

<b>Institution:</b> Glasgow Caledonian University		
<b>Unit of Assessment:</b> 28 - History		
<b>Title of case study:</b> The Symphysiotomy Redress Scheme: Achieving Compensation for 399 Irish Women		
<b>Period when the underpinning research was undertaken:</b> 2011 - 2014		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>  Oonagh Walsh	<b>Role(s) (e.g. job title):</b>  Professor of Gender Studies	<b>Period(s) employed by submitting HEI:</b> 2012 – present
<b>Period when the claimed impact occurred:</b> 2014-2017		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b>  <p>This research resulted in 399 Irish women receiving sums of €50,000-€150,000 each as redress for having undergone a symphysiotomy. Oonagh Walsh's 2014 Department of Health 'Report on Symphysiotomy, 1944-1984' was the basis upon which the €34,000,000 Redress Scheme was established, one of Ireland's largest compensation schemes. Two of Ireland's leading judges, Judge Murphy's and Judge Harding Clark's respective reports on liability, and implementation, both reference Walsh's report as the starting point of the scheme. The research influenced a subsequent investigation of historic abuse, led by Judge Murphy, the Mother and Child investigation (2015-2020) which followed the model created by Walsh's Report, incorporating widespread consultation and non-adversarial redress for victims.</p>		
<b>2. Underpinning research</b>  <p>The research underpinning this impact case study are Prof. Walsh's two reports into the practice of symphysiotomy.</p> <p>In 2000, calls began for an investigation into the use of a procedure called symphysiotomy in Irish obstetrics. This rarely used intervention (representing approximately 0.3% of deliveries) was alleged to leave some women with long-term health problems including mobility issues, incontinence, and long-term pain. Successive governments attempted to address the issue by commissioning independent reports, but the first two efforts – by the Swedish obstetrician K. Björklund, and secondly an international team at the Liverpool School for Tropical Medicine – were abandoned as a result of objections on the parts of the patient groups regarding impartiality. In 2011, Prof. Walsh, a medico-social historian with a special interest in female medical history, was asked by government to undertake research on symphysiotomy in Irish maternity hospitals, its clinical suitability, and its historical context, from 1944 to 1984.</p> <p>The first phase of the research was an extensive analysis of the procedure's historic use in Ireland. Using published annual reports, research articles published in Irish and British medical journals from the 1940s to the present, hospital records, individual case studies, and a review of international usage of the procedure, the research was published in 2012 as the 'Draft Report on Symphysiotomy' [R1]. The second phase was a national consultation with stakeholders (patients, advocacy groups, clinicians, and medical administrators and civil servants), involving</p>		

public meetings in Dublin, Cork, Louth, and Galway. The findings from this consultation are included in the 'Final Report on Symphysiotomy', published by the Department of Health in 2014 [R2].

The key research findings related to the procedure's use in Ireland, which differed from that of the remainder of western Europe in the same period, owing to the much larger Irish family size. Any woman who experienced difficult labour where pelvic disproportion was present would normally be delivered by caesarean section. However, from the 1940s to the late 1960s, when classical mid-line sections were in general use, good clinical practice suggested that a maximum of three such sections could safely be offered, after which the woman was advised to have no more children. In Ireland in the period of study, artificial contraception was illegal, as was sterilization (tubal ligation or hysterectomy) for contraceptive purposes. Thus, women who had suffered pelvic disproportion, were regarded as potential candidates for symphysiotomy. The intervention conferred a marginal, permanent enlargement of the pelvis that was believed to facilitate vaginal deliveries in subsequent births and place no artificial restriction on family size.

The research concluded that at a period when symphysiotomies had largely disappeared from international obstetrical practice, they remained in use in Ireland for a tiny minority of births, owing to Ireland's unique restrictions on contraception and sterilization. The clinical evidence suggested that the outcomes were good, if proper nursing care was offered. The Walsh Report recommended that a compensation scheme should be established in order to offer a non-adversarial, extra-judicial solution to a long-running and highly controversial issue [R3].

