



The Presbyterian Church of Queensland

ABN 43 015 755 489

Date: 5th September 2018

To the Committee Members

We present here a submission by the Presbyterian Church of Queensland in relation to the Termination of Pregnancy Bill.

We trust that this submission will be helpful to your work.

Yours faithfully

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What we do

We are committed to making known the good news of Jesus Christ and His claim on our lives.

The Presbyterian Church of Queensland

This submission has been prepared by the Gospel in Society Today team (GiST) on behalf of the Presbyterian Church of Queensland (PCQ). Approximately 7500 people attend PCQ churches across Queensland each week. PCQ has sought to faithfully serve the Queensland community in many ways for over a century, and is directly involved in providing health care, aged care, community and chaplaincy care as well as school and tertiary education.

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We welcome and are thankful to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for this opportunity to make a submission regarding law reform relating to the termination of pregnancy, and for the work that you do. We pray for wisdom and courage in this important work of considering the Termination of Pregnancy Bill 2018.

Summary of Our Position

We strongly urge the Committee to recommend that the Termination of Pregnancy Bill 2018 be amended in the following ways:

1. there be very limited grounds for lawfully undertaking termination of pregnancy in Queensland, regardless of gestational age. We recognise that there are occasional instances where a medical condition clearly threatens the life of the mother at a time when the foetus is clearly not yet viable; all other avenues of treatment suitable for use until the foetus reaches viability have been considered; and two or

more medical practitioners reasonably agree that abortion would at least save the life of the mother. We acknowledge that women and families as well as the doctors involved in this tragic situation should be legally protected and offered support. However, we ask that the law only allow for termination of pregnancy in these kind of most exceptional circumstances.

2. We urge the Committee to recommend that the Bill ensures counselling, independent of abortion providers, is clearly offered to all women considering termination. This counselling should genuinely offer women, and those around them, the choice to continue pregnancy with adequate support alongside other options they may wish to consider.
3. We urge the Committee to, in those circumstances in which lawful requests for termination may be made, make full provision for conscientious objection to termination of pregnancy by doctors, nurses and pharmacists. This includes removing the requirement that the practitioner refer to another practitioner or provider who can provide the termination of pregnancy service.

Reasons for Our Position

As Christians, we believe that we grapple with the issue of termination of pregnancy in a world gone profoundly wrong in God's eyes. We must all admit that, in our bid to self-rule, we often fail to love those God puts in our way. Much worse, we fail to love and listen to the God who made us precious in His image, cares for us from the earliest stages of our development and who also cares deeply for the women, children and men each of us have so often failed.

Jesus pulls no punches about the seriousness of living only for our self-made plans, pushing aside those who interfere, most especially God. According to Jesus, we thoroughly deserve his judgment. And yet, Jesus came to show compassion towards us as we stand helpless in the face of God's judgment, as well as vulnerable within a world of self-rulers. Then Jesus rose from the dead so that we might enjoy the deepest joy and eternal rest under his good rule.

Therefore, our concern for the law regarding termination of pregnancy is driven by the mercy, kindness and protection we have abundantly received through Jesus' death and resurrection. Given that our community is of God's making, we also desire to see his mercy, kindness and protection extend justly to all, including both vulnerable unborn children, and those coping with unexpected and difficult pregnancies.

Given the important role of the law in both reflecting and shaping community thinking, we argue that it is vital for Queensland termination of pregnancy law to address the complex personal factors involved in the decision to terminate. We observe that many of these complexities are neglected in public debate.

Responses to the Termination of Pregnancy Bill 2018

1. Performance of Terminations by Registered Medical Practitioners (Part 2 s.5,6)

We urge the Committee to reverse the Bill's provision for legal abortion, both prior to and after 22 weeks of gestation. We urge this in order to ensure the welfare of unborn children, women and families. Our position is that termination of pregnancy, by both medical and surgical means, should continue to be prohibited by law in Queensland. We believe the only allowable exception should be the rare circumstance when the life of the mother is clearly threatened, at a time when the foetus is clearly not yet viable, and under carefully defined conditions, as outlined below.

Indeed, we urge the Committee to make recommendations that:

- **Honour the dignity, humanity, equal value, vulnerability and right to protection of the unborn, from the point of fertilization.**
- **Honour the dignity, needs and vulnerability of women who may be seeking abortion.**

Firstly, the humanity of the foetus is widely recognized in our community. Indeed, embryologists are clear that fertilization represents the beginning of a human life.¹ What is debated is the degree to which the human foetus deserves protection relative to the needs of the adults who are involved in his/her care.

The dignity of every person is rooted in his/her status as made in image of God. This dignity is not altered by stage of gestational development or demands of care. Jesus shows that love for others, even those 'strangers' who surprise us, does not stop to ask whether a vulnerable person qualifies as our neighbour or what his/her value is relative to our own. Therefore, we argue that the foetus, a vulnerable person with no voice, deserves the care and protection of the law equal to any child, regardless of circumstances. The unborn

¹ R. O'Rahilly and F. Muller, *Human Embryology and Teratology*, 3rd ed., Wiley-Llss, NY: 2001.

should be given every opportunity to live and be nurtured, regardless of gender, background or disability status.

