## Dear Chair,

I write to express my strong opposition to the "Abortion Reform (Womens Right to Choose) Amendment Bill 2016" of the Member for Cairns, Mr Pyne.

I humbly request that the Committee take the following actions:

1. Find that the Bill not be passed and recommend such to the Parliament in its report.

2. Investigate the grave matter of the documented deaths of late-term babies born alive in Queensland hospitals (and possibly Private Abortion Clinics)

3. Make public all abortion data from Queensland Hospitals and Private Abortion Clinics.

## **Explanatory Notes**

1. Recommendation that the Bill not be passed. This Bill is so flawed that it is irredeemable and not amendable. It has rightly been called the 'most dangerous abortion law in the Western world' as in a mere 49 or so words it removes all protections by removing abortion from the criminal code, and offers no safeguards put back in by way of amendments to Health legislation.

In effect, the Bill permits the worst forms of late-term abortion, up to full term or even at birth abortion. Contrary to Mr Pyne's ill-informed view expressed at the first public hearing of the Health Committee on the Bill, Queensland Drs will perform late-term abortions, as they already do. In fact there have been 204 late-term live births (live birth outcomes) in Queensland Hospitals (not counting Private clinics) in the last 11 years according to Queensland Health data provided by Health Minister Cameron Dick to me in Question on Notice 779 (2016).

The Bill makes no case as to why the laws should be relaxed. In the last 10 years, Queensland Health data (QON 883, 2016) shows that there were almost 125,000 abortions in Queensland Private Abortion Clinics. It is hard to argue that women do not have access to abortions when there is such a large number currently occurring. It should also be noted that Medicare funding exists for those that are eligible.

The argument that women are being criminalised by these laws is misleading. Even a brief consideration of the facts shows that it has been many decades since courts have convicted anyone for procuring or providing an abortion.

The criminality is effectively only technical since Doctors today assess that the woman's life or mental health is at risk and so abortions can legally proceed from that point. The courts accept that interpretation of the law. The case of the couple that ended up in the Cairns court for procuring RU 486 was more about how the fact that they were alleged to have illegally imported a drug. In the recent case of the 12 year old child who appeared before the court, the court, her family and Doctor were able to resolve the matter in a way that was satisfactory to the parties and to the law. There was no sense that this child would be criminalised by the law, rather the opposite is the case in that as a minor she was

protected under the laws. She went on to have the abortion.

2. Investigate deaths of viable live birth outcomes in late-term abortions

I formally request that the Committee utilise the broader terms of reference created by the Government's motion with respect to the Inquiry, to investigate the cases of late-term abortions of viable babies in Queensland Hospitals (and possibly Private Abortion Clinics) over the last 10 or more years.

Queensland Health has reported that there have been cases in Queensland Hospitals where late-term viable babies have been born alive and left to die, and have not been provided life-giving support as would be the case for prematurely born babies.

The Queensland Maternal and Perinatal Quality Council Report 2015\*, found that four deaths in the 2012/13 period were late-term abortions categorised as for 'maternal psychosocial' reasons, not in the category of congenital abnormality (possibly making them incompatible with life).

https://www.health.qld.gov.au/caru/networks/docs/qmpqc-report-2015-full.pdf p.106. Table 3A. Perinatal Deaths by detailed PSANZ-PDC Classification, Queensland 2012-13.\*

The data shows that two of these four Queensland babies were born alive after failed lateterm abortion procedures, and were healthy, viable babies. What medical care, including palliative care, or pain relief was applied? For how long were these babies alive? Answers to these questions in these cases and all other live birth outcomes is important before the Committee and then Parliament consider laws to relax current practices.

I request the Committee to investigate these cases and any others that they become aware of.

3. Make public all abortion data from Queensland Hospitals and Private Abortion Clinics. My Question on Notice (883, 2016) requested the annual reports from Private Abortion Clinics to the Chief Health Officer be made available to me as an MP, but the Health Minister failed to do so, instead only provided global annual quantums. I regard having this information as critical to informed choice as an MP about any potential relaxation of abortion law. Members of the Committee and other MPs need that information (and other abortion data requested in two further QONs I have asked for) or else we will all be unable to make any informed decision about the Bill.

I do not see how the Committee can continue at all without disclosure from Queensland Health of critical abortion data (of course protecting patient confidentiality at all times).

Regards, Mark

Mark Robinson MP Member for Cleveland