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THE AUSTRALIAN FAMILY ASSOCIATION

[redacted]

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Emailed to: abortion.bill@parliament.qld.gov.au

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

Re: Inquiry into Health (Abortion Law Reform) Amendment Bill 2016

The Australian Family Association (AFA) appreciates the opportunity to make a submission to the inquiry into Health (Abortion Law Reform) Amendment Bill 2016.

By way of background, the Australian Family Association has been in existence for over 35 years. We provide a forum and a vehicle for those individuals and organisations in the community concerned with the strengthening and support of the natural family. We are a voluntary, ecumenical and non-party-political organisation.

We respect the sanctity of life from conception to natural death. The right to be born must be extended to all human beings. The dignity of human life cannot be compromised.

Before we address Mr Pyne's latest abortion bill specifically, we wish to provide feedback to the Committee on two concerning aspects of its report on the inquiry into Mr Pyne's first bill.

ANU's attempt to discredit AFA's Galaxy poll is totally flawed

The Committee commissioned Professor Matthew Gray and colleagues from Australian National University to assess the reliability of seven Australian opinion polls on abortion undertaken since 2007, including the Australian Family Association's Galaxy poll in May this year.

The first point we would make is that ANU cannot be regarded as an independent reviewer given it had a clear conflict of interest, as its own researchers had conducted three of the seven opinion polls it assessed.

Showing its bias, ANU tried to discredit the Galaxy poll's findings, claiming that "this survey should not be considered a reliable source of information on community attitudes to abortion" due to three issues: "the leading nature of the questions, relatively small sample size and lack of information on how the sample was selected and response rates".

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In fact, the questions in this gold standard randomised telephone poll, *What Queenslanders Really Think About Abortion* were objective and factual.

Galaxy Research managing director David Briggs stated in email correspondence read out to the Committee by AFA state committee member Alan Baker at the public hearing on 1 August: "All information included in the questions was accurate and we believe the questions were balanced and fair. For each question respondents could agree or disagree with the idea presented, or if they were uncertain could answer with a 'Don't know' response. At no time did we attempt to lead respondents to a particular response… In this survey we attempted to assess opinion beyond the superficial and this is the reason it may seem at odds with research designed to test community attitude to motherhood slogans" (emphasis added).

After the ANU review was published in the Committee's report, Mr Briggs added the following comments in emails sent to the AFA:

"I would suggest the Australian National University has failed to provide the guidance required by the Committee.

"The review of the question wording is subjective and claims of the use of misleading statements is incorrect.

"The review of the methodology is not based on fact.

"The criticism includes the statement: 'A landline-only sampling frame would substantially limit the representativeness of the sample; one- third of the Australian adult population is estimated to have a mobile phone but no landline.' This statement is correct, but it is not relevant to the study.

The sample was selected according to the accepted standards employed in market research studies conducted in Australia. As the sample included both landline and mobile telephone numbers, this criticism is not relevant and it is misleading to highlight potential problems if they do not exist.

"My contact details were included in the report and I would have been happy to allay any concerns about the validity of the survey.

"This would have included the response rate if required. In order to provide this in a consistent way, I would need to know the 'Response rate' calculation has been applied in the other studies reviewed. This is an area in which there is little uniformity and higher response rates can be achieved through manipulation of the numbers rather than excellence in fieldwork management.

"In my thirty-five years of conducting research, I have not been made aware of any levels of response rate that conveys 'high quality'. The review includes the following claim: 'The reported response rate of around 25 per cent is in line with those achieved by high quality random digit dial surveys.'

"Response rates are simply one factor in a research project and this in itself has little bearing on the 'quality' of the research. However, if 25% is considered high quality, then how should we define 'Exceptional quality', 'Reasonable quality' and 'Low quality'?

"The Galaxy survey would appear to have been judged unfairly against other surveys, many of which employed methodologies that cannot claim the same level of reliability as a telephone survey. Historically, companies such as Galaxy and Newspoll have used telephone interviews as a means of administering opinion polls. Over the years these have demonstrated a high level of consistency and precision when compared to the actual election results.

