



Number 35 of 2013

Protection of Life During Pregnancy Act 2013



Number 35 of 2013

PROTECTION OF LIFE DURING PREGNANCY ACT 2013

CONTENTS

PART 1

PRELIMINARY AND GENERAL

SECTION

1. Short title and commencement
2. Interpretation
3. Appropriate institutions for purposes of Act
4. Regulations
5. Repeals
6. Expenses

PART 2

MEDICAL PROCEDURES LAWFUL UNDER ACT

CHAPTER 1

Risk of loss of life of pregnant woman

7. Risk of loss of life from physical illness
8. Risk of loss of life from physical illness in emergency
9. Risk of loss of life from suicide

CHAPTER 2

Reviews

10. Application for review of medical opinion
11. Establishment of review panel, etc.
12. Establishment of review committee, etc.
13. Review of relevant decision
14. Procedures of review committee
15. Report by Executive on operation of Chapter

PART 3

MISCELLANEOUS

16. Consent
17. Conscientious objection
18. Travel and information
19. Certification
20. Notifications
21. Amendment of section 9 of Health Act 2007
22. Destruction of unborn human life
23. Offence by body corporate

SCHEDULE

APPROPRIATE INSTITUTIONS

ACTS REFERRED TO

Health Act 2004 (No. 42)

Health Act 2007 (No. 23)

Medical Practitioners Act 2007 (No. 25)

Mental Health Act 2001 (No. 25)

Nurses and Midwives Act 2011 (No. 41)

Offences Against the Person Act 1861 (24 & 25 Vict., c.100)

[No. 35.]

Protection of Life During Pregnancy Act 2013.

[2013.]



Number 35 of 2013

PROTECTION OF LIFE DURING PREGNANCY ACT 2013

An Act to protect human life during pregnancy; to make provision for reviews at the instigation of a pregnant woman of certain medical opinions given in respect of pregnancy; to provide for an offence of intentional destruction of unborn human life; to amend the Health Act 2007; to repeal sections 58 and 59 of the Offences Against the Person Act 1861; and to provide for matters connected therewith. [30th July, 2013]

Be it enacted by the Oireachtas as follows:

PART 1

PRELIMINARY AND GENERAL

Short title and commencement

1. (1) This Act may be cited as the Protection of Life During Pregnancy Act 2013.
- (2) This Act shall come into operation on such day or days as the Minister may appoint by order or orders either generally or with reference to any particular purpose or provision and different days may be so appointed for different purposes or provisions.

Interpretation

2. (1) In this Act—
 - “Act of 2007” means the Medical Practitioners Act 2007;
 - “Act of 2011” means the Nurses and Midwives Act 2011;
 - “appropriate institution” means—
 - (a) an institution that is specified in the *Schedule*, or
 - (b) an institution that is specified in an order under *section 3*;
 - “approved centre” has the meaning it has in section 63 of the Mental Health Act 2001;
 - “certification” means a *section 7* certification, *section 8* certification, *section 9* certification or *section 13* certification, and includes a copy of any such certification;
 - “certifying obstetrician”, in relation to a certification, means the obstetrician who made the certification;

“Executive” means the Health Service Executive;

“general practitioner”, in relation to a pregnant woman, means a medical practitioner who provides a general practitioner medical service to the pregnant woman;

“medical practitioner” means a medical practitioner who is for the time being registered in the register;

“medical procedure” includes the prescribing, by a medical practitioner, of any drug or medical treatment;

“medical speciality” means a medical speciality recognised by the Medical Council under section 89 of the Act of 2007;

“mental health services” has the meaning it has in the Mental Health Act 2001;

“midwife” means a person whose name is for the time being registered in the midwives division of the register of nurses and midwives established under section 46 of the Act of 2011;

“Minister” means the Minister for Health;

“nurse” means a person whose name is for the time being registered in the nurses division of the register of nurses and midwives established under section 46 of the Act of 2011;

“obstetrician” means an obstetrician and gynaecologist;

“obstetrician and gynaecologist” means a medical practitioner who is registered in the Specialist Division of the register under the medical speciality of “Obstetrics and Gynaecology”;

