

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

Re: Termination of Pregnancy Bill 2018

Dear Madams and Sirs,

I thank the committee for its report on Mr Pyne's previous bills of similar intent. They seemed fair, insightful and professional. How many times are we to see ill considered attempts to promote abortions in our State? My reading of this current proposal sees that it is based on similar errors and it is as flawed, or worse, then those previous ones. I ask the Committee to provide the same or a stronger response to it.

Having read many of the speeches, submissions, etc. on the first bills, I consider it needful to mention some other points.

As a starting point, I advise that I am a retired male trained in logic, experienced in system improvement and trying to live a values-based life. No cases of prosecution under current laws have come to my notice where genuine risks to mothers or children's health exist. (I use the term child as a general one, covering terms such as embryo and foetus, which are medical and not in the usual vocabulary of the man in the street. Also, none of the comments I give below should be taken to relate to cases of rape, including incest.

It is my understanding that Queensland Health's initial response to a reported rape is medical, including, ". . . and providing treatments to reduce the risks of pregnancy and sexually transmitted infections." (**Response to sexual assault** - Queensland Government Interagency Guidelines). I consider this appropriate, caring and sensitive to the needs of the victim.

1. Woman's Right to Choose

We have all heard statements such as, "I am unashamedly pro-choice," and "What a woman decides to do with her body. . . does not belong in the criminal code."

That phrase 'What a woman decides to do with her body' or 'Woman's Right to Choose' might be a nice sound bite, but is misleading in any consideration of the abortion question. No woman or man may bunch their hand into a fist and punch some-one else. Abortion also concerns some-one else. The foetus that the woman first carries is not the woman, or her body. It is of both her body and that of the father's and is a separate human life.

Its DNA proves this, as it has a mixture of both of theirs. We have known for ages that it is not either of them, but a human entity, with its own keys to life. It is stated in modern laws, where an attack on a pregnant woman causes her to lose the child, the attacker can be charged with murder. This is so even if that person is the father and could claim that the child is nearly half his. Yes, he would be wrong, as would any woman who claims that it all hers or her own body.

2. Section 313 of the Criminal code

Unfortunately the proposed bill produces a vast disconnect for different members of Queensland society. The underlying principles of our laws noted above also provide for equality of all and non discrimination on the basis of sex, gender, etc. It creates classes of persons and would allow one to do what another can't or a mother to do something a father cannot. This clear contradiction between laws indicates a lack of clear thought and logic.

If a person does use their right to choose and make a fist to punch some-one else or to stick their elbow out to push another human off the goodwill bridge, such actions are covered by the criminal code. I submit that they should stay there.

If that person had felt at risk, threatened, crowded or inhibited in some way, they may make a case of necessity, i.e. for self-defence. Then the courts may hear that case and judge if it was reasonable action, in law.

3. Other Legal aspects

In Queensland, it is illegal to have sex with a person under sixteen. Many argue that this is the group who will most need an abortion. This society advocates safe and legal behaviour and does not subsidise young joy-riders who crash stolen cars. It does not repay the victims of theft, vandalism, etc. by young persons. Again there is a disconnect and contradiction being built into our system of law.

Those offenders may only get a slap on the wrist by our legal system or possibly counselling. Those bill shouts that we condone what the young teenagers are doing and that we will cover all the consequences. Is this really the message we want to be sending?

4. Benefits of Bill

A compassionate society must regret that 118 Queensland women felt last year that they would need to consider self-aborting their own child. They certainly can be called vulnerable. Such a society must also regret the thousands of children killed last year by abortion in Queensland. They could be called even more vulnerable.

The laws of this society are based on certain underlying principles, which we attempt to articulate in Constitutions, Charters, Bills of Rights, etc. These basic values include the protection of life and limb, especially against attack of the weaker ones by the stronger.

Of course, women should always have control over their own bodies. If they undertake sexual acts, without effective contraceptive measures, they need to take responsibility for the natural consequences of those actions. They should not look to the public purse to fund 'corrective' measures.