"I am not aware of any opinion poll in an election campaign that has been administered by means of postal surveys and I have not seen any validation exercise that has proved the reliability of postal surveys compared with other methods. Therefore, if I was given the task of reviewing a range of survey information I would give greater weight to those using a methodology with a proven track record...

"The other consideration is that the ANU has a clear conflict of interest. They are appointed as an independent reviewer despite the university having been involved in the production of some of the research.

"It should therefore come as no surprise that the ANU research provides the detail required to assess the work as high quality whereas other studies are dismissed because they lack detail and therefore should not be considered reliable.

"There would appear to be a clear lack of objectivity" (emphasis added).

As for the supposedly small sample, **Galaxy's professional advice was that a sample of 400 was "sufficient to ensure a high level of reliability in the research findings".** The sampling variation on a telephone poll of 400 is plus or minus 4.9 per cent at the 95 per cent confidence interval. On a poll of 1,000 the sampling variation would have been not that much less at 3%.

In our view, ANU's failure to contact Galaxy for information on how the sample was selected and response rates was extremely unprofessional conduct. We believe the Committee should ask for a refund of the fee paid to ANU.

Then there is ANU's incorrect claim that the statement prefacing one question - "20 weeks of pregnancy is the earliest point at which survival outside the womb is possible" - was "misleading".

Again, all ANU had to do was to pick up the phone to check the veracity of this statement with us, but they did not.

This allegation was based on one study published in the New England Journal of Medicine on 7 May 2015 which covered 4,987 premature infants born in 24 US hospitals between April 2006 and March 2011. Only two of 129 infants born before 22 weeks of gestation who weighed 400 g or more received active treatment, but both died within 12 hours after birth.

It should not be necessary to point out the obvious fact that this study does not prove that the youngest baby to have survived anywhere in the world was 22 weeks; it merely proves that the youngest baby to have survived in those 24 US hospitals in that five year period was 22 weeks.

Of course, any extremely premature infant who does not receive active treatment will certainly die, and the vast majority of those born under 22 weeks even if they did receive active treatment would not survive without severe disabilities.

So it is accepted medical practice that babies born before 22 weeks in the US and 23 weeks in Australia do not typically receive resuscitation.

However, **while it is extremely rare, there have been a handful of cases overseas where 20 week and 21 week babies did survive after active treatment. We know of two babies born at 20 weeks and three at 21 weeks in North America, who did survive after active treatment.**

The two 20-week survivors are:

- Marcus Richardson, 19 weeks 6 days, 780 g, University Hospital, Cincinnati, USA, January 1972
- Melissa Cameron, 20 weeks, 450 g, Sault St Marie Hospital, Ontario, Canada, December 1983.

Cited in J. C. and Barbara Willke, *Abortion: Questions and Answers* (Cincinnati: Hayes Publishing, 1991), p. 61.

The three 21 week survivors are:

- Kenya King, 21 weeks on June 16, 1985, in Plantation, Florida, USA
  Cited in Miami Herald, October 4, 1985. *Medical World News,* November 11, 1985. *The New York Times,* March 18, 1989. See also Willke, p. 61
- Suzanne South, 21 weeks, July 1971, Bethesda Hospital, Cincinnati, Ohio USA
  Cited in Willke, p. 61

- Kelly Thorman, 21 weeks, March 1971, St Vincent Hospital, Toledo, Ohio USA

  Cited in Willke, p. 61

Kenya King, shown here, after a long time in the hospital

We request that the Committee rejects ANU's flawed advice in respect to our Galaxy poll and sets the public record straight as to the reliability and validity of this survey.

It is important that the Committee accepts the findings of this most recent research on the community attitudes of Queenslanders, given its terms of reference in the last inquiry which stated that the law should "reflect current community attitudes and expectations."

Denial of health risks of abortion to women

We were dismayed to see in the Committee's report on the first Pyne bill that it accepted the opinion of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists that "abortion is safer than childbirth".

We were amazed that the report also stated that "it is clear that there is no established causal relationship between abortion and mental health outcomes". Yet it quoted a pro-choice obstetrician/gynaecologist who strongly supported prevention strategies as saying that "termination of pregnancy should however be a rare procedure as it is traumatic for the women involved and staff providing the service".