“pregnant woman”, in relation to a review, means the pregnant woman to whom the review relates;

“prescribed” means prescribed by regulations made under *section 4*;

“psychiatrist” means a medical practitioner who is registered in the Specialist Division of the register under a medical speciality of “Psychiatry”;

“register” means the register of medical practitioners established under section 43 of the Act of 2007;

“relevant decision” shall be construed in accordance with *section 10*;

“relevant speciality”, in relation to a medical practitioner and his or her assessment of the risk of the loss of a pregnant woman’s life, means a medical speciality—

- (a) in respect of which the medical practitioner is registered in the Specialist Division of the register, and
- (b) relevant to the care or treatment of the physical illness in respect of which the risk of such loss arises;

“review” means a review under *section 13* of a relevant decision;

“review committee”, in relation to a relevant decision, means the committee

established under *section 12(1)* to review that decision;

“review panel” means the panel established under *section 11(1)*;

“*section 7* certification” means a certification referred to in *section 7(1)(a)*;

“*section 8* certification” means a certification referred to in *section 8(2)*;

“*section 9* certification” means a certification referred to in *section 9(1)(a)*;

“*section 13* certification” means a certification referred to in *section 13(3)*;

“unborn”, in relation to a human life, is a reference to such a life during the period of time commencing after implantation in the womb of a woman and ending on the complete emergence of the life from the body of the woman;

“woman” means a female person of any age.

(2) A *section 13* certification shall be deemed to be—

(a) a *section 7* certification where *section 12(2)* applies, and

(b) a *section 9* certification where *section 12(3)* applies,

and the other provisions of this Act shall be construed accordingly.

(3) A reference in this Act to physical illness includes a reference to a physical injury but does not include a reference to suicide.

Appropriate institutions for purposes of Act

3. (1) The Minister may by order, where he or she thinks it appropriate for the purposes of this Act, specify any institution managed by the Executive, or by another person pursuant to an arrangement entered into under section 38 of the Health Act 2004—

(a) at which in-patient services are provided under the direction of medical practitioners from not less than 3 medical specialities and which is wholly or partly used for the care and treatment of women in relation to any one or more of the following:

(i) pregnancy;

(ii) childbirth;

(iii) post-partum care,

or

(b) at which in-patient services (including intensive and critical care services) are provided under the direction of medical practitioners from not less than 7 medical specialities,

and any institution so specified shall be an appropriate institution for the purposes of this Act.

(2) Every order made by the Minister under this Act shall be laid before each House of the Oireachtas as soon as may be after it is made and, if a resolution annulling the

order is passed by either such House within the next 21 days on which that House sits after the order is laid before it, the order shall be annulled accordingly, but without prejudice to the validity of anything previously done thereunder.

Regulations

4. (1) The Minister may by regulations provide—
- (a) for any matter referred to in this Act as prescribed, or
 - (b) for any matter that appears to the Minister to be necessary or expedient for bringing this Act into operation.
- (2) Without prejudice to any provisions of this Act, regulations under this section may contain such incidental, supplementary and consequential provisions as appear to the Minister to be necessary or expedient for the purposes of the regulations.
- (3) Every regulation made by the Minister under this Act shall be laid before each House of the Oireachtas as soon as may be after it is made and, if a resolution annulling the regulation is passed by either such House within the next 21 days on which that House sits after the regulation is laid before it, the regulation shall be annulled accordingly, but without prejudice to the validity of anything previously done thereunder.

Repeals

5. Sections 58 and 59 of the Offences Against the Person Act 1861 are hereby repealed.

Expenses

6. The expenses incurred by the Minister in the administration of this Act shall, to such extent as may be sanctioned by the Minister for Public Expenditure and Reform, be paid out of moneys provided by the Oireachtas.

