

Key Asks for 2020

The 221+ Cervical Check Patient Support Group provides information, advice and support to those women and family members who have been negatively impacted by CervicalCheck failures, and acts as a collective voice for our members' concerns. This General Election, we are asking all election candidates and Political Parties to commit to the following actions if elected:

1. Implement all of the recommendations made in the Scally, MacCraith, and RCOG Reports, with oversight from the CervicalCheck Steering Committee.

77 individual actions are recommended across the combination of three reports by Dr Gabriel Scally as part of his independent Scoping Enquiry into CervicalCheck failures, the MacCraith Rapid Review and the RCOG Expert Panel Review into Cervical Screening (five separate documents).

These must all be implemented in full. Significant progress has been made but the CervicalCheck Steering Committee must be maintained as a visible point of oversight to ensure full implementation of all 77 recommended actions. Partial implementation is not enough.

It is important too that our elected representatives and agencies of state commit explicitly to the principles underpinning those recommendations; putting women first, an obligation to full disclosure, aligning the governance of screening services to related professional care services, prioritising quality assurance in the management of screening services, stronger procurement and contract governance including auditing, stronger logistics protocols and record keeping for screening and of giving a sustainable voice to patients.

The steps have been set out. Now is the time to make ALL of the changes necessary to ensure women in Ireland will receive the highest possible standard of screening for cervical cancer from their national screening programme, and to complete the positive changes to women's healthcare that Irish women expect and deserve.

2. Invest in Specialist After-care Clinics for women who are living with the life long after effects of gynaecological cancers.

The effects of gynaecological cancers like cervical cancer do not end when the cancer is gone. While there is often an expectation that women will return to their normal “pre cancer” life once their cancer has been treated, the reality is that many women never ‘recover’. They and their families are left with irreversible changes and many face a lifetime of dealing with the horrible aftereffects of cancer treatment. Physical issues such as bowel problems, incontinence, lymphedema, pain management, infertility, fatigue and sexual difficulties can have a devastating impact on life quality. So too can emotional and psychological issues such as depression, loss of identity, anxiety and fear of recurrence, grief around loss of fertility, as well as altered intimate relationships.

The supports currently available to survivors of gynaecological cancers are woefully insufficient. These women, and their families, desperately need post treatment care and support services delivered through specialist aftercare clinics that are overseen by the HSE.

3. Ensure that the proposed Assisted Human Reproduction Legislation is amended in line with the recommendations made by the Joint Committee on Health, giving particular attention to the inclusion of international surrogacy that meets the relevant criteria and standards, and changing the designation of a surrogate as the legal mother of a child born via surrogacy

For many 221+ members, surrogacy is now the only option they have to start or grow their family. Cancer treatments commonly cause infertility. Other medical conditions such as cystic fibrosis and congenital heart failure also leave women unable to carry a child. Adoption or IVF are not always viable for several reasons.

We urgently need robust regulation in this area to provide the necessary protections to all parties involved in the Assisted Human Reproduction process. This will address the reality of vulnerable Irish citizens going abroad for surrogacy of various types incurring physical, emotional and legal risk. The new Assisted Human Reproduction Bill shortly to be published offers an opportunity to deal with this issue. However, there are a number of problems with the Bill that need to be resolved, and the July 2019 Report of the Joint Committee on Health has already recommended a series of amendments and clarifications.

Under the proposed legislation, families returning to Ireland with a child born via a surrogate overseas will enter the country having committed an offence, and will be subject to a fine and prison sentence. Their child will be in legal limbo without any legal guardians in Ireland. If the parents try to seek legal advice they may find that solicitors are prohibited by the legislation from offering advice.

International surrogacy, where it meets the criteria and standards set out in the legislation, should be permitted. Similarly, the declaration in the legislation that the surrogate is the legal mother of the child needs to be urgently amended.