If abortion does not affect the mental health of women, why then is it described by a pro-choice doctor as "traumatic for the women involved"?

These two claims that abortion does no physical or psychological harm to women fly in the face of common sense, anecdotal evidence and numerous studies.

For the Committee's information, we will deliver to Parliament House today seven hard copies of each of the following reports, which are reviews of hundreds of studies showing the harm that abortion does to women:

- ***Really a Choice?*** published by Real Choices Australia, 2011; and
- ***Women & Abortion: An Evidence-Based Review***, published by Women's Forum Australia, 2005.
- ***Does Abortion Cause Mental Health Problems?*** a paper published in 2012 by Dr Priscilla Coleman, Professor of Human Development and Family Studies at Bowling Green State University in Ohio, for the World Expert Consortium for Abortion and Education.

Also included will be seven copies of each of the following articles:

- An opinion piece by a post-abortive woman, Emma Morris, entitled ***Women don't need abortions; they just need to be helped***, which was published in *The Courier-Mail* on 24 August; and
- ***Women, Abortion and the Brain***, by Professor Evelyn Vitz, of New York university, published in The Public Discourse on 21 September, 2009; and
- A feature article by Melinda Tankard Reist in the *Sunday Canberra Times* on 14 November, 2004, entitled ***One mum's nightmare won't go away***, about a 16-year-old North Queensland girl who had a 17 week abortion arranged by Children by Choice at a Brisbane clinic and had to be rushed to hospital for emergency surgery to save her life – as she had a perforated uterus, a severed fallopian tube, part of the small bowel hanging outside her and the baby's head and body parts still inside her. She required 200 stitches. (But we are told that abortion is safe.)

One study cited in the review of the literature mentioned above is a **gold standard 30 year longitudinal study published in the *British Journal of Psychiatry* in 2008 by Fergusson, D. M.**, Horwood, J.H. and Boden J.M.

A self-described pro-choice atheist and rationalist, Dr David M. Fergusson, Professor of Psychology at the University of Otago in Christchurch, New Zealand, undertook his first investigation with the expectation that his cohort data would prove that the apparent link between abortion and mental

health problems would be explained by pre-existing factors. Instead, his data revealed that abortion was an independent "risk factor for the onset of mental illness."

The study found abortion increased the risk of suicide ideation by 61%, the risk of major depression by 31%, the risk of anxiety disorder by 131%, the risk of alcohol dependence by 188% and the risk of illicit drug dependence by 185%.

Finally, could we request that the Committee take the time to watch the whole of the documentary ***Hush***, DVDs of which were provided to the Committee in August by Women's Forum Australia.

This award-winning documentary, with a pro-life producer and a pro-choice director who also is the researcher, interviewer and narrator, is an objective expose of the harms done by abortion to women.

We also encourage the Committee to view the testimonies of post-abortive women Emma Morris and Madeleine Wiedemann at the AbortionRethink.org site.

We raise this issue of the harms done to women by abortion because it is vital for the Committee to understand the vital need for safeguards to be put in place such as independent counselling so women proceeding with abortion can provide fully informed consent.

1. Review of Health (Abortion Law Reform) Amendment Bill 2016

The provisions of the Health (Abortion Law reform) Amendment Bill 2016 that concern us are as follows:

LATE-TERM ABORTION

- ***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 is just a con job to trick the public into thinking the legislation would protect viable babies. The requirement that abortions after 24 weeks have to be approved by two doctors is just a sham and a facade, as the second doctor is not required to see or speak to the patient, or even look at her file. Also, the second doctor does not have to be independent so it could be that the two doctors at an abortion clinic who would profit from the procedure would approve the late-term abortion.

Amazingly, the Bill specifically states that if the rule was broken, it would not be an offense for the doctor who kills the viable baby. There would be no penalty. A law without consequences is no law at all.

