CATHOLIC WOMEN'S LEAGUE STATE OF QUEENSLAND INC

A Member Organisation of CWLA Inc.

For the Honour and Glory of God

63 Point Cartwright Drive, BUDDINA. Q 4575

Health (Abortion Law Reform)

Amendment Bill 2016

Submission by the Catholic Women's League

State of Queensland Inc.

October 2018

1. Introduction

Catholic Women's League State of Queensland Inc. is the state peak body representing the CWLA in Queensland. We are a Non-Government Organisation and are a member organization of the Catholic Women's League Australia Inc. (CWLA), the national peak body representing the League's six member organisations located throughout Australia. One of CWLA's four principle aims is to influence legislative and administrative bodies at all levels of government in order to preserve the dignity of the human person. Given our focus we feel compelled to contribute a submission to this particular inquiry.

2. Catholic Social Teaching

The CWL State of Queensland looks to the Catholic Church's social teaching, which we believe to be a rich source of wisdom and guidance about building a just society and living an ethical life amidst the challenges of modern society. Our social teachings are articulated through a tradition of papal, conciliar, and episcopal documents.

One important social teaching theme relates to that of the "life and dignity of the human person". The Catholic Church proclaims that human life is sacred and that the dignity of the human person is the foundation of a moral and ethical vision for society. We believe that the human life should be at all stages of its being valued and protected. It is our strongly held belief that each and every person, whether existing within or outside the womb, is precious and should be protected to ensure his or her survival.

3. Human Rights Framework

There are a number of international human rights instruments, which we believe support the rights of the unborn person. These are as follows:

Article 3 of the Universal Declaration of Human Rights states unequivocally that "everyone has the right to life, liberty and security of person". No differentiation is made between the unborn and the born.

Article 6 of the Convention on the Rights of the Child states at article 1 that "State Parties recognize that every child has the inherent right to life" and at article 2 "State Parties shall ensure to the maximum extent possible the survival and development of the child".

The International Covenant on Civil and Political Rights states at Article 6 (1) that "every human being has the inherent right to life"; that "this right shall be protected by law"; and "that no one shall be arbitrarily deprived of his life".

Considering these various provisions as contained in international human rights law it is clear that the unborn child should be afforded every protection for its development and survival. There is nothing in the above provisions, which defines a child as a being who has been born. It is our belief and submission that the unborn child is every much a human being and a child who should be afforded the same rights and protections as those afforded to the child who has been born. The various human rights conventions do not, by contrast, support the notion of the right of a woman to abort an unborn fetus. It is our submission that an ordinary reading of these relevant human rights conventions would support our interpretation of the law that supports the rights of the unborn.

4. Submission of a Previous Submission to the Abortion Inquiry

We note that the CWL Queensland has already submitted a submission to the Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016 and Inquiry into Laws Governing Termination of Pregnancy in Queensland. In the considering the current inquiry we request that our previous submission be taken into consideration. We will therefore limit our current submission to the specific terms of inquiry into the Health (Abortion Law Reform) Amendment Bill 2016, which have raised the following points:

(i) Only a doctor may perform an abortion: a person who is not a doctor (or a registered nurse administering a drug to perform an abortion under the direction of a doctor) would commit an offence.

As we have stated in our previous submission we believe that the act of abortion should be completely prohibited and continue to be a contravention of the law. Thus, no one, whether they be a doctor or otherwise for the reasons we have already provided in our previous submission, should be authorized to perform an abortion.

(ii) A woman does not commit an offence by performing, consenting to or assisting in an abortion on herself

It is our submission that the person who should be prosecuted in cases where abortions take place should be the abortion provider. There are situations where women who undergo abortions are vulnerable and are unaware of the full options that are available to them. It is the abortion provider who should be held responsible for contravention of the law on this area, if the provision of abortions continues to be illegal. This should be clarified in the legislation and should be the principle focus of the law. The act of abortion should continue to be an illegal act for both the woman and the provider with the main emphasis focusing on penalizing the provider.

(iv) An abortion on a woman who is more than 22 weeks pregnant may be performed if two doctors consider the woman's current and future physical, psychological and social circumstances.

These are very broad considerations with no stipulated criteria for or threshold for terminating the life of the child. The life of the child is considered to be of no consequence in comparison with predicted future social circumstances which may or may not eventuate.

As we have articulated in our previous submission to the abortion inquiry it is our belief that an abortion should not be performed nor permitted by law under any circumstances. However, if abortion were to be legalized we submit that common sense should prevail and that an abortion should never be performed on a woman at such an advanced gestation. This legislation does not consider or allow for fetal pain present at such advanced gestations (see following paragraph (v):

(v) Fetal Pain

Fetology has demonstrated the ability of the unborn child to feel pain. Surgeons who operate on the fetus now sedate the unborn child to prevent fetal movement in response to painful procedures. Because the unborn are unable to tell us what they are feeling, researchers rely on observation of the physiological and biochemical signs of pain to assess its presence. Evidence for pain of the unborn must be based on behaviour, anatomy and physiology.