### 3. References to the research

R1 and R2 were peer reviewed by two obstetricians, unknown to the author.

- [R1] Walsh, O. (2012). Draft Report on Symphysiotomy in Ireland, 1944-1984. Government of Ireland. <http://www.dohc.ie/press/releases/2012/20120614.html>
- [R2] Walsh, O. (2014). Final report on symphysiotomy in Ireland, 1944-1984, Dublin: Government of Ireland. 114 p.
- [R3] Reference redacted

### 4. Details of the impact

The Walsh Report, published in 2014, led directly to the establishment of one of the largest compensation schemes for injury in Ireland [C1, C2]. The research methodology and report recommendations have also influenced the operation of the subsequent Mother and Child investigation (2015-2020) into the scandal of Irish mother and baby homes. The publication of the report generated extensive press coverage, which raised awareness of the procedure amongst the general population [C3]. This was more than mere news: as a result of the attention given to the research, the numbers of women who applied to the subsequent Redress Scheme was three times higher than the number of estimated survivors.

The establishment of the 'Surgical Symphysiotomy Ex Gratia Payment Scheme' was the main recommendation of the Walsh Report [C4]. The report recommended that an independent Board was set up to determine suitable compensation for the women, many of them advanced in age, to avoid them having to go through expensive and lengthy court procedures. Judge Yvonne Murphy, who oversaw the investigation into child sexual abuse in the Catholic Church, was appointed to shape the parameters of the redress scheme and Judge Maureen Harding Clarke to oversee administration [C5].

The Scheme established a tiered system of payment to those who had undergone the procedure. All women were automatically entitled to a payment of €50,000 once medical

evidence of symphysiotomy was submitted. Those who had suffered a disability after symphysiotomy received €100,000, and those with significant and demonstrable effects received €150,000. The applicants to the scheme had attended Prof. Walsh's public consultation meetings, or had furnished accounts to her through a dedicated, confidential email address. This testimony was shared, with the individual's permission, with Judges Murphy and Harding Clark, and the Redress Scheme was specifically established to allow the women to access compensation without undertaking a lengthy, expensive, and highly adversarial court case: this was the main recommendation of the Walsh Report [C6, C7, C8, C9]. In total, €29.8 million was paid directly to applicants, just over €2 million paid to solicitors acting for applicants, and €1.2 million spent on administrative costs. The substantive impact was upon the women who received awards on the three-level scale as follows:

216 women received €50,000 under category 1A (underwent symphysiotomy with few or no negative outcomes), 168 received €100,000 under category 1B (significant disability), and 15 received the maximum award of €150,000 (significant disability as a result of symphysiotomy 'on the way out', that is, a symphysiotomy conducted after a caesarean section, for which there was no clinical justification, as noted in the Walsh Report). The funds were paid directly to the claimant to a named bank account, and additional sums, with an upper limit of approximately €4,000 for legal expenses incurred in processing claims, and as compensation for those who had already initiated court proceedings before applying to the Redress Scheme. Thus, the effected women received their compensation directly, offering the maximum impact on their lives, with the minimum loss to legal representatives, or to family members. Following the awards, Prof. Walsh received letters from the applicants offering thanks for her work, and (like Judge Harding Clark) touching statements, poetry, and photographs of purchases made with the award funds. Women noted the impact that the awards had made on their lives. [C10]

For the women the compensation was both financially and psychologically significant. The first was the literal financial compensation for injuries suffered as a result of symphysiotomy. The second, and equally important, was the sense of successful closure offered by the Redress Scheme. Many women had actively campaigned for over 15 years, and now, many well advanced in years, received a clear acknowledgement by the Irish government that their treatment had fallen below a reasonable and acceptable standard. Thus, the Report supported a vital psychological impact, that improved the lives of almost 400 Irish women: 'Now they know it's true, it means the world. Thank you.' [C10]

The third impact has been the acceptance of an alternative process for dealing with cases of historic wrongs. The symphysiotomy case encouraged government to replace an adversarial court system for claimants, with an engaged process of consultation and discussion. This impact can be seen through the operation of the present 'Commission of Investigation into Mother and Baby Homes and Certain Related Matters. The integration of historical research as a core element of the Commission's activities follows the symphysiotomy model.

