Submission to

Committee Secretary

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Parliament House George Street BRISBANE QLD 4000

> Addressing Aspects of the Termination of Pregnancy Bill 2018

> > hereafter referred to as the 'Bill'

About Us

Unborn Children's advocacy Network (UCaN) is a non-partisan, non-denominational and not-forprofit organisation, established in 2013, to promote respect and protection for human life from conception.

UCaN operates solely on the in-kind generosity of altruistic individuals and serves as a platform for like minded people to speak for the voiceless and vulnerable in our society – the unborn.

This commitment to respect for human life at such a vulnerable stage runs contrary to any belief that such life can be deliberately or knowingly extinguished.

We are based in Queensland, Australia and have a worldwide network of contributors.

We provide platforms for sharing information via our website <u>www.ucan.org.au</u> and on Facebook.

This submission has been compiled by contributor Simon Croft (for and on behalf of UCaN) and can be contacted via email at: <u>admin@ucan.org.au</u> or <u>support@ucan.org.au</u> or by mail at 4 Short Street, Georgetown, Queensland 4871.

UCaN will now respond to the Termination of Pregnancy Bill 2018 and accompanying explanatory notes as provided for comment by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.

Opening Statement

Thank you for the opportunity to comment on recommendations made by the Queensland Law Reform Commission's (QLRC) review of abortion law in Queensland.

It was disappointing to learn that the period in which interested parties were given to research, prepare and formulate a submission was only 2 weeks from formal invitation. Further, one can only assume that the reason committee '. . . *will not accept images of foetuses or results of medical procedures'* is to shield members from the reality of decisions that would support legalised abortion. Whist our network does not use such images to denounce the practice of abortion, they do serve as factual evidence and demonstrate the reality of abortion procedures.

Despite two previous attempts to introduce abortion legislation into Queensland Parliament [private members bills: Abortion Law Reform (Woman's Right To Choose) Amendment Bill 2016 and Health (Abortion Law Reform) Amendment Bill 2016] by then member for Cairns Mr Rob Pyne and subsequent withdrawal of both on 28 February 2017,¹ the QLRC were tasked with remedy.

It is clear that the QLRC review achieved compilation of a Bill that ". . . broadens the lawful authority for performing abortions in Queensland, . . . "² In order to smooth the passage of this Bill, garner support and give it credence, the QLRC have recommended that ". . . terminations are treated as a health matter; . . . "³

In order to effect this transition from unlawful act to health matter, the QLRC recommend repeal of sections 224, 225 and 226 of the Queensland Criminal Code⁴ Part of the reasoning for this is to remedy a perceived notion that it will support women seeking terminations by ". . . *deferring the practice of unregulated or 'backyard' terminations*."⁵ However, so called 'backyard' abortions are not substantiated in the QLRC review and are subject of speculation.

In their review of abortion law in Queensland, the QLRC confirmed that despite termination of pregnancy being presently unlawful in this state, between 10,000 and 14,000 terminations are performed in Queensland each year.⁶

Considering the number of abortions performed in Queensland each year, and the fact that currently provisions of the Criminal Code do not support this practise, it is very telling that our jails are not filled with women after procuring an abortion - or the medical practitioners who performed them.

Provisions of the Criminal Code are as much a protection for women as they are portrayed to be obstacles. Furthermore, these provisions, whilst not enforced, clearly state a position by Parliament that they support and extend protection to a vulnerable group in society.

What is being suggested is that Parliament give legal sanction to a woman (on health grounds) to end the life of another with impunity and based solely on a 'choice'.

¹ Queensland Law Reform Commission – Review of termination of pregnancy laws – Consultation Paper WP No76, December 2016; Background to Review: page 1 & 2 [2], [4] & [6]

² Termination of Pregnancy Bill 2018 - Explanatory Notes: page 10, Establishes 'safe access zones' - para 1

³ Termination of Pregnancy Bill 2018 – Explanatory Notes: page 2, Queensland Law Reform Commission Report – para 1

⁴ Termination of Pregnancy Bill 2018 - Explanatory Notes: page 5, Amendments to the Criminal Code - para 1

⁵ Termination of Pregnancy Bill 2018 – Explanatory Notes: page 5, Amendments to the Criminal Code – para 2

⁶ Queensland Law Reform Commission – Review of termination of pregnancy laws – Consultation Paper WP No76, December 2016; The Incidence of Abortion – Queensland; page 19 [66]

It is worth highlighting that along with creation of the Termination of Pregnancy Bill 2018, the QLRC also recommends amendment or repeal of sections contained within six (6) other Acts currently in force.

