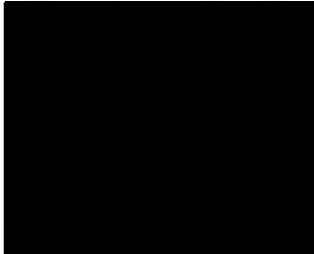


Submission to Health (Abortion Law Reform) Amendment Bill 2016 Inquiry by Parliamentary Committee.

By DR Timothy Coyle MBBS, DObsRCOG



Further to my previous submission I would like to make the following observations:

- Mr Pyne's new bill has a "two doctor" rule for abortions after 24 weeks gestation, in that two doctors must "approve" the abortion, but I am informed that the second doctor does not have to see the patient or speak to her, or even to look at her file. In the Bill, it is not an offence to break this two doctor rule if the abortion is performed. This makes the two doctor rule somewhat fatuous.
- It can be argued that it is unnecessary to kill the baby after 24 weeks gestation to save the mother's life if a maternal health problem arises such as eclampsia or pre eclampsia. Premature delivery can be enacted by Caesarean Section. At 24 weeks the baby has a good chance of survival, and ending the pregnancy this way usually solves the maternal health problem. Does Mr Pyne know the difference between such an early delivery for health reasons at viability or 24 weeks, and an actual abortion which by definition usually means killing the baby ?
- I would like to point out that approaching mothers outside abortion clinics provides the valuable service of helping those mothers who are ambivalent about an abortion. I would like the Committee to carry out the exercise of Googling ,or using their favourite search engine, to search **Post Abortion Grief, Stress or Syndrome** so that I do not have to go to the trouble of providing references to show the extent of this condition. The organisation **Abortion Grief**

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Australia is providing a valuable service and is there for a reason. Such is the problem of post abortion syndrome in WA that Abortion Grief Australia (AGA) has been awarded a Mental Health grant through ConnectGroups, which is funded by the WA government. Peri abortion counselling outside abortion clinics must continue to prevent tragedies like that of Charlotte Dawson and others who entered abortion clinics in a state of ambivalence and should never have been there in the first place. There must be **mandatory independent pre abortion counselling** to prevent these tragedies. There are many unwanted abortions.

- There must be **mandatory independent pre abortion counselling** to prevent these tragedies. There are many unwanted abortions.
- Mr Pyne made the comment that abortions post 24 weeks were only for serious reasons. He does not appear to be aware that in Victoria, in 2012 and in 2013, 132 and 179 abortions were done post 20 weeks gestation for psycho social reasons. Psycho social can mean anything from relationship breakdown, loss of vehicle, economic reasons, loss of job, whatever.

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Finally, the Queensland taxpayer is the victim here. Two consecutive Bills on the same law taking up time, resources and tax payer's revenue, requiring submissions and hearings. Both bills seem either dysfunctionally liberal (abortion up to term in the first bill if all sections of the law are removed) or dysfunctionally incoherent. Incoherent in that a rule requiring two doctors is proposed but then is not enforced. A seeming lack of knowledge of the difference between an abortion and a premature delivery for health reasons, because reasons for abortion after 24 weeks gestation are not defined. A seeming indifference to the problem of post abortion grief and maternal ambivalence about an abortion in many cases, as demonstrated by the existence of Abortion Grief Australia and many other organisations. I would describe this as dysfunctional because, in spite of being given evidence of the obvious post abortion health problems and maternal ambivalence

about abortion, which obviously exists because mothers are changing their minds outside abortion clinics, there is apparently no attempt to bring mandatory independent pre abortion counselling into the new proposed law. Or is the whole matter driven and based on the political hyperbole of womens' rights, without regard for the possibility that abortion is often the **WRONG** choice for a mother to make, and that many mothers need protection from abortion providers?

- I would like to point out that the existing Qld law as interpreted by Judge Maguire does provide for legal abortion for the extreme scenarios that abortion providers like to present, bearing in mind that figures show that 97% or more of abortions are performed on healthy mothers and healthy babies.
Section 225 could be deleted.
- I suspect that Zika virus infection will be used by abortion providers to promote liberal abortion. I think the Committee should consider the article below by Brad Mattes(with permission) of Life Issues Institute with references, or citations if you wish to speak American.

The New England Complex Systems Institute has shed new light on the situation and opened the possibility that the declared Zika link may be premature. The study is expansive and so credible that the *New England Journal of Medicine* published the preliminary results in spite of already concluding Zika was the problem.

The study looked at nearly 12,000 pregnant Colombian women infected with Zika.

The caution here is that the research only deals with the third trimester of pregnancy.

None of them had a baby with microcephaly.

Four cases of microcephaly were reported with women who didn't have Zika symptoms and were not part of the study, which is consistent with the normal expected number of cases.

Based on estimated numbers there should be about 60,000 pregnant women in Colombia with the Zika virus, yet there are hardly any cases of microcephaly. If the

link to Zika is legitimate, there should have been a dramatic increase in the number of babies with microcephaly.

So what is the culprit?

Some scientists believe pesticides may be the source, specifically pyriproxyfen. It's effective in controlling mosquitoes by acting as a larvicide. It interferes, the researchers say, with the development of mosquito larvae.

Do you recognize the possible link?

Pyriproxyfen may also have a detrimental effect on developing unborn babies.

More detailed information is available that explains the interactions between hormones and molecules.

Here's why American researchers may be so interested in this study.

Pyriproxyfen was sprayed in areas with a high rate of microcephaly. Even more noteworthy is that they put this chemical in the drinking water in Pernambuco, a state in Brazil at ground zero in the Zika epidemic. The chemical was sprayed and added to the water just before the outbreak of microcephaly.

These early findings aren't conclusive, but they do open the distinct possibility that Zika may not be the cause of the increase in microcephaly cases. We must follow the research to see where it leads and respond effectively while we protect pregnant women and their unborn babies regardless of the child's disability.

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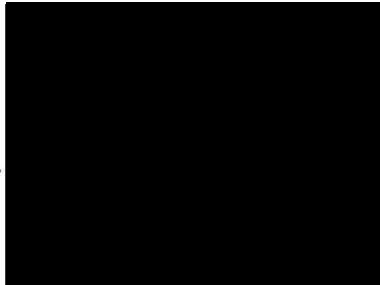
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LifeNews.com Note: Bradley Mattes is the executive director of Life Issues Institute.

Signed.....



.....DR T Coyle.