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# **Survivors of Symphysiotomy**

## **Submission to the United Nations Special Rapporteur on Violence Against Women**

Mistreatment and violence against women in  
reproductive healthcare during childbirth

May 2019

# Mistreatment and violence against women in reproductive healthcare during childbirth

## Introduction

1. The prohibition of gender-based violence against women that has evolved into a principle of customary international law is one that Ireland has violated, and continues to violate, in reproductive healthcare. This submission outlines the past and continuing violence and mistreatment routinely perpetrated against women and girls in maternity care that is exemplified by Ireland's practice of forced symphysiotomy. This was a discarded and harmful birth operation that was performed coercively for over four decades in the absence of medical necessity as a matter of policy, for reasons of social control. The government's failure to protect women in maternity care then, and to vindicate their rights now, constitutes past and continuing violations of international law, the Constitution and law of Ireland. The State's failure to mount an effective inquiry into the practice of forced symphysiotomy has enabled a wider culture of violence and mistreatment in maternity care to continue unchecked, premised as it is on coercive healthcare policy and practice, and buttressed by an inadequate consent policy, a lack of accountability mechanisms and significant barriers to access to justice.

2. Survivors of Symphysiotomy, a campaigning, all-volunteer group, unfunded by the State and independent of government, is the national membership organisation for some 350 survivors of symphysiotomy. They are among the 1,500 women who had their pelvises severed in symphysiotomy in Ireland, without their free and informed consent, from 1944 to 1987.<sup>1</sup> Almost every survivor left hospital not knowing she had been subjected, covertly, to symphysiotomy. That knowledge came some fifty years later, sparked by media coverage.<sup>2</sup>

3. A former UN Rapporteur on Torture, Sir Nigel Rodley, then chair of the UN Human Rights Committee, now sadly deceased, told Ireland in 2014 that the practice of symphysiotomy constituted torture.<sup>3</sup> This was a gender-specific and discriminatory form of torture, cruel, inhuman or degrading treatment that was deliberately inflicted on women and girls in a manner that deprived them of all legal rights, including the right to refuse medical treatment and experimentation, and led to severe and lifelong physical and mental suffering. Forced symphysiotomies violated such human rights as the right to be free from torture, cruel, inhuman or degrading treatment and gender-based violence and discrimination in hospitals and maternity homes; self determination, autonomy and human dignity; the right to refuse medical experimentation and treatment; health; and the right to privacy and family life.

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<sup>1</sup> UN Human Rights Committee 2014 *Concluding observations on the Fourth Periodic Report of Ireland*. CCPR//C/IRL/CO/4. 19 Aug 2014, 4, para 11. On line. Available at: [http://ccprcentre.org/doc/2014/07/CCPRCIRLCO4\\_E.pdf](http://ccprcentre.org/doc/2014/07/CCPRCIRLCO4_E.pdf).

<sup>2</sup> Morrissey J 1999 'Midwifery of darker times'. *Irish Times* 6 Sept.

<sup>3</sup> During Ireland's examination by the Treaty Body Cahill A 2014 'A misogynist state'. *The Irish Examiner* 17 July 2014. Available on line: <https://www.irishexaminer.com/analysis/a-misogynist-state-275685.html>.

4. The Committee on the Elimination of Discrimination Against Women (CEDAW) concluded in 2017 that ‘the medical practice of symphysiotomy gives rise to serious violations that have a continuing effect on the rights of victims/survivors of those violations’.<sup>4</sup> Almost every woman was left with lifelong disability. Survivors have testified to severe and continuing suffering, such as locomotor difficulties, chronic pain, incontinence, and mental anguish. The surgery disrupted mother-child bonding; adversely affected women’s intimate lives; and stressed marital and family relationships. These effects, in the vast majority of cases, are continuing. The State has failed to provide victims with an effective remedy.<sup>5</sup> No adequate inquiry has ever been carried out into the practice by the State, nor has it offered any restitution commensurate with the harm inflicted. There has been no official acknowledgement of, or apologies for, wrongdoing, nor have any guarantees of non-repetition been given. As Sir Nigel Rodley observed in 2014, ‘there remains the problem of accountability, of assault’.<sup>6</sup>

### **Symphysiotomy policy and practice**

5. Symphysiotomy is an 18<sup>th</sup> century childbirth operation that severs the pelvis by incising the symphysis pubis, the joint at the junction of the two pubic bones. The practice of forced symphysiotomy originated at the National Maternity Hospital, Dublin in 1944, in a mass medical experiment designed ultimately, in selected cases, to replace Caesarean section, the normative treatment for difficult births, with symphysiotomy, a long discarded and harmful operation. Senior Catholic doctors set out to pre-empt the practice of birth control by women and girls, severing the pelvis to enforce vaginal delivery in the index birth, and avoid the need for future Caesarean sections, which were seen as a barrier to childbearing without limitation. Ireland was the only resource rich country in the world to practise symphysiotomy on a prophylactic basis in the mid to late 20<sup>th</sup> century.

6. Some women had their pelvises sundered under general anaesthetic during late pregnancy, before the onset of labour, or in the aftermath of Caesarean section. But most women were subjected to the surgery during labour, before being set upon by hospital staff, and operated upon, wide awake, without their knowledge or consent. Women unable to delivery vaginally post-operatively were eventually delivered by Caesarean section by doctors who had earlier withheld this operation from them. An estimated 1,500 women and girls were subjected to symphysiotomy without their free and informed consent in public and private hospitals from 1944-1987,<sup>7</sup> generally in the absence of medical necessity. Many women were left permanently disabled, their

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<sup>4</sup> Committee on the Elimination of Discrimination Against Women 2017 *Concluding observations on the combined sixth and seventh periodic reports of Ireland*. CEDAW/C/IRL/6-7. 9 March 2017, 4, para 15. Available on line:

[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fIRL%2fCO%2f6-7&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fIRL%2fCO%2f6-7&Lang=en)

<sup>5</sup> Referencing symphysiotomy in 2014, Sir Nigel Rodley told Ireland that ‘it is time the Irish State stopped its automatic response to every scandal being to first deny, then delay, then lie, cover up and eventually, if forced, throw some money at it and hope it will go away’. Cahill A 2014 op cit.

