

From: [Joseph Thomas](#)  
To: [Abortion Bill](#)  
Cc: [REDACTED]  
Subject: Abortion bill 2  
Date: Friday, 30 September 2016 12:48:45 PM

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Dear Health Committee members,

I am informed that a second bill has been introduced in parliament to reform the current abortion law. I support decriminalising abortions, however I do not support later term abortions and the bill in its current form. I am resubmitting the submission I had previously made for your considerations.

Thanking you

Joseph

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**Senior Specialist Maternal Fetal Medicine**

[REDACTED]

Dear Committee members,

We are writing in regards to your consideration of the *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016*.

The debate for and against terminations of pregnancy is fought vehemently by both sides. As clinicians faced with decision making about pregnancies we make a plea for a practical pragmatic approach. It is understandable that the fetus has no legal rights till birth occurs. However it appears incongruous that we are spending millions of dollars trying to resuscitate and save babies born after 23 weeks gestation age (GA) in the nursery while there are terminations of fetuses over 23 weeks occurring in the same building. It seems that ethically and morally we have an obligation to save and to protect lives that are viable.

It is on this basis that we make a plea to the parliamentarians of QLD that they consider viability (23 weeks GA) as a cut off gestation after which terminations of pregnancy are not allowed without approval from a hospital ethics committee in exceptional circumstances. This law is current in South Australia and is contrasted with the late terminations allowed in Victoria and Western Australia. As clinicians we are taught to uphold the principle of the "sanctity of life" and to firstly do no harm (*primum non nocere*). We understand that the principle of the 'sanctity of life' will sometimes conflict with patient autonomy or in this case the mother's choice.

As clinicians we would like to make the following suggestions to the Abortion Reforms

- We recommend that terminations on demand (social terminations) be limited to the first trimester (up to 13 weeks gestation) of pregnancy. This service is available only after appropriate counselling services with alternative options being discussed e.g. adoption services.

- We recommend that all terminations of pregnancy (medical terminations) based on fetal abnormalities or genetic causes be limited to 22 weeks and 6 days of gestation.
- We recommend that approval from Hospital Ethics Committee be required for exceptional circumstances where a family may request a termination beyond 22 weeks and 6 days of gestation based on a late diagnosis of fetal or genetic condition
- We recommend that Perinatal Palliative Care Services and Adoption services be developed in all regional and tertiary hospitals as an alternative for families to consider as an option to medical terminations
- We recommend that the right of health professionals to practice according to their conscience be guarded within the legislation. Whilst a duty of care be mandated on all physicians to care for the woman, penalties for refusal to perform or refer for terminations be avoided.

These suggestions are based on a practical pragmatic approach without getting into the merits of the pro-choice or the pro-life argument.

Thanking you for considering the above

s/d

Dr Joseph Thomas

Maternal Fetal Medicine Specialist

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[REDACTED]

[REDACTED]

s/d

Dr Anthony Herbert

Paediatric Palliative Care Specialist

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PS: Dr Herbert and Dr Thomas make this submission in our capacity as individuals and this may not/does not reflect the views of the organisation for which we work for or are members of.