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Research Director
Health, Communities, Disability Services and
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Parliament House
George Street
Brisbane Qld 4000

Re: *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016*

Background on the Australian Christian Lobby

The Australian Christian Lobby (ACL) is a grassroots movement of over 68,000 people seeking to bring a Christian influence to politics. We want to see Christian principles and ethics accepted and influencing the way we are governed, do business and relate as a society. We want Australia to become a more just and compassionate nation. ACL is a non-party partisan, non-denominational movement that seeks to bring a credible, Christian voice for values to our national debate.

Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016

The Australian Christian Lobby (ACL) welcomes the opportunity to provide a submission to the committee on the private members bill *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016* and the committee's consideration on various aspects of law governing abortion.

The bill introduced by Mr Rob Pyne MP, Member for Cairns, *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016*, would remove 3 abortion related offences from the Criminal Code, as well as remove disqualifying offences from the *Transport Operations (Road Use Management) Act 1995*.

ACL recommends this bill not be passed.

A recent e-petition opposing this bill closed on 23 May 2016 and received 23,869 signatures, a very high number of signatures for any QLD petition.

Currently women are freely accessing abortion in Queensland. Women who access abortion in Queensland rely on the Common Law interpretation of the legislation to avoid prosecution and changing the law is unlikely to increase access to abortion given the high rates that currently occur. In other words, the legislation and common law together are not preventing access to abortion, and this bill would not alter this fact.

ACL submits that the policy goal around the question of abortion should be to increase support and resources in order to provide genuine choice to women faced with an unexpected pregnancy. The

choice of abortion is not a free choice if a woman believes it is the only option available to her in her circumstances. Removing the offences under the Criminal Code will not make abortion safer for women in Queensland.

Significantly, Rob Pyne's Bill would remove protections for the unborn and simultaneously fail to put in place any additional safeguards for ensuring women's safety in the health system, and in the supply of abortion drugs. The repealing of the law in the Criminal Code would mean that Queensland law would allow abortion for any reason, up to birth, without any safeguards for either mother or baby.

There is nothing in the Bill to prevent abortion for any reason, even reasons that the majority of the population would reject. This bill would see abortion law in Queensland with even less safety measures than Victorian law. Such a serious matter should not be dealt with in this way.

Whilst it has been claimed that late term abortions are inevitably made because the life of the mother is in danger or the foetus is not viable, there is nothing in this bill that would ensure that these are the only circumstances in which abortion is carried out.

The bill does not put in place any limitations on gestational period, meaning that abortion would be able to be performed for any reason up until birth with no restrictions. This unfortunately includes babies who will be allowed to be killed for no medical reason, despite being viable outside the womb.

The current system lets down women and the unborn babies they are carrying by providing abortion as the only option. Removing the legislation around abortion re-enforces this message and fails to address the real needs that women have when faced with this situation.

A pro-woman approach to abortion acknowledges that many women who undergo abortion are deeply conflicted with their decision; some do so under duress or coercion from partners, family and friends. Many feel that they have no option except the choice to abort. Abortion is an issue that is rarely spoken of yet there is much damage and hurt in the community from the pain of the loss and internal conflict about the decision.

When considering a way forward over this issue, a better approach would be to address the core needs of pregnant women by providing real choice to continue their pregnancy if they wish. This could be achieved with practical means such as financial assistance and counselling. To provide support to those in need, it would be a better approach to respecting women than removing the current legislation.

Election commitment in 2015 from Labor and LNP

During the Queensland election campaign in 2015, ACL put a question to the parties with regard to abortion.

Labor responded:

We have no intention to change the existing legislative provisions.

LNP responded:

In Queensland, abortion is a crime however, section 282 of the Criminal Code provides a defence when the abortion was performed 'for the preservation of the mother's life'. Section 282 has been interpreted by the courts as applying where the termination is necessary to preserve the mother from serious danger to her life or her physical or mental health which the continuing of the pregnancy

would entail; and such termination is not out of proportion to the danger to be averted. The Queensland Government has no plans to change or review the laws relating to abortion.

