

## Queensland Parliament

### Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

I wish to express my extreme concern regarding the proposals in the Termination of Pregnancy Bill 2018.

Although I highly value the life of the unborn child, I do agree to a woman having more choice about the consequences of her carrying a child to term. Not all circumstances in life are black and white and I realize that at times, individuals may only be able to make a choice between a number of bad options. As an infant's life is considered viable from 23 weeks and a Death Certificate is legally required for any stillborn infant after 20 weeks, I would support the introduction of the de-criminalization of an abortion by qualified practitioners and qualified assistants, to your recommended 22 week stage ONLY! AND ONLY after the woman has been provided sufficient information to be able to make an INFORMED choice.

My main concerns and suggestions, are as follows:

In the Bill:

Part 2, Item 5

- should include a mandatory requirement of independent counselling, where the mother is provided clear information about the procedures involved in an abortion, what effects it can have on her mentally and physically, what other options might be available to her apart from abortion (including social support), and a cooling off period before the abortion can be carried out. If the mother still wishes to proceed with the abortion, she must be able to provide proof of counselling to the abortionist.

This should be standard Duty of Care before the performance of a significant medical intervention by any medical practitioner!

Many women are coerced into having an abortion. This is effectively another form of Domestic Violence. If the government is truly in support of fighting DV, then counselling and the provision of support services for these women, should be their primary aim.

Part 2, Item 6

- No terminations should be conducted after 22 weeks, except as in point (3) – in an emergency.

Part2, Item 8

- No doctor with a conscientious objection should be required to direct a patient to another doctor or facility which provides the service to which he has a conscientious objection.

This requirement could have disastrous effect on the ability of a competent and caring doctor, to morally continue to practice medicine. It could also have similar effect on those choosing to study toward medicine, which would in turn impact significantly on the number of doctors available to maintain an adequate health industry. I understand regional centers are already facing difficulties in providing enough trained medical staff, without adding this significant deterrent.

Part 3, Item 10

- I agree. Although the availability of counselling services should be strongly advertised.

Part 4

- These requirements would be acceptable, if the counselling requirements have been met.
- Abortion clinics or medical practitioners should be able to provide a patient's evidence of counselling, when being audited.

Part 6, Div 2, Item 25

- I agree with the requirement for abortions to be conducted by qualified medical practitioners, and that penalties should apply to, and be enforced against, those who conduct abortions outside of these requirements.

Thank you for considering the details of this submission.

Sally Smith