In 1994, those performing procedures on the fetus observed that he or she reacted strongly to needle

sampling from the vein in the liver and began breathing rapidly. This fetal response was not observed when blood was collected from the placental vessels[1]. Their data suggested that the fetus mounts a hormonal stress response to invasive procedures. The release of stress hormones rose in proportion to the duration of the needling procedure. They suggested the possibility that the human fetus feels pain in the uterus and may therefore benefit from anaesthesia or analgesia for invasive procedures.
Over the next 20 years further research has evidenced the ability of the fetus to feel pain.
In 1997 the British Journal of Obstetrics and Gynaecology published a review of fetal pain claiming that failure to provide adequate analgesia for preterm babies is now considered substandard and unethical practice.[2] The review concluded: 'Given the anatomical evidence, it is possible that the fetus can feel pain from 20 weeks and is caused distress by interventions from as early as 15 or 16 weeks'.
The more we learn about fetal pain perception pathways and responses the earlier the age at which we recognize the unborn baby's ability to feel pain. It has been found recently, in March 2017, that the nerve innervation of the skin of the baby in the womb at less than 12 weeks gestation exhibits an adult-like pattern.[3]
The presence of fetal pain is not disputed. Nancy Keenan, president of NARAL Pro-Choice America, stated that NARAL would not oppose the Unborn Child Pain Awareness Act because women deserve access to this relevant information. Abortion legislation recently proposed for NSW legitimizes physical abuse of the unborn child. In its overall disregard of the personhood of these children it shows neglect and unconcern for the agony he or she may experience. Legitimizing and legislating for abortion at all gestations up to birth is a grave act of cruelty against our young.

After week 24 an unborn child is considered viable, with 36% of babies able to survive premature birth at 24 weeks[4]. It therefore stands to reason that aborting a child at such an advanced age is terminating the life of a child on the threshold of living independently of its mother. The implications are particularly serious. By permitting such an action to take place we, as a society, are effectively negating the rights of children to life.

(vi) Mothers' health after abortion

A quantitative synthesis and analysis of research published 1995-2009 'offers the largest quantitative estimate of mental health risks associated with abortion' and found 'a moderate to highly increased risk of mental health problems after abortion',[5]; a study of the entire population of women in Denmark found that, compared to women who delivered, women who had an early or late abortion had significantly higher mortality rates within 1 through 10 years.[6]

[1] Giannakoulopoulos X, Sepulveda W, Kourtis P et al Fetal Plasma Cortisol and B-endorphin Response to Intrauterine Needling *Lancet,* 344 (1994) 77-81.
[2] British Journal of Obstetrics and Gynaecology September 1999, Vol106, pp. 881-886

[3] Belle M, Godefroy D, Couly G et el. Tridimensional Visualization and Analysis of Early Human Development *Cell* Vol 169 Issue1 p 161-173
[4] < http://baby2see.com/development/week24.html> last viewed at 18 September 2016.
[5]Coleman PK. Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009. *Brit Jour Psychiatry* 2011, 199:180-186.
[6] Reardon DC et al. Short and long term mortality rates associated with first pregnancy outcome: Population register based study for Denmark 1980-2004. Med Sci Monit, 2012; 18(9):PH71-76.

(vii) Conscientious objection: **no-one is under a duty to perform or assist in performing an abortion; however, a doctor has a duty to perform an abortion if it is necessary to save a woman's life or prevent serious physical injury. Also, a registered nurse has a duty to assist in such circumstances.**

It is evident from the submissions received to the first abortion inquiry that there are many citizens of this country who are strongly opposed to the existence of the practice of abortion. This would encompass a portion of medical practitioners, particularly those practitioners who are of a particular religious persuasion. Abortion is becoming increasingly accepted in modern day society and there are women and medical practitioners who may condone its practice. However, this particular provision is particularly draconian in that it would force medical practitioners, be it doctors or nurses to act against their religious and/or spiritual convictions. This proposed Bill seeks to legislate against the Hippocratic Oath. The suggested obligation on medical practitioners is a complete contravention of the Hippocratic oath to help human life and do no harm.

(viii) Patient protection or 'safe zones': **a protected zone of 150 metres must be declared around an abortion facility; certain behaviour, e.g. harassment and intimidation, is prohibited within a protected zone. Publishing images of a person entering, leaving or trying to enter or leave an abortion facility is prohibited.**

Offensive behaviour, obstruction and harassment in public places are already covered under existing laws.

- It is important that women who choose to have an abortion are able to access the information they may need to make an informed choice, given the extreme seriousness of undertaking an abortion procedure. One third of mothers who terminate their pregnancies regret their decision 8 weeks later. (Ashton 'The psychological outcome of induced abortion' Ashton *Br Jour Ob Gyn* 87:1115-1122).

While we agree that women who approach an abortion clinic should not be physically or verbally assaulted (as this would be inconsistent with the teachings of the Bible particularly of Jesus who taught us to combat harm and wrong practices with love), we believe that there is a place for providing women entering into an abortion clinic with information that they may need in order to make an informed decision. Some women due to a lack of education or information may not be aware of their options at all and the approach by a pro-life activist may be the first

opportunity that they may have of receiving information. It is our contention that many abortion providers fail to provide such important information and that many women who undergo abortions often end up regretting the decision they have made to go through with the abortion. Furthermore, there have been instances where people have been arrested for praying outside an abortion clinic[7]. As Christian women we believe that protestors should have the opportunity to pray for the unborn child and that this is completely consistent with a democratic society, which permits freedom of religion as well as freedom of expression.

We wish the committee well in its deliberations and trust that you will arrive at the right decision.

Yours sincerely,

Veronica Box

President

Catholic Women's League State of Queensland Inc

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[7] < http://www.biblesociety.org.au/news/no-prayer-allowed-prayer-banned-in-abortion-clinic-exclusion-zone> last viewed 18 September 2016.