Recent revelations around late term abortions

Health Minister Cameron Dick recently provided information about late term abortions to a question on notice by Member for Cleveland Dr Mark Robinson.

The information provided by the Health Minister was that 27 late term abortions in QLD resulted in a live birth in 2015. Those babies were subsequently left to die without being rendered assistance.

At a time when these details have been revealed, it is shocking that QLD MPs such as Rob Pyne MP would want to further remove any framework around abortion. Rob Pyne's bill does nothing to help women.

Need for more transparency in reporting

For the committee to make recommendations on the Private Member's Bill, it should be armed with all the most up to date data on abortion in QLD. This is difficult because little information regarding abortion is publicly available. An inquiry into abortion practice in QLD is necessary in order to paint a more fulsome picture of the situation.

In response to a question on notice, the Hon C Dick, provided the statistics from licenced private clinics and day surgeries in Queensland that offer abortion.¹ The number of abortions which take place in hospitals is not included in this figure.

In the 10 year period from 2006-2015 there were **124,788 abortions** reported.

2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
12,387	13,232	13,996	14,302	14,330	12,744	11,432	11,630	11,756	10,963	10,403

Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC), Statistical Services Branch, Department of Health, Queensland

The reporting of these details needs to be made more transparent. ACL hopes the committee is able to access this information in order to help it build a more complete picture around abortion in QLD.

QLD should adopt the South Australian approach to abortion reporting.

Provision of counselling and support services for women

There are limited services for Queensland women in crisis pregnancy or women who need assistance in other ways related to pregnancy, that enable those women to receive the support they need to continue the pregnancy until birth. There are services provided by Queensland based organisations in addition to national counselling hotlines accessible by Queenslanders.

It is concerning that there is little to no funding flowing to this vital area of support, and many if not all of the organisations providing services appear to operate without public funding.

¹ Question on notice asked on 24 May 2016, data provided from Queensland Hospital Admitted Patient Data Collection (QHAPDC) Statistical Services Branch, Department of Health, Queensland.

A quick survey of organisations providing these services revealed some limited services available to Queensland women such as:

- pregnancy counselling and support through in-house face-to-face and telephone counselling
- national crisis hotlines
- professional development programs for pregnancy support personnel
- referral services, with a strong focus on counselling services
- emergency accommodation
- baby packs
- information resources such as videos and websites
- support workers providing a range of services
- retreats

More support needs to be given to services for women who fall pregnant, but want to be provided with alternatives to killing their unborn.

Community opinion around abortion and abortion law

Recent polling in Queensland, as well as more extensive national polling from 2004 reveals that the community's views on abortion are far more complex than is typically assumed.

A randomised telephone opinion poll of 400 Queensland voters was conducted from 6 to 8 May 2016 by Galaxy Research. The poll reveals that Queenslanders are both pro-choice and pro-life in their views on abortion, often holding conflicting views simultaneously.

The polling revealed that the community is divided over abortion laws in Queensland with 39% of the opinion that the law as it currently stands is too restrictive but 42% thinking it is about right. A further 11% do not believe the law is restrictive enough.

Those that believe abortion should not be decriminalised (49%) outnumber those in favour of the decriminalisation of abortion (43%).

Most voters in Queensland (55%) believe abortion involves the taking of a human life. This view is most commonly held by women (56%) and those living in regional and rural Queensland (58%). 37% disagree.

It is widely accepted by 84% of Queensland voters that abortion can harm the mental and/or physical health of a woman. Those aged 18-34 years (90%) are the most likely to have concerns about the harm done by abortion to the physical and/or mental health of the woman.

