

From: [REDACTED]
To: [Abortion Bill](#)
Subject: Submission to the Parliamentary Committee Regarding Abortion Bill: Strong Objection of Grounds of Equality
Date: Thursday, 6 October 2016 3:56:39 PM

Submission to the Queensland Parliamentary Committee regarding the Rob Pyne Amended (Health) Abortion Bill

Dear Secretary,

I am writing to inform the Committee that as a 24 year old Queensland female biology student, feminist and equal rights campaigner, that I am strongly against the Health (Abortion Law Reform) Amendment Bill 2016. My reasons for objecting to the Bill are as follows:

1. Link Between Abortion and Domestic Violence

I would like to point to a study published in *Obstetrics & Gynecology* (1998) that found that women suffering domestic abuse are often likely to seek abortion when becoming unexpectedly pregnant

A woman may seek an abortion because of threats from her partner if she does not do so, fear for the damaging environment into which she would bring the child, concern for the child's future safety, or that she feels it will be more difficult to leave the relationship once she has a child. Is abortion the best we can offer woman experiencing these situations? Instead of a band aid approach of removing her pregnancy and thereby her unborn child to avoid an immediate threat, shouldn't we get to the root of the problem and offer assistance for her to remove herself from a destructive situation without the further trauma of taking the life of her unborn child?

2. The Role of the Law in Regulating Abortion

It is said that the law should have no part in a woman's choice to have an abortion. Daily, throughout Queensland and the world, women and people make many different choices. All community members are individuals who are free to make their own life decisions. However, once that choice affects another, the interference of the law is necessary in order to protect the vulnerable party. An example of this would be laws preventing the abuse and mistreatment of children. An adult may choose to keep a child out of school to work in a home business in order to save on employment costs. However, once this situation becomes known to authorities, they will take the necessary steps to ensure that the child ceases working and instead attends school daily. This law is in place not to take away the rights of parents to raise their children as they see fit, but to protect the rights of children to an education.

In the case of abortion, a woman gives physical substance to the unborn child owing to its unique position of relying on her body for nutrition and growth. Since the woman has a right to bodily autonomy, these two rights can be seen to conflict. When two rights conflict, it is moral to ascertain whose right is greater. In the case of abortion, a woman may have the inconvenience of a pregnancy she did not specifically plan for (but none the less consented when she chose to undergo sex – see below for further clarification on this point) for the period of 9 months. At the conclusion of this period she will no longer be inconvenienced by the pregnancy. In contrast, when the life of the unborn child is taken, it is permanent. The child's life cannot be given back to them at a later date. Without life, all other rights, including that of choosing whether or not to have children, are of no use. Without the right to life, there can be no other rights.

I would here like to quote from the Universal Declaration on Human Rights, to which Australia is a signatory.

Quote:

'Article 3

Everyone has the right to life, liberty and security of person.'

This article clearly states that everyone – every human being – has the right to life. This right is not dependent on circumstances, age, or location. It is inconsistent to abide by this declaration when dealing with some persons, but not for others.

It is important to consider that a woman, when experiencing pregnancy, is responsible for physically providing for the unborn child. Many point to this as a reason for the right to abort the child if the woman does not wish to nourish it. It is said that no person should be forced to physically provide for another.

Before discussing this further, it is important to be aware of the following:

3. Cause of pregnancy

It is frequently declared that a woman should not have to go through with a pregnancy and give birth to a child if she does not wish to. Indeed, no woman should be forced to become pregnant if she does not explicitly desire it. However, pregnancy (except in cases of in vitro fertilisation) can only be achieved through, and is a natural result of, sexual intercourse. It is illegal to force a woman to undergo sexual intercourse without her consent. The average adult in Australia is aware that sexual intercourse is necessary in order to achieve pregnancy. While many individuals and couples choose to use birth control methods to avoid pregnancy while still engaging in sexual intercourse, no form of birth control is 100 % effective. Even when several methods are used correctly and concurrently, there is still a chance that a woman of child bearing age can become pregnant after participating in sex. By choosing to participate, both the man and woman are implicitly giving their consent to the chance of reproduction. If they wish to avoid pregnancy with 100 % certainty, they may choose to abstain from sexual activity.

It cannot be said, then, that women have no control over whether or not they become pregnant, and therefore should have the right to end that pregnancy. Cause and effect are clearly illustrated here, and individuals should be aware of the gravity of their actions in order to make good and appropriate decisions for their lives.

4. Reasons for Seeking Abortion

The primary reasons women seek abortion are financial, social and educational.

5. Implied Responsibility for Minors/Less Physically Able Persons

Consider similar situations where a person is considered legally responsible for the care and upkeep of a less physically able person, even without their explicit consent. There have been numerous cases where a person has been held responsible for child, elder or disabled person neglect.

