Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Submission on the Health (Abortion Law Reform) Amendment Bill 2016.

I would like to make brief points on each of the main sections of the above-named bill. I do so in the capacity of an individual who is interested in this issue and as a GP.I am familiar with the original bill of which this is an amendment, and the contents of the committee's report on the original bill. I will not try to address the whole issue in general as far as possible, but confine my comments to the amendments.

Division 2: clause 20 (3).

This clause aims to remove the offence in the current Criminal Code S. 225 which makes it an offence for a woman to try to procure an abortion upon herself. This is despite the fact that under this amendment bill in Clause 20 (1) it would be an offence for anyone else **other** than a doctor to try to do this to her!

This is not only illogical; it also flies in the face of common sense and must surely fall under the category of permitting a variety of self-harm. The law can choose not to penalise a behaviour, for example suicide is no longer an offence, but it doesn't need to specifically exclude one party from prosecution. The law properly sees that such actions as suicide attempts and self-induced abortion as acts of desperation; however it also has to act in fairness.

It has been past practice for the abortion lobby to use self-induced abortion as an emotive reason to justify decriminalisation for all abortion and also to accuse others of penalising women by making them criminals. However, no woman in Queensland has ever been convicted or jailed for this under the current criminal code.

Abortion whether medical or surgical comes with a distinct possibility of risks; especially in any form of invasion of the body, the harms are extremely serious and death a definite possibility. It is very important to retain the offence against women procuring their own abortion simply on this basis alone.

Clause 21: Abortion on woman more than 24 weeks pregnant.

There is no specific reason why this time limit should be picked when it is not based upon an intention to save any babies who may be viable about this time. The whole purpose of this legislation is to allow for abortion as long as possible throughout pregnancy.

The reason for believing this, is that the wording of Clause 21 gives a false reassurance that it would only be allowed under the usual caveat of balancing one risk against another. The committee has already received evidence from Professor Caroline da Costa that that phrase is virtually meaningless since certain doctors have already been inventing mental illness as a reason to circumvent the current law.

Also, there is no specification that the two doctors be independent of each other (for example they may both work at the same abortion facility), or have had no specific training in the speciality. This is a 'rubber stamp' provision that ensures nothing.

The amendment then even exonerates the doctor(s) for not following the law and fobs the issue off to be handled by another party! What sort of a law is that?

I believe this gestational age has been simply copied from the Victorian legislation. It seems to have been the intention of the mover of this bill and his advisors that it follow as closely as possible the Victorian legislation which is currently the most liberal one in Australia. It is not to save unborn lives but to allow as many abortions as seems politically possible. **According to The Age newspaper 7/10/2010, staff at the Melbourne Royal Women's Hospital were trying to cope with a sixfold increase in late-term abortions two years after that law was passed in 2008**.This fact alone also puts the lie to assertions that liberalising abortion doesn't increase its frequency.

Were these abortions done for severe foetal abnormality? No. A report by the Consultative Council on Obstetric and Paediatric Mortality and Morbidity for 2010 and 2011 shows:

1. Out of 366 late-term abortions in 2010, 191 were for "psychosocial reasons, and for 2011 out of 378 abortions, 183 were for the same reasons.

2. In 2010, 184 of the 191 abortions were done between 20-27 weeks and 7 between 28-31 weeks.

3. In 2011, 172 of the 183 abortions were done between 20-27 weeks and 10 between 28-31 weeks.

4. In 2012, of 330, 132 were done for psychosocial reasons and in 2013 of 358, 179 were for the same reason.

In other words, half or more of these abortions were being done on perfectly healthy babies and healthy mothers! Also the total numbers were continuing to rise. Is that something we wish for in this state? The average person would find an abortion at six months very confronting, and indeed would question why it was being done at this time at all.

The usual methods for later-term abortion are pre-term delivery induced by prostaglandins, especially for foetal abnormality, selective 'termination" by injection to the heart or the barbaric D&E and the so-called partial birth abortion method of cranial decompression. The latter two methods are not currently performed in Australia to my knowledge, but were done so by a particular abortionist visiting Queensland who no longer performs abortions. However, should this bill and its precursor become law, there is no way in which private, ie non-state hospital abortion facilities, could not be prevented from using these methods as they are or have been used overseas.

In the same report on Victoria quoted above, 24 babies were born alive in 2010 and 40 in 2011. In 2012, 53 were born alive and in 2013, 43 were born alive. Even before the legislation came into force, in 2007 as reported in The Age newspaper, 52 babies had survived and left to die, in some clinics being put on a shelf with no measures put in place for their comfort! This is what happens when unborn human beings are treated as if they signify nothing to society.

The Queensland parliament was recently informed through Questions on Notice No. 779 on 11/5/2016 that 204 babies had been born alive after abortion in this state over the past ten years! Given that the usual reason for later term abortion currently in Queensland is for severe foetal abnormality, this illustrates the capacity for even severely or fatally abnormal preborn babies to survive an abortion. How much more so for healthy babies whose mothers have been cajoled, coerced or otherwise persuaded into abortion for other reasons should this become law!

Clause 22: Duty to perform or assist in abortion.