PART 2

MEDICAL PROCEDURES LAWFUL UNDER ACT

CHAPTER 1

Risk of loss of life of pregnant woman

Risk of loss of life from physical illness

7. (1) It shall be lawful to carry out a medical procedure in respect of a pregnant woman in accordance with this section in the course of which, or as a result of which, an unborn human life is ended where—
- (a) subject to *section 19*, two medical practitioners, having examined the pregnant woman, have jointly certified in good faith that—

- (i) there is a real and substantial risk of loss of the woman's life from a physical illness, and
 - (ii) in their reasonable opinion (being an opinion formed in good faith which has regard to the need to preserve unborn human life as far as practicable) that risk can only be averted by carrying out the medical procedure,
 - and
 - (b) that medical procedure is carried out by an obstetrician at an appropriate institution.
- (2) Of the 2 medical practitioners referred to in *subsection (1)(a)*—
- (a) one shall be an obstetrician who practises as such at an appropriate institution, and
 - (b) the other shall be a medical practitioner of a relevant speciality.
- (3) If practicable, at least one of the medical practitioners referred to in *subsection (1)(a)* shall, with the pregnant woman's agreement, consult with the woman's general practitioner (if any) for the purposes of obtaining information in respect of the woman from that general practitioner that may assist the medical practitioners in their decision as to whether or not to make a *section 7* certification in respect of the woman.
- (4) Subject to *section 19*, the certifying obstetrician shall—
- (a) forward, or cause to be forwarded, the *section 7* certification to an appropriate institution, and
 - (b) make such arrangements as may be necessary for the carrying out of the medical procedure to which the *section 7* certification relates at the appropriate institution.

Risk of loss of life from physical illness in emergency

8. (1) Notwithstanding the generality of *section 7*, or any determination made or pending pursuant to *section 13* of an application under *section 10(2)*, it shall be lawful to carry out a medical procedure in respect of a pregnant woman in accordance with this section in the course of which, or as a result of which, an unborn human life is ended where—
- (a) a medical practitioner, having examined the pregnant woman, believes in good faith that there is an immediate risk of loss of the woman's life from a physical illness,
 - (b) the medical procedure is, in his or her reasonable opinion (being an opinion formed in good faith which has regard to the need to preserve unborn human life as far as practicable) immediately necessary in order to save the life of the woman, and
 - (c) the medical procedure is carried out by the medical practitioner.

- (2) Subject to *section 19*, where a medical practitioner—
 - (a) subject to *paragraph (b)*, proposes to carry out a medical procedure referred to in *subsection (1)*, he or she shall, before carrying out the medical procedure, certify the matters referred to in *subsection (1)(a)* and *(b)*,
 - (b) proposes to carry out the medical procedure without first making such certification because it is not practicable to do so, he or she shall make such certification as soon as may be but, in any event, not later than 72 hours after carrying out the medical procedure.

Risk of loss of life from suicide

9. (1) It shall be lawful to carry out a medical procedure in respect of a pregnant woman in accordance with this section in the course of which, or as a result of which, an unborn human life is ended where—
- (a) subject to *section 19*, three medical practitioners, having examined the pregnant woman, have jointly certified in good faith that—
 - (i) there is a real and substantial risk of loss of the woman's life by way of suicide, and
 - (ii) in their reasonable opinion (being an opinion formed in good faith which has regard to the need to preserve unborn human life as far as practicable) that risk can only be averted by carrying out the medical procedure,and
 - (b) that medical procedure is carried out by an obstetrician at an appropriate institution.
- (2) Of the 3 medical practitioners referred to in *subsection (1)(a)*—
- (a) one shall be an obstetrician who practises as such at an appropriate institution,
 - (b) one shall be a psychiatrist who practises as such at an appropriate institution, and
 - (c) one shall be a psychiatrist who practises as such—
 - (i) at an approved centre, or
 - (ii) for, or on behalf of, the Executive,or both.
- (3) Of the 2 psychiatrists referred to in *subsection (2)*, at least one shall be a psychiatrist who provides, or who has provided, mental health services to women in respect of pregnancy, childbirth or post-partum care.
- (4) If practicable, at least one of the medical practitioners referred to in *subsection (1)(a)* shall, with the pregnant woman's agreement, consult with the woman's general practitioner (if any) for the purposes of obtaining information in respect of the woman from that general practitioner that may assist the medical practitioners in their decision as to whether or not to make a *section 9* certification in respect of the

woman.