Specific circumstances in which Queenslanders consider abortion to be acceptable

The polling also reveals that the set of circumstances in which Queenslanders consider abortion to be acceptable, excludes the reasons for which a majority of abortions are performed, namely social or financial reasons. Almost half of Queensland voters (45%) oppose abortion for social or financial reasons, that is, in cases where a healthy mother is carrying a healthy unborn baby. This view is most commonly held by those in the 50+ age group (57%). 38% support abortion under these circumstances and 17% are uncommitted.

Late term abortion

Two-thirds of voters in Queensland (66%) believe that an unborn child at 20 weeks of pregnancy is a human person with human rights. This view is more likely to be held by females (68%) and those living in regional and rural Queensland (69%). 30% disagree. Interestingly, most voters in Queensland (72%) are also not in favour of abortion at the threshold of 13 weeks.

Counselling and time to consider

There is widespread belief in Queensland (94%) that before having an abortion a woman should receive free independent counselling and information so that she can make a fully informed decision.

There is also strong support (87%) for a cooling-off period of several days between making an appointment for an abortion and the actual operation.

Consistency with earlier more comprehensive polling

The recent Galaxy polling is consistent with the findings of earlier more comprehensive research undertaken by the Southern Cross Bioethics Institute which used polling conducted by Sexton Marketing. Extensive polling was conducted on a proportionally representative sample of 1,201 Australians across all jurisdictions, population distributions, ages, and genders, in December 2004 with the book containing the results published in 2007.²

The Sexton polling found that 67% agreed that abortions for lifestyle reasons are less acceptable than for health reasons, and only 23% considered late term abortion to be acceptable. Overwhelming support was given to the idea of making counselling available to pregnant women about the alternatives to abortion and about the risks involved in having abortion (95%), whilst 74% believed that there should be a compulsory 'cooling off' period to give a woman who has requested an abortion time to consider her decision more fully.

Discussion

The Galaxy and Sexton polling supports the proposition that the community feels a very deep sense of unease about abortion and that they feel that abortion is a serious decision that should be taken only after every other possible option has been explored and found wanting.

Queenslanders appear reluctant to approve of abortion unless in their view the circumstances warrant such an act. The polling suggests that the community would support measures to restrict late term abortions, introduce independent counselling and introduce cooling off periods.

² Common Ground? Seeking an Australian Consensus on Abortion and Sex Education, John Fleming and Nicholas Tonti-Filippini (eds), St Pauls Publications (Strathfield), 2007. p 67, 70.

Advances in ultrasound technology mean that many Australians have seen the unborn in the womb and have recognised humanity. It may be that when the child is capable of surviving outside the womb this reality is more clearly understood by many people and support for abortion falls away.

It is clear from the polling that most Queenslanders agree that children who are capable of independently living outside the womb, deserve a fighting chance of life and should not be aborted.

What is abortion?

Abortion may be performed through a variety of ways.

- medical abortion
 - morning after pill
 - Mifepristone (RU486 or the “abortion pill”) taken in combination with Misoprostol
- surgical abortion
 - suction curettage (7-12 weeks)
 - dilation and evacuation (D and E) (12-16 weeks)
 - prostaglandins (7-20 weeks)
- late-term abortion procedures
 - dilation and extraction or partial birth abortion (D and X) (after 20 weeks)
 - intercardiac injection abortion

From the moment following conception, in any mammalian creature, including humans, a new life with unique DNA and its own biological organising principle begins to grow; it is separate though reliant on the mother; this is a biological fact, regardless of what moral judgements you attach to the act of abortion itself. Each of the methods of abortion listed above involve intentionally ceasing the life of the unborn.

RU486

RU486 is the original brand for the abortion drug Mifepristone. It was developed in France by the drug company Roussel-Uclaf in 1980. It is used in combination with Misoprostol to perform chemical abortions

How Does RU-486 Work?

- It is an anti-progesterone that blocks the hormone progesterone which is essential for maintaining the thick endometrial lining of the uterus. The lining of the uterus (or womb) is essential for the survival and growth of the newly conceived child. This blocking of progesterone means the lining rapidly breaks down and the baby dies.
- RU486 is commonly used in combination with a prostaglandin (Misoprostol) which makes the uterus contract, expelling the dead baby.