<sup>6</sup> Cahill A 2014 op cit.

<sup>7</sup> UN Human Rights Committee 2014 op cit, 4, para 11.

lives irreparably damaged by the surgery, while in some cases their babies died. Others were brain damaged, a known risk of the process,<sup>8</sup> or otherwise injured.

### **The practice of forced symphysiotomy deemed to constitute torture**

7. Ireland's practice of forced symphysiotomy in the absence of medical necessity constitutes torture, cruel, inhuman or degrading treatment, in violation of its obligations under the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. In 2014, the UN Human Rights Committee found that, under Article 7 of the International Covenant on Civil and Political Rights, the practice of symphysiotomy in Ireland constituted torture, cruel, inhuman or degrading treatment or punishment, and involuntary medical experimentation.<sup>9</sup> UNCAT, in its concluding observations on the practice of forced symphysiotomy in Ireland in 2017, cited Articles 2, 12, 13, 14 and 16 of the Convention Against Torture.<sup>10</sup>

8. Ireland's practice of forced symphysiotomy violated its obligations under the Convention Against Torture for the following reasons:

- (i) symphysiotomy, a harmful childbirth operation that was introduced into obstetric practice in Dublin and performed in Ireland from 1944-1987 without patient consent, in the absence of clinical need, inflicted severe and continuing physical and mental suffering;
- (ii) symphysiotomy was intentionally and deliberately inflicted on selected women and girls in a discriminate manner during childbirth;
- (iii) symphysiotomy was a scheduled procedure that was intentionally inflicted for a prohibited purpose on women and girls in the absence of clinical need, to enforce vaginal delivery and pre-empt the use of birth control;
- (iv) symphysiotomy, which was practiced in public hospitals and in private hospitals and maternity homes that delivered maternity services on behalf of the State entailed public official involvement;
- (v) Ireland failed to prevent the unjustified, involuntary and harmful performance of symphysiotomy on women and girls from 1944 onwards, despite the fact that these operations were performed in the absence of clinical necessity;

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<sup>8</sup> Royal Academy of Medicine in Ireland 1950 'Transactions'. *Irish Journal of Medical Science* 1950: 860.

<sup>9</sup> UN Human Rights Committee 2014 op cit, 4, para 11.

<sup>10</sup> Committee Against Torture 2017 *Concluding observations on the second periodic report of Ireland*. CAT/C/IRL/CO/2. 31 August 2017, 10, para 29. On line, available at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CAT/C/IRL/CO/2&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CAT/C/IRL/CO/2&Lang=En).

(vi) Ireland has failed, and continues to fail, to provide an effective remedy to survivors of symphysiotomy;

(vii) Ireland has failed, and continues to fail, in its obligation under the aforementioned Conventions and under Article 3 of the European Convention of Human Rights and Fundamental Freedoms to put in place mechanisms to protect against the abuses of human rights constituted by the operations in question, which were carried out without patient consent on an estimated 1,500 women and girls in Ireland from 1944-1987;

(vii) Ireland has failed, and continues to fail, to discharge its monitoring obligation under the UN General Assembly Body of Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law.

### **Past and continuing acts of torture, cruel, inhuman or degrading treatment**

**9.** The vast majority of women were operated upon during labour. This cruel, inhuman and degrading treatment was inflicted on women during an extended period of extreme vulnerability. Women scheduled for symphysiotomy were obliged to labour for as long as it took, up to two days in some cases, for their cervixes to dilate to the degree laid down by medical policy.<sup>11</sup> Even by the standards of the time, such labours were arduous. Babies occasionally died while staff waited for labour to ‘progress’. Women in the height of labour were then set upon in the labour ward, and had their symphyses severed, generally without prior notice.

**10.** The surgery was initially carried out under general anaesthetic, but the policy changed in 1952: henceforth, in the fetal interest, the surgery was to be performed under local anaesthetic.<sup>12 13</sup> This added greatly to the burden of intense physical and mental suffering that these operations generally entailed. Anaesthetic failures were common. Some surgical techniques were more cruel than others: Zarate’s method, which was widely used, was particularly inhuman. It entailed the partial cutting of the woman’s symphysis, followed by the manual separation of her pubic bones ‘by forceful abduction [splaying] of the thighs’.<sup>14</sup> Women recalled being physically restrained by hospital staff as they screamed and struggled against the surgery, fully conscious, in the height of labour.<sup>15</sup> The experience of non-consensual surgery was traumatising for many, and gave rise to feelings of intense anguish, fear and terror.

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<sup>11</sup> Our Lady of Lourdes Hospital 1960-61 *International Missionary Training Centre Clinical Report Maternity Department 1960-61*: 36.

<sup>12</sup> Morrissey J K 2004 *An examination of the relationship between the Catholic Church and the medical profession in Ireland in the period 1922-1992, with particular emphasis on the impact of this relationship in the field of reproductive medicine*. Unpublished Phd thesis University College Dublin, 171-2.

<sup>13</sup> The use of local anaesthetic also meant the surgery could be performed in the absence of medical infrastructure. The National Maternity Hospital was then building itself up as an international teaching hospital, and the operation was seen as ‘enormously useful as a substitute for Caesarian (sic) section in conditions in Africa and India’. Farmer T 1994 *Holles Street 1884-1994 The National Maternity Hospital A Centenary History*. Farmar Dublin, 118.