Note that in many cases these individuals never signed a legal document saying that they were taking responsibility for caring for the child or person. If they did not wish to care for the person, they should have contacted Social Services and informed them of the fact so that they could remove the person and arrange for their care elsewhere. This would have removed any responsibility from them whilst ensuring that the person received their right to life and appropriate care.

The same can be said for a woman who is responsible for the nutrition and well being of her unborn child. In the above cases, the prosecuted individuals could not have contacted social services and then simply walked away. Their obligation would have been to continue caring for the person until the other arrangements were made. In the case of pregnancy, the same is expected. Once the child has finished their development to the point that they can be cared for by other means that the nourishment of the biological mother, they should be born and then cared for by other willing persons. In Australia, the waiting list for adoption is famously long, with the result that there is no shortage of willing persons to care for the recently delivered child.

6. Abortion in Cases of Rape and Incest

There are several points to be aware of here:

- Fewer than 1 % of abortions take place as a result of rape or incest.
- Abortion does not help the victims of rape or incest to recover from the trauma. Indeed, it only serves to add an additional, second trauma that also has to be recovered from.
- The mode of a person's conception does not remove their right to life. It has no bearing on their human dignity, and they are in no way responsible for the manner in which they were conceived. To take their life

when they are an innocent party to the crime is hypocritical and abhorrent to Australia's value of the right to life for all.

- Abortion only serves to cover up the assault and sexual mistreatment of women. It enables the perpetrator to hide their crime and frees them of any responsibility. This is particularly important when a minor is being sexually abused.

7. Adoption as an Additional Option

Rather than legalising abortion, which has severe and long lasting effects on women and the unborn of Queensland, the Parliament should instead turn their attention to the complications currently surrounding adoption law in Australia. Open adoption from birth, as successfully practiced in the US, means that both the biological mother and the adoptive parents selected by her, can be a meaningful presence in a child's life. Adoption ensures that a birth mother can continue with her life and pursue her goals without undertaking parenthood, without burdening her with the pain and trauma of undergoing an abortion if she is not yet ready to parent.

8. Exclusion Zones

I am particularly concerned by the proposed Exclusion Zones that would prevent those offering alternate options to women from making themselves available at a vulnerable time in her life. It is insulting to women to say that they are not capable of carrying out their decisions when met with different choices. To say that is to insinuate that they are weak, undecided and need to be shielded from any other influences. If women are indeed strong and capable of making their own decisions, then the presence of alternate options will only serve to empower them.

9. Permanency of Abortion as Opposed to Other Options

Abortion is permanent. Undergoing an abortion is not an experience like that of taking a new job, or buying a car. No matter what steps a woman takes afterwards, no matter what other experiences she will have, no matter how her circumstances change, her abortion experience will remain. It is not something that she can go back and undo should she feel differently later. This serious decision needs to be treated with the gravity that it deserves. This Bill treats it flippantly with no safeguards, protocols or additional options, thereby denying the seriousness of this very sensitive and serious decision.

10. Biological Facts – When Life Starts

As a biology student, I have learned in the classroom of the scientific way in which all lives begin. A set of chromosomes is contributed by the mother, another via the father through the sperm. At the moment of conception, these two sets of chromosomes are mixed to create a unique and individual set of DNA. No other person will have that set of DNA, and no other person will in future. Human DNA is unique from the DNA of any other living creature.

Biologists define life as a unique organism that is growing and developing. An organism is either alive and growing and developing, or dead – no longer growing, developing or functioning. It is contradictory to say that because an organism is at a different stage of development than another, or is a different size, that it is not alive.

It is scientifically accurate to say that a new and unique human life begins at the moment of conception. This important and grave fact must be remembered at all times when making decisions and laws about abortion.

11. Sex selective abortion and protection of girls

Several prominent cultures throughout the world express a clear preference for sons over daughters. Even if a couple does not express a specific desire to end a pregnancy because of the unborn being that of a different sex than they desired, they will still be able to procure an abortion by citing other reasons – for example, that of mental health of the mother or lack of finances to care for a child. This means that requests for abortion for reasons of sex selection cannot be effectively screened and therefore prevented. This issue of cultural preference for sons is becoming even more prominent in recent years as the number of immigrants and refugees from other cultures take up residence in Australia. Australia prides itself on being a multicultural society, yet even as we welcome and integrate those from other cultures, we must ensure that the values of respect and value for women and children are upheld and consistently adhered to by all. Australia is a country which respects the female person and does not discriminate against women in favour of men, and it is vital that it remain that way in order to ensure a fair and just future for all.

12. Discrimination Against Financially or Socially Struggling Women

Rather than giving women unlimited abortion, as this Bill proposes, society and the law should seek to solve the problems underlying the desire or need for a woman to have an abortion.

