

Abortion Law Reform

The Honorable Member for South Brisbane, Jackie Trad, has informed us of the following:

“In June 2017, the Palaszczuk Government requested the Queensland Law Reform Commission (the QLRC) conduct a review Queensland’s abortion laws. Based on the recommendations of the QLRC, the Palaszczuk Government is committed to introducing a Bill to decriminalise abortion in this term of government.”

“The QLRC based its recommendations on five underlying principles:

- abortion should generally be treated as a health matter.
- women’s autonomy and health should be promoted.
- Queensland laws should align with contemporary international human rights obligations.
- Queensland laws should be consistent with contemporary clinical practice.
- Queensland laws should be broadly consistent with other Australian jurisdictions that have modernised their abortion laws.”

My response to each of the above points is as follows:

1. Abortion has been shown to have damaging effects on the mother’s physical and emotional health. If termination of pregnancy is to be seen as a ‘health provision,’ the health (i.e. life) of the unborn baby should be given equal consideration to that given to the health of the mother. Even if one believes that abortion is ‘safe’ for the mother, it is always FATAL to the baby.
2. A ‘woman’s autonomy’ does not include autonomy over her unborn baby, who is a separate human being, from conception until delivery and beyond. All that is needed for a foetus (or embryo) to reach maturity is time and nurture (food, shelter, etc). No other biological material needs to be added.
3. I fail to see why aligning Queensland laws with contemporary international human rights obligations should be a priority.
4. Good clinical practice is based on the Hippocratic oath, which states, “I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion.”
5. This ‘modern’ trend towards easier abortions has marked a slide into an uncivilised society, where the weakest members are considered dispensable. Surely, the unborn child is the weakest member, with no voice in any of the deliberations that have produced this Bill.

There is a very simple way to avoid unwanted births: abstinence from sexual activity outside a committed, monogamous marriage.

Foetal Development: Month by Month

After 4 weeks, the basic structures of the foetus have begun to develop into separate areas that will form the head, chest, abdomen, and the organs that are contained within them. Small buds on the surface will become arms and legs.

At 8 weeks, the foetus is about 1.1 cm long. Facial features such as developing ears, eyelids, and nose tip are present. The limb buds are now clearly arms and legs, while the fingers and toes are still developing.

At 12 weeks, the foetus has grown to about 4.4 cm in length and may begin to move by itself. The fingers and toes are discernible, and the foetal heartbeat may be audible by Doppler ultrasound. The developing sex organs may be identified by ultrasound techniques.

At 16 weeks, the foetus is about 11.5 cm long and resembles an infant; the eyes blink, the heartbeat is easier to locate, facial features (nose, mouth, chin and ears) are distinct, and the fingers and toes are clearly developed; the skin on the fingers and toes even have distinct patterns (fingerprints!).


At twenty weeks, the developing baby is about 15 cm long and may weigh about 285 grams. The baby may begin to make movements that the mother can feel at about 19 to 21 weeks. The baby at this stage of development can move its facial muscles, yawn, and suck its thumb.

At 24 weeks, the baby may weigh 635 grams and can respond to sounds. Doppler studies show the sound response by measuring movement and heartbeat rates. Sometimes the baby will develop hiccups that the mother can feel! The baby's inner ear canals are developed at 24 weeks, so researchers speculate the baby can sense its position in the uterus.

At 28 weeks, the baby normally weighs about 1,135 grams and has developed to the point that if the baby is born prematurely for any reason, the chances are good that the infant will survive, but usually would require a hospital stay.

At 32 weeks, many babies weigh about 1,814 grams and have movements that the mother can feel.

At 36 weeks the baby is about ready to be delivered and has reached an average length of 47 cm from head to heel length and weighs about 2.7 kg. During this time, the baby has begun to rotate itself into the delivery position of head first into the pelvis. At 37 weeks, the baby has completed development of all organ systems to a level that should allow it to survive and continue its growth outside the uterus without any close hospital monitoring.

Source: 

Post-Abortion Emotional Effects on Women

In the immediate period after the abortion, a sense of relief is often reported. However, studies indicate that the effects can be more profound than simple relief. Compared with women who delivered a child, those who aborted had a significantly higher risk of death from all causes and, most notably, more often from suicide. Higher death rates of women who have had an abortion persist over time and across socioeconomic boundaries.

The feelings that can occur after an abortion have become so identifiable that this condition has been named Post Abortion Syndrome (PAS). Moreover, PAS is being recognized as a form of post-traumatic stress reactions (PTSD).

Below is a list of typical reactions that may be experienced in the months or years following an abortion, including but are not limited to:

- > Denial
- > Feeling numb
- > Guilt
- > Shame and secrecy
- > Acute feeling of grief and loss
- > Sadness and depression
- > Unexplained anger or rage

- > Preoccupation with babies or getting pregnant again
- > Avoiding children or pregnant women
- > Inability to bond with present or future children
- > Fear that future children will die
- > Nightmares
- > Sexual dysfunction
- > Loss of relationships
- > Emotional coldness, isolation
- > Inability to forgive
- > Increased alcohol and drug abuse
- > Eating disorders
- > Anxiety or anxiety attacks
- > Flashbacks of the abortion procedure
- > Anniversary syndrome
- > Thoughts of suicide or suicide attempts

Source:



We trust that the Honorable Members of the Committee will make a wise decision that will benefit all Queenslanders, including those yet unborn.

Yours faithfully,

Mark & Caroline Ossola