- (5) Subject to *section 19*, the certifying obstetrician shall—
- (a) forward, or cause to be forwarded, the *section 9* certification to an appropriate institution, and
 - (b) make such arrangements as may be necessary for the carrying out of the medical procedure to which the *section 9* certification relates at the appropriate institution.

CHAPTER 2

Reviews

Application for review of medical opinion

- 10.** (1) Where a medical practitioner, who has been requested to give an opinion in respect of a pregnant woman in the circumstances referred to in *section 7(1)* or *9(1)*—
- (a) does not give an opinion, or
 - (b) gives an opinion but not such as would be required for the purposes of a *section 7* certification or *section 9* certification, as the case may be,
- (in this Act referred to as a “relevant decision”) he or she shall inform the woman in writing that she may make an application in accordance with *subsection (2)* to review the relevant decision.
- (2) A pregnant woman, or a person acting on her behalf, may make an application in the prescribed form and manner to the Executive for a review of a relevant decision.

Establishment of review panel, etc.

- 11.** (1) Subject to *subsection (2)*, the Executive shall establish and maintain a panel consisting of at least 10 medical practitioners appointed for such term and on such conditions as the Executive determines.
- (2) The membership of the review panel shall consist only of medical practitioners and the Executive shall revoke the appointment of a member of the panel who ceases to be a medical practitioner.
- (3) The Executive shall, in addition to appointing medical practitioners duly identified by it for appointment to the review panel, request—
- (a) the Institute of Obstetricians and Gynaecologists,
 - (b) the College of Psychiatrists of Ireland,
 - (c) the Royal College of Surgeons in Ireland, and
 - (d) the Royal College of Physicians of Ireland,
- to nominate medical practitioners for appointment to the panel.

- (4) The Executive may, if it considers it appropriate to do so, appoint to the review panel one or more of the medical practitioners nominated under *subsection (3)*.

Establishment of review committee, etc.

12. (1) As soon as may be but, in any event, not later than 3 days from the date on which it receives an application under *section 10(2)*, the Executive shall establish and convene (or cause to be convened) a committee, the membership of which shall, subject to *subsections (2) to (5)*, be drawn from the review panel, to review the relevant decision that is the subject of the application.
- (2) In the case of a relevant decision which relates to the circumstances referred to in *section 7(1)*, the review committee shall consist of—
 - (a) an obstetrician who practises as such at an appropriate institution, and
 - (b) a medical practitioner of a relevant speciality.
- (3) In the case of a relevant decision which relates to the circumstances referred to in *section 9(1)*, the review committee shall consist of—
 - (a) an obstetrician who practises as such at an appropriate institution,
 - (b) a psychiatrist who practises as such at an appropriate institution, and
 - (c) a psychiatrist who practises as such—
 - (i) at an approved centre, or
 - (ii) for, or on behalf of, the Executive,or both.
- (4) Of the 2 psychiatrists referred to in *subsection (3)*, at least one shall be a psychiatrist who provides, or who has provided, mental health services to women in respect of pregnancy, childbirth or post-partum care.
- (5) A medical practitioner shall be disqualified from sitting on the review committee where he or she has previously been consulted by the pregnant woman in relation to the matter that is the subject of the relevant decision to be reviewed by the committee.
- (6) For the purposes of this Chapter, a relevant decision which falls within *paragraph (a)* of *section 10(1)* shall be treated as if it were a refusal to give an opinion such as would be required for the purposes of a *section 7* certification (where the circumstances referred to in *section 7(1)* apply) or a *section 9* certification (where the circumstances referred to in *section 9(1)* apply).

Review of relevant decision

13. (1) The review committee shall complete its review of a relevant decision as soon as may be but, in any event, not later than 7 days from the date on which the review committee was established and convened under *section 12(1)*.
- (2) The review committee shall, for the purposes of reaching a determination on its

review of the relevant decision, examine the pregnant woman.

