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6<sup>th</sup> October 2016

Inquiry Secretary Email abortion.bill@parliament.qld.gov.au

## RE - HEALTH (ABORTION LAW REFORM) AMENDMENT BILL 2016

Thank you for the opportunity to make a submission on this bill.

My interest in this topic arises from my experience of working for more than 40 years as a specialist paediatrician, largely working with newborn babies, in special and intensive newborn units in major teaching hospitals, in Australia and Britain and Canada.

I can be accused of a degree of bias in that I like babies. Personally I have never seen any ethical difference between a 24 week baby inside or outside the womb. Our law says the baby born alive has legal rights and the foetus does not. I read that your committee allows that "a foetus may have some rights as a potential person."

Modern 4D ultrasound technology allows us to view the development of the human embryo and foetus with remarkable clarity. By age 4 weeks baby's heart is beating and by 8 weeks baby has human form. By 12 weeks we can see whether baby is male or female and by 16 weeks baby is moving all four limbs. By 20 weeks baby is practising breathing in the amniotic fluid. By 24 weeks the average baby weighs 600 gm and is viable outside the womb if born in a major hospital.

You will be aware that the Australian public hold conflicted views on abortion. In early pregnancy most favour the woman's right to choose. I read that by 24 weeks gestation some 66 per cent of those polled consider the baby's right to live outweighs the mother's freedom of choice. The notion of a baby being aborted at full term is repulsive to almost all Australians.

In my experience there is no medical reason to perform an abortion after 24 weeks of pregnancy. Where mother has a major problem such as pre-eclampsia this can be managed by early delivery by caesarean section. Page 2 - abortion.bill.parliament.gld.gov.au

If in the later stages of pregnancy a mother decides she cannot raise her child, the option of adoption is readily available. You will be aware of the waiting list of childless couples longing to adopt.

Over my many years of listening to mothers I have heard many speak of their regret of previous abortions. They tell me how they felt compelled to terminate a pregnancy because of their circumstances at the time, often pushed by a major element of coercion by significant others. Many spoke of working through years of regret and depression after their loss.

Thus I am pleased to read that your committee recognises the importance of genuine counselling independent of the abortion provider. Genuine informed consent also requires the patient receives detailed information on the procedure, including viewing any ultrasound images, as is expected with any other major procedure. At our Women's and Children's Hospital here in Adelaide (where I remain an emeritus specialist) a cooling-off period of 48 hours plus mandatory counselling by social workers resulted in 25 per cent of mothers deciding not to proceed with an abortion.

Please feel free to contact me if you wish me to expand on any of the issues I have raised.

Yours sincerely,

DR ROBERT POLLNITZ