- This delivery of the foetus can happen at home where the young woman has to deal with the reality of seeing her aborted foetus by herself.

What are the side effects to the woman?

- 832 reports of adverse events as a result of taking RU486 had been provided to the TGA between April 2006 and 25 June 2012.³
- Death of the woman: At least one Australian woman has died (sepsis) in 2010 since the 2006 limited approval of the drug.⁴
- Surgery: Some form of surgical intervention occurs following RU486 administration in a high proportion of cases. 599 Australian women required Dilation and Curettage or Dilation and Evacuation (surgical abortion) to remove the poisoned foetus between April 2006 and 25 June 2012.⁵
- A recent Australian study of over 1000 abortions performed this way showed that 1 in 18 patients who used RU486 had to be re-admitted to hospitals. The same study revealed that as many as 33 % of women who had second trimester RU486 abortions required some form of surgical intervention.⁶
- Uterine Rupture: This may happen following rupture of a caesarean scar or as a result of the drug combination itself.⁷
- Failure of RU486 to work: Sometimes the unborn child still survives the procedure. The TGA reported 132 of the 22,500 women had an ongoing pregnancy following treatment.⁸
- Infection: RU486 use is associated with infections by *Clostridium Sordelli*. It has been associated with at least nine known deaths related to RU486 use internationally. Concerns have been raised as to the rising numbers of this infection.⁹
- Later Term Abortion: Taking RU486 past 12 weeks is more prone to complications - especially noted are cervical tears and placental retention.¹⁰
- Haemorrhage: Some women haemorrhage (severe uterine bleeding) with some of those women requiring a blood transfusion.¹¹

³ http://www.aph.gov.au/~media/Committees/clac_ctte/estimates/bud_1213/doha/Answers/076.pdf

⁴ Ibid.

⁵ Ibid.

⁶ Mifepristone in South Australia (2011) Mifepristone in South Australia The First 1343 Tablets Australian Family Physician Vol 40 No. 5, May 2011. Ea Mulligan, Hayley Messenger.

⁷ http://www.aph.gov.au/~media/Committees/clac_ctte/estimates/bud_1213/doha/Answers/076.pdf

⁸ Ibid.

⁹ Patterson, Monty L. Health Risks: Medical Abortion Deaths. *Abortion Pill Risks, Just the Facts*. [Online] 2012. [Cited: March 28, 2012.] <http://abortionpillrisks.org/health-risks/deaths/>.

¹⁰ Mifepristone in South Australia (2011) Mifepristone in South Australia The First 1343 Tablets Australian Family Physician Vol 40 No. 5, May 2011. Ea Mulligan, Hayley Messenger.

¹¹ http://www.aph.gov.au/~media/Committees/clac_ctte/estimates/bud_1213/doha/Answers/076.pdf

What is late term abortion?

It is worth pausing to consider what is involved in a late-term abortion.

One method of late term abortion is dilation and extraction, also known as partial birth abortion. It is a brutal method used to abort during the second trimester of pregnancy.

Two days before the procedure, laminaria is inserted vaginally to dilate the cervix. During the procedure, the foetus is rotated and forceps are used to grasp and pull the legs, shoulders and arms through the birth canal. A small incision is made at the base of the skull to allow a suction catheter inside. The catheter removes the cerebral material until the skull collapses. Then the foetus is completely removed.

Other forms of second trimester and late term abortion can result in the birth of a living child, who is then left to die.

27 babies survived late-term abortions in Queensland hospitals last year, but were not rendered care and allowed to die.

Do the unborn feel pain?

There is substantial medical evidence¹² that an unborn child is capable of experiencing pain at least by 20 weeks after fertilization, if not earlier.