- (3) Where the review committee has completed its review of the relevant decision and is satisfied in good faith that—

- (a) there is a real and substantial risk of loss of the pregnant woman's life from a physical illness or by way of suicide, as the case may be, and
- (b) in its reasonable opinion (being an opinion formed in good faith which has regard to the need to preserve unborn human life as far as practicable) that risk can only be averted by carrying out a medical procedure referred to in *section 7(1)* or *9(1)*, as the case may be,

the committee shall, subject to *section 19*, jointly certify that it is so satisfied and, as soon as may be, give notice in writing of its determination to the woman (or, if the application under *section 10(2)* concerned was made by another person on behalf of the woman, to that other person) and the Executive.

- (4) Where the review committee has completed its review of the relevant decision and is not satisfied as referred to in *subsection (3)*, it shall, as soon as may be, give notice in writing of its determination to the pregnant woman (or, if the application under *section 10(2)* concerned was made by another person on behalf of the woman, to that other person) and the Executive.

- (5) Subject to *section 19*, the certifying obstetrician shall—

- (a) forward, or cause to be forwarded, the *section 13* certification to an appropriate institution, and
- (b) make such arrangements as may be necessary for the carrying out of the medical procedure to which the *section 13* certification relates at the appropriate institution.

- (6) In *subsection (3)* “jointly certify”, in relation to the review committee, means that all of the members of the committee make the *section 13* certification concerned.

Procedures of review committee

14. (1) The pregnant woman shall be entitled to be heard by the review committee and, where the woman or a person acting on her behalf informs the committee that she wishes to be heard, the committee shall make such arrangements as may be necessary in order to hear the woman or a person acting on her behalf.
- (2) The review committee may, for the purposes of its review of a relevant decision, by direction in writing require a medical practitioner or former medical practitioner, at such time and place as may be specified in the direction—
- (a) to produce to the committee such documents or other records in his or her possession or control as may be so specified, or
 - (b) to attend before the committee and to give to the committee such assistance and answer such questions as it may require.
- (3) The review committee may, subject to the provisions of this Act, determine its own

procedures.

- (4) The Executive shall provide, or arrange for the provision of, such administrative facilities as may be necessary to enable the review committee to perform its functions.
- (5) A member of the review committee shall be paid by the Executive out of funds at its disposal such remuneration and such allowances for expenses as the Minister may, with the approval of the Minister for Public Expenditure and Reform, determine.
- (6) A person who attends the review committee pursuant to a direction under *subsection (2)* shall be paid by the Executive out of funds at its disposal such remuneration and such allowances for expenses as the Minister may, with the approval of the Minister for Public Expenditure and Reform, determine.
- (7) A person who fails to comply with a direction under *subsection (2)* shall be guilty of an offence and shall be liable on summary conviction to a class C fine.
- (8) Summary proceedings for an offence under *subsection (7)* may be brought and prosecuted by the Executive.

Report by Executive on operation of Chapter

- 15.** (1) The Executive shall, not later than 30 June in each year, prepare and submit to the Minister a report on the operation of this Chapter in the immediately preceding year, and the Minister shall, as soon as may be after receiving the report, cause copies of the report to be laid before each House of the Oireachtas.
- (2) Notwithstanding the generality of *subsection (1)*, a report under this section shall, in respect of the year that is the subject of the report, include information on—
- (a) the total number of applications for review received by the Executive,
 - (b) the number of reviews carried out,
 - (c) in the case of the reviews carried out, the reason why the review was sought, and
 - (d) the outcome of the reviews.
- (3) In preparing a report under this section, the Executive shall exclude from the report information that identifies, or that could reasonably lead to the identification of—
- (a) a woman who has made an application under *section 10(2)* or in respect of whom such an application has been made by a person acting on her behalf, or
 - (b) a medical practitioner who has carried out a review.
- (4) The Executive shall arrange for a report laid before both Houses of the Oireachtas in accordance with *subsection (1)* to be published in such form and manner as it thinks appropriate as soon as practicable after copies of the report are so laid.

