:6, 37:19, 37:25, 51:6, 61:8, 62:25, 62:27, 63:3, 64:20, 69:20, 69:21, 70:6, 70:19, 71:2, 71:13, 71:26, 72:10, 72:23, 73:12, 74:6, 74:22, 74:23, 75:1, 75:7, 75:17
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14^[14] - 30:11, 30:15, 36:2, 36:3, 36:24, 38:11, 38:12, 38:29,

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15^[2] - 32:25, 71:2
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16%^[2] - 70:20, 71:13
17^[1] - 74:26
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19%^[1] - 72:11
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2

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20%^[1] - 71:3
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23^[4] - 73:12, 75:9, 75:18, 76:3
23%^[1] - 74:6
23RD^[1] - 4:1
24^[2] - 71:2, 75:7

25^[7] - 71:12, 72:22, 73:8, 73:9, 74:22, 75:17, 81:19
26^[2] - 71:25, 73:19
28^[1] - 71:24
28%^[3] - 70:7, 70:19, 76:3
29^[1] - 75:20

3

3^[43] - 5:1, 5:12, 5:28, 7:1, 13:24, 17:6, 17:29, 23:8, 23:9, 23:25, 24:3, 24:9, 24:13, 25:12, 41:3, 43:11, 43:14, 43:15, 51:9, 52:2, 52:13, 52:15, 52:21, 52:26, 53:22, 54:28, 55:24, 56:5, 56:11, 57:7, 57:22, 58:6, 58:10, 58:14, 58:18, 59:4, 59:5, 60:10, 60:13, 60:15, 70:11, 70:12, 77:11
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31^[1] - 72:7
32^[1] - 74:21
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