<sup>14</sup> Maharaj D and Moodley J 2002 ‘Symphysiotomy and fetal destructive operations’. *Best Practice and Research Clinical Obstetrics and Gynaecology* 16 (1): 117-131.

<sup>15</sup> Survivors of Symphysiotomy 2014 Submission to the United Nations Committee Against Torture: 9.

Their feet manacled in obstetric stirrups or held apart in the ‘stranded beetle’ or lithotomy position, women experienced this invasive genital surgery as profoundly humiliating, carried out, as it frequently was, before groups of mainly male medical students. Mothers were then forced to go on for as long as it took, post-operatively (fourteen hours in one case<sup>16</sup>) until the baby came, the pain of labour forcing its way through the agony of the surgery, the fetal head acting as a ‘battering ram’<sup>17</sup> further prising open the mother’s pelvis. Victims then gave birth, generally by forceps or vacuum extraction, in these ‘brutalising vaginal deliveries’, as Professor Chassar Moir of Oxford University described them.<sup>18</sup> The use of such instruments and machines, which required further surgery to enlarge the birth canal, added another dimension of pain and suffering to these already harrowing births.

**11.** Symphysiotomy was also carried out before and after labour. Women subjected to antenatal symphysiotomy were forced to endure the final weeks of their pregnancy in severe pain, unable to walk. Admitted to hospital at 40 weeks, their babies were extracted by forceps under general anaesthetic. In other recorded cases, doctors carried out symphysiotomy in the aftermath of Caesarean section on patients who were under general anaesthetic. They, too, endured severe post-operative pain following this second, and wholly unjustified, operation, which brought its own life-altering consequences.

**12.** The torture routinely inflicted by these operations was compounded on occasion by aberrant and apparently experimental medical practice. Victims selected for symphysiotomy were allowed to continue their pregnancies well beyond their due dates, a policy that invariably led to bigger babies and resulted in more arduous vaginal deliveries. In one recorded case, the mother was subjected to symphysiotomy at 44 weeks; after which she was compelled to labour for 41 hours before being eventually delivered by Caesarean section: her baby weighed 10lb.<sup>19</sup> Women whose babies presented by face or brow were also frequently subjected to symphysiotomy despite the fact that such presentations made vaginal birth well nigh impossible.

**13.** The postnatal period, again a time of unique vulnerability, was characterised by further ill treatment, which gave rise to further severe physical and mental suffering. Mothers were forced to walk on their sundered pelvises within a couple of days of giving birth, apparently as a matter of policy, and they found this enforced walking excruciatingly painful.<sup>20</sup> The post-symphysiotomy pain was so severe in many cases that women required daily painkilling injections in addition to strong oral medication. They were routinely separated from their newborn babies (who had been placed in intensive care) and this enforced separation generally continued for the duration of their hospital stay (some two weeks). The fear and anguish of not being able to see their children, of not knowing, in some cases, whether they were alive, was

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<sup>16</sup> Our Lady of Lourdes Hospital 1960-61 op cit, 35.

<sup>17</sup> Royal Academy of Medicine in Ireland 1951 ‘Transactions’. *Irish Journal of Medical Science* 1951: 1026.

<sup>18</sup> Morrissey J K 2004 op cit, 164.

<sup>19</sup> Our Lady of Lourdes Hospital 1962-63 *International Missionary Training Centre Clinical Report Maternity Department 1962-63*: 36-7.

<sup>20</sup> O’Connor M 2011 *Bodily Harm: symphysiotomy and pubiotomy in Ireland 1944-92*. Evertime, Westport: 27.

exacerbated by the refusal of healthcare practitioners to give them any information. This added significantly to the mental suffering experienced by so many mothers during those very first postnatal weeks.

### **Past and continuing severe physical and mental suffering**

**14.** Symphysiotomy is a harmful operation that effectively unhinges the pelvis, a pivotal structure that supports the spinal column as well as key internal organs. The procedure carried a 10 per cent fetal death rate, a fact acknowledged by its proponents.<sup>21</sup> Other infants were seriously injured, with some sustaining brain damage, another known risk of the process.<sup>22</sup> As well as grossly disrupting the normal course of pregnancy, labour and the postnatal period, the surgery had life altering and life long effects in the vast majority of cases, stressing marital and family relationships, and leaving women unable to work inside or outside the home, or take part in recreational, sports or cultural activities.

**15.** The surgery had an enduring effect on the psychological integrity of those subjected to it. Admitted to hospital as young, healthy women, survivors were discharged traumatised, disabled, in pain and incontinent, effects that continue today almost half a century later. Unable to walk, these young mothers were reliant on others for assistance. They could not understand why they were disabled, why they were unable to care for their children, why they were mentally traumatised, why they were unable to resume sexual relations. Some suffered a nervous breakdown following the surgery. Some women could not bring themselves to have another child post symphysiotomy, so terrifying was the experience of the coercive surgery. Many mothers experienced bonding difficulties: the surgery disrupted the unique early attachment period, and this led in some cases to continuing emotional distancing. For many, the disruption to their sexual lives was permanent and this led, in some cases, to marriage break-up. Depression was, and remains, very common among survivors. Some continue to suffer from claustrophobia, panic attacks, or post-traumatic stress disorder, re-living the experience of forced symphysiotomy in nightmares, flashbacks and intrusive thoughts.

