

**Subject:**

QLRC submission

Date:

Monday, 3 September 2018 11:25:02 AM

In my submission to the QLRC, I would like to propose questions that challenge the basic assumption of the termination of pregnancy to be moved to a Healthcare model. Rather I seek for recognition of this issue as a **Human Rights model**.

The right of a woman to take autonomous responsibility for her body.

The right of a woman to carry a child for surrogacy or adoption.

The right of a woman to choose how she wishes to live out the conclusions of her own decisions without prejudice or fear of reprisal.

The right of a woman to proceed with a pre-placental pregnancy, should it become viable and successful.

The right of a woman to terminate a pre-placental pregnancy at her own risk by being Fully Informed of the mental health risks, the termination procedures and surrogacy or adoption options.

The right of a placental pregnancy to proceed to its natural fruition.

The right of a placental pregnancy to not be harmed, violated or endangered in it's right to life

The right of a placental pregnancy to protection from poisonous or dangerous or harmful substances

The right of a placental pregnancy to have Protection from harm includes:

Alcohol

Illicit substances

Poisoning

Socially communicable diseases (ie chicken pox etc)

Nicotine and cigarette exposure

Physical abuse

Domestic violence etc

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, and
- Queensland laws should be broadly consistent with other Australian jurisdictions that have modernised their abortion laws

Question: Is it appropriate to move the issue of terminating a pregnancy to a 'Health

Issue', when the Right to Decide how her body is used, is explicitly the right of the Mother? Is it possible to move the issue to a human rights category?

The reproductive rights of a woman are growing in respect to their autonomy and identification as a complete equal private citizen is growing across the world. This is not a healthcare matter, it is in fact an identification that a woman is an equal citizen.¹

1. Reference:

JOURNAL ARTICLE

Human Rights Dynamics of Abortion Law Reform

Rebecca J. Cook and Bernard M. Dickens

Human Rights Quarterly

Vol. 25, No. 1 (Feb., 2003), pp. 1-59

Published by: [The Johns Hopkins University Press](#)

Abstract

The legal approach to abortion is evolving from criminal prohibition towards accommodation as a life-preserving and health-preserving option, particularly in light of data on maternal mortality and morbidity. Modern momentum for liberalization comes from international adoption of the concept of reproductive health, and wider recognition that the resort to safe and dignified healthcare is a major human right. Respect for women's reproductive self-determination legitimizes abortion as a choice when family planning services have failed, been inaccessible, or been denied by rape. Recognition of women's rights of equal citizenship with men requires that their choices for self-determination be legally respected, not criminalized.

Changing the legislation under the guise of a healthcare right, subjugates the moral right that every woman must decide the health and welfare of her own life.

The life of the unborn child also has rights and requires advocacy to be included in the discussion prior to the termination decision. Should an advocacy programme be instituted to establish the rights of the child?

Should the manner of the death of the placental baby be made known? ie [REDACTED]

Should the ultimate decision will be held by the mother after exposure to all the facts, options and invitations to adoption pathways?

Does the mother have the singular right to advocacy for the unborn child, where the

mother is unfit mentally, impaired in mental health, impaired by substance abuse/use, or is being coerced by another person or organisation?

In the event of a criminal act (rape) a pregnancy termination should be the decision of the mother. The consequences of a crime should not be dismissed or minimized as a 'Health Matter'.

The need for accountability and consequences of the criminal act of the perpetrator (criminal) should weigh heavily on the perpetrator in consultation with the mother.

The mother's views need to be documented at the time of the rape violation, and then her subsequent views need to be recorded for her mental health in the future. They should be able to be recalled by the mother in the future.

Health care of the mother must include provision for her 'altered state' that can occur in the hormonal changes that affect her perception and insight. In this, a woman can reconsider a rape charge in the future. And her decision to terminate Must be held in consultation with a neutral advocate for the mother and the child's options.

In the event of a minor being impregnated by incest rape, the mother's health both physical and mental and emotional, must be advocated for to protect the minor from being coerced.

Healthcare of the mother must include the mother's social, psychological, social, financial, and belief systems that the mother lives within. Healthcare must be an expansion of education of the mother of the options, consequences and potential threats to the mother's wellbeing. She must be educated as to the consequences of sexual intercourse and all its vulnerabilities. ie future family planning, and protective factors that the women can have access to.

The baby:

The pre and post placental baby has human rights.

The baby must experience zero pain in the procedure of termination, this directly affects the termination viable date and the need to medically continue a pregnancy in preparation for adoption to protect the baby's welfare.

Gender selection is an abhorrent recommendation to justify a baby's likelihood to life.

In the case of abnormalities, the mother has the right to determine whether she has the resources, emotionally, financially, physically and relationally to support the needs of the child. Adoption preparation within Australia should be made available for parents who have the resources.

Life termination after 22 weeks is abhorrent because of the process involved and the viability of the youngster's survival has advanced to having human rights and human potential.

The Most Important issue, in my opinion, is the concept that a pregnancy can be terminated at full-term. The procedure is Not a Medical Model. There is No Health improvement, no model of [REDACTED] of a person fits in the medical model.

Life threat to the mother is the mother's decision alone. She has the right to self-preservation, self-autonomy.

I would like to submit these questions to the committee for careful deliberation.

Yours sincerely

Lisa Bagnall

