

**Submission to the Inquiry into  
Health (Abortion Law Reform) Amendment Bill 2016**

**by the**

**Health, Communities, Disability Services and Domestic and  
Family Violence Prevention Committee  
Parliament House  
Brisbane. Queensland**

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**Submitted by**

**Miss Cecily Mac Alpine**

**06 October, 2016**

## **Submission**

### **Re: Inquiry concerning the Health (Abortion Law Reform) Amendment Bill 2016**

#### **Introduction**

My submission is to encourage the Committee to reject the above proposed Bill which would not be in the best interests of the health and wellbeing of women and certainly not in the interests of their babies. It would also encourage a culture that would be detrimental to our society. I request that the Committee consider the following points.

#### **Point 1: Late Term Abortions**

\* It is proposed that an abortion may be performed for a woman who is more than 24 weeks pregnant 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 legislation would not protect viable babies or even the health of the women concerned. 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. Two doctors at an abortion clinic who would profit from the procedure could approve the late-term abortion.

It is a concern that the Bill states that if the rule were broken, it would not be an offence for the doctor who kills the viable baby. There would be no penalty. There is therefore no point to this rule. There is no safeguard here.

There is no medical reason to perform an 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. 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 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 labor whereby the mother delivers a dead baby several days later.

If a mother wants to end a late-term pregnancy, the baby need not be killed in the process. There are many infertile couples who could adopt an unwanted baby. There are long adoption waiting lists in Australia. 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.

I believe there should be a 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). I am one of these.

## **Point 2: Abortion is a Crime**

\* It is proposed that 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 offence 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 an abortion gone wrong 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.

## **Point 3: Conscientious Objection:**

\* The Bill proposes that no-one is under a duty to perform or assist in performing an abortion, however it is proposed that 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.

The current provision gives legal protection to doctors and nurses who do not wish to be involved in performing an abortion. It does not require doctors to be complicit by forcing them to refer their patient to an abortionist. If a GP does not

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.

#### **Point 4: Counselling**

If any changes are to be made to the current law, there should be 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 also a mandatory cooling-off period of 72 hours or 3 days.

#### **Conclusion**

In conclusion I would urge the Committee to consider the points I have made and which have been raised by many others of us who are alarmed by the proposals in this Bill. I am obliged to the Cherish Life Organization for the help given to me in preparing this submission. This organization gives hope to and offers help to women in distressing situations. Abortion need not be the only alternative in finding relief for their distress.

I thank you in anticipation of your rejection of this Bill.

Cecily Mac Alpine