**16.** Women's bodily integrity was equally adversely affected. The surgery deprived women of their ability to walk, a basic bodily function, and generally led to lifelong locomotor difficulties. Many women continue to walk with a limp today and most are effectively unable to ascend or descend a stairway. Some continue to suffer from pelvic instability, and sustain recurring falls. Almost every woman continues to suffer from severe pain in the lower back, sacroiliac joints and pelvic area that is unresponsive to treatment. Some suffered bladder and/or bowel injuries during the surgery and, for very many, urinary incontinence, and, in some cases, bowel incontinence, have been continuing and distressing side effects. In the worst cases, women were left with a fistula that never healed: this led to very severe incontinence, which has led to lives lived in near total social isolation. Uterine prolapse was common: in younger women, this was treated with hysterectomy and induced premature menopause. Some women suffered recurring and lifelong urinary tract infections, while others developed wound or bone infections at the site of the operation, which in some cases became chronic.

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<sup>21</sup> Feeney J K 1956 *Coombe Lying-In Hospital Report* 1956. In Morrissey J K 2004 op cit, 175.

<sup>22</sup> Royal Academy of Medicine in Ireland 1950 op cit, 861. In *ibid*.

### **The absence of a therapeutic purpose**

17. In 2013, the UN Special Rapporteur on Torture found that ‘medical care that causes severe suffering for no justifiable reason can be considered cruel, inhuman or degrading treatment’.<sup>23</sup> Performed prophylactically as it was, the practice of forced symphysiotomy was unjustifiable: it lacked a therapeutic purpose. No one could say whether or not a woman might not have delivered vaginally without it. Victims were denied an opportunity to labour and give birth without being assaulted in the labour ward or in the operating theatre. Symphysiotomy was also performed post Caesarean section: Ireland’s Supreme Court found the operation to be without justification.<sup>24</sup>

### **The unnecessary practice of a harmful operation**

18. Symphysiotomy was introduced into clinical practice and performed routinely in Ireland in the absence of medical necessity. Should a labour become obstructed, Caesarean section, an infinitely safer and normative treatment, was at all material times readily available. The practice of forced symphysiotomy constituted a gross interference with bodily integrity that significantly impaired the exercise of women’s human rights and fundamental freedoms. The operation was not a generally accepted practice in Western medicine in 1944, because it was seen as being unacceptably harmful. Even as a last resort, doctors generally refused to perform it. Until Caesarean section became safe enough to be acceptable, craniotomy, a mutilating operation that decapitated the fetus, was the normative procedure in Europe and the United States to save a woman’s life.<sup>25</sup>

### **Discrimination**

19. The abuses in question here were perpetrated upon women and girls for reasons of discrimination based on sex, in contravention of Art 1 of the Convention Against Torture. Performed without informed consent, as it was, the sectioning of the pelvis in childbirth constituted gender-based violence. These operations were also discriminatory on other grounds: age, health, parity, anatomy and socio-economic status all formed the basis of a deliberate and methodical selection process (see the following para).

### **Deliberate infliction of torture, cruel, inhuman or degrading treatment for a prohibited purpose**

20. The practice of forced symphysiotomy was carried out for a prohibited purpose: involuntary medical experimentation. Half a century after Caesarean section had established itself in the Dublin maternity hospitals, Dr Alex Spain embarked on a mass medical experiment at the National Maternity Hospital aimed at replacing Caesarean section in selected cases with symphysiotomy.<sup>26</sup> Young, healthy women

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<sup>23</sup> Méndez J E 2013 *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E Méndez*. A/HRC/22/53 (2013), para 39. Available on line: [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53\\_English.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf)

<sup>24</sup> *Kearney v McQuillan and North Eastern Health Board* [2012] IESC 43. On line. Available at: <http://www.bailii.org/ie/cases/IESC/2012/S43.html>.

<sup>25</sup> Shorter E 1983 *A History of Women’s Bodies*. Allen Lane London, 81-88; O’Connor M 2011 op cit, 63-64.

<sup>26</sup> Morrissey J K 2004 op cit, 154.



pregnant with their first child were the preferred subjects for this experiment.<sup>27</sup> Some of these abusive surgeries were perpetrated on girls as young as 15 and 17.<sup>28</sup> Within the category of young, healthy, first time mothers, doctors made a further selection. Women whose pelvises were suspected of being slightly too narrow to permit vaginal delivery; or whose pelvic measurements led to a diagnosis of minor to medium disproportion,<sup>29</sup> were selected for surgery that was intended to enforce vaginal delivery. Spain's successor, Dr Arthur Barry, repeatedly urged his colleagues to experiment with symphysiotomy: 'I do not yet know what limits should be placed on the operation ... enlarge the pelvis and the baby's head will fit through'.<sup>30</sup> The effects of the experiment on women, such as urinary incontinence, urinary tract injury or infection, and walking difficulties, were recorded in the hospital's annual clinical reports. Pregnant women, many of them less well off, were used as guinea pigs for twenty years to test a harmful operation for which there was no medical need. Patient consent to symphysiotomy was not seen as a requirement. Challenged by visiting obstetric experts over the non-consensual practice of symphysiotomy, Barry replied: 'surely it will be a sad day for obstetrics when we allow the patient to direct us as to the line of treatment which is best for the case'.<sup>31</sup>

### **A surgical practice whose purpose was social control**

**21.** Dublin's symphysiotomy experiment was impelled by religious, not medical, considerations, an aspect that concerned the UN Committee Against Torture. The performance of postnatal symphysiotomies, in particular, highlighted the fact that social control, not therapeutic treatment, was the specific purpose. Powerful Catholic doctors who subscribed to the natural law viewed women, stereotypically, as vessels for procreation: nine or ten children was seen by them as the ideal family size. Proponents of symphysiotomy, such as Barry, sectioned the pelvis of selected women to surgically ensure childbearing without limitation. The so-called rule of three capped the number of Caesarean sections that could safely be performed on the same woman. C-section, in Barry's view, was a moral hazard that led to birth control, a practice which was prohibited by the Church. In 1954, he told an international Catholic medical conference that Caesarean section encouraged 'the laity in the improper prevention of pregnancy or in seeking its termination' and was 'probably the chief cause ... of the unethical procedure of sterilisation'.<sup>32</sup>

### **Public official involvement in and failure to prevent acts of torture, cruel, inhuman or degrading treatment**

**22.** These operations were performed by doctors working in public institutions that were owned and managed by the State, and in private hospitals and maternity homes under contract to the State to statutorily provide maternity services. The healthcare

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<sup>27</sup> Ibid.