I welcome this provision provided it also means that it also includes no requirement that doctors refer patients to practitioners of abortion. It is not the usual role of GPs to perform or assist in abortions as they receive no training in this, but they should also retain a complete independence from any legal requirement to refer. A referral is not just a piece of paper; it is the result of a decision that the doctor considers the treatment necessary and in the best interests of the patient. If he/she doesn't believe this is the case, there should be no legal coercion.

Clause 22 (3):

This clause alleges a necessity for a duty to perform an "emergency abortion" in order to save the life of or prevent serious physical injury to the woman. This is truly an anachronism in our current state of medical management of pregnancy. Even if a woman were to have neglected her antenatal care and present late into pregnancy - or indeed at any time - with a serious condition, for example pulmonary hypertension, cancer, some forms of cardiac abnormality such that pregnancy puts increased strain on the heart, there are sufficient ways and means to handle the situation without resorting to abortion as the only means to achieve the outcome.

Would a mental condition, for example a threat to commit suicide, be considered a life - saving reason for an abortion? This was used by a 32 week pregnant woman who for cultural reasons feared her baby was going to be affected by dwarfism. This proved NOT to be the case after the baby was aborted. The subsequent investigation into the hospital's ethics department instigated by Senator Julian McGauran was one of the actions which led to the 2008 Victorian legislation. It seems that the doctors involved couldn't tolerate their attitudes being scrutinised by a parliamentary representative.

The same situation could be posed by other ethnic communities who wish to practice gender selection abortion. Where would it stop? What **wouldn't** be considered a good enough reason for a late term abortion?

Division 3 Clauses 23, 24 and 25:Patient Protection

These last three clauses deal in general with what behaviour is legal outside abortion facilities by those opposed to abortion. It also involves the creation of a buffer or exclusion zone, called protected areas in this bill. It goes without saying that the very fact that people **do** go to the trouble of standing outside to pray, offer support, practical assistance or information means that abortion is **not** like any other medical procedure that the abortion

industry would have the public believe, nor is it just a matter between the woman and her doctor. Does one see lobby groups protesting outside hospitals against tonsillectomies, appendectomies and such like?

To my mind as someone who hasn't attended or been part of this action, I find it both sad and amusing that the abortion industry is so fearful of what their clients may be told or shown by 'protestors" or "footpath counsellors" (call them what you may) - I will refer to them by the latter name) that they have made a point of including this type of amendment in recent legislation in Victoria and Tasmania. This amendment is relatively conservative in selecting 50 metres - others have 200 metres. Does any other industry in this state get so much protection for their business?

I do not personally believe that these people engage in taking photos of clients; it would be in contravention of already existing privacy laws. As I understand it, they may sometimes take photos to prove they are following the law to protect themselves against the abortion industry and to show the law enforcement authorities should court action be taken against them. From speaking to those who do undertake footpath counselling, it is not uncommon for staff and supporters of the clinics to take photos of the counsellors. This is considered fair game!

I would like to quote here Naomi Wolf, a well - known feminist writer who wrote in her book, "New Republic":

"How can we charge that it is vile and repulsive for pro-lifers to brandish vile and repulsive images if the images are real? To insist that the truth is in poor taste is the very height of hypocrisy. Besides, if these images are often the facts of the matter, and if we then claim that it is offensive for pro-choice women to be confronted by them, then we are making the judgement that women are too inherently weak to face a truth about which they have to make a grave decision. This view of women is unworthy of feminism". (Wolf 1995)

It would seem that there are a lot of weak-kneed feminists in Queensland as resistance to any form of realistic and honest counselling and provision of information is extreme, as the report of the committee into the first Pyne Bill reveals. As many of the respondents have endeavoured to show through their submissions, many women aren't told anything, nor given real support to continue the pregnancy in face of opposition from husbands, partners, family or friends. I have personally heard such a woman give witness to the extreme thankfulness she has towards footpath counsellors who approached her as she went towards the clinic. She was fearful for her own life if she hadn't gone to the abortion facility that day because of her partner's threats towards her. The beautiful little girl they saved that day was with her as she spoke.

If some women do elect to change their minds as a result of what they are told by footpath counsellors, why should abortion facilities be upset? Isn't that what being "pro-choice" is all about?

If, as a result of this review into abortion laws in Queensland, the laws are clarified and abortion is allowed more freely, then should the right to disagree and demonstrate against

such laws also be upheld? Footpath counsellors can read; they will know what the law says and in the main abide by it. To forbid dissent by refusing freedom of speech is totalitarianism.

Conclusion

This parliamentary committee has heard much opinion for and against abortion in response to the first Pyne bill. The amendments in the second Pyne bill were presented because of criticism of the lack of boundaries or limitations to abortion contained in the first bill.

Given the loose description of when abortion wouldn't be legal beyond 24 weeks using wording that has failed to deliver transparency and honesty so far in Queensland, let alone not addressing issues of sex selection abortion, independent counselling, cooling-off periods and other sensible harm reduction measures, there is no moderation of the first bill nor any amelioration of its impact in allowing abortion fairly easily at any time through pregnancy.

Even if there would be no enthusiasm on the part of public hospital staff to perform late-term abortions for psychosocial reasons, the statistics already in existence for Victoria demonstrate what happens when abortion is liberalised.

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