

Submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee - on Rob Pyne MP's Health (Abortion Law) Amendment Bill.

Julie Robinson MSW [REDACTED] [REDACTED]

Thank you for the opportunity to provide a submission on this very important issue. I previously made a detailed submission to the Committee on Rob Pyne's first Bill and much of that content is still relevant to this second Bill. As the Committee still has my first submission, I ask that those views also be taken into account in the consideration of this second Bill. For the sake of brevity, I only add the following.

I applaud the Committee's rejection of the first Bill and I urge the Committee to similarly reject this second Bill for the following reasons.

1. *"Section 21 addresses abortion on a woman more than 24 weeks pregnant. It states that a doctor may perform an abortion, or direct a registered nurse to perform an abortion by administering a drug, on a woman who is more than 24 weeks pregnant only if the doctor reasonably believes 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; and has consulted with at least one other doctor who also believes that 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."*

I object to this because Section 21 still allows for the abortion of any baby at any stage of pregnancy for any reason up until birth.

It completely disregards the unborn baby – it disregards all we know of fetal development – that by 22 days the heart is beating, by 8 weeks all organs are in place, by 12 weeks fingerprints are forming, the baby can smile, suck its thumb, by 16 weeks the baby can move rhythmically to music and respond to the mother's voice. Similarly it completely disregards all other stakeholders.

There are no safeguards for any late term baby – this would make terminations legal on the basis of gender, or cleft palate, or hair colour, or because Mum was offered a promotion at work, or any other reason.

Having two doctors sign off on such terminations is **not** a safeguard for late term babies because this is current abortion law in Victoria where the latest statistics available show there were **358 late term** (post twenty week) abortions performed in one year (2013). Of these, **half (179) were performed on healthy babies of healthy mothers**. Also, of these 358 late term abortions, **43 babies** survived abortion procedures and were left to die. (2012 and 2013 Victoria's Mothers, Babies and Children [REDACTED])

In contrast, under current Queensland law, there are somewhere between **50**

– **70** post twenty week abortions performed each year, but the vast majority are performed for serious or lethal fetal abnormality. **Rarely, are late term abortions being performed on healthy babies in Queensland.**

It's my view that most Queenslanders (based on the numbers of those who signed the e-petition opposing Pyne's first bill and survey research done) would similarly reject this Victorian model if given this information, and would opt for our current laws.

2. *"Section 20 provides that only a qualified health practitioner may perform an abortion. It also provides that a doctor and a registered nurse are a qualified health practitioner for performing an abortion by administering a drug at the written direction of a doctor. It also says a woman does not commit an offence against this section for performing an abortion on herself; or consenting to, or assisting in, the performance of an abortion on herself by administering a drug prescribed by a doctor and registered nurse."*

Sections 20 and 21 both allow registered nurses to perform abortions at the direction of a doctor. While Section 22 states no-one is **under a duty** to perform or assist in performing an abortion, and is entitled to refuse to assist in performing an abortion (unless the abortion is necessary to save the life of, or to prevent a serious physical injury to, the woman) there is no doubt both doctors and nurses will come under pressure to perform abortions – again, at any stage of pregnancy and for any reasons.

This will be particularly difficult for those working in smaller hospitals for example in regional areas where there are fewer medical staff. As a Social Worker I hear stories from midwives who are already placed under enormous pressure to be involved in abortions in Brisbane hospitals. Refusal to be involved leads to resentment among staff and objecting midwives feeling ostracised and bullied. It could also become a reason to discriminate against doctors and nurses in the appointment of staff. Mr Pyne does not deal with this very obvious problem.

3. Section 23 says *"that the minister must, by written notice, declare an area around an abortion facility to be a protected area for the facility. An area declared to be a protected area must be at least 50 metres at any point from the abortion facility; and sufficient to ensure the privacy and unimpeded access for anyone entering, trying to enter or leaving the abortion facility; and no bigger than necessary."*

I object to this section on the grounds that it mimics the Bubble zones imposed in Victoria, Tasmania and the ACT where people have been arrested for quietly protesting, praying or offering support to women in need. In those bubble zones, citizens are denied freedom of speech and freedom to protest. I certainly oppose the harassment, intimidation or photographing of any woman entering or leaving any facility, but think the rights to offer support to desperate women the rights to freedom of speech and the rights to protest also need to be upheld.

4. I object to the Bill because I listened to Mr Pyne give his briefing to the Committee. His explanation of his Bill and defence of it gave me no confidence that he even understood the ramifications of it. He openly admitted to “doing some legislative interpretation on the run”; He suggested that the couple involved in the 2008 RU486 case could still be prosecuted under his (proposed) laws (how does that bring any clarity?) When asked about the possibility of late term abortions on the basis of gender or hair colour here in Qld, he replied, “it will never happen” (it already is where these laws have been implemented – ask Dr Hobart charged in Victoria for refusing to refer for a sex selection abortion at 19 weeks); When asked how his bill might cater for incomplete abortions (ie babies surviving abortion procedures and born alive) he replied he couldn’t answer that question as he wasn’t familiar with that term; When asked why he had gone with the ACT legislation regarding section 23, rather than the Victorian legislation he replied, “you’re testing me there... I can’t say.” When asked if he had sought legal advice, he replied that he had but admitted Committee couldn’t access it because it had been in “oral form at a workshop.”

This is a very important issue and Mr Pyne’s treatment of it is inadequate. He has been ill advised. He has not taken into account the strong community feeling on this issue. The Bill fails to provide any protections for women whose partners are coercing them to terminate their pregnancies, nor does it provide any options or support for women in crisis other than abortion. I urge the Committee to reject the Bill and to work to provide other (nonviolent) solutions for women facing unplanned or crisis pregnancies.