

From: [LOUISE LEVICK](#)
To: [Abortion Bill](#)
Subject: Pyne Bill Submission
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My name is Louise Allison-Levick, of [REDACTED]. I am a primary school teacher, and I would like to take this opportunity to make my own submission to the Queensland Parliament Health Committee's new inquiry into the second Pyne Bill, the Health (Abortion Law Reform) Amendment Bill 2016.

I am writing in favour of protecting women and their unborn children, therefore I am naturally opposed to the majority of this Bill.

The point that stipulates "only a doctor may perform an abortion: a person who is not a doctor (or a registered nurse administering a drug to perform an abortion under the direction of a doctor) would commit an offence", is the one point that I can agree with. In the very rare case of a women legitimately requiring life-saving intervention which would sadly necessitate the ending of the unborn child's life in order to save the mother, without which the mother would almost certainly die and therefore, would also result in the death of the unborn child, this procedure should only ever be administered by a doctor. It should be carried out in a hospital with full access to medical facilities and only be carried out if the unborn child is too young to make the possibility of life supported outside the womb possible. From 24 weeks on, an abortion is not necessary at all. A caesarean section can be performed and the baby given neo-natal care and given every opportunity to live.

Any women seeking to have an abortion, should not be seen as someone coming in for elective surgery, or having an illness that needs a medical problem. A woman seeking an abortion is doing so because they have been encouraged by others to do so, either overtly by demanding it, emotionally manipulating them, scaring them, physically driving them to the clinic, etc. or inadvertently, by not being excited about the pregnancy, sowing seeds of doubt in the woman's mind that she will be a good mother, making it clear there will be no physical or emotional support for her or her baby if she chooses to bring this to full-term, or indicating in one way or another it will be a disadvantage to her or her career.

These women are vulnerable and ripe for the picking by profiteering doctors who can make a fortune from these women who are very easily led to make a decision which is still technically illegal, which they will one day end up regretting and which will harm them in some way. There can be physical harm to the mother from side effects. Eventually, there will be emotional and psychological harm. Currently, there is no mandatory independent counselling to take these vulnerable women through all the facts about the legality, as well as the physical and emotional and psychological consequences of their decisions. Funding for this should be made and legislation to provide this independent counselling should be made. Also, these women need to be made aware of all their options, that abortion is not their only option. Only then can we honestly and legitimately say that women are being given choice. Currently, women are not made aware of their right to know, nor given access to what they need to know. The independent counselling centre Priceless House, receives no funding from the government, and yet it is providing these important aspects of information and support to vulnerable women. The sad thing is, most women seeking an abortion have never heard of Priceless House and none will they be directed to them for counselling before having an abortion, because it is financially not in the doctor's interest to do so, as they might realise they don't need an abortion and may prefer to take their baby full term. Adoption and or financial and emotional support or whatever support the

mother and baby need to help her as she makes the decision to keep the baby until full-term is what is needed. No abortion clinic offers this type of support. They are about death and profit, they are not about the well-being of the mother and the baby. The law on abortion should have safeguards for women and particularly be addressing a woman's right to know. Ninety-four percent of Queenslanders believe that before having an abortion, a woman should receive free independent counselling and information on the development of her unborn baby, the nature of the procedure, the physical and psychological risks of the operation and the alternatives of keeping the baby or adoption, so that she can make a fully informed decision.

