

From:
To: abortionlawreform
Subject: Submission to the Abortion Law Reform Committee
Date: Thursday, 30 June 2016 10:40:12 AM

To: Inquiry Secretary, HCDSDFVP Committee,
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Please find my submission below.

From: Mr Christopher Brown, MA (Psychology, Sydney); MSc (Social Policy, London School of Economics); DipSocStuds (Social Work, Sydney).

1. What policy objectives should inform the law governing termination of pregnancy in Queensland?

Such laws should always seek to uphold the highest values and deepest concerns for human dignity and human life itself. When it comes to procreation, to pregnancy, to care and protection of the unborn child, to bringing a highly fragile and vulnerable child into the world, laws provide an essential societal framework for one of the most essential and fundamental human tasks. This also means that laws should always support the caregivers: mothers, parents, medical professionals the sanctity of this significant and fundamental responsibility. These are not matters that might shift according to public opinion or to the actions and perceptions of pressure groups. They are more fundamental and so require much of law makers, including great courage, for their responses to such matters are essential in maintaining the highest value on human life.

This is reinforced with Australia being signatories to the Universal Declaration of Human Rights. This is reflected in our protection of life, the medical response to save the life of a child born prematurely, and the punishment of someone who commits murder – even murder of an unborn child.

In summary, our termination of pregnancy policies, legal principles and laws should reflect this high value we place on human life.

2. What legal principles should inform the law governing termination of pregnancy?

A full acknowledgement of the humanity of the unborn child from the moment of conception.

A recognition that abortion, at any stage of gestation involves the cessation of a human life.

Abortion should not be condoned in the law but rather considered an absolute last resort subject to carefully laid out principles and legal guidelines.

The bill before Queensland parliament about seeking to remove all legal constraints against abortion would violate all of these principles, including the last. It would represent an abdication of basic principles.

3. What factors should be taken into account in deciding if a termination of pregnancy is lawful? (e.g. consent of the woman, serious danger to the woman's life, the woman's physical and mental health, other factors?)

Following the principle of absolute last resort legal guidelines should maintain definitions around:

- What constitutes serious danger to a woman's life, i.e. that a continued pregnancy constitutes a physical threat to the mother's life.
- That continued pregnancy would cause long-term and lasting damage to a woman's mental health in a way that has been established by two psychiatrists and brought before a medical and legally established tribunal.
- That other factors affecting a mother's health and ongoing wellbeing be not

considered beyond 16 weeks, and then only if brought before a tribunal.

- That, unless there are serious extenuating circumstances, the father of an unborn child be consulted as part of this decision making.

4. Should termination of pregnancy be regulated according to the period of gestation? If so, how should the law apply to particular gestational periods?

A significant guiding principle should be that only in the most exceptional and life threatening circumstances should any termination occur after 16 weeks.

A second absolute principle is that a termination should be considered unlawful after the time that a baby can survive by his or her self. This would reflect the current survival of prematurely born babies which stands around 24-28 weeks.

5. Should the law in Queensland provide for conscientious objection by health providers?

Absolutely! To omit such a provision, as well as to encourage this in principle, would be to ignore that health providers do have a critical role in upholding the highest values in respect of life.

6. What counselling and support services should be provided for women before and after a termination of pregnancy?

What is most important is the nature and purposes of counseling and support services. There is no doubt that in a significant number of woman termination can result in a deep psychological and spiritual wound, the grief of which can remain for many years, even right through life. This is understandable in that, at the deepest levels of consciousness, it can be loathsome to terminate what one has brought to life in one's own body. It is not a wound and grief that is lessened through changes in termination law or through the affirmation that particular groups might give to abortion as a woman's right. It is far more fundamental. This is a professional observation and one, I believe, needs to be taken serious in both before and after counseling and support.

It is not sufficient for counselors to simply take a rational or "scientific" analytic approach to such counselling. There is a spiritual or "depth dimension" that is just as important as the physical, psychological or social. Some of what will need to be expressed will come from the deep well of a woman's intuition and imagination. Counselling and support requires a far freer space than one that might be overly influenced by pro-choice or pro-life advocacy groups.

7. Please inform the committee about your views on any other aspects of the Bill and the terms of reference

It is essential in considering law reform in this area to be cognizant of health care providers. I have already suggested that provision for conscientious objection by health providers is absolutely essential. A bill that seeks to remove all legal constraints against abortion assumes that health care professionals can take on the responsibility of terminating life. There is a shift of moral burden from lawmakers to health care personnel, and in particular, to the medical profession. Their Hippocratic oath reflects nearly two thousand years of western medical practitioners' commitment to doing no harm. Such a change in the law does erode a commitment in which we, as a community, place great reliance. It should also be remembered that medical practitioners, ethicists, law makers will always struggle morally in having to decide if and when a foetus constitutes human life.

Policy makers, politicians, law makers, must consider this bill very carefully. There is much at stake.