All this, despite no substantive or genuinely credible argument being brought forward in support of changes to abortion law in Queensland.

Further, a change in the current situation runs the risk of compromising signed and assented international law which is binding on all states parties. This is demonstrated in more detail further on in this submission.

Just like the two previous private members bills considered by committee, UCaN does not support introduction of the Termination of Pregnancy Bill 2018 or amendments to other Acts currently in force that give legal sanction for abortion services in Queensland.

Review and comment on the proposed bill follows.

Termination of Pregnancy Bill 2018

Overview

Perhaps the most notable outcome in this Bill is that termination of pregnancy would be available at any stage of pregnancy. Prior to 22 weeks gestation, no reason whatsoever is required. After 22 weeks, abortions can be performed after basic considerations by a medical practitioner in consultation with another medical practitioner, and at any stage.

Under this Bill, abortion will be lawfully sanctioned by Parliament at any stage of gestation up until birth.

6 Termination by medical practitioner after 22 weeks

This section makes it incumbent on the consulting medical practitioner to determine the medical, psychological and social circumstance of the woman before an abortion is performed. This places an enormous burden on a medical practitioner to be doctor, psychobiologist and social worker all rolled up into one.⁷

Is this a fair and reasonable demand to be placed on medically trained professional?

8 Registered health practitioners with conscientious objection

Section 8 (2) of the Bill confirms that a medical practitioner can refuse to perform an abortion procedure if they have a conscientious objection, However, whilst a provision has been made for objection based on conscience, a medical practitioner will be bound to refer the woman to another practitioner who may not have a conscientious objection.

In other words, a medical practitioner can object to performing an abortion based on moral, ethical or religious grounds but must refer the woman to another practitioner to perform the abortion they objected to. Failure to do precisely that would result in a punishment as proscribed in section 9:1 (c) and 2 of the Bill.

In effect, a medical practitioner who performs an abortion under current law would be committing a punishable act, but under this new Bill, would be committing a punishable act for *not* participating in an abortion by way of referral obligations.

This is in contrast to the comments by QLRC review.⁸

The removal of these sections of the Criminal Code in conjunction with other proposed measures, particularly the new lawful scheme for the conduct of terminations of pregnancy, will create certainty for women and health practitioners with respect to the threat of criminal prosecution and conviction.

A medical practitioner runs the risk of being deregistered for not complying.⁹ That would be their livelihood removed and years of training and personal resources wasted. This could be as hard a punishment as a criminal penalty.

⁷ Termination of Pregnancy Bill 2018 - Part 2 Performance of terminations by registered health practitioner: 6 (2).

⁸ Termination of Pregnancy Bill 2018 – Explanatory Notes: page 4, para 7.

⁹ Termination of Pregnancy Bill 2018 - Explanatory Notes: page 8, last paragraph

10 Woman does not commit an offence for termination on herself

The wording of this section is particularly vague and open to misinterpretation. It could be construed that the term 'termination on herself' could mean an act of suicide.

Anyhow, in Queensland at present, both medical and surgical abortions are accessible to women. Both require involvement by a medical practitioner to either prescribe an abortifacient or to perform a surgical procedure. It is not hard to locate abortion services in Queensland despite the procedures being currently unlawful. Therefore, it is most unlikely that a woman would even attempt selfadministered abortion.

Further, women are creators of life and most likely to nurture offspring. In stark contrast, this provision effectively grants a lawful right to end the life of a woman's offspring by her own hand.

PART 4 Safe access zones

It is difficult to understand why this section was included in what is being sold as a health bill. There are already provisions in place to protect people from mistreatment everywhere.

It is already unlawful to harass, intimidate or obstruct any person entering or leaving any premises.

Current provisions to afford protection from violence, harassment and threat for women and staff who perform terminations, entering or leaving a premise, are already substantive.

In Queensland, the Summary Offences Act 2005 provides protection under these circumstances.^{10 11} Threats of violence with intent to intimidate or annoy any person, by words or conduct, is covered under provisions of the *Code*.¹²

There is also provision in the *Code* that offers protection against provocation¹³ and threats.¹⁴

Creating further legislative provisions that are particular to a specific situation becomes problematic insofar as if it is deemed suitable to legislate under this circumstance, it would be appropriate to do so for all and every other individual situation.

