

Submission to Parliamentary Committee re 2018 Termination of Pregnancy Bill

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I am a GP in Cairns where I have practised for 38 years. I have been a qualified doctor for 47 years. My observations are based on this experience of seeing many patients as a GP.

Let me say initially this bill has been obviously dictated by abortionists who want free access to abortion for any reason up to term or birth. **The vast majority of Queenslanders view this as infanticide.** Recent polls show that only about 20% of Queenslanders want change. Abortionists have lost moral objectivity by a process of habituation to killing the unborn and a unipolar focus on so called personal rights.

- The current situation works well, the statutory Qld law as interpreted by Judge Maguire in 1986. (there is a defence from criminal responsibility for performing in good faith and with reasonable care and skill a surgical operation on an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable.) The 2009 Bligh Amendment Act included chemical abortion. The Tegan Leach case was a bizarre one off, possibly contrived to bring about law change. Abortionists have to get used to the idea that like everybody else they are subject to regulation and have to remain within the law.
- Human Life is deserving of protection, unborn humans are vulnerable, hence Statutory law to protect human life. Since abortionists wish to do abortions up to term for **any reason** they must be **subject to regulation.** Self regulation by abortionists, as proposed in this bill is subjective and is influenced by the subjective views of cosignatories. My experience working in the UK NHS in 1973 was of a consultant who kept presigned 1967 Abortion Act forms in his desk, **presigned** by another doctor, a cosignatory as required by the Act.
- Once formed, the child's rights become active, equalling perceived rights of other parties.

SIGNIFICANT SIDE AND AFTER EFFECTS OF ABORTION

Abortion has a multitude of after effects. Hence the need to ensure independent qualified pre abortion counselling by a psychologist. The fact that patients leave clinics or do not enter if approached peacefully and politely by outside counsellors means that they should never have been there, were looking for help, and had not been properly counselled in the first place. Abortionists should be regulated to follow up their patients for 5 years after the abortion, because if abortionists claim there are no psychological sequelae of abortion it is apparent that they are unaware of such sequelae because either they are not seeing their patients after the abortion, or the period of follow up is brief and cursory.

- My experience of abortion in so called safe clinics over 47 years of practice includes the physical after effects of dangerous haemorrhage, perforated uterus, and retained products appearing days after the abortion, such as foetal heads. Also I have seen pressured or coerced abortions, usually for social reasons, by so called caring parents and doctors, on adolescents causing life long psychiatric morbidity. (This is from my own experience as related to me by patients) And lifelong unexplained melancholia, depression and anxiety. Most GP mental health care plans (about 50% more women than men) are done for women. (The case of media personality Charlotte Dawson is an example of this, as related in her biography, she related the onset of her depression and substance abuse following her abortion).
- Psychological after effects of abortion can be severe, including suicide. The report “Induced abortion and Mental Health” December 2011- Developed for the Academy of Medical Royal Colleges by National Collaborating Centre for Mental Health, London, 2011. This report examining several studies reveals 20-30% incidence of Depression and so called Post Traumatic Stress Disorder, or also named as the Post Abortion Syndrome, after induced abortion.

There are numerous post abortion support services actively operating in Australia, providing psychological support for mood disorders and often psychiatric depression. (www.Victimsofabortion.com.au).

Clearly it is very important that effective independent qualified counselling is in place before abortion. An abortionist subjectively signing off on a post

22 week abortion, without any pre counselling in place, or cooling off period, which would be financially advantageous in his/her clinic, is just not good enough.

LATE ABORTIONS-after 20 weeks gestation- evidence and comment:

Post 20 week abortion statistics by year: Victoria

YEAR	TERMINATIONS FOR PSYCHOSOCIAL INDICATIONS	TERMINATIONS OR INDUCTION FOR CONGENITAL ABNORMALITY			OVERALL TOTAL
		STILLBIRTH (FOETAL DEATH)	NEONATAL DEATH (BORN ALIVE)	TOTAL)	
2016	125	152	33	185	310
2015	107	171	31	(202)	309
2014	146 (1neonatal death)	135	38 (1 psychosocial)	(172)	319
2013	179	136	43	(179)	358
2012	132	145	53	(198)	330
2011	183	155	40	(195)	378
2010	191	151	24	(175)	366
2009	214	154	42	(196)	410
2008	178	118	32	(150)	328
2007	164	129	52	(181)	345

2006	150	106	42	(148)	298
2005	178	84	45	(129)	309
2004	197	95	35	(130)	327
2003	103	75	41	(116)	219
2002	60	73	30	(103)	163
2001	45	71	35	(106)	151
2000	14			(98)	112
1999				(66)	

Reference: Victorian Perinatal and Morbidity Statistics (reports individually available at: www.realchoices.org.au/research)

The table above indicates the large number of late abortions done in Victoria, which has a similar abortion law to the one proposed for Qld, for “psycho social” reasons. 125 out of 310 in 2016, 146 of 319 in 2014, quite a high percentage, some years 50%! “Psycho social” can mean anything from relationship break up, financial pressure, loss of vehicle or other reason that could be resolved by practical help or counselling.

The claim that late abortions(after 20 weeks) are done for only medical reasons is misleading.

The Bill itself: comment by section as indicated:

S7: Compelling a doctor by threatened criminality to refer a patient for abortion is a serious incursion upon a doctor's rights. (referring a patient to an abortion referrer is the same thing). Doctors who have respect for human life refer abortion requesters to valuable professional counselling services and often to practical support agencies. Often the outcome is that the mother continues the pregnancy. There are many unwanted abortions, mothers having abortions under various pressures, when a simple independent counselling process will resolve the problems. Doctors who respect human life should be acclaimed and given credit for preventing future patient distress, and for preventing the considerable expense of treating the resulting depression and psychiatry of unwanted abortions.

S5: 1(a) As proposed in the Bill, this is a very subjective opinion by an abortionist, who remember will also be advantaged by financial gain. There is no mention of independent counselling by a qualified psychologist.

1(b) The second opinion requested here could be from another abortionist in the same practice, across the corridor, who will also be advantaged if the abortion proceeds. Again no mention of independent counselling.

Greater than 22 weeks is a baby of significant physical size. Body parts of aborted babies of this size have been collected (in the US) by abortionists and sold for considerable financial gain to drug companies for experimental use.

Division 2, S.13 The ABC News transmitted images of loud behaviours outside an abortion clinic. This is not the norm, which is usually peaceful quiet good people offering a very valuable service of last minute assistance to the many mothers who are pressured by circumstances into an unwanted abortion, and who should never have been there in the first place, and many do in fact change their minds at this point. I do not believe that such people of good standing should be criminalised.

WITNESS. I am willing to appear as a witness at the Cairns hearings on Sept 11.