

Rae Hunter



Dear Committee Members,

I am writing because I am saddened to hear of the proposed changes to the abortion laws - particularly the changes that will apply to babies after 22 weeks gestation.

To live in a state that will potentially legalise the killing of a perfectly healthy full term baby after two doctors give "consideration to the mother's physical, psychological and social circumstances" (Part 2, clause 6, 2 (b)), is abhorrent.

I have seen my own grandson at this age on ultra sound perfectly formed and sucking his thumb in utero. The idea that he could be killed if his mother's social circumstances now make him inconvenient is tragic. He is a little human being and is recognised by the state by the need for a birth certificate after 20 weeks gestation.

Babies of this age are known to feel pain. If this Bill goes ahead will the babies be given aesthetic or pain relief?

It is a horrendous thing to contemplate that in a civilized modern society we are going to legalise the killing of our own children - not for medical reasons or an emergency situation which the current law already allows for, but for social reasons.

My other concern is for the health care workers that may be affected by the proposed changes. I worked as a nurse in the maternity ward of a public hospital 2005 – 2010. I was on shift when a woman had an abortion at 20 weeks because the

baby had [REDACTED]. I am not a midwife and so was not directly involved with the delivery but everyone was aware of what was going on in the room and it was certainly troubling to some of the staff members. It was normal practice for the midwives to push the trolleys with all the used equipment into the treatment room after delivery while they attended to other matters, and then go back and clean. I entered the treatment room to get something and [REDACTED]
[REDACTED]
[REDACTED]. I have tried to console myself though, that the mother laboured and delivered the baby naturally and the [REDACTED]
[REDACTED] and there was a medical reason for their decision to terminate – although some would argue that. I am concerned that if public hospitals are now going to be asked to provide late term abortions for “psychological or social” reasons this will further negatively impact staff. And sadly the situation I saw is not how most babies meet their end in late term abortions, with the [REDACTED]
[REDACTED] favoured by some abortion doctors.

This legislation has the potential to negatively impact health care workers and it belies logic and defies emerging research to imagine that a woman's mental health will be helped by legislation that will allow late term abortion under a broad range of ill defined circumstances.

Thank you for considering my thoughts.

Yours faithfully,
Rae Hunter