Provision is already made for unlawful gathering in or around a building under the Summary Offences Act 2005.¹⁵

Suggestion that additional provision should be made, particularly if included in what would be essentially an abortion bill (health), to further protect against public nuisance, would be appropriately deemed extraneous.

¹⁰ Summary Offences Act 2005 – Part 2: Offences, Division 1 (6) Public Nuisance - The Criminal Code – Schedule 1: Part 2 Offences against public order, Chapter 9 Breaches of the peace: [s.75]

¹¹ Summary Offences Act 2005 – Part 2: Offences, Division 1A (10A) Unlawful Assembly

¹² The Criminal Code – Schedule 1: Part2 Offences against public order, Chapter 9 Breaches of the Peace: [s.73]

¹³ Schedule 1 The Criminal Code – Part 5 Chapter 26, Assaults and violence to the person generally [s.268](1) '... any wrongful act or insult ...'

¹⁴ Schedule 1 The Criminal Code – Part 5 Chapter 33A: What is unlawful stalking [s.359b]

¹⁵ Summary Offences Act 2005 – Part 2: Offences, Division 2 (12) Persons unlawfully gathering in or on a building structure

In proposing 'safe access zones', consideration would need to be made about other legislative provisions supporting the right to peaceful assembly.¹⁶ This Act has effect despite any other law¹⁷ relating to a right of peaceful assembly.¹⁸ This would include prayer vigils by church groups as well as clinic volunteers waiting to escort visitors into their premises.

Automatically setting 'safe zones' becomes problematic as it conflicts with the lawful right to peaceful assembly. The Bill convolutes this right by including section 12.¹⁹

There are currently provision under the *Code* that protects against publishing images²⁰ and distributing same without consent.²¹

Including 'safe zones' in the Bill seems unnecessary as protection for women against abuse, violence, misuse of photographs, etc. are already adequately addressed in existing legislation.

This inclusion also seems extraordinarily strange to find in what is being proposed as a health bill, particularly as provisions already exist in other statutes to address these behaviours.

Any such 'safe zone' would not, however, be safe for a child in their Mother's womb.

Schedule 1 Dictionary

Of all the definitions stated in this section, it is the last one that raises greatest concern. The definition of woman is stated as follows:

woman means a female person of any age

In effect, a 10 year old child would be considered a woman for the purposes of this Bill. Ordinarily, a child is defined as any person under the age of 16 years or in some circumstances 18 years old.

To take this definition to the extreme, this could also include an embryo of just a few days of age from conception when gender can be determined.²²

Of course, the argument would be that 'personhood' does not apply until birth. So, then, technically a one day old baby girl would meet the criteria for this definition.

The Bill's definition is inaccurate, inappropriate and unlikely to garner community support.

¹⁶ Peaceful Assembly Act 1992 – 5 Right to peaceful assembly (1)

¹⁷ Peaceful Assembly Act 1992 – 5 Right to peaceful assembly (3)

¹⁸ Peaceful Assembly Act 1992 – 5 Right to peaceful assembly (1)(a)

¹⁹ Termination of Pregnancy Bill 2018 – Part 4 Safe access zones: (s.12) Application of part; This part applies despite the *Peaceful Assembly Act 1992*.

²⁰ The Criminal Code – Schedule 1: Part 4 Acts injurious to the public in general, Chapter 22 Offences against morality: [s.227A] Observations or recordings in breach of privacy (1)

²¹ The Criminal Code – Schedule 1: Part 4 Acts injurious to the public in general, Chapter 22 Offences against morality: [s.227B] Distributing prohibited visual recordings (1)

^{22 &}lt;u>https://www fertility-docs.com/programs-and-services/gender-selection/faq.php</u> "After a few days growing in the incubator, the resulting embryos are gently biopsied to allow us to obtain a cell that may be used to determine the sex (gender) of each embryo. Once this information is available (usually within 24 hours), we can select only those embryos of the desired gender for implantation".