## 5. Sources to corroborate the impact

- [C1] Press release announcing the Redress Scheme, noting specifically the contribution of the Walsh (and Murphy) Reports: 'The Government wishes to thank Professor Oonagh Walsh and Judge Yvonne Murphy, whose reports were crucial to reaching today's decision'. Establishment of an ex-gratia scheme for women who underwent the procedure of symphysiotomy, July 1, 2014. <https://merriestreet.ie/en/news-room/releases/establishment-of-an-ex-gratia-scheme-for-women-who-underwent-the-procedure-of-symphysiotomy.html>
- [C2] Speech in Dáil Éireann by Simon Harris, Minister for Health, (Jan 26, 2017) on role of report in ending 10-year campaign and providing basis for the redress scheme. <https://www.oireachtas.ie/ga/debates/debate/dail/2017-01-26/2/>

- [C3] Indicative press coverage (items 1-13) and Irish Government submissions to, and recommendations from, the United Nations (items 1-3) that discuss the Walsh Report.
- [C4] The Walsh Report on Symphysiotomy in Ireland, 1944-1984 (Department of Health, 2014), p. 108: Recommendation of Redress Scheme.  
<https://www.gov.ie/en/publication/8535fb-report-on-symphysiotomy-in-ireland-1944-1984-professor-onagh-walsh/>
- [C5] Judge Maureen Harding Clark's Surgical Symphysiotomy Ex Gratia Payment Scheme (Department of Health, 2016). Pages 5, 20, 22, 23, 33, 34.  
<https://www.gov.ie/en/publication/544fc6-the-surgical-symphysiotomy-ex-gratia-payment-scheme-report/>
- [C6] Letter from Mary Jackson of the Clinical Indemnity Unit of the Department of Health (July 4, 2014) stating: 'You have made an enormous contribution to our knowledge and understanding of the issue of symphysiotomy in Ireland.' Your work has helped to direct Government to decide on next steps and hopefully to find a solution for the women affected which no longer involves the courts, medical tests, and tough questions.'
- [C7] Submission by Ireland of further information to the UN Human Rights Committee following Ireland's Fourth Periodic Review under the International Covenant on Civil and Political Rights (July 17, 2015). This submission notes that 'In November 2014, as a result of analysis of the reports [Walsh and Murphy], the Symphysiotomy Payment Scheme was established.' Page 6.  
[https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/IRL/INT\\_CCPR\\_AFR\\_IRL\\_24421\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/IRL/INT_CCPR_AFR_IRL_24421_E.pdf)
- [C8] Ireland and the International Covenant on Economic, Social and Cultural Rights Report to UN Committee on Economic, Social and Cultural Rights on Ireland's third periodic review, May 2015. Pages 54-55.  
[https://www.ihrec.ie/download/pdf/ihrec\\_report\\_ireland\\_and\\_the\\_international\\_covenant\\_on\\_economic\\_social\\_and\\_cultural\\_rights.pdf](https://www.ihrec.ie/download/pdf/ihrec_report_ireland_and_the_international_covenant_on_economic_social_and_cultural_rights.pdf)
- [C9] Press Release by the Royal College of Physicians of Ireland, summarising the Report and recommending that data on symphysiotomy in the Report be incorporated into a National Clinical Audit on obstetric practice.  
<https://www.rcpi.ie/news/releases/walsh-report-on-symphysiotomy-in-ireland-statement-by-the-institute-of-obstetricians-and-gynaecologists/>
- [C10] Indication of psychological impact (name and contact details redacted).