There is no medical reason to perform abortion after 24 weeks of pregnancy, as there is never a situation in which a viable unborn baby needs to be killed to save the mother's life.
For example, if the mother has a serious condition such as pre-eclampsia (the symptoms of which include high blood pressure and fluid retention) and the pregnancy needs to be ended, the best way to do this typically is by caesarean section which would result in the health issue being resolved quickly, the mother recovering and her baby being given every chance to survive with the best neo-natal care.
There is no need to put the mother's health further at risk by the necessary delay involved in performing a late-term abortion through feticide, which involves killing the baby in the womb by an

injection of potassium chloride into the heart, and then inducing labour whereby the mother delivers a dead baby several days later.

If a mother wants to end a late-term pregnancy, there is no reason why the baby has to be killed in the process. There are plenty of infertile couples 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. This is due in large measure to the fact that approximately 80,000 unborn children are killed by abortion in this country every year.
There should be an absolute ban on all late-term abortions. This is supported by 85% of Queenslanders. In fact, 72% of Queenslanders also are opposed to mid-term abortions past 13 weeks of pregnancy (Galaxy poll, May 2016).

'PROTECTED AREAS'

- ***Patient protection or 'safe zones': a protected zone of at least 50 metres must be declared around an abortion facility; certain behaviour, e.g. harassment and intimidation, or "a protest by any means", is prohibited within a protected zone. Publishing images of a person entering, leaving or trying to enter or leave an abortion facility is prohibited.***

No one supports women being harassed or intimidated. However, this bill would make it an offense to peacefully protest, or perhaps even to pray, within 50 metres of an abortion facility. This abrogation of freedom of speech, expression, movement and religion is an affront to our democratic rights.

Similar laws in the ACT and Victoria have seen peaceful protestors fined and charged.

On 15 April, 2016, eight Christians, including a Catholic priest, received an official police warning for allegedly breaching the exclusion zone around the ACT Health Centre in Civic.

The group has held weekly prayer vigils outside the facility for more than 17 years. Seventy-five-year-old Kerry Mellor (pictured) decided not to move from the location and was consequently fined $750.

On 22 August, 2016, a theology student appeared at court charged with hassling people at an East Melbourne abortion clinic. Mother of 13, Kathleen Clubb, said on social media soon after her arrest she was offering "help to aborting mothers" as a footpath counsellor.

The Parliament is the defender of freedom of speech and religion.

So why would the Parliament support legislation that will see trained volunteers, peaceful protesters, people praying, people who support current Queensland abortion laws and people offering informed consent information fined and possibly imprisoned?

The Parliament must reject criminalising citizens who wish to peacefully oppose late-term abortion, while protecting those who carry it out for financial gain.
It should be mentioned that the bill ironically describes proposed no-protest zones around abortion clinics as "protected areas". Of course, there is no protection inside abortion clinics for either mother or baby, as with every abortion, the toll is one dead, one wounded.

SELF-ABORTION

- ***A woman does not commit an offence by performing, consenting to or assisting in an abortion on herself.***

Few people want a woman who has had an abortion to go through a second trauma of being charged with an offense and endure a trial, even if she is not convicted. However, the reality is that in the 117 years of this law's existence, no woman who has had an abortion has ever been jailed or even convicted. She is typically not charged because her testimony is needed to convict the abortionist in any prosecutions which are brought (invariably arising from a complaint by the patient).

This was the case in the 1986 trial of Dr Bayliss and Dr Cullen, who faced charges of illegal abortion in the Queensland District Court based on a complaint by "Mrs T", a young married mother of two children who collapsed on the bathroom floor of her home haemorrhaging as a result of a botched abortion earlier that day at the Greenslopes abortion facility. She had to be rushed to hospital where she needed a hysterectomy to save her life.

Section 225 of the Criminal Code should be retained as it acts as a deterrent to a woman taking the dangerous course of obtaining abortion drugs and self-administering them to herself without any medical supervision.