Further Considerations

International Law

Australia is a founding member of the United Nations.²³ Australia is a party to the seven core international human rights treaties.²⁴ By ratifying a treaty, a country voluntarily accepts legal obligations under international law. The Vienna Convention on treaties confirms that a treaty is binding on each party in respect of its entire territory.²⁵

Convention on the Rights of the Child

One such treaty is the Convention of the Rights of the Child ²⁶ which came into force for Australia on 16 January 1991. The preamble confirms a commitment to '. . . *recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family* . . .' It also confirms that everyone is entitled to all the rights and freedoms confirmed in the Universal Declaration of Human Rights and International Covenants on Human Rights, *without distinction of any kind, such as birth* or other status.²⁷

Article 1 confirms that '... a child means every human being below the age of eighteen years ... 'A human being at 6 months gestation meets the requirement for inclusion under this description for they are indeed 'human beings' and under 18 years of age. Accepting that unborn children are covered under this Convention, all other provision would apply.

This is confirmed in the preamble by stating, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth",

Recognition that *every child has the inherent right to life* is covered under Article 6(1) and Article 6(2) supports the *survival and development of the child* to the maximum extent possible.

Unborn children are also protected against all forms of discrimination or punishment on the basis of their status and also from the beliefs of their parents.²⁸ This provision removes any suggestion that a pregnant woman, holding a belief that she has a right to abortion services, can proceed with a termination.

Further, the child has a right to the enjoyment of the highest attainable standard of health and to facilities under Article 24.

Article 3(1) clearly states that; In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

²³ http://www.un.org/depts/dhl/unms/australia.shtml

 $^{24 \ \}underline{https://www.ag.gov.au/RightsAndProtections/HumanRights/Pages/International-Human-Rights-System.aspx}{}$

²⁵ Vienna Convention on the Law of Treaties: Article 29 – Territorial scope of treaties: Unless a different intention appears from the treaty or is otherwise established, a treaty is binding upon each party in respect of its entire territory. Pg.293

²⁶ http://www.austlii.edu.au/au/other/dfat/treaties/1991/4 html

²⁷ Convention of the Rights of the Child – Article 2 (1)

²⁸ Convention of the Rights of the Child – Article 2 (2)

It cannot be successfully argued that aborting a gestating human being is in their best interests.

Article 4 outlines the requirement for States Parties to *undertake all appropriate legislative, administrative, and other measures* for the implementation of the rights recognized in the present Convention.

UCaN raised these matters in our submission to the QLRC when conducting their review and they responded as follows:²⁹ Footnotes provided in the report particular to this part have been included.

[2] Each of those instruments has been ratified by the Commonwealth Government. Such instruments have no direct legal effect on domestic law³⁰ until given effect in legislation.³¹ Recourse might also be had to relevant international law in the interpretation of ambiguous or uncertain legislation, or in the development of the common law.³²

This is suggesting that Australia's obligations to signed and assented international law has no effect in Australia despite the Vienna Convention on treaties confirming that a treaty is binding on each party in respect of its entire territory.

However, for the next 29 pages of this section, international laws, precedents and comments are discussed and highlighted in an effort to legitimise the Termination of Pregnancy Bill 2018.

Stand Alone Legislation

The Termination of Pregnancy Bill 2018 attempts to *'modernise'* and *'clarify'* the law for termination of pregnancy in Queensland based on recommendations of the QLRC.³³

The explanatory notes state that the Bill is specific to the State of Queensland and is not uniform with, or complementary to, legislation of the Commonwealth or another State.³⁴

However, what is being proposed in the Bill is complex and requires amendment to over fifteen (15) sections in six (6) currently in force pieces of legislation. Such extensive amendment to current legislation can effectively serve to convolute and corrupt the intent of that legislation, which has already been approved in their current form by parliament.

²⁹ Queensland Law Reform Commission – Review of termination of pregnancy laws: Report No. 76 – June 2018; Appendix C – Introduction [2] page 232

³⁰ See, eg, Bradley v Commonwealth (1973) 128 CLR 557, 582 (Barwick CJ and Gibbs J); Simsek v MacPhee (1982) 148 CLR 636, 641–42 (Stephen J); Koowarta v Bjelke-Petersen (1982) 153 CLR 168, 211–12 (Stephen J); Kioa v West (1985) 159 CLR 550, 570–71 (Gibbs CJ); Dietrich v The Queen (1992) 177 CLR 292, 305 (Mason CJ and McHugh J); Attorney-General (Can) v Attorney-General (Ont) [1937] 1 DLR 673, 678–9 (Lord Atkin).