<sup>28</sup> Stuart J J 1960 'Coombe Lying-In Hospital Report 1960'. In *Irish Journal of Medical Science* 1961: 56-7.

<sup>29</sup> Barry A 1954 'Conservatism in Obstetrics.' *Transactions of the Sixth International Congress of Catholic Doctors* John Fleetwood Ed Guild of St Luke SS Cosmas and Damian Dublin, 122-166. In O'Connor M 2011 op cit, 76-77.

<sup>30</sup> Royal Academy of Medicine 'Transactions' 1950 *Irish Journal of Medical Science* 1950: 866.

<sup>31</sup> Royal Academy of Medicine 'Transactions' 1955 *Irish Journal of Medical Science* 1955: 537. In Morrissey J K 2004 op cit, 167-8.

<sup>32</sup> Barry A 1954 op cit, 122-126.

professionals who took part in these operations in public hospitals were salaried State employees. They were aware or should have been aware that the use of local anaesthetic in preference to general anaesthetic (from 1952) added significantly to the quantum of severe physical and mental pain and suffering inflicted by these forced surgeries. These operations were generally conducted by consultant obstetricians or carried out under their direct supervision. Midwives actively participated in these acts of torture, cruel, inhuman or degrading treatment in the labour ward by restraining women physically during the act of surgery, forcing them to walk on their sundered pelvises post operatively, and refusing to give them information about their surgery. Survivors, in consequence, left hospital unaware that they had been operated upon and were denied the opportunity to optimise their recovery.

**23.** Ireland's practice of forced symphysiotomy persisted for four decades. Hospitals that were sites of this abusive surgery were repeatedly accredited for training purposes in obstetrics, nursing and midwifery by State regulatory boards, such as the Medical Council and the Irish Nursing Board. Such regulators failed in their duty to halt the practice of these harmful, unwarranted and involuntary operations.

**24.** Ireland failed in its duty to protect and vindicate the rights of women and girls not to be subjected to these acts of torture, cruel, inhuman, or degrading treatment. From 1934, public health authorities had a non-delegable statutory duty to ensure the health and safety of women in childbirth. Annual clinical reports detailing the practice of forced symphysiotomy were sent to the Irish Department of Health. Despite wide powers of investigation, the State failed to investigate the practice, and to prevent acts of torture, cruel, inhuman or degrading treatment from being committed on territory under its jurisdiction.

#### **The failure of the State to carry out an effective investigation**

**25.** There has been no effective investigation into the practice of symphysiotomy. Notwithstanding three official reports, there has been no independent, impartial or comprehensive inquiry. None of the perpetrators of these non-consensual surgeries have been held to account. Twelve years after the practice had been publicly exposed, following repeated demands for an inquiry from Survivors of Symphysiotomy, the State commissioned a partial and narrow review that lacked independence.<sup>33</sup> Its terms and author were agreed between the Institute of Obstetricians and Gynaecologists—some of whose members had carried out these abusive operations—and the Department of Health.<sup>34</sup> These terms ruled out oral evidence and unpublished data: this excluded written survivor testimony and 99 per cent of hospital records. The Walsh Report justified the general practice of forced symphysiotomy and, ignoring Ireland's 1937 Constitution and the judgment of the Irish Supreme Court<sup>35</sup>, found, wrongly, that patient consent to medical treatment was not then or now (2014) a general legal requirement.<sup>36</sup> Two further reports commissioned by the State relied on this review.

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<sup>33</sup> Walsh O 2014 *Report on Symphysiotomy in Ireland 1944-1984* Department of Health, Dublin. On line. Available at <http://health.gov.ie/wp-content/uploads/2014/07/Final-Final-walsh-Report-on-Symphysiotomy1.pdf>

<sup>34</sup> Dr Jennifer Martin Deputy Chief Medical Officer 2011 Email to Mr Tom Moran et al 12 May.

<sup>35</sup> Daniels v. Heskin [1954] IR 73.

<sup>36</sup> Walsh O 2014 op cit, 70.

26. The second government-commissioned report was tasked solely with calculating the financial advantage to the State of introducing redress versus defending some 180 symphysiotomy actions then being taken by the victims. The Murphy Report concluded that an ex gratia redress scheme would save the government approximately €60 million.<sup>37</sup>

27. The third official report was expected to consider the workings of the government payment scheme. Instead, the Harding Clark Report, exceeding the scheme's terms of reference, devoted some 600 pages to justifying the practice of forced symphysiotomy, an operation the report presented as safe and appropriate. Less than 100 pages of text were devoted to the scheme's assessment process, much of it subjective and anecdotal.<sup>38</sup> The report was dismissive about the issue of patient consent and the findings of UN treaty bodies. It made a number of derogatory comments about the applicants to the scheme and was widely criticised by human rights defenders, including the Human Rights Commissioner of the Council of Europe.<sup>39</sup> The Harding Clark Report caused immense distress to survivors and, in particular, to elderly women who had applied to the scheme in good faith and who were unable to access the medical records, many of them going back half a century, that were required by the scheme as proof of surgery.