PART 3

MISCELLANEOUS

Consent

16. Nothing in this Act shall operate to affect any enactment or rule of law relating to consent to medical treatment.

Conscientious objection

17. (1) Subject to *subsections (2) and (3)*, nothing in this Act shall be construed as obliging any medical practitioner, nurse or midwife to carry out, or to assist in carrying out, any medical procedure referred to in *section 7(1) or 9(1)* to which he or she has a conscientious objection.
- (2) *Subsection (1)* shall not be construed to affect any duty to participate in any medical procedure referred to in *section 8(1)*.
- (3) A person who has a conscientious objection referred to in *subsection (1)* shall make such arrangements for the transfer of care of the pregnant woman concerned as may be necessary to enable the woman to avail of the medical procedure concerned.

Travel and information

18. (1) Nothing in this Act shall operate to limit the freedom—
- (a) to travel between the State and another state, or
 - (b) to obtain or make available in the State, in accordance with conditions for the time being laid down by law, information relating to services lawfully available in another state.
- (2) Nothing in this Act shall operate to restrict any person from travelling to another state on the ground that his or her intended conduct there would, if it occurred in the State, constitute an offence under *section 22*.

Certification

19. A certification shall—
- (a) be made in the prescribed form and manner, and
 - (b) contain the prescribed information (which shall include the clinical grounds for carrying out the medical procedure to which the certification relates).

Notifications

20. (1) Where a medical procedure referred to in *section 7(1), 8(1) or 9(1)* is carried out in respect of a pregnant woman at an appropriate institution, the person in charge of the appropriate institution shall—

- (a) keep a record—
 - (i) in the prescribed form and manner of the carrying out of the medical procedure, and
 - (ii) containing the information specified in *subsection (3)*,
 and
 - (b) not later than 28 days after the medical procedure has been carried out, forward, or cause to be forwarded, a copy of that record, or such part of that record as may be prescribed, to the Minister in such manner as may be prescribed.
- (2) Where a medical procedure referred to in *section 8(1)* is carried out in respect of a pregnant woman in a location other than an appropriate institution, the medical practitioner who carried out the medical procedure or, where appropriate, the person in charge (if any) of the location where the medical procedure was carried out shall—
- (a) keep a record—
 - (i) in the prescribed form and manner of the carrying out of the medical procedure, and
 - (ii) containing the information specified in *subsection (3)*,
 and
 - (b) not later than 28 days after the medical procedure has been carried out, forward, or cause to be forwarded, a copy of that record, or such part of that record as may be prescribed, to the Minister in such manner as may be prescribed.
- (3) The following information is specified for the purposes of *subsections (1)(a)* and *(2)(a)*:
- (a) the Medical Council registration number attached to the registration of the medical practitioner who carried out the medical procedure referred to in *section 7(1)*, *8(1)* or *9(1)*, as the case may be, in respect of the pregnant woman concerned;
 - (b) whether the medical procedure was carried out in respect of the pregnant woman pursuant to a *section 7* certification, *section 8* certification (whether made before or after the medical procedure was carried out) or *section 9* certification and the Medical Council registration number attached to the registration of each of the medical practitioners who made the certification concerned;
 - (c) the name of the appropriate institution where the medical procedure was carried out in respect of the pregnant woman or, if that medical procedure is a medical procedure referred to in *section 8(1)* that was carried out at a location other than an appropriate institution, a description of that location sufficient to identify it;
 - (d) the date on which the medical procedure was carried out in respect of the pregnant woman.
- (4) The Minister shall, not later than 30 June in each year, prepare a report on the notifications received by him or her under this section during the immediately

preceding year, and shall, as soon as may be after preparing the report, cause copies of the report to be laid before each House of the Oireachtas.

- (5) The Minister shall arrange for a report laid before both Houses of the Oireachtas in accordance with *subsection (4)* to be published in such form and manner as he or she thinks appropriate as soon as practicable after copies of the report are so laid.
- (6) In preparing a report under this section, the Minister shall exclude from the report information that identifies, or that could reasonably lead to the identification of—
 - (a) a woman who is the subject of a notification under this section,
 - (b) a medical practitioner referred to in *subsection (3)(a)*, or
 - (c) a medical practitioner referred to in *subsection (3)(b)*.
- (7) In this section, “notification” means a copy of a record, or a part thereof, that is forwarded or caused to be forwarded to the Minister under *subsection (1)* or *(2)*.