I will address one of the points that I disagree with in the Pyne Bill: an abortion on a woman who is more than 24 weeks pregnant may be performed only if two doctors reasonably believe the continuation of the woman's pregnancy would involve greater risk of injury to the physical or mental health of the woman than if the pregnancy were terminated. This provision will not protect viable babies. If the second doctor is not required to see or speak to the patient, or even look at her file, then it does not take a scientist to figure out that any doctor wishing to cash in on these medical procedures being performed on the vulnerable, merely has to find a willing accomplice who will happily approve the necessity of a late termination of a viable pregnancy. If the second doctor does not have to be independent, it could be that the two doctors at an abortion clinic who would profit from the procedure would approve the late-term abortion. If the doctors are not accountable and required to prove beyond question that there is a genuine risk to the mother, and evidence submitted to some higher authority, that this is so, we will continue to see thousands of viable babies killed every year. Unwanted babies should never be confused with a medical condition. It's dishonest to say the mother's health is in danger, when really, she is afraid and doesn't want to go through with a pregnancy for various social reasons. It is necessary to be monitored with mandatory accountability and legal consequences for doctors who break the law by taking the life of an unborn child. The vast majority of abortions today, with the law we currently have, are already illegal, because there is no medical need to kill the unborn child. Thirty-seven years ago, the world's leading fetologist, Sir William Liley, of New Zealand, who performed the first inter-uterine blood transfusion, said: "The only thing medical about abortion is that doctors do them and must handle the complications afterwards. No matter how bad mother's heart disease, renal complaint, diabetes or mental illness, no one would be suggesting abortion was essential if mother wanted the baby." The truth is that abortion is a medical solution to a social problem. The vast majority of abortions in the state are dishonest.

The truth is that in the case of a serious condition such as pre-eclampsia during a pregnancy after 24 weeks, the unborn baby doesn't need to be killed. The baby can be born by caesarean section and every effort made to keep the baby alive, which is the role of a doctor, to save lives, not to take the leading role in its death. My understanding is that currently there is no mandatory reporting by doctors to the State or National Government about how many abortions are performed by any doctors and no justification necessary to prove that it was medically essential. There is no mandatory accountability and no prosecution, thus leaving it wide open for abuse as a profitable business, not medical care for a sick person requiring treatment. Pregnancy in itself is not a disease!

Nearly 70 years ago, someone made a decision to let my father live and he was adopted and raised by loving parents who were unable to have their own biological children. My sister and her husband tried for many years to get pregnant. When they finally did, we were all so happy for them and looking forward to this new member of the family coming out of the womb to join us! We looked forward to meeting her and were all devastated when she died only three weeks before she was due to be born. The umbilical cord got tangled around her neck and strangled her to death before we ever had the chance to meet

her. My sister and her husband have spent a small fortune adopting a baby boy from Taiwan. We rejoice that their wait is finally over and we have a new member of our family. His birth mother made a choice not to terminate her pregnancy, but to give her son the gift of life, and also give the gift of a precious baby boy to my sister and her husband. If a mother wants to end a late-term pregnancy, there is no reason for any baby to be killed. There are plenty of infertile couples, just like my sister and her husband, who would love to adopt an unwanted baby. There are long adoption waiting lists in Australia, and last year there were only 54 adoptions of Australian-born children to non-relatives. Approximately 80,000 unborn children are killed by abortion in Australia every year. There should be an absolute ban on all late-term abortions. This is supported by 85% of Queenslanders. I was disgusted and distressed to read the reports about the late term abortions that have happened in recent history in QLD, where the babies were born and were still alive and left to die out of the womb! Any nurse or doctor or parent doing so is neglecting to care for a human life!

This Bill is seriously deficient. There are thousands of unwanted abortions which mandatory independent informed consent counselling could prevent. Usually, there is no legitimate free and informed choice by women because they are not made aware of all their options and the consequences of carrying through with an abortion. Vulnerable women are coerced by parents, boyfriends, partners or husbands. Walking into a private abortion clinic will not provide women with the support they need to make informed choices, because these clinics are all about the profit and are not concerned about the whole person or about the child they wish to kill to make a buck! I hate the fact that Medicare supports illegal abortions because my tax dollars are used to help take a life without my consent or approval. Women must be properly and fully counselled by independent caring communities such as Priceless House and funding should be made available to do so. Then, women can make real choices, and many, informed women who feel supported, will choose to keep their babies full-term, and reduce the amount of unnecessary deaths. This is better for women and better for babies.

Sincerely,

Louise Allison-Levick