

Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016 and Inquiry into
laws governing termination of pregnancy in Queensland

My name is Gaylene James, I hold a B.A. in Social Science and I am the founding director of a pregnancy and parenting support service. I oppose the above proposal because:

Both professionally and personally I know of families that have been negatively affected by abortion. Of these affected families each Mother has clearly told me that at the time of her abortion she "felt" like she had no other "choice." This concerns me, as it should do the reader, as this is not the kind of decision that we make under the guise of NO choice. In fact, as it is a life changing decision and as, at this point in a woman's life they are experiencing a "crisis" surely as a society we must endeavour to be absolutely 100% certain that this choice is made when the woman is fully informed of *all* of our choices and in a state of mind to make that call.

It is the responsibility of health and community services to respond to mothers who find themselves experiencing an unplanned and/or challenging pregnancy with care and concern and to assist her at this time to be fully informed of all of her choices and supported in her choice.

Making the suggested amendments will allow doctors to act on a decision made by a woman when she is at a crisis point in her life without referral to a counsellor or any other service. Even those of us without psychology degrees know that making a life changing decision when in crisis mode is a mistake. In fact it would be deemed as negligible by a doctor and/or counsellor if they were to encourage such a decision to be made while the woman is in the midst of a crisis. It would also be ill practice to refrain from assisting the patient/client to seek out all information to facilitate a fully informed decision regarding her rights and/or beliefs.

This proposal will force all health professionals (doctors and their assisting nurses) to facilitate abortion under threat of possible deregistration and loss of livelihood; thus, instilling a fear into Practitioners that may result in not introducing women who are opting for an abortion, to vital information that will fully inform them of all evidenced based outcomes in relation to their choices.

Studies on outcomes for women forced to have an abortion as a result of an unplanned pregnancy have found that such women have poorer psychological outcomes and show more signs of mental illness, emotional stress, guilt and anxiety, than women able to continue on with their pregnancy through being supported by family, friends or pregnancy support services. The Mothers that I have

worked with and/or know of who have been pressured to have an abortion by another family member and/or were not presented with viable choices also suffer from one or more of these conditions. Some of these women have been in a Family Violence Situations at the time of the forced abortion.

Within the arguments set out in your parliament records for the amendments to your abortion law the mental health of women who find themselves experiencing an unplanned pregnancy is reiterated in the comment by Children by Choice Manager Amanda Bradley who stated *"We get reports of self-abortion, some women we speak to say if I can't get an abortion I will do it myself."* As a former QLD resident of 17 years, it was well known that abortion was one thing that was very easy to obtain. In addition, "Children by Choice (CbC) received 118 contacts relating to self-abortion or threats of self-abortion in the past year." What happened to these women in crisis? Were they referred to support service and given information pertaining to all of their choices at this point, including the offer of support to walk the journey of pregnancy and parenting with the woman or did CbC use public funding to fund these women's abortions without allowing them the care and concern required in informed decision making? Furthermore, *"Dr de Costa told the Cairns Post that Queensland doctors continue to provide abortions despite risking prosecution under ambiguous laws. She said— "It's done knowing that there is case law to protect you, if you are charged—but also knowing that it's unlawful."* Removing abortion from the criminal code also removes safe guards for women seeking abortion. This proposal does not protect vulnerable women but instead protects doctors from prosecution, particularly in circumstance where the woman is at risk of being coerced by a doctor in circumstances like one that I recently experienced with a client.

My client was told by both a medical practitioner and a Family Planning nurse that she must abort due to her partners taking of a prescribed drug. Our client is 30 years old and a school teacher. When our client contacted us she was very distraught and upset. The doctor had not only told her that she needed to abort because of her partners prescription drug but, also because of the "multi layered issues" that surrounded the pregnancy ie. our client's partner didn't want the child. Our client then sort out clarification from family planning and after telling the nurse what prescribed drug the father was taking she was told by the nurse that she must abort and was handed a list of side effects caused by prescribed drug. The fact that this "list" pertained to side effects of the maternal not paternal side of pregnancy was not stated on the list. Needless to say when our client came to us her crisis was far worse than it should have been, due to incorrect information and a hasty judgement call of the doctor. After a few phone calls it was confirmed that the risk of harm to

the child due to the fathers prescribed medication was 2%. Both the doctor and family planning nurse are under investigation by the AMA.

In other situation our clients have felt that they would be letting their doctor down if they didn't go through with an abortion appointment that was made by the doctor at the initial consult. These appointments were made without the woman's consent, let alone informed consent but "just in case" she decided to abort. Several were for medical abortion and 2 for surgical. In all of these situation, after coming to us and receiving counselling for their crisis and being presented with all of their choices and for some, accepting our offer of support and choosing to parent their child, the women have come to me worried and stated "but the abortion appointment has already been made – what am I going to say to my doctor" In some cases the women have changed doctors. This demonstrates the vulnerability of women in this situation and enormous influence that a doctor has over a woman when in this situation.

How does this amendment ensure that women are aware of all of their choices when faced with an unplanned or challenging pregnancy? And how does it protect women in a way that it ensures that they get the proper care while choosing which road to take? And how does this amendment protect the babies, like those 27 in QLD last year, who are born alive and left to die?

"We have failed as a society if the best that we can offer a woman is the death of her child when she finds herself facing an unplanned and/or challenging pregnancy."

In concluding, I oppose the proposed bill because it will:

- Not provide any support for women who are under pressure to abort from partners or others. Women coerced in this way may regret their abortions for the rest of their lives and in fact many do.
- Allow abortion of babies who are capable of being born alive.
- Legalise the brutal partial birth abortion method.
- Remove the protection of the law from all unborn children in Queensland right up to birth.
- Force all health professionals to facilitate abortion under threat of possible deregistration and loss of livelihood.

Yours Faithfully,

Stave James