4 Abortion on woman more than 24 weeks pregnant

It was proposed that a doctor could decide upon and take such a course of action, if . . . ; 'and (b) has consulted at least 1 other doctor. . . etc.' Why? Is this just a leftover from previous proposals seeming to include an independent review of decisions. How can a second doctor review a case without seeing the case notes?

In other jurisdictions an independent panel of doctors provide such a review. This does not. If they are to provide unbiased review, they need to include the word or idea, "independent". This would prevent undue influence on the '1 other doctor' by the first doctor in the same commercial facility, etc.

5. Outcomes

Note: statistics in this area are difficult to compare due to differing collection methods and procedures. All data shown below are approximate, but the best I could find in general research.

a. Mr Pyne had stated that the numbers of late term abortions would decrease with the passage of his bills. In another Australian state these numbers tripled in the year following the introduction of such legislation (14 - 40). I anticipate that the rate of all abortions will increase significantly. Has the financial costs of this bill been estimated? What extra % will need to be added to the Medicare Levy? Have the individual psychological and general social facets been considered?

b. The issue of Live Births as result of abortions is an emotionally fraught one. Your report notes, "In response to committee questions about Queensland Health's procedure to assist when there is a live birth following a late-gestation termination, Professor Kimble said that compassionate palliation would be provided. *The paediatricians, our neonatal colleagues, would be there to provide care and, generally speaking, would provide pain relief for the baby and stay with it.*"

I have real concerns as to how this would work out in practice, especially in private, commercial facilities. Are there '*paediatricians . . . there to provide care . . . ?*' The professor notes the duration of life as, '*one gasp or . . . 30 minutes*', but some cases have been recorded and reported as much longer than this, even up to a week. My experience of specialists is that they don't have such time to spare.

The provision of '*palliative care*' is usually for the dying. As babies become viable earlier with better neonatal care, they are not dying and should not be treated as such. We know they are not wanted by the mother, but what about the father, other relatives or even persons not related. (See also d. below).

c. In Australia, the numbers of unborn children adversely affected by health conditions, both minor and major, are variously given as 2 - 4% (ABS data). Deaths of women during pregnancy are even rarer. The maternal mortality ratio was 6.8 deaths per 100,000 women who gave birth and was lower for cases directly caused by the pregnancy. (UNSW: National Perinatal Epidemiology and Statistics Unit). Some may say that this is a result of abortions being easily obtainable.

But one would have to question why there were 10,000 abortions and 69,000 live births (12.66%) in one year in Queensland. Are our medical statistics so far out of true? Is it that aborted embryos are not included in these counts?

Or is something else at work in these discrepancies? It has been stated that in the USA many abortions are undertaken in lieu of contraception. This bill asks the public to pay for it.

Additionally, I have seen a report that over 750,000 children were aborted in India because they were female. Cultural and both short term (dowry) and long term future economic aspects (providing for aged parents) were given as the reasons for this gender based selection. Girls are considered less valuable than boys. I understand that the same factors are at work in China and other cultures.

Other aspects seem to be more lifestyle choices than life or health decisions. Some reasons were stated as, 'We are just not ready yet.', 'We don't have enough money yet' and 'We just don't want a child'.

d. Even harder to estimate accurately are the numbers of people desiring to adopt children (see note above). We do know that there are more such people than children available, so that waiting lists in different States expand to unacceptable lengths.

My own experience is of a couple who had to wait so many years they would be ineligible by reason of age limits. That was the reason they looked overseas for two of their children. The very high cost, the travel, and difficulties of adopting in a foreign country, culture and language were acceptable to them.

They were prepared to commit to and invest extra time, effort and finance into caring for another's child when they could not have their own. As the grandfather of two children born prematurely, I have seen the same heroic love from parents who want to give their babies every chance.

Many of the people deeply desiring to adopt, but now on long waiting lists, would give similar levels of extra time, effort and finance into caring for another's child, from their own country. This includes disabled children. Surely as a progressive State, we should be able to do something towards bringing them and mothers seeking abortions together, for the benefit of our children, our future, if we seriously believe this truism.

For all the reasons generally aired in discussions on this subject and for those noted above, I strongly oppose this bill I submit the Committee should put a clear end to it.

Thank you for your attention,

Yours sincerely



Mr Geoffrey D. Smith