### **The failure of the State to provide adequate restitution**

28. The government's ex gratia payment scheme was introduced without any admission of wrongdoing. The scheme therefore failed to meet the criterion for an effective remedy.<sup>40</sup> Victims living outside the Irish jurisdiction were effectively denied access to restitution: the scheme closed after 20 days, a time limit without precedent in Ireland for such administrative arrangements. Contrary to the recommendations made by UN treaty bodies, individualised assessment was out ruled. A single assessor was given sole discretion, unfettered by independent oversight or a right of appeal. Women were silenced: the scheme's terms excluded oral evidence and written survivor testimony was generally ignored. Independent medical reports were similarly discounted. The scheme's insistence on medical records, mostly unobtainable after half a century, led to further grave injustices. These were compounded by the scheme's reliance on proofs of surgery and disability that were known to be invalid. Modern x-rays were used to assess claims related to acts of surgery carried out some forty to fifty years previously.<sup>41</sup> These images were used to

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<sup>37</sup> Murphy Y 2014 *Independent Review of Issues relating to Symphysiotomy* Department of Health, Dublin, 50.

<sup>38</sup> Harding Clark M 2016 *The Surgical Symphysiotomy Ex Gratia Payment Scheme*. Department of Health, Dublin. The main report is available on line at: <http://health.gov.ie/wp-content/uploads/2016/11/The-Surgical-Symphysiotomy-Ex-Gratia- Payment-Scheme-Report.pdf>.

<sup>39</sup> Muiznieks N 2017 *Report by Nils Muiznieks Commissioner for Human Rights of the Council of Europe following his visit to Ireland 22-25 November 2016*. Council of Europe, 33, para 178, and 34, para 186. Available on line: <https://rm.coe.int/report-on-the-visit-to-ireland-from-22-to-25-november-2016-by-nils-mui/16807bcf0e>.

<sup>40</sup> O'Keeffe -v- Ireland [2014] 35810/09 Available at <https://rm.coe.int/16805a32bb>

<sup>41</sup> The images submitted by applicants were all 'relatively recent', while the images sourced by the scheme were limited to 'the late 2000s'. Lawler L 2016 *Symphysiotomy and pubiotomy review - an imaging perspective* Appendix 1, 3-4. Available on line: <https://health.gov.ie/wp-content/uploads/2016/11/Appendix-I-Review-by-Prof-Leo-Lawler.pdf>.

rule out prior symphysiotomy,<sup>42</sup> although the scheme had previously established that recent x-rays could not be relied upon for this purpose. Many applicants, whose medical notes recorded the performance of symphysiotomy, were found, wrongly, to have ‘no evidence’ of the operation, based on an initial blind reading of their modern x-rays by readers unaware of the existence of these proofs of surgery. Notwithstanding this difficulty, the scheme continued to use these latter day images for assessment purposes, including as ‘a diagnostic tool’ to accept–or reject–claims of significant disability (which attracted an additional payment of €50,000).<sup>43</sup> Partly as a result of this approach, some 200 women—almost one third of the total number who applied—were denied entrance to the scheme, while most successful applicants received only the minimum payment of €50,000, a small fraction of the court awards made in symphysiotomy cases. Payment was conditional on a waiver abrogating victims’ legal rights, ‘holding harmless’ those responsible for these abusive surgeries and indemnifying private actors and entities, such as religious congregations, as well as public bodies and officials as a condition of payment. The waiver was criticised by human rights bodies such as the Irish Human Rights and Equality Commission, the Irish Council for Civil Liberties and the Human Rights Commissioner of the Council of Europe.

### **The failure of the State to guarantee rehabilitation**

**29.** While the State undertook to provide victims with health and social care free of charge, this undertaking has never been enshrined in statute and remains discretionary. The consequence of the State’s failure to guarantee rehabilitation is becoming increasingly evident as access to public health and social services diminishes. Most survivors today are obliged to pay privately or forego care.

### **Conclusions and recommendations of international human rights bodies**

**30.** Ireland’s failure to provide an effective remedy to survivors of symphysiotomy has been censured by international human rights bodies. In 2014, the UN Human Rights Committee, citing Articles 2 and 7 of the International Covenant on Civil and Political Rights, expressed concern that symphysiotomy had been performed on some 1,500 women ‘without their free and informed consent’,<sup>44</sup> and that the State had failed to undertake an effective investigation, and to provide adequate restitution for the damage sustained. The Committee called upon Ireland to undertake an effective inquiry, ‘prosecute and punish the perpetrators, including medical personnel’, and provide survivors with an effective remedy, ‘including fair and adequate compensation and rehabilitation, on an individualized basis’.<sup>45</sup> Similar findings and recommendations were made by the CEDAW Committee in February 2017. That Committee concluded that the State had failed to implement the UNHRC recommendations, and that ‘no effort has been made to establish an independent investigation to identify, prosecute and punish the perpetrators who performed the medical procedure of symphysiotomy without the consent of women’.<sup>46</sup> The UN Committee Against Torture reiterated calls for an independent inquiry in August 2017. In its concluding observations, UNCAT called for ‘an impartial, thorough

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<sup>42</sup> Harding Clark M 2016 op cit, 46, para 102.

<sup>43</sup> Harding Clark M 2016 op cit, 47-48, paras 105-106.

<sup>44</sup> UN Human Rights Committee 2014 op cit, 4, para 11.

<sup>45</sup> Ibid.