³¹ The Commonwealth Parliament has power to enact legislation to implement for Australian law the terms of international agreements to which Australia is a party under the external affairs powers in s 51(xxix) of the Constitution: Commonwealth v Tasmania (1983) 158 CLR 1; and Richardson v Forestry Commission (Tas) (1988) 164 CLR 261

³² See, eg, Garland v British Rail Engineering Ltd [1983] 2 AC 751, 771 (Lord Diplock); Jago v District Court (NSW) (1988) 12 NSWLR 558 (CA), 569 (Kirby P), 581–82 (Samuels JA); Dietrich v The Queen (1992) 177 CLR 292, 306 (Mason CJ and McHugh J), 321 (Brennan J), 337 (Deane J), 360 (Toohey J), 373 (Gaudron J); Minister of State for Immigration and Ethnic Affairs v Teoh (1995) 183 CLR 273, 287–8 (Mason CJ and Deane J); Mabo v Queensland [No 2] (1992) 175 CLR 1, 41–2 (Brennan J).

³³ Termination of Pregnancy Bill 2018 – Explanatory Notes: Policy objectives and the reasons for them – page 1, para 2

³⁴ Termination of Pregnancy Bill 2018 - Explanatory Notes: Consistency with legislation of other jurisdictions: para 1

For example, the amendment proposed for section 313 of the Criminal Code (killing an born child) exempts a person from committing an offence when performing an approved abortion procedure.

In other words, it is still considered an offence to kill an unborn child except if an abortion is performed under conditions set out in the Bill.

A Matter of Consent to Abortion

It is rather astounding that there is no provision for, or requirement for, a woman (a female of any age) to give consent to undergo a medical or surgical abortion.

Prior to 22 weeks of pregnancy (that is over 5 months gestation), an abortion can be performed simply as a matter or course. There is no requirement for a medical practitioner to consider the patients' current or future physical, psychological or social circumstance.

So, in effect, a woman could present for an abortion for any reason and the assumption under this Bill would be that the woman consents to the procedure. But what of a woman who is coerced, bullied or threatened into seeking an abortion by an abusive partner, domineering parent or guardian despite a desire to continue the pregnancy?

How does this Bill protect this woman?

Further, there is no obligation or requirement included in this Bill for a medical practitioner, or a registered health practitioner, to consider whether an abortion procedure is consented to by the free will of the woman without duress.

In the following scenarios, under the proposed Bill, consent would be considered to have been given simply by seeking an abortion procedure from a medical practitioner.

A 22 year old woman, who is 16 weeks pregnant and already has two children, attends a medical appointment to arrange an abortion. The mere fact that she has attended the appointment would be considered 'giving consent' to undergoing the procedure as the medical practitioner is under no obligation to consider the woman's circumstance or even question it. In reality, the woman is only attending under threat of her partner who does not want another child and has threatened her if she does not 'get rid of it' despite her wanting a third child.

A 29 year old professional career woman who is 19 weeks pregnant attends a medical appointment to arrange an abortion. The mere fact that she has attended the appointment would be considered 'giving consent' to undergoing the procedure as the medical practitioner is under no obligation to consider the woman's circumstance or even question it. In reality, the woman wants to have the child. However, her partner of 3 years has demanded she end the pregnancy as a child would be financially disruptive at this time, would complicate their goals and compromise their careers. Despite the woman really wanting this child, she seeks the procedure in order to 'keep the peace'.

Both of these women have been forced into a procedure without giving uncompromised consent. This Bill offers no protection for these women or any others in similar compromised situations.

Further, consider this scenario:

A 15 year old school girl attends a medical appointment seeking an abortion. She has experimented with sex only once with her boyfriend and fell pregnant. She is now 18 weeks pregnant and is finding it more difficult to hide the fact from her parents. She desperately wants to keep the child but knows her parents will be outraged. She is fearful of their treatment of her for getting pregnant and sees abortion as the only way to protect herself from their wrath.

Under this Bill, a woman is considered a female of any age. Consent would be considered to have been given even when other laws consider her a minor and requiring parental consent. As the pregnancy is under 22 weeks, there is no requirement or obligation on a medical practitioner to consider or question her circumstances and can perform an abortion procedure without threat of criminal liability.

However, should the medical practitioner state a conscientious objection to abortion as proposed in the Bill, they would be compelled to refer this girl or transfer her care to another medical practitioner. Failure to comply with these provisions leaves the objecting practitioner subject to complaint and potential loss of practising license.