- Pain receptors (nociceptors) are present throughout the unborn child's entire body and nerves link these receptors to the brain's thalamus and subcortical plate by no later than 20 weeks after fertilization.
- By 8 weeks after fertilization, the unborn child reacts to touch. After 20 weeks, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human, for example, by recoiling.
- There is good evidence that stress hormones are released during invasive procedures on fetuses down to 18 weeks gestation or earlier.¹³
- A double-standard of pain relief between clinical operations to correct problems and abortion exists. Amazing treatments have been given to unborn children in the womb to correct problems such as spina bifida or potential loss of limbs. Indeed, the National Institute of Child Health and Development predicts routine diagnosis and in utero treatment of congenital malformations by 2020.
- Foetal anaesthesia is routinely administered and is associated with a decrease in stress hormones compared to their level when painful stimuli are applied without such anaesthesia. In the United States, surgery of this type is being performed by 20 weeks after fertilization and earlier in specialized units affiliated with children's hospitals.
- Great efforts are made to treat wanted babies, either in the womb or when born prematurely, and attempts are made to alleviate any pain or distress they may experience. Yet an unborn

¹² <http://www.doctorsonfetalpain.com/>;

¹³ Gitau R, Fisk NM, Cameron A, Teixeira J, Glover V. (2001). 'Fetal HPA stress responses to invasive procedures are independent of maternal responses', *Journal of Clinical Endocrinology and Metabolism*. 86, pp104-109

child of the same gestational age, whose parents have chosen abortion, is offered no pain relief, presumably because this would bring the reality of what is being done to a defenceless human being into too sharp a focus.

- Testifying before one of the US trials to determine the constitutionality of a ban on partial birth abortion, Oxford and Harvard trained neonatal paediatrician Professor Knowljeet Anand, certainly not a conventional pro-life activist, stated that: *“If the foetus is beyond 20 weeks of gestation, I would assume that there will be pain caused to the foetus. And I believe it will be severe and excruciating pain.”*¹⁴
- In the unborn child, application of such painful stimuli is associated with significant increases in stress hormones known as the stress response.
- Subjection to such painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioural, and learning disabilities later in life.
- The position, asserted by some physicians, that the unborn child is incapable of experiencing pain until a point later in pregnancy than 20 weeks after fertilization predominately rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex. However, recent medical research and analysis, especially since 2007, provides strong evidence for the conclusion that a functioning cortex is not necessary to experience pain.

How does abortion affect woman?

A growing body of research as well as anecdotal evidence suggests that long-lasting negative effects can occur as a result of abortion.¹⁵

- risk of physical complications and harm as a result of the procedure
 - premature delivery in subsequent pregnancies
 - infection (which may lead to infertility, particularly in the presence of genital infection),
 - uterine perforation,
 - increased risk of miscarriage in subsequent pregnancies
 - placenta praevia and low birth weight in future pregnancies
- increased risk of suicide
- substantial evidence of risk of psychological harm associated with abortion

¹⁴ Evidence supplied by Dr. Anand is summarised from page 196 of the Carhart v Ashcroft court ruling.

¹⁵ <http://www.deveber.org/drupal/womens-health-after-abortion>;
http://www.aph.gov.au/~media/wopapub/senate/committee/fapa_ctte/completed_inquiries/2008_10/health_insurance_regs/submissions/sub216attach_pdf.ashx

Conclusion

ACL would like to thank the committee for considering the issues raised in this submission both with regard to the Bill before the committee and those matters in relation to abortion generally.

This bill does nothing for the safety of women and should not be passed.

This bill's simple approach of removing legislation does not accord with the complex views of the community which is opposed to abortion in a range of circumstances, including late term abortion; a community which would also like to see counselling and cooling off periods.

There needs to be more information available around the number of abortions that occur in QLD and that information needs to be provided in a more easily accessible manner. QLD should adopt the South Australian approach to abortion reporting.

ACL encourages the committee to consider other ways that policy makers can assist and support women who currently feel that abortion is the only option they have due to a lack of support for alternative choice.

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