

**From:**  
**To:** [abortionlawreform](#)  
**Subject:** SUBMISSION attached  
**Date:** Thursday, 30 June 2016 10:31:19 AM  
**Attachments:** [Abortion submission.pdf](#)

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

I wish to make a submission (see attached document) to the inquiry regarding the Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016.

I am happy for my submission to be published on the internet but WITHOUT my name and contact details. (For privacy reasons I do not publish my name on the Internet).

I'm happy to provide my name and details to the committee in a private capacity however.

Thank you for the opportunity to make a submission.

Kind regards



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

I vehemently OPPOSE the proposed bill: *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016*.

Laws send an important signal to our community of what actions are acceptable, upright and moral. Removing abortion from the criminal code communicates that killing our youngest and most vulnerable Queenslanders is ok.

### **Policy objectives**

The policy objectives should be:

- To provide equal care and support for the life of *every* Queensland citizen, from conception to natural death. Note that the scientific, medical evidence for life commencing at conception is comprehensive. (for example, see <https://www.emilysvoice.com/get-informed/answers/> \*)

This fact cannot be ignored by governments, who must legislate in the interests of *all* citizens.

- To provide women in crisis pregnancies with real choice (eg adoption rather than abortion). I don't believe that any woman wants to be in a situation where she feels it is necessary to kill her own child because she feels she *has no other choice*.
- To provide better social, psychological, emotional, financial, medical and other support programs to women in crisis pregnancies; so they feel encouraged and supported to carry and safely deliver their baby; as a more optimal health outcome for both themselves and their baby.
- There are significant risks and adverse health effects experienced by women who have abortions.
- [www.emilysvoice.com](http://www.emilysvoice.com) states that the majority of women and girls who have abortions do so because of a lack of support from partners, parents and friends. 70% of women say they felt they had no alternative to abortion (citing a review by Serena 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. See also [www.afterabortion.org](http://www.afterabortion.org).)
- [www.emilysvoice.com](http://www.emilysvoice.com) also references a comprehensive study of 400 international studies into the psychological risks associated with abortion which concluded that 20-30% of women who had an abortion suffered serious, prolonged, negative consequences. (Dr Prisca Coleman, Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009. The British Journal of Psychiatry, 2011.)
- To recognise that those who cannot and do not agree with abortion (including from a moral or ethical perspective), are not forced to pay for, refer for, or be involved in any way with an abortion procedure.

## **Legal principles**

The legal principles should be:

- To provide equal care and support for the life of *every* Queensland citizen, from conception to natural death by prohibiting abortion (in its various forms - surgical, medical or otherwise).

Referring to the explanatory notes for the bill which say that the Bill is consistent with fundamental legal principals - I disagree.

Fundamental legislative principles, as outlined in the *Queensland Legislation Handbook* - as described on the website of the Queensland Department of the Premier and Cabinet at: <http://www.premiers.qld.gov.au/publications/categories/policies-and-codes/handbooks/legislation-handbook/fund-principles/rights-and-freedoms.aspx>

under section 7.2 Rights and liberties of individuals - subsection 12 state that:

*Treatment of all persons affected by legislation should be reasonable and fair.*

The babies who will be allowed to be killed by this legislation are certainly not being treated in a reasonable or fair manner.

Of course a mother carrying a baby must be treated fairly also - however we must recognise that there are two separate lives present and therefore do the best we can to support the life of both mother and child.

I would also like to note, that the fact that other Australian jurisdictions may have legalised abortion, does not make it just or correct.

## **Consultation**

A comprehensive independent market research survey conducted by Galaxy Research (commissioned by the Australian Family Association) involving a randomised telephone opinion poll of 400 Queensland voters from 6 to 8 May 2016, indicates, as stated by [www.abortionrethink.org](http://www.abortionrethink.org), that there is no consensus to change the current law, except that Queenslanders overwhelmingly want safeguards introduced to protect women.

94% of survey participants believed that a woman should receive free independent counselling and information so she can make a fully informed decision.

87% wanted a cooling-off period of several days between making an appointment for the abortion and the actual operation.

And 75% want parental consent requirements for girls under 16.

The poll also showed that 79% of Queenslanders support conscientious objection provisions for doctors and nurses which would allow them to opt out of performing abortion operations against their will.

**Should abortion be legislated according to gestational periods?**

Abortion should remain illegal at any stage of gestation because by definition, a separate human life is present.

**Conscientious objection**

No one including health professionals should never be coerced against their conscience to perform an abortion or take part in it in any way that contravenes their conscience; including being forced to refer to another abortion practitioner.

**Counselling and support services before and after termination**

Prior to aborting her baby, a woman should receive a full, objective explanation of what is involved in an abortion procedure and there should be a 'cooling off' period. She should be given the opportunity to undergo an ultrasound to view her baby, in order to ensure she is truly aware of the decision she is making.

She needs to be given accurate information about the risks and possible adverse health effects (including long-term psychological and other effects) that she may endure as a result of an abortion procedure.

Women who have already undergone an abortion should receive care and support, particularly in relation to issues such as depression.

**Cost of the Bill**

Referring to the statement in the explanatory notes for the bill - I believe it is simply not true to say there would be no anticipated increased costs to the State of Queensland.

Given the proposed changes would *encourage* rather than discourage abortion, there would be a significant cost in terms of the lost economic contribution that each child would have made to Queensland society over an entire lifetime; if he or she were allowed to live.

The lost value to Queensland of each of these children in non-economic terms - which is incomparably more important - is, of course, priceless.

The Queensland Health system (as well as Queensland not-for-profit charities, families and individuals) will pay significant costs for adverse medical complications and effects, as well as psychological, emotional and mental health impacts in the long term.

There would likely be significant legal costs involved where medical professionals who disagree with abortion are required to defend themselves in court, given the legislation appears to provide no safeguards for conscientious objection.

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- \* Dr Bradley M. Patten's textbook, Human Embryology states: *"It is the penetration of the ovum by a spermatozoan and the resultant mingling of the nuclear material each brings to the union that constitutes the culmination of the process of fertilization and marks the initiation of the life of a new individual."*
- Doctors E.L Potter and J. M Craig write in Pathology of the Fetus and the Infant, *"Every time a sperm cell and ovum unite a new being is created which is alive and will continue to live unless its death is brought about by some specific condition."*
  - Professor Hymie Gordon from the Mayo Clinic: *"By all the criteria of modern molecular biology, life is present from the moment of conception."*
  - Dr Alfred M. Bongioanni, Professor of Pediatrics and Obstetrics at the University of Pennsylvania, stated: *"I have learned from my earliest medical education that human life begins at the moment of conception ... I submit that human life is present throughout this entire sequence from conception to adulthood and that any interruption at any point throughout this time constitutes a termination of human life."*
  - Dr Jerome LeJeune, Professor of Genetics at the University of Descartes in Paris - who discovered the chromosome pattern of Down Syndrome - testified to a judiciary sub-committee: *"After fertilization has taken place, a new human being has come into being."*