- a. Secondly, women with an unwanted pregnancy or a child with major disabilities diagnosed in utero are in a very vulnerable position. They so often face enormous grief, loss of control over their future, perhaps the loss of relationships, financial security, opportunities or employment. They deserve compassion. Indeed, Jesus modelled compassion for women in similar vulnerable circumstances. The degree to which the father, grandparents and other family members may face similar difficulties is under-recognised.

Termination of the pregnancy may seem to provide the obvious solution to the difficulties of unwanted or difficult pregnancy. However, laws that provide limited or no regulation of termination on demand fail to recognise the harmful impact of abortion for the women, men and families affected. There is evidence of significant psychological harm associated with abortion, including ongoing grief and regret. This grief can tragically compound the trauma of rape.² As we argue below, many women feel that, in an environment where termination of pregnancy is readily available and sometimes even urged by health care workers, they have little power to choose to continue pregnancy. Therefore, we argue that there should be no readily accepted grounds for lawful termination of pregnancy on demand for the sake of vulnerable women and those around them.

While we strongly urge the Commission to recommend that there be only very limited grounds for lawfully undertaking termination of pregnancy in Queensland, we recognise that there are rare instances where a medical condition clearly threatens the life of the mother at a time when the foetus is clearly not yet viable; all other avenues of treatment suitable for use until the foetus reaches viability have been considered; and two or more medical practitioners reasonably agree that abortion would at least save the life of the mother. We acknowledge that women and families as well as the doctors involved in this tragic situation should be legally protected and offered support. However, we ask that the law only allow for termination of pregnancy in these kind of most exceptional circumstances.

2. The Registered Health Practitioner with Conscientious Objection (Part 2 s.8)

We are thankful that the Termination of Pregnancy Bill has sought to make some provision for the conscientious objection of registered health practitioners. However, we do not think these provisions extend far enough. **We urge the Committee to reverse the obligation on**

² Tankard Reist, *Giving Sorrow Words*, Spinifex Press, 2000.
<http://pricelesshouse.org.au/the-post-abortion-experience/>
<http://realchoices.org.au/issues/abortionresearch/>

those health practitioners who conscientiously object to refer a woman seeking a termination to another practitioner or facility who is willing to carry out the procedure.

Our previous argument that termination of pregnancy fails to honour and protect both the unborn child and mother logically implies that no health care practitioner should be obliged to refer a woman seeking an abortion to another doctor able to facilitate her request. Such a requirement violates the rights of practitioners who both feel such a referral makes them complicit in act of the termination and is contrary to their duty of care for patients.

A genuinely secular society which does not privilege the beliefs of one over another should not demand that a patient's freedom of conscience and choice should override a practitioner's. Indeed, it is beneficial for the integrity of health care provision that health care practitioners are able to act as self-consciously moral agents. To override the freedom of conscience of practitioners would likely force some into another profession and deter new entrants. Moreover, it is unreasonable to legally require such practitioners to make a referral for termination or pregnancy when the law is seeking to make abortion so readily available to all.

3. Provisions for Counselling for Women Considering Termination

We observe that the Termination of Pregnancy Bill does not make provision for counselling to women considering termination. We urge the Committee to ensure that counselling, independent of termination providers, is clearly offered to every woman seeking a termination of pregnancy. This counselling should genuinely offer women, and those around them, the choice to continue pregnancy with adequate support alongside other options they may wish to consider.

While a woman's autonomy or right to choose are amongst the key arguments presented for legalised termination, the experience of many women is that their choice is very constrained, and they receive little or no help to continue their pregnancy. Indeed, many women in this situation feel a strong expectation to terminate their pregnancy by partners, families, health professionals, government authorities, educators and employers.³

We recommend that adequate counselling should offer support for those women and their families in situations of unwanted or difficult pregnancy. This should include financial help, access to educational and employment opportunities, as well as child care, medical and mental health care, grief counselling, disability and family support. We commend the example of pregnancy support organisations such as Priceless House for your

³ S.Allans and J. Astbury, 'The Abortion Decision: Reasons and Ambivalence', *Journal and Psychosomatic Obstetrics and Gynaecology*, 16:3, 1995, 129-136.

Tankard Reist, *Giving Sorrow Words*.

consideration.⁴ We also urge the reform of adoption procedures, including anonymous adoption, to allow greater access to adoption as a viable and culturally accepted alternative to termination.

We recommend such help for women and their families because we know that Jesus is able to work meaningfully and lovingly in every life derailment, deep pain and dire circumstance, for the eternal good of those who love him.

Summary

In summary, we urge the committee to make recommendations that:

- **Honour the dignity, humanity, equal value, vulnerability and right to protection of the unborn, from the point of fertilization.**
- **Honour the dignity, needs and vulnerability of women who may be seeking abortion.**
- **Allow fully for the conscientious objection of health practitioners to participation in termination of pregnancy**
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Therefore, we urge the committee to:

- **Reverse the Bill's provision for legal abortion, both prior to and after 22 weeks of gestation.**
- **Reverse the Bill's obligation on those health practitioners who conscientiously object to refer a woman seeking a termination to another practitioner or facility who is willing to carry out the procedure.**
- **Ensure that counselling, independent of termination providers, is clearly offered to every woman seeking a termination of pregnancy. This counselling should genuinely offer women, and those around them, the choice to continue pregnancy with adequate support alongside other options they may wish to consider.**

⁴ <http://pricelesshouse.org.au/>