

3rd September 2018

To Whom It May Concern:

I wish to make a submission for the Health Committee's review of the Termination of Pregnancy Bill 2018. The proposed changes to the current Queensland abortion legislation fail to protect unborn children and their mothers, and seek to make criminals of those who work in the medical field who conscientiously object to participation in termination of pregnancy, and also of compassionate people who want to help women.

The proposed legislation fails to protect unborn children.

At conception a distinct human life is created and will continue its development through to birth and well beyond. Every effort should be made to protect life even in its earliest preborn state. As a mother who has experienced thirteen pregnancies (four live births and nine miscarriages) I know the humanity of the preborn child. I have delivered five babies, all naturally miscarried, one at 12 weeks and four late-term. I have seen and held them, and know that there is no way that we can deny the humanity of these small, innocent and vulnerable people. These babies, miscarried between 12 and 18 weeks could open and close their mouths, clap their hands, squirm and jump around in the womb. I have seen all of these actions on ultrasounds. I have heard their heartbeats in the earliest stages – as early as 5 weeks 4 days. A baby's heartbeat is present by 22 days after fertilisation. A study by the University of Oxford published in 2016, 'Calcium Handling Precedes Cardiac Differentiation to Initiate the First Heartbeat', found that this might be even sooner than that, at 16 days.

Not only is abortion abhorrent for the simple fact that it is the deliberate termination of a human life, but also because of the horrific nature of the procedure. How can any government legislate and sanction inhumane practices such [REDACTED] If abortion is going to be legislated then it is vital that the Health Committee understands the nature of the procedure. Please see [REDACTED] for informative, and truthful, non-graphic videos, peer-reviewed by doctors and narrated by a former-abortionist Dr Anthony Levatino.

I am appalled that the bill does not make any reference to the wellbeing of the baby. One specific issue that has not been addressed is of babies [REDACTED] In 2015 Dr Mark Robinson asked the question in Queensland Parliament, "How many babies aged 20 weeks or more [REDACTED] in Queensland hospitals each year between 2005 and 2015 (presented annually), and will the Minister confirm whether [REDACTED] The statistics provided by Health Minister Cameron Dick were shocking – [REDACTED] alone, and over 100 in total over that period of 2005 to 2015. Added to that is

the distress that nursing staff can experience when [REDACTED]

I am also very concerned that abortion methods have not been addressed. There are a variety of methods in use within Australia including [REDACTED] in the first trimester, and [REDACTED] in the second trimester, both of which involve [REDACTED]

[REDACTED] Descriptions of these methods can be found on the Victoria State Government's Better Health Channel website

[REDACTED] In the later stages of pregnancy [REDACTED] can also be performed. Dr David Grundman, an Australian director of Planned Parenthood Australia who has operated abortion clinics in Brisbane and Victoria, was an advocate of this particular method. He even described it as his "method of choice" on the ABC 7:30 Report on 26th October 1994, and described the technique at his Monash University lecture, [REDACTED]

Recently a Gold Coast Man Brock Wall was given two life sentences for the murder of his pregnant partner, which also killed their unborn baby. In this case QLD law recognised the life of the preborn child at 10 weeks. Unfortunately the government does not think that other preborn babies are worthy of the same recognition and are seeking to sanction the premeditated killing of many more children.

The proposed legislation fails to protect women.

Abortion does not address health issues. When real health issues do occur for pregnant women everything should be done to preserve the health of both the mother and her child. In the event of serious health issues that present in the later stages of pregnancy, such as pre-eclampsia, then every effort should be provided medically to sustain the pregnancy as long as possible, and/or perform an early delivery in emergency situations that can arise. Please see the video "Is Abortion Ever Medically Necessary?" at [REDACTED] The bill requires that a medical practitioner must consult with a second medical practitioner for an abortion after 22 weeks. If true health risks occur for a woman then she would benefit by being referred to a specialist in the field of that health concern as well as an obstetrician. Together they could ensure the safety of both her and her child, and work out a plan of care where no-one has to die. I believe that a medical practitioner who refers a woman for an abortion without

seeking specialist care for her would be acting negligently. Just as we would expect a qualified practitioner/specialist to determine a care plan for other serious ailments, we should also expect that if a woman's health concern is so serious that an abortion is deemed necessary to preserve her life then her child's life should be taken just as seriously and other avenues of care should be explored in this effort.

The argument that abortion actually creates health issues for women is very strong. The mental and physical health risks for post-abortive women are well researched. There are multiple studies that link abortion to serious mental health issues, known as Post-Abortion Syndrome. Pricilla K. Coleman's 2010 metastudy, 'Abortion and Mental Health: A Quantitative Synthesis and Analysis of Research Published from 1995-2009', examined 22 studies on post-abortive women and the findings showed that women who underwent abortions were at an 81% higher risk of mental health problems. There are also many studies over decades that have linked abortion to breast cancer and premature birth in subsequent pregnancies. This research is detailed in the 2002 study by Dr Joel Brind 'Early Reproductive Events and Breast Cancer: A Minority Report', and more recent studies such as the 2014 paper by Unmesh Takalkar, 'Hormone Related Risk Factors and Breast Cancer: Hospital Based Case Control Study from India.'

I would also argue that there is no requirement for an emergency termination as that would be a highly dangerous procedure for a woman who is seriously at risk and needs to be delivered immediately of her child. In that instance the proper course of action would be to perform an emergency caesarean and thus preserve both the mother's life and hopefully the life of her child.

This bill does not allow for independent counseling, informed consent or cooling off periods. Abortion is by definition the termination of a pregnancy. Once it is done it is done and there is no turning back. Many women experience horrific post-abortion grief and regret. These feelings can occur immediately, days, weeks, months or even years later. These women could have benefited greatly from counseling and cooling off periods, and they and their babies deserve this. Women and their children should be protected from coercion and from rash, uninformed decisions, but this bill does not protect them from either of these.

The proposed legislation makes criminals of doctors who refuse to refer.

I am appalled that it is proposed in this bill that the actions of health practitioners who assist in an abortion is legal, and yet protection is denied to doctors who cannot in good conscience refer a woman to another practitioner who they know is willing to facilitate or participate in the abortion process. If a doctor objects so strongly to something as abhorrent to them as the killing of a baby then he or she cannot in good conscience pass a woman onto the next practitioner to handle it.

The proposed legislation makes criminals of compassionate people who want to help women.

The bill seeks to criminalise the actions of loving people who wish to discourage a woman from entering an abortion clinic and damaging herself, and destroying her child. I support those who peacefully pray, or offer assistance and love to those hurt by abortion. These people are far from criminals and it is unreasonable to enact laws that would identify their caring actions as criminal activity. The true objective of this part of the bill is to make abortion as socially acceptable as possible, and to vilify those who are opposed to it. Many other people apart from the mother can be harmed by abortion – fathers, grandparents, siblings and more. Why should the people who care about a woman the most be criminalised for trying to save the life of their child, grandchild, brother or sister? For trying to save the woman they love from hurt and despair?

Lastly, I believe that the Health Committee would be shirking its responsibilities if it does not investigate the well being of the preborn baby. As they are the people who are most affected in an abortion, by the loss of their lives, they also deserve attention. The Health Committee, by name, has an obligation to consider the baby's health as well as the mother's, and to understand the procedure that the preborn baby will have to undergo in an abortion. An entire field of medicine – obstetrics – is dedicated to the care of preborn babies and their mothers. Therefore there is a duty to consider the health of both people involved.

Sincerely,
Erin Hutchinson