Abortion Sought as Result of a Criminal Act

One of the arguments used in support of liberalised abortion law is the need to remedy the criminal act of rape. In this case, the unborn child is sentenced to death as punishment for a crime they did not commit.

But what of abortion being used to conceal the crime of incest or paedophilia? This Bill opens the door to perpetrators attempting to cover-up their crimes.

Consider this scenario:

A 13 year old girl who is 17 weeks pregnant attends a medical appointment with her stepfather seeking an abortion. The stepfather does all the talking and explains that the pregnancy is the result of playground experimentation with a fellow student. Yet in reality, the girl has been subject to interference by the stepfather for some years that has recently advanced to vaginal intercourse. The pregnancy was the result of this act and the stepfather is wanting to hide the fact to avoid criminal prosecution and moral outrage. The girl has been threatened by the stepfather to say nothing and comply 'or else'. The girl is held in fear of the stepfather.

A medial practitioner is not required to consider the circumstances of the girl and must accept that she gives consent to the procedure, particularly in light of the fact that her guardian (stepfather) is in attendance and supportive, despite this 'woman' being a minor. There is no reason that the procedure cannot go ahead and the crime will go unpunished. This 'woman' is likely to be scarred emotionally from the experience and is offered no protection under provisions of the Bill.

So, in effect, performing an abortion that kills an unborn child will be acceptable but not by any other act. What this will demonstrate is that parliament extends protection for unborn children from the offence of killing in all cases *except* when a pregnant mother chooses so.

Failed Abortion Procedure

There are no provisions whatsoever contained in this Bill that address matters of a failed procedure.

Reports of children being born alive after botched abortions are regular events in countries with liberal abortion laws.³⁵ These children are often 'left to die' with no attempt to assist medically.

The United States of America is attempting to address this outcome after community outrage.

The U.S. House approved the Born-Alive Abortion Survivors Protection Act in January, and it requires health care practitioners to give the same care to a child born alive after a botched abortion as they would provide to any other child birthed at the same gestational age.

New Law Will No Longer Allow Babies Born During Botched Abortions to Be Killed ³⁶

The Western Journal – by Grace Carr: February 4, 2018

Outcomes such as these have not been addressed in the Bill. Passage of the Bill though parliament would mean that matters surrounding botched abortions would need to be addressed subsequent.

Reporting and Data Collection

There are no provisions in the Bill for an attending or referring medical practitioner, or even colleagues assisting, to report matters many would consider important.

In their consultation paper for review of termination of pregnancy laws, the QLRC confirmed that: "... there is no standardised national data collection or publication in relation to termination of pregnancy and Queensland data is incomplete".³⁷

Despite the Parliamentary Committee reporting that submitters considered absence of abortion legislation as a reason for this lack of information³⁸ and a response question asked in the QLRC consultation paper,³⁹ the Bill contains nothing about any reporting requirement or obligation.

Data collection has not been enhanced by drafting of this Bill. Reporting requirements would be most beneficial if they include the following abortion related incidents:

- Incidence of medical abortions performed
- Incidence of surgical abortions performed

^{35 &}lt;u>https://www.liveaction.org/news/1200-too-many-a-look-at-born-alive-abortion-statistics/</u> https://www.lifesitenews.com/opinion/how-many-babies-are-born-alive-after-failed-abortions-and-left-to-die-the-n https://aclj.org/planned-parenthood/362-infants-born-alive-result-botched-abortions-died-decade https://www.cbsnews.com/news/baby-trashed-after-botched-abortion

 $^{36 \ \}underline{https://www.westernjournal.com/new-law-will-no-longer-allow-babies-born-during-botched-abortions-to-be-killed}{2} \ \underline{https://www.westernjournal.com/new-law-will-no-longer-allow-babies-born-during-botched-abortions-to-be-killed}{2} \ \underline{https://www.westernjournal.com/new-law-will-no-longer-allow-babies-born-during-babies-born-during-babies-born-during-babies-ba$

³⁷ QLRC – Review of termination of pregnancy laws: Consultation Paper – Collection of data about terminations of pregnancy: page 79 [273]

³⁸ Parliamentary Committee Report No 24 (2016) [7.4 1.1]

³⁹ QLRC – Review of termination of pregnancy laws: Consultation Paper – Consultation question Q-20 'Should there be mandatory reporting of anonymised data about termination of pregnancy in Queensland?' page 80

- Adverse health, psychological or social outcomes from medical or surgical abortion
- Age, location, stage of gestation, of women accessing an abortion procedure
- Incidence of children born alive after abortion procedure
- Incidence of death of women as a result of an abortion procedure
- Incidence of abortion procedure sought to conceal a criminal act
- Incidence of self-administered 'backyard' abortions

The Bill does not address or attempt to remedy the stated lack of data collection due to absence of supportive abortion legislation. Simply suggesting that a more strident and detailed data collection and reporting regime will be achieved with passage of abortion legislation is nothing more than unfounded speculation.

