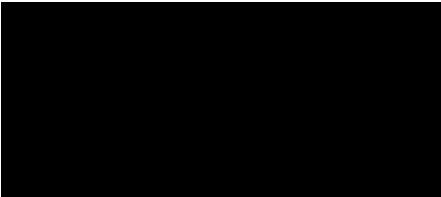


Inquiry Secretary  
Health, Communities, Disability Services  
and Domestic and Family Violence Prevention Committee  
Parliament House  
George Street  
Brisbane QLD 4000

5 September, 2018

Dr Julene Haack



Dear Secretary,

I am writing both as a woman and as a doctor with post-graduate training in women's health to express my opposition to the Termination of Pregnancy Bill 2018.

As a woman, I once considered having a termination of pregnancy.

I was in difficult social circumstances, with a previous child only a few months old when I became pregnant again. I was living in a foreign country without the support of family and friends, with a partner who was essentially absent due to long hours in a job that was not financially lucrative. I felt that I could not cope with the second child.

I thought of nothing else for a week. As a medical professional, I knew all the options (abortion, adoption, keeping the baby) – and the pros and cons of each.

In the end, I made the decision to continue with the pregnancy. I am extremely glad that I made that decision – for two reasons: one, because the child that I kept is wonderful and has grown into a lovely young person; and two, because I was subsequently never able to fall pregnant again. As it stands, I have two beautiful children but this could have been very different if I had made an alternative decision.

Having been through this process, I can understand how women with unplanned pregnancies can feel.

However, I had the fortune of greater background knowledge than the average woman because of my medical training. For example, I knew that:

1. Every viable pregnancy is the creation of a new individual with its own unique DNA, separate to that of its mother;
2. A heart beat can be detected at about 6 weeks from last menstrual period (LMP);

3. By about 10 weeks from LMP, all major structures of the human body are present within the growing fetus.<sup>1</sup>

Therefore, the decision to end a pregnancy should not be taken lightly - because it is the decision to terminate an unborn human being. (I was able to use this knowledge to inform my decision.)

My greatest concern with this Bill is that it trivialises the grave significance and implications of abortion.

The Bill has been created and put to the Parliament on the basis that abortion is a “health issue, not a criminal matter”. However, abortion is much more than just a health issue – it is the decision to end a human life. Moreover, it is the decision to end a voiceless, powerless and entirely innocent life.

This is a decision that should only be made for the most serious of reasons.

The Bill gives only the barest of nods to the humanity of the unborn child by acknowledging in The Explanatory Notes that “after 22 weeks ... as the fetus develops, its interests are entitled to greater recognition and protection.”<sup>2</sup> However, the only protection that a >22 week fetus in fact receives is that the woman needs *two* medical practitioners to approve the termination, rather than just *one* - and the criteria for having a termination of pregnancy are so broad (“the woman’s current and future physical, psychological and social circumstances”) that there is essentially no prohibition.

Pregnancy is a partnership between the mother and the growing fetus but, in this Bill, the mother has all the power and the fetus absolutely none.

The Bill purports to be created to help “vulnerable and disadvantaged women”<sup>2</sup>; however, it leaves the door open for any woman to have an abortion for the most frivolous of reasons, without any consequences.

It also assumes that the only way to help women in desperate circumstances (like I once was) is to end the pregnancy. This is not true and is demeaning to the capacity of women for great courage.

Further, the Bill does nothing to increase practical assistance for women in crisis who would continue their pregnancies if adequately supported – if anything, it will shift funding away from child and maternal health services in order to finance an increase in terminations through public hospitals.

The Bill will be justified as a way of helping women in domestic violence situations who are being forced by abusive partners to have more children – however, it is hard to see how a woman suffering under that degree of domination and control would actually be able to escape and attend a doctor to request a termination, let alone attend a clinic for the termination, without being stopped by their partner. On the other hand, it would become extremely easy for an abusive partner to force a termination under this Bill.

In closing, I would like to note that I am far from alone in judging that termination of pregnancy is a grave matter which should only be undertaken in the most serious of circumstances: A recent YouGovGalaxy poll found that 50% of Queenslanders believe that abortion involves the taking of a human life and 60% would not allow abortion after 13 weeks, with only a tiny 6% allowing abortion after 23 weeks.<sup>3</sup> In addition, previous attempts by the Government to change the legislation about abortion have met with strong opposition from the Queensland community through petitions and submissions.<sup>4</sup>

I would like to suggest that the Government abandons this path and leaves abortion in the Criminal Code, and instead turns their focus to increasing funding for pregnancy support services.<sup>5</sup>

Thank you for your consideration,

Dr Julene Haack  
MBBS Hons I, Dip RANZCOG, FRACGP

References:

<sup>1</sup> Keith Moore T. V. N. Persaud Mark Torchia, *The Developing Human* (10<sup>th</sup> Edition). Elsevier

<sup>2</sup> [Redacted]

<sup>3</sup> [Redacted]

<sup>4</sup> [Redacted]

<sup>5</sup> [Redacted] and [Redacted]