

To

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Research Director,

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

Parliament House,

George Street,

Brisbane Qld 4000

ABORTION LAW REFORM (WOMAN'S RIGHT TO CHOOSE)

AMENDMENT BILL

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Submission by

Jennifer Missenden

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Thank you for the opportunity to offer a brief submission regarding Mr Rob Pyne's Bill to remove sections 224-226 from the Queensland Criminal Code.

This article is a brief overview of some of my findings regarding the issues surrounding termination of pregnancies in Queensland with regard to changing the current criminal code as above.

What most people seem to agree upon is the fact that making the decision to terminate a pregnancy for the woman and other family members is not an easy one.

The Queensland Maternity and Neonatal Clinical Guidelines 2013 advise that workers in the field of abortions be offered counselling and debriefing support. This is very suggestive that mental trauma can exist even for workers who are not conscientious objectors. It would also remind us that others such as extended family members not directly involved may also feel the impact.

The *Queensland Parliamentary Library Abortion Law Reform: An Overview of Current Issues*, identified that around 80,000 abortion procedures per year were carried out in Australia prior to 2003 and that these were usually performed where gestation was under 12 weeks and that around **one third (almost 27,000) were affected by the experience.**

This paper also reported "there are greater risks of complication in the second trimester (after the twelfth week). So again, we see that abortion is not something that should be considered lightly.

Every medical and surgical intervention has its risks of immediate and long term complications, either mentally or physically. Cervical incompetence and the increased incidence of miscarriage when the woman wants to have children may be an issue. Feelings of regret and wondering thoughts about the baby she lost may also resurface at this time, leading to depression instead of celebration. Legislation should be careful not to make abortions a commonplace back up for bad planning or irresponsible behaviours. There needs to be a greater focus on preventive measures. The National Health and Research Council of Australia states that "*Teenage pregnancy is a major health, social and economic issue for Australia. The teenage birth rate in Australia is higher than many other developed countries and of additional concern is the very high pregnancy and termination rate.* So we see here that it is not lack of abortion facilities that is our primary problem.

Abortion Australia states that "*Pregnancy is a beautiful thing but at times it comes when least expected or prepared for. In such cases, it may be necessary to terminate (or end) the pregnancy, a process referred to as abortion*".

Note it doesn't say in *some* cases but rather in *such* cases. There seems to be discrepancy between what is generally accepted as lawful and what the law might actually say when it uses words like "*serious danger to the mother's life or her physical or mental health*".

As the committee considers changes relating to abortion in Queensland please also consider the following points/questions:

- Under the current legislation and out of the estimated 14, 000 abortions conducted in Queensland per year, how many have served a prison sentence for conducting or having an abortion?
- What is meant by *serious mental health*? What assessment guidelines help to define *serious mental health* in this context and enable consistency?
- There seems to be considerable inconsistency within the definition of the law.
- Redefining legal abortions as unplanned or inconvenient opens the scope of practice.
- Can gender selection be prevented or even identified?
- As the scope of practice enlarges and legislation becomes more of a suggestion than a law, a woman may choose to abort as a means of gender selection but claim that it was for her mental well being. This in itself can deliver a full scope of other ethical, legal and emotional issues.
- Just to extend some thinking futuristically; what would happen if a woman aborted her baby/babies due to unwanted gender, only to find out that the child of her choice later wanted gender reassignment? How much mental distress would that cause to both or either party?
- Finding out the baby may be born with a disability should never be a reason for abortion.
- Late term abortion would be more expensive and associated with greater risks.
- At a time when government is looking for ways to reduce Medicare expenditure we must consider the cost to the tax payer for pre, post and termination procedures, particularly in terms of projected growth.
- When dealing with mental health, why is it only the woman who makes the choice? Some fathers have suffered serious mental health issues following an unwanted abortion of their child to be, not to mention the grief felt by extended family members.

It seems the intent of Sections 224,-226 was to offer sensible safeguards to protect women considering dangerous techniques to terminate their pregnancy, while section 282 offers safeguards to protect patients and medical/surgical professionals dealing with abortions. To remove codes 224, 225, & 226 as Mr Pyne suggests, would put women at greater risk.

In conclusion, the intentional death of unborn babies should never be for the purpose of personal convenience. Putting mothers' physical and mental well-being at risk ought to be something we try to limit not extend. The impact of having an abortion is not just felt by the mother but includes wider family members. The abortion business appears to be a growing industry unhindered by its current legal status and with the support from the generous Medicare rebate, so why the compelling need to reduce its safeguards? The Queensland government might do better to look for alternate ways of addressing unwanted pregnancies rather than enabling abortions.

Thank you for considering the above points.

Kind Regards

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