The Bill does not contain even a reference to data collection or reporting.

Closing Statements

The QLRC has produced an extensive and expansive report culminating in a bill for consideration by parliament. In fact, the Bill is far more detailed and expansive than any other state legislation referring to abortion law reform.⁴⁰

This proposed Bill, if passed, will change Queensland from one of the most protective states for unborn children to the most liberalised one for abortion in Australia.

It will also make abortion up until birth lawful, deny protection for women from coercion, threat and intimidation, aid the concealment of criminal activity, and punish medical practitioners who will not perform abortions through incomplete conscientious objection compliance.

Attempts to move the issue of abortion from a morality issue to one of health is lacking substance.

Pregnancy is not classified as a disease or a life threatening affliction. Pregnancy is simply the process of regeneration that can at times require support, particularly at time of birth and beyond.

Simply reclassifying termination of a pregnancy as a health issue serves to provide scope for *carte blanc* access to abortion with impunity and parliamentary sanction.

Of course, there is no health benefit whatsoever for the unborn child in this scenario.

Attempts to re-label abortion as a 'reproductive health' issue also serves to remove it as a moral issue in order to achieve perceived conformity with other state, national, and international, law.

- 40 WA Acts Amendment (Abortion) Act 1998
 - VIC Abortion Law Reform Act 2008
 - NSW Abortion Law Reform Bill 2016

NT- Termination of Pregnancy Law Reform Act 2017

TAS - Reproductive Health (Access To Terminations) Bill 2013

The largest proportion of the Bill deals with 'safe access zones' with several pages of amendments to existing legislation that attempts to legitimise the proposal.

Then there is the proposed definition of a woman for purposes of the Bill. A school is required to seek parental consent to administer so much as an aspirin to a student.⁴¹ Yet under this Bill, a student will be able to access an abortion procedure from a medical practitioner without so much as parental knowledge.

Any change to current legislation that supports termination of pregnancy would potentially place Queensland in conflict with Australia's legally binding obligations under UN treaties and conventions.

The fact that consent to an abortion procedure is not required to be considered by a medical practitioner up to 22 weeks of pregnancy provides scope for women attending under duress or threat. These women are not protected under this Bill. In fact, the matter of consent is completely absent from the Bill.

Of most interest is advancements in perinatal care and medicine. Survival rates of premature babies are improving rapidly and at 23 weeks can survive.⁴² That is only one week past the 22 week limit for unconditional access to abortion procedures on request. It will not be too long before survival rates further improve. This can only further compromise this Bill.

The perceived hurdle for data collection of abortions performed in Queensland has not been addressed, or even referred to, in the Bill.

We recommend retention of provisions of the *Code* referred to in this submission and do not support additional legislative sanction by way of bills or amendments to allow condemning another human being to death by the simple act of consent, or under any other pretence. After all, we are a civilized nation aren't we?

There are better ways to address unexpected pregnancies that the government seem disinterested in pursuing. Reasons for the desire for abortion services needs to be addressed in an effort to support and protect women and their offspring.

Options for women, other than simply resorting to abortion as a solution, should be explored, supported and financed by government agencies as part of post and prenatal care of children and their Mothers. This approach is more aligned to the intent and sentiment of our international legal obligations.

The proposed Bill, in its current state, is flawed and unlikely to achieve support of a majority of parliamentarians. As such, it should be consigned to the archives.

It is the belief of UCaN members that, if we cannot respect human life at its very beginnings, what chance do we have at any other juncture?

Respect and protection starts at conception.

UCaN formally submits our contribution to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for competent consideration.

^{41 &}lt;u>http://ppr.det.qld.gov.au/education/management/Pages/Administration-of-Medications-in-Schools.aspx</u>

⁴² http://www.abc.net.au/news/2018-01-09/three-premature-babies-in-three-years/9311960