Amendment of section 9 of Health Act 2007

21. Section 9 of the Health Act 2007 is amended—

- (a) in subsection (1), by the substitution of the following paragraph for paragraph (a):

“(a) there is a serious risk—

- (i) to the health or welfare of a person receiving those services, or
 - (ii) of a failure to comply with the provisions of the Act of 2013,
- and”,

and

- (b) by the insertion of the following subsections after subsection (3):

“(4) Where an investigation under this section is being undertaken in respect of a serious risk referred to in subsection (1)(a)(ii) and such risk relates to an appropriate institution, the Minister may, by notice in writing served on the person in charge of the appropriate institution, direct that person to ensure that, from the date, or the event, specified in the notice for the purpose—

- (a) a medical procedure referred to in *section 7(1)* of the Act of 2013 is not carried out at the institution, or
 - (b) a medical procedure referred to in *section 9(1)* of that Act is not carried out at the institution,
- or both.

- (5) Where—

- (a) the Minister has served a notice under subsection (4) on the person in charge of an appropriate institution, and

- (b) subsequent to the service of the notice referred to in paragraph (a), the Minister believes that the serious risk concerned referred to in subsection (1)(a)(ii) that caused him or her to serve such notice is not, or is no longer, such serious risk (regardless of whether he or she comes to that belief during the course of, or after the conclusion of, the investigation concerned under this section),

the Minister shall, as soon as practicable after coming to the belief referred to in paragraph (b), by notice in writing served on the person in charge of that appropriate institution, revoke the notice referred to in paragraph (a) on the date, or the event, specified in the notice so served on that person.

- (6) In this section—

‘Act of 2013’ means the *Protection of Life During Pregnancy Act 2013*;

‘appropriate institution’ has the meaning it has in the Act of 2013.”.

Destruction of unborn human life

22. (1) It shall be an offence to intentionally destroy unborn human life.
- (2) A person who is guilty of an offence under this section shall be liable on indictment to a fine or imprisonment for a term not exceeding 14 years, or both.
- (3) A prosecution for an offence under this section may be brought only by or with the consent of the Director of Public Prosecutions.

Offence by body corporate

23. (1) Where an offence under this Act is committed by a body corporate and it is proved that the offence was committed with the consent or connivance, or was attributable to any wilful neglect, of a person who was a director, manager, secretary or other officer of the body corporate, or a person purporting to act in that capacity, that person, as well as the body corporate, shall be guilty of an offence and may be proceeded against and punished as if he or she were guilty of the first-mentioned offence.
- (2) Where the affairs of a body corporate are managed by its members, *subsection (1)* applies in relation to the acts and defaults of a member in connection with his or her functions of management as if he or she were a director or manager of the body corporate.

SCHEDULE

Section 2

APPROPRIATE INSTITUTIONS

Adelaide and Meath Hospital Dublin Incorporating the National Children's Hospital

Beaumont Hospital

Coombe Women & Infants University Hospital

Cavan General Hospital

Cork University Hospital and Cork University Maternity Hospital

Galway University Hospitals

Kerry General Hospital

Letterkenny General Hospital

Mater Misericordiae University Hospital

Mayo General Hospital

Midland Regional Hospital Mullingar

Midland Regional Hospital Portlaoise

Mid-Western Regional Hospital Dooradoyle

Mid-Western Regional Maternity Hospital

The National Maternity Hospital, Dublin

Our Lady of Lourdes Hospital, Drogheda

Portiuncula Hospital Ballinasloe

The Rotunda Hospital

Sligo General Hospital

South Tipperary General Hospital

St Luke's Hospital, Kilkenny

St James's Hospital

St Vincent's University Hospital

Waterford Regional Hospital

Wexford General Hospital