<sup>46</sup> Committee on the Elimination of Discrimination Against Women 2017 op cit, 3-4, paras 14-15.

investigation into the cases of women who have been subjected to symphysiotomy, ensure that criminal proceedings are initiated with respect to any perpetrators of violations of the Convention, and ensure that survivors of symphysiotomy obtain redress, including compensation and rehabilitation, determined on an individual basis'.<sup>47</sup>

**31.** The Human Rights Commissioner of the Council of Europe also reached similar conclusions in 2017. Referring to the three State-commissioned reports on symphysiotomy, Mr Nils Muiznieks found that 'the first report could not be considered as independent, an important shortcoming given that the two ensuing reports relied heavily on its findings'.<sup>48</sup> The Commissioner found the Harding Clark Report to be problematic in tone and in content, and in its attitude to survivors. Mr Muiznieks highlighted particular inadequacies of the government payment scheme, such as its *ex gratia* nature, which admitted 'no wrongdoing or liability', the 20-day time period laid down for applications, the level of compensation, which was 'considered to be very low compared to the level of abuse endured', and the legal waiver which was a condition of payment.<sup>49</sup>

### **Access to justice**

**32.** Many survivors commenced legal action in 2002, and these actions provided the impetus for the State payment scheme introduced in 2014. Ireland's stringent law on limitations was (and remains) a significant barrier to justice, however. The government stymied a Private Members' Bill in 2013 that proposed to set aside the law on limitations for survivors for one year, refused the offer of a collective settlement and subsequently introduced its own payment scheme.

**33.** In recent years, the State has used its vast resources to defend symphysiotomy actions in the courts to the hilt, pitting itself against elderly women of slender means. Free legal aid is not generally available in civil cases. Costs have also been awarded against unsuccessful plaintiffs. A case involving an antenatal symphysiotomy performed in 1963, twelve days before the onset of labour, was defeated in 2016: the fact that costs were awarded by the Court of Appeal against the septuagenarian pensioner gave rise to widespread concern within the human rights community.<sup>50</sup>

**34.** Concern has also been expressed about the onerous burden of proof in these cases, including by the Human Rights Commissioner of the Council of Europe.<sup>51</sup> In *Kearney -v- McQuillan and North Eastern Health Board*, Ireland's Supreme Court ruled that the plaintiff was required to show that her symphysiotomy could not have been justified under any circumstances.<sup>52</sup> This set an inordinately high threshold not only for the case in question but for all subsequent symphysiotomy actions. The judges also ruled that the issue of consent could not be tried, because the doctors were deceased. So the issue at the heart of these human rights violations, namely, consent to medical treatment, cannot be ventilated in the Irish courts. Finally, justice delayed

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<sup>47</sup> Committee against Torture 2017 *op cit*, 10, paras 29-30.

<sup>48</sup> Muiznieks N 2017 *op cit*, 32, para 172.

<sup>49</sup> Muiznieks N 2017 *op cit*, 34, paras 184-187.

<sup>50</sup> Farrell -v- Ryan [2015] IEHC 275.

<sup>51</sup> Muiznieks N 2017 *op cit*, 34, para 187.

<sup>52</sup> *Kearney -v- McQuillan and North Eastern Health Board* 2012 *op cit*.

is justice denied. The Kearney case took eight years to conclude. For litigants in their 70s and 80s, such a time frame offers no realistic prospect of justice.

### **Continuing mistreatment and violence in reproductive healthcare**

**35.** Involuntary sterilisations were carried out side by side with forced symphysiotomies in one hospital in the north-east of Ireland. These abuses occurred in a private Catholic hospital owned and managed by the Medical Missionaries of Mary, the International Missionary Training Centre, Drogheda. Consultant obstetricians at the hospital's small maternity unit removed the reproductive organs of 188 women, generally following Caesarean section, without their knowledge or consent and in the absence of clinical need. These harmful and unnecessary operations—officially termed ‘peripartum hysterectomies’<sup>53</sup>—were allowed to continue unchecked from 1974-1998. During this period, State regulatory boards repeatedly accredited the maternity unit for training in obstetrics, nursing and midwifery.

**36.** Gender-based violence and mistreatment in maternity care appears to be endemic in Ireland. Cases of mistreatment and violence against women in obstetric units and maternity hospitals have been widely reported. Consent issues have been highlighted in national surveys run by the Association for Improvements in the Maternity Services Ireland. Just half of all respondents who gave birth in Ireland from 2010-2014 stated that they were given an opportunity to refuse tests, procedures or treatments during childbirth.<sup>54</sup> A recent programme aired on RTE, the national broadcaster, attracted over 1,000 complaints from women alleging abuse in Irish maternity hospitals and units.<sup>55</sup> The Health Service Executive later apologised to the women who complained.

### **Healthcare policy and practice**

**37.** Ireland continues to substantively ignore such findings and such complaints. No known policies are in place to guide health care practitioners' responses to violence against women, nor are there any practices laid down to protect women's human rights in reproductive healthcare. On the contrary, hospital policy and practice in maternity care continues to foster a culture of coercion. Rooted in patriarchy, misogyny and clericalism, this paternalistic culture stems from the role of the Catholic Church in Ireland, historically, in providing hospital-based care, and from a quasi-militaristic command and control nursing culture.

**38.** Ireland's system of maternity care is based on the ‘active management’ of women in labour, an obstetric blueprint for accelerating labour that assumes patient consent. Amniotomy, an invasive procedure that ruptures the waters surrounding the baby in the uterus, is performed on admission to the labour ward, while intravenous

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<sup>53</sup> Harding Clark M 2006 *The Lourdes Hospital Inquiry An Inquiry into peripartum hysterectomy at Our Lady of Lourdes Hospital, Drogheda Report of Judge Maureen Harding Clark SC*. Available on line: <https://health.gov.ie/wp-content/uploads/2014/05/lourdes.pdf>

<sup>54</sup> Association for Improvements in the Maternity Services in Ireland 2014. *What Matters to You? 2014 Report on Consent in the Irish Maternity System*. The total number of respondents to this on line survey was 2,836. Available on line. <http://aimsireland.ie/what-matters-to-you-survey-2015/womens-experiences-of-consent-in-the-irish-maternity-services/>.

