Inquiry Secretary
Health, Communities, Disability Services
and Domestic and Family Violence Prevention Committee
Parliament House
George Street
Brisbane QLD 4000

6th October, 2016

Dr Julene Haack
[redacted]

Dear Secretary,

I am writing to you both professionally (as a female GP with a special interest in women's health) and personally to express my concerns with the Health (Abortion Law Reform) Amendment Bill 2016.

In regards to abortion generally, as a GP I can attest to the fact that there has never been any difficulty in referring a woman for an early-term abortion, on the basis of medical or psychological reasons, under the current legislation. In the past, when my thoughts about abortion were more ambivalent, I have done so.

My concerns with the Amendment Bill are the following:

1. While the Bill states that no one is under a duty to perform an abortion, it does note that a doctor who does not comply may suffer an action under other legislation - that is, the Health Practitioner Regulation National Law (Qld) Part 8, or the Health Ombudsman Act 2013.

Many medical practitioners, like me, have a conscientious objection to abortion and would seek to provide a pregnant woman in difficult circumstances with other options, including support to carry the pregnancy through or to consider adoption, rather than referral for an abortion.

This Bill would impact on our freedom to act in accord with our conscience because of fear of facing punitive action. I am aware of two GP's in Victoria (Dr Mark Hobart and Dr 'K') who have been investigated by AHPRA (Australian Health Practitioners Regulation Agency) for exercising their conscience in the matter of abortion and both have been fearful of losing their registration.

Meanwhile, under the current legislation, a woman who insisted upon an abortion is free to visit another GP to obtain a referral, in accord with her conscience and without any punitive action against her.

2. The Bill specifically indicates that abortions may be carried out on pregnancies greater than 24 weeks.

The indication stated in the Bill for such an action is "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…"

Given that infant viability is considered to be around 24 weeks (and there are a proportion of infants born at even younger gestation who survive premature delivery), I am at a complete loss to find any indication where a risk to maternal health in a pregnancy of 24 weeks (or more) should result in a termination *rather than* the premature delivery of the infant.

That is to say, I can think of no reason why the mother's life could not be saved while *also* delivering the infant and allowing it a reasonable chance at life also.

3. Subsequently, I am extremely concerned by the wording of the Bill which states that "a doctor has a duty to perform … an abortion on a woman in an emergency if the abortion is necessary to save the life of, or to prevent a serious physical injury to, the woman."

This part of the Bill does not qualify any particular stage of the pregnancy so I assume it may mean a pregnancy at any stage from conception through to full-term. Again it is difficult to determine a broad range of medical emergencies where the goal of saving the mother's life would be achieved by terminating the foetus.

Quote by Alan Guttmacher of Planned Pregnancy America: *Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal illness such as cancer or leukemia, and, if so, abortion would be unlikely to prolong, much less save, life.* [1]

He stated this in 1967 – that is, almost half a century ago. How much further has medicine advanced since then?

There are rare instances where it is necessary for an abortion to occur to save a woman's life – for example, uterine cancer for which the only treatment is hysterectomy (thus also removing the pregnancy) however, this cancer is rare in women of child-bearing age and the necessity for this abortion is therefore rare.

Ectopic pregnancy is sometimes misquoted as a medical emergency necessitating abortion. In this case, by definition, the embryo has implanted itself in tissue outside of the uterus ('ectopic') and, since the placenta can only develop inside the uterus, this pregnancy has no potential for further development of the embryo.

Technically, therefore, the removal of an ectopic pregnancy is not an abortion and, in fact, the surgical procedure used for ectopic pregnancy is never performed as an abortion procedure for any other type of pregnancy. I fully support removal of ectopic pregnancies.

Research into indications for abortion in the United States has found that: (a) abortions for severe medical reasons occur ***< 1%*** of the time, and (b) that even putting together all health reasons (including non-threatening medical conditions), these result in ***<3%*** of abortions. [2]

I am very concerned that this part of the Bill (which in truth only applies to <1% of abortions) will be more broadly interpreted and will force doctors with conscientious objection to perform abortions where they are not medically necessary (or else face punitive action).

In conclusion, I am concerned that this Bill will result in an increase in abortions which are not medically necessary and I am therefore against the Amended Abortion Bill. I sincerely hope that the Committee will consider all evidence when conducting its review and will ask whether such an amendment to the standing legislation is even warranted.

Yours faithfully
Dr Julene Haack
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[1] Alan F. Guttmacher, "Abortion—Yesterday, Today and Tomorrow," in The Case for Legalized Abortion Now (Berkeley, Calif.: Diablo Press, 1967).
[2] Guttmacher Institute, "Facts on Induced Abortion in the United States", August 2011, http://www.guttmacher.org/pubs/fb_induced_abortion.html Last accessed November 12, 2012