

To whom it may concern,

**Regarding the proposed abortion law reform**

As a senior RANZCOG trainee who will be a fully qualified Obstetrician & Gynaecologist in 2017, I have serious concerns about the proposed changes to abortion law in Queensland.

The amendment bill 2016 reads that the only decision for the doctor to proceed with a termination of pregnancy (TOP) will simply be whether continuing the pregnancy poses a bigger risk to the woman than terminating it.

It removes the requirement for a termination to take place to be (a) an exceptional case and (b) the pregnancy causes serious danger to the mother's life or her physical/mental health.

I have objections to the new bill on these grounds:

**1. No Valid Reasons to Deny a Termination**

The new bill states that doctors can decide if continuing the pregnancy will cause greater risk to the woman than ending it. The risk is no longer defined as a health risk. Any pregnancy can be easily assessed as a risk to the bank balance thereby negating any objections the doctor may have.

**2. Increased cost and Additional Terminations**

Currently Termination occurs in Queensland at very high rates. These rates are likely to rise with the new bill and usher in a wave of "social" terminations.

Women will be much more likely to approach the public sector for termination of pregnancy. This will place a greater burden on the public system and incur more costs for Queensland health. Although public funding does not currently exist for social terminations, there will be rising pressure from some women to have a now lawful procedure performed in the public sector. Whether procedures are actually carried out or not, this will inevitably cost significant time and money for Doctors, Nurses, Queensland Health and the tax payer as health practitioners respond to these requests.

**3. Oversight by less skilled Health practitioners**

The new bill states that any doctor can decide if continuing the pregnancy will cause greater risk to the woman than ending it. The doctor that women will be approaching for termination will be generally be a Gynaecologist or General Practitioner - not a Psychiatrist. It seems like an unfair responsibility for a Gynaecologist or General Practitioner to have to make this decision for a woman in his or her rooms. We are not trained for making such a decision and often do not have the time to consult other involved parties, eg the father of the pregnancy, other family members.

Currently women need to have a Psychiatric assessment prior to any TOP being performed and I think we would be doing our women a great disservice if we removed this mandatory checkpoint by softening laws.

**4. Even Further Fall in Adoption Rates**

Rising Termination rates means falling adoption rates. Currently thousands of Queensland couples spend thousands of dollars each year to use artificial reproductive technology in the hope of conceiving a child. Not uncommonly this stressful, costly exercise is in vain and the couple does not conceive. Adoption is so infrequent in Queensland that most of these unfortunate couples remain childless for their lives. Couples that are financially and socially able and willing to raise a child are unable to do so. This bill is likely to result in even fewer women making the brave decision to continue their pregnancy and adopt the infant out.

5. **Ethical Objection**

Currently, millions of dollars are spent on Neonatal Intensive Care units around Queensland. Our neonatologists are highly skilled and our facilities state of the art. Premature babies as young as 23 weeks gestation are being resuscitated and nursed for months in NICUs, some of which will survive to adulthood. This is wonderful and exciting but sheds a light of irony on the ease in which women can terminate their pregnancies. As medical practitioners we must remember Hippocrates and the oath we all recited upon graduation, "First, do no harm." It deeply saddens me that the huge responsibility we have been given as Medical Practitioners can indeed be used to end a perfectly healthy new life simply because the mother does not desire it to exist. Particularly concerning are laws that may make it possible to terminate a pregnancy late, even after the gestational age at which the baby would likely survive if born without intervention. I struggle to see any ethical difference between late termination (usually after feticide) and infanticide itself.

Thank you for your time in reading and considering this submission.

Regards,

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