

To the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee:

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

I wish to address 3 of the terms of reference and offer additional comments on abortions after 25 weeks of pregnancy.

Existing Practices in Queensland

Current practice in which abortions are permissible in Queensland is based on Justice Macguire's ruling in 1986 which allowed "for the preservation of the mother's life" in S. 282 to have the meaning of not just life, but a serious physical or mental health threat. However, his ruling further said, in part, "The law in this state has not abrogated its responsibility as guardian of the silent innocence of the unborn. It should rightly use its authority to see that abortion on a whim or caprice does not insidiously filter into our society. There is no legal justification for abortion on demand."

In the years since this ruling, it can be seen that the "physical or mental health threat" has become the basis on which abortions are carried out. A woman's right to choose must accurately consider the seriousness of the physical or mental health threat posed by continuing the pregnancy, compared to the seriousness of the physical or mental health threat posed by terminating the pregnancy through induced abortion. Current research indicates significant physical and mental health consequences of abortion which can no longer be ignored. For example, Ferguson, Horwood and Boden conclude in their 2013 study published in the Australian and New Zealand Journal of Psychiatry, "There is no available evidence to suggest that abortion has therapeutic effects in reducing the mental health risks of unwanted or unintended pregnancy. There is suggestive evidence that abortion may be associated with small to moderate increases in risks of some mental health problems."¹ Dr Priscilla Coleman published similar findings in *Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009*, The

¹ <http://anp.sagepub.com/content/early/2013/04/02/0004867413484597.abstract>

British Journal of Psychiatry, 2011,² to cite just two examples of the research which reveals the adverse effects that abortion has on women's health.

The need to modernise and clarify the law (without altering current clinical practice), to reflect current community attitudes

A Galaxy Poll conducted in May, 2016 states that the majority of Queensland voters (49%) think abortion should not be decriminalised, while 43% think it should. Only 38% of Queensland voters support abortion where a healthy mother is carrying a healthy child and 45% are opposed to abortion in these circumstances.³ While clarifying the law on abortion would be welcome, if the law is to reflect community attitudes, then it must be noted that the majority of people are not in favour of decriminalisation of abortion.

Provision of counselling and support services for women

In addressing a Woman's right to choose, it must be noted that research shows 70% of women would not have had an abortion if they had received emotional, social and material support.⁴ Reasons why women choose abortion are primarily psycho-social rather than medical, therefore delivering counselling and support services which address and meet these psycho-social needs is clearly the more appropriate response. The law should not be changed to allow the solving of social problems by causing potential harm to women's health and causing the death of an unborn baby.

Counselling and support services must be provided by agencies who are independent and do not stand to gain financially from a decision to terminate the pregnancy by induced abortion. This would constitute a conflict of interest, is unethical and not in the best interests of women.

² <http://bjp.rcpsych.org/content/199/3/180>

³ http://www.family.org.au/reports/May_2016_Abortion_Galaxy_poll.pdf

⁴ Selena Ewing, Women and Abortion: An Evidence-Based Review, 2005; a meta analysis of Australian and international research on why women have abortion, compiled for a Women's Forum Australia parliamentary submission.

Women deserve better than abortion. Frederica Mathewes-Green is correct in her statement, “No one wants an abortion as she wants an ice cream cone or a Porsche. She wants an abortion as an animal, caught in a trap, wants to gnaw off its own leg.”⁵

Additional Comments: Abortion after 25 weeks of pregnancy

In considering abortion at and after 25 weeks of pregnancy, it is valuable to note that Queensland Health publishes a guide to Perinatal care of infants of this age, *The Queensland Clinical Guideline: Perinatal care at the threshold of viability*.⁶

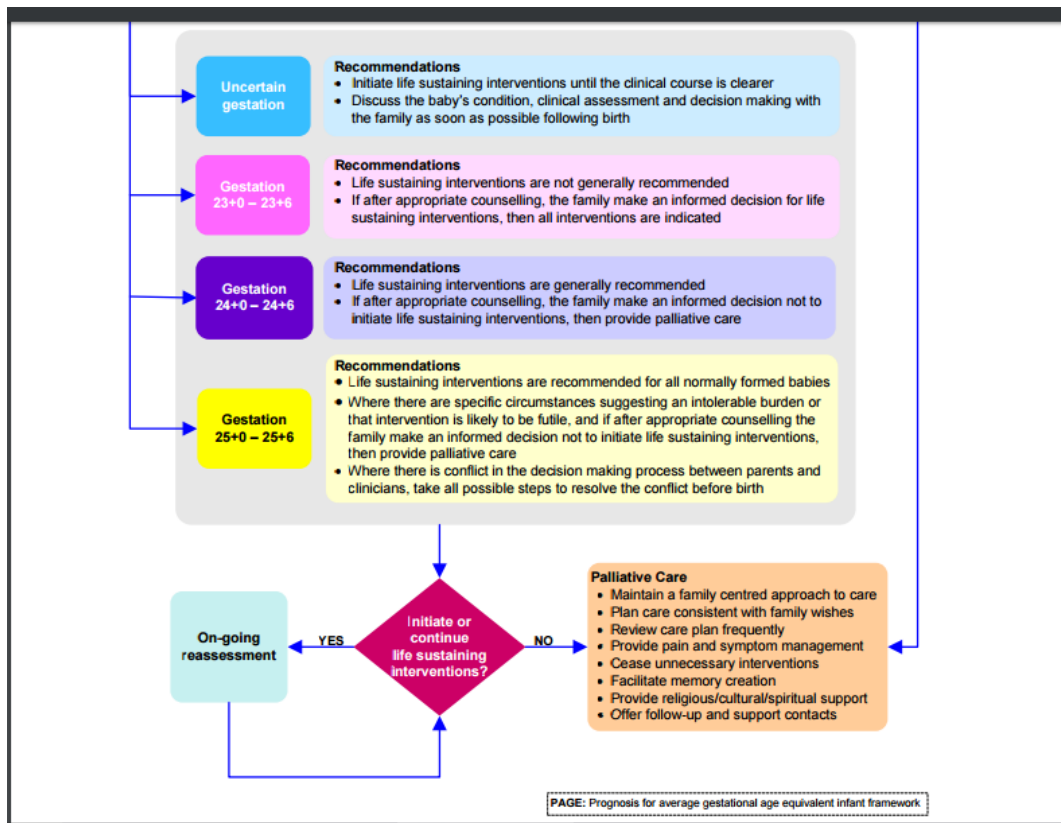
The Guideline recommends the following in decision making (page 4):

- Advocate a family centred approach
- Consider ethical principles
- Ensure multi disciplinary collaboration
- Discussions are led by an experienced practitioner
- Coordinate and plan care at the earliest opportunity
- Review plans regularly
- Document decisions clearly

The screen shot below of page 4 of the Guideline reveals that for babies of this age, life sustaining interventions are recommended.

⁵ <http://www.nationalreview.com/article/430152/abortion-roe-v-wade-unborn-children-women-feminism-march-life>

⁶ www.health.qld.gov.au/qcg/documents/g-viability.pdf



To promote excellence in health care for mothers and their babies at 25 weeks gestation yet provide legal permission for abortion at the same gestational age (and older), is a gross inconsistency and cannot be logically reconciled.

Mrs Juliet Ballinger