When making a decision, women should not be influenced by social, financial or educational factors. These opportunities should be available to all women, regardless of whether they are a parent or not. To suggest otherwise is discrimination. It implies that only women who pass a certain standard should be permitted to carry out a natural biological function. Such a law and its implication have no place in a free and egalitarian society such as Australia.

13. Abortions After 24 Weeks

The Amended Bill states that the consent of two doctors would be required in order for a woman to undergo an abortion after 24 weeks' gestation.

Quote from the Health (Abortion Law Reform) Amendment Bill 2016:

'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— (a) 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 (b) has consulted at least 1 other doctor who also 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.'

There is a troubling lack of regulation around this specification.

- a. There is no specification that either doctor be an expert in fetal development, paediatric health, or even have obstetrician qualifications. One or both doctors could potentially be primarily abortion providers, whose specialisation is carrying out abortions on a weekly basis. With this background and with these values and belief in abortion as a common medical procedure, there are serious doubts that they would not be biased in their view of the possible outcomes for both mother and child should an abortion be avoided.
- b. The second doctor is not required to meet with and examine the woman. They are not required to fully study the history of the pregnancy, the health of the unborn child, nor most importantly of all the health and unique, sensitive and individual circumstances of the mother. They are not even required to see her medical file. Is this lack of structure and accountability really the best that Queensland can do for women at a vulnerable time in their lives? Don't women deserve the full attention and expertise of any secondary doctors when making such an important decision for themselves and their unborn child?
- c. I quote again from the Bill:

'A failure by a doctor to comply with this section does not constitute an offence but may constitute behaviour for which action may be taken under the Health Practitioner Regulation National Law (Queensland), Part 8 or the Health Ombudsman Act 2013.'

A law or regulation can hardly be binding if there is no legal consequence for breaking it. This note will in no way ensure that women are receiving an unbiased second opinion. Indeed, it makes them even more liable for second rate and fast tracked care. Medical professionals should always be held fully responsible for any failure to fully follow and integrate into their practice all laws and regulations that are in place to ensure the safety, wellbeing and best possible outcomes for their patients. In cases such as these, the responsibility of care that doctors hold can be said to be even greater, since they are directly dealing with not one but two patients – the woman and the unborn child.

d. There is no provision for other medical, social and educational experts to be involved when considering a recommendation for an abortion to be carried out after 24 weeks. As discussed earlier, the reasons for women seeking abortions are primarily social, emotional, educational and financial. Medical professionals are not commonly experts in these areas. Other sources and professionals, such as counsellors, educational assistants, social workers, child protection workers, family law experts and employment agencies, should be brought in in order to accurately assess the mother's individual circumstance and endeavour to find possible additional solutions to avoid a traumatic and dangerous late term abortion procedure. The Bill does not address the possibility of additional assistance and informed consent for the woman in any way whatsoever.

e. No specific reasons are given that would allow an abortion after 24 weeks. All that is required is that a doctor feel that it is necessary. If a doctor has personal beliefs that make them feel that abortion at this stage of life is acceptable, they be able to give permission and the abortion will happen with no consideration of the effects on the unborn child or mother. Women and the unborn deserve better and more stringent and consistent care than the personal opinion of an individual whose views may well be extreme. They need more than the influence of one individual's beliefs to make their decision.

Should reasons and regulations be added to the Bill to allow abortion after 24 weeks, it would be difficult to find any that stand up to the values and safeguards discussed above.

Severe foetal abnormality is the most commonly discussed proposed reason to allow an abortion after 24 weeks. Severe foetal abnormality can refer to a genetic mutation such as Down Syndrome, a disability such as cystic fibrosis, or a simple medical issue that can easily be corrected with medical care, such as a lip tie. Owing to its broad range, this justification for late term abortion is not sufficient to overcome the negative effects of abortion – that of the possibility woman suffering negative physical, mental and emotional effects, and the destruction of an innocent human life – the unborn child's.

It is also important to note that such 'abnormalities' cannot be predicted with 100 % accuracy. Traditional tests for the presence of Down Syndrome are only 85 % accurate. Many medical problems in previous cases have resolved on their own before birth, while others can be corrected or treated with adequate medical care after birth.

In the case of life limiting conditions, such as microcephaly, we must first consider the usual avenues for treating an individual with severe injury or abnormality. An example is that of a person gravely injured in a car crash. It is neither customary nor legal to immediately and deliberately end the life of such a person. In such cases, a wide variety of medical professionals do everything possible to save the life of the injured person until they either recover or natural death takes place. It is the right of every person, no matter their age, to receive the best medical care possible until either of the above events occur. Every person has this right, and if the person caring for them do not wish to provide this care, it is the responsibility of others to undertake it.

I trust that the Committee will undertake to accurately read, assess, study and question all evidence that is given to them regarding this matter. The future of Queensland women depends on it.

Yours faithfully,

Rebecca Anderson

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