CONSCIENTIOUS OBJECTION

- ***Conscientious objection: no-one is under a duty to perform or assist in performing an abortion; however a doctor has a duty to perform an abortion if it is necessary to save a woman's life or prevent serious physical injury. Also, a registered nurse has a duty to assist in such circumstances.***

This provision gives a legal protection to doctors and nurses who do not wish to be involved in performing an abortion. Thankfully, unlike draconian conscientious objection provisions in Victoria and Tasmania, it does not require doctors to be complicit by forcing them to refer their patient to an abortionist. If a GP doesn't believe abortion is in the best interests of the patient, he or she should actually not refer as a matter of medical ethics.

Seventy-nine percent of Queenslanders support conscientious objection provisions for doctors and nurses (Galaxy opinion poll, May 2016).

It is unnecessary that the Bill includes an exemption to conscientious objection rights in the case of an "emergency" abortion, because there is no such thing. Abortion is understood by the public to mean an operation or procedure which has the intention of killing an 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.

There are some serious threats to a pregnant women's health that may arise prior to the age of viability, in which a pregnancy may have to be terminated, but these are not abortions in the commonly understood meaning of the word.
For example, with an ectopic pregnancy, if nothing is done to remove the embryo lodged in the fallopian tube, the mother may die as well as the baby.
When a pregnant women is diagnosed with cancer of the womb and has to have a hysterectomy, this is also a situation where if nothing is done, both mother and baby may die.

There are no ethical issues in cases like these which would preclude a doctor from doing his or her duty to save the life of the mother, and therefore there is no need for the law to force a doctor to go against his or her conscientious objection, as none would be raised.

ONLY A DOCTOR TO PERFORM AN ABORTION

- ***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.***

Of course, this provision should be fully supported.

2. The Bill fails to include safeguards for women

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.

This bill is seriously deficient in that it does not address any of these issues.
This bill should include a requirement for mandatory independent counselling before abortion, including the provision of an informed consent booklet similar to the one provided to women seeking an abortion in the ACT between 1999 and 2002, which included information on the nature of the procedure, the physical and psychological risks of abortion, the development of the unborn child, alternatives to abortion and support agencies. There was a mandatory cooling-off period of 72 hours or 3 days.

These requirements co-existed in the ACT Health Act alongside the law in the Crimes Act under which an abortion was legal only if a doctor was satisfied that the woman's life or physical or mental health was in serious danger from carrying on the pregnancy.

It is of interest to note that the *Sunday Mail* in Adelaide on 25 July 2004 reported a significant reduction in the number of abortions performed at the Women's and Children's Hospital in Adelaide. In South Australia, the law is that there are no private abortion clinics; it is all done through public hospitals. In 2003, the hospital changed its policy and made independent counselling by social workers mandatory and it led to a drop of 25% in the number of abortions at that hospital over the next 12 months.

There are a lot of unwanted abortions which mandatory independent informed consent counselling could prevent. Often, there is not free and informed choice by women. There is a lot of coercion by parents, boyfriends, partners or husbands. Women often go into a private abortion clinic which is operating for profit and are not properly or fully counselled. They are in effect sold an abortion.

As for parental consent, 75% of Queenslanders believe this should normally be required for girls under the age of 16 to have an abortion. Of course, 16 is the age of consent in so far as sexual relations are concerned. It is outrageous that under current case law, Queensland parents have no rights at all in deciding whether their under-age daughters can or should have an abortion. It is totally unacceptable that this has been taken out of the hands of parents. In normal circumstances, they should be involved in the decision-making process on such a major life decision.

The statute law needs to be changed to give parents their rights back, so they can protect their daughters from the harm of abortion.

The Committee may contact the Australian Family Association about our submission by email ([redacted]) or by mobile We would be pleased to be asked to speak to our submission at a public hearing of the Committee.

N.B. as stated above, accompanying this submission will be some hard copy documents which will be delivered to the Parliamentary Annexe this afternoon, 6 October, 2016.

Sincerely,

Michael Ord

[redacted]
Queensland President
On behalf of the Queensland Branch of the Australian Family Association

Reference:

Fergusson, D. M.; Horwood, L. J.; Boden, J. M. (2008). "Abortion and mental health disorders: Evidence from a 30-year longitudinal study". The British Journal of Psychiatry. ***193*** *(6): 444–51. doi:10.1192/bjp.bp.108.056499. PMID 19043144.*