

To:

Inquiry into Abortion Law Reform (Woman's Right to Choose)

Amendment Bill 2016

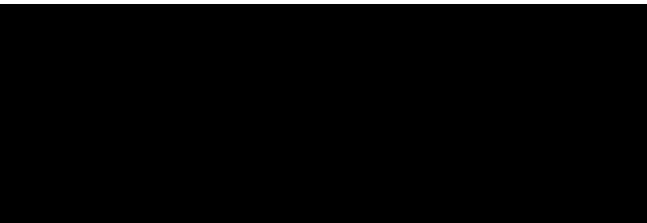
C/- Inquiry Secretary

Parliament House, Brisbane

2nd July 2016

From:

Allen Hibberd



Dear Secretary,

This submission is late. As noted in our email correspondence earlier this week, I became aware of public submissions being sought only very late and very close to the deadline (4 pm, 30th June). It was not possible for me to prepare any submission by the deadline, regrettably. However, I noted from your email reply to me that it just may be possible that the Committee could decide to accept this submission despite it being late. I therefore humbly leave the decision to the mercy of the Committee and ask that they view its acceptance favourably.

With its possible acceptance in mind, please find below responses to several of the optional questions for consideration.

Yours faithfully,



A.M. Hibberd

Policy objectives

The health and well-being of both mother and unborn child must be considered inviolate.

Comment

- The Queensland law regarding abortions of the late 19th century may well have been based on sanctity of life of both mother and unborn child rather than on controlling unsafe abortions. There is no reason for that value to be altered.
- Age of the Queensland law is of no consequence; indeed, Queensland law is all recent by world standards.
- Child-birth has always been and always will be a hazardous affair for mother and child. Termination of pregnancy does nothing to alleviate that and indeed exacerbates later consequences for mother and her carers. Decriminalisation of abortion worsens an already difficult circumstance and must be avoided. The difficult circumstances mentioned by Mr R. Pyne MP and in several public submissions only serve to highlight the care and attention necessary to preserve life for mother and her unborn child.
- It appears that adequate provision already exists in legislation to protect life, mother and attending physicians in extreme cases where termination of the pregnancy may be essential.

Legal principles

Abortion for any reason must be a criminal action.

Comment

- Noted above, adequate provision already exists in legislation to protect life, mother and attending physicians in extreme cases where termination of the pregnancy may truly be essential.
- The age of the current law in Queensland is of no consequence.
- Consistency of law in Queensland with other states is not necessary because other state/territory jurisdictions vary in their laws.
- The fact that abortions will always be sought regardless of legality or unscrupulous behaviour is no reason to vary the current law.

- The fact of medical science and practice changing/improving/becoming more intrusive since the current law was introduced has only served to highlight more completely the life and personhood of the unborn which must be protected.
- Carefully considered termination of pregnancy must rather strictly regulated.
- Conscientious objection to termination by lawfully recognised health providers must be allowed.

Factors regarding lawful termination of pregnancy

- Strict regulation of termination must occur, the unfortunate circumstances of several cases highlighted in public briefing and public submissions notwithstanding.
- As Mr R. Pyne MP has already noted in briefing, a woman's desire to terminate pregnancy may often not be hers alone but under the influence of those around her. It seems exceptionally unlikely that a desire to terminate will not be influenced by those around the mother and so very unlikely to be hers alone. To quote Mr R. Pyne MP in public briefing:
".....proceeding with a pregnancy....and their family and doctor think it unadvisable"
- Extreme cases of health of mother and/or her unborn child should always be referred to a legally registered magistrate or similar. It seems likely that such officers can act quickly in extreme cases.
- It seems not possible to regulate in law all possible circumstances.
- I submit that well-meaning medical providers, a woman's advisers and family members are themselves influenced by their own backgrounds and beliefs and will introduce some bias into advice to terminate pregnancy. Their advice may better be considered by a legally registered magistrate or similar who is in position to consider all factors including the personhood of the unborn child and likely longer-term consequences for the mother.

Regulation by gestation time?

Most recent medical science must continuously inform the gestational age at which independent life of the unborn is possible. As noted, that age is diminishing.

Gestational age in regard to abortion should be considered in only those unfortunate cases where viable life will not be possible. This and other extreme cases of hardship should be considered by a magistrate of the people.

Conscientious objection by health providers to be allowed?

Yes.

Counselling and support services

These must always consider longer term effects of an abortion on the mother's health including regret, sense of personal loss, denial of motherhood and the like. Regretted abortions and resulting poor mental health have been noted as common in some other submissions to this Inquiry.

It remains far better and however possible to receive counselling in regard to planning for motherhood. It is better to have a metaphorical safety fence at the edge of the metaphorical cliff than an ambulance waiting at the cliff base. Wherever and however possible, it is better to be responsible for one's own actions before and after an event occurs.

Other aspects

I have been influenced to write this brief submission by several life-experiences involving medical professionals and their advice. It has led me to be exceptionally cautious regarding the advices of medical professionals. Their own biases can influence patients who may be emotionally agitated at the time decisions are to be made:

- One of my (adult) daughters has a significant genetic condition. It is one that, with some parents-to-be, may result in abortion being advised. My daughter's delivering GP stated unequivocally at birth that she had no future. Prominent GP Kerryn Phelps stated publically that girls and women with the syndrome are severely disabled. Neither GP is right. To

be influenced by such people in regard to our daughter would simply be wrong.

- Another child was accidentally hurt rather severely. University-based, orthopaedic, paediatric surgeons strongly advised surgery to eliminate the risk of quadriplegia. I rejected their advice because of their biases, and was unequivocally proven correct 15 months later. My decision at the time was praised as having been a very wise at the time while under great duress.
- We have dealt for many years with the aftermath of the criminal violation of another, young-adult child.
- In my own health case, having dealt with a prejudiced and judgemental medical specialist; a medical specialist in a different field of practice who simply did not offer useful advice; and a specialist in yet another field of practice who assumed beforehand by his own admission that I would not make a rational decision regarding surgery.
- Other influences have included the respect felt toward a member of our extended family who has singly raised the child of an unwanted pregnancy in the most admirable manner and to such good result. Additionally, the respect and admiration of the community as a whole is palpable toward notable mothers who opt *for* birth of the child at the expense of their own well-being or indeed, life.

These experiences have led me to think it unwise for a mother-to-be to be influenced by a medical provider either singly or in consultation between two or more. The decision to abort in extraordinary and exceptional circumstances should be in the hands of an appropriate magistrate of the people; in other cases it should be retained as criminal.