<sup>55</sup> *Liveline* 2019. RTE Radio 1. Available on line: <https://www.rte.ie/radio1/liveline/programmes/2019/0405/1040937-liveline-friday-5-april-2019/>

syntocinon<sup>56</sup> ensures that a woman's cervix will dilate at the required rate of one cm per hour. Under this coercive policy, efficiency, productivity and turnover take precedence over women's rights to self-determination, bodily integrity and human dignity. UN treaty bodies have condemned Ireland's policy of having three births per 24 hours for every bed in maternity wards. In its concluding observations in 2017, the CEDAW expressed concern that childbirth was reportedly 'highly medicalized and dependent on the use of artificial methods to accelerate the process such that women are made to deliver babies within 8 hours of hospitalization'. The Committee called on the State to introduce a programme that respects the natural birth process, to enable women to access maternity services without being subjected to artificial methods of accelerating births.<sup>57</sup>

### **Consent during pregnancy**

**39.** The Irish Constitution gave the fetus equal rights with its mother from 1983 until 2018, when the Eighth Amendment was repealed by referendum. The former constitutional protection for the fetus contributed significantly to a culture of coercion. The Eighth Amendment was routinely invoked in applications made to the High Court by the authorities. Such applications, often led by consultant obstetricians, were aimed at compelling women to submit to unwanted medical intervention and these applications were generally successful.

**40.** Weak and inadequate consent mechanisms in reproductive health care persist, however. The national consent policy continues to assert, wrongly, that 'because of the constitutional (sic) provisions on the right to life of the "unborn", there is significant legal uncertainty regarding the extent of a pregnant woman's right to refuse treatment in circumstances in which the refusal would put the life of a viable foetus at serious risk'.<sup>58</sup> In response to a query (from the author) as to whether or not the national consent policy had or would now be reviewed following the repeal of the Eighth Amendment in April 2018, the Health Service Executive stated that this required 'detailed legal consideration'.<sup>59</sup> The reply came from the HSE's National Assisted Decision Making Office, suggesting that, in the official view, pregnant women lack the legal capacity to make decisions about their medical treatment.

### **Accountability mechanisms**

**41.** Regulatory mechanisms are weak and hospital governance inadequate in a system that is dominated by 'voluntary' hospitals: private, mainly Catholic, entities funded by the State to provide health care, including in reproductive health. There is no State inspectorate of maternity care in Ireland, and hospital licensing has yet to be introduced. Accountability also requires access to information. The Dublin maternity hospitals—where half of Ireland's births take place—were exempt from the Freedom of Information Act until 2003, while the exemption for State boards, such as the Nurses and Midwives Board, continued until 2006.

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<sup>56</sup> A synthetic form of the hormone oxytocin.

<sup>57</sup> CEDAW 2017 op cit, 12-13, paras 44-45.

<sup>58</sup> Health Service Executive *National Consent Policy* Health Service Executive, Dublin, 41: 7.7.1 Refusal of Treatment in Pregnancy. Last accessed 26 April 2019, but not currently available on line: [http://www.hse.ie/eng/services/list/3/nas/news/National\\_Consent\\_Policy.pdf](http://www.hse.ie/eng/services/list/3/nas/news/National_Consent_Policy.pdf)

<sup>59</sup> Tighe M. 2019 Health Service Executive National Assisted Decision Making Office. Email to the author 2 May.

42. Complaints may be directed to the Medical Council, a statutory body whose record of investigation is poor. Complaints involving non-consensual treatment or assault may be filed with the police, but such recourse has never brought known results. A High Court personal injury case taken in 2014 over the performance of an amniotomy alleged to be unnecessary and non-consensual failed. The judge emphasised the routine nature of the intervention and stated that ‘she [the midwife] was the person entitled, authorised and qualified to make the decision’.<sup>60</sup>

43. One independent accountability mechanism is in place to ensure redress for victims of mistreatment and violence in reproductive health care in Ireland. Apart from maladministration, the Ombudsman (as the office is termed) is empowered to address failures to seek informed consent to medical procedures and to respect a person’s privacy and dignity, if these complaints relate to medical treatment that is publicly funded.<sup>61</sup>

### **Reparations**

44. Apart from the forced sterilisations at the International Missionary Training Centre, Drogheda, no known cases of mistreatment and violence in reproductive health care have led to financial compensation, acknowledgement of wrongdoing or guarantees of non-reoccurrence.

### **Conclusion**

45. The practice of forced symphysiotomy is arguably one of the greatest crimes to have been perpetrated against women in reproductive health care over the last century. The State’s failure to mount an effective inquiry into the practice has enabled Ireland’s coercive culture of reproductive health care, which is underpinned by an industrial model of maternity care and an ambiguous national consent policy, to grow unchecked. If women’s human rights in reproductive health care to self determination, autonomy and human dignity are to be respected, new policies and practices that respect these rights during childbirth are required.

Marie O’Connor  
Chairperson Survivors of Symphysiotomy

17 May 2019

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<sup>60</sup> Hamilton -v- Health Service Executive [2014] IEHC 393. Available on line: see <http://www.courts.ie>.

<sup>61</sup> The Ombudsman and *The Ombudsman and Public Hospitals*. Available on line: <https://www.ombudsman.ie/publications/information-leaflets/public-hospitals/>