To the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee,

Re: the Health (Abortion Law Reform) Amendment Bill
Tabled by Mr Rob Pyne on 17th August

Dear Madams and Sirs,

I thank the committee for its report on Mr Pyne's previous bill. It seemed fair, insightful and professional. My reading of his current proposal sees that it is based on the same principles and as flawed as the first. I ask the Committee to provide the same or a similar response to it.

Having read many of the speeches, submissions, etc. on the first bill, I consider it needful to mention some other points. As a starting point, I advise that I am a retired male trained in logic, experienced in system improvement and trying to live a values-based life. No cases of prosecution under current laws have come to my notice where genuine risks to mothers or children's health exist. (I use the term child as a general one, covering terms such as embryo and foetus, which are medical and not in the usual vocabulary of the man in the street. Also, none of the comments I give below should be taken to relate to cases of Rape.

It is my understanding that Queensland Health's initial response to a reported rape is medical, including, " . . . and providing treatments to reduce the risks of pregnancy and sexually transmitted infections." (**Response to sexual assault** - Queensland Government Interagency Guidelines). I consider this appropriate, caring and sensitive to the needs of the victim.

1. Woman's Right to Choose

The media, in reporting on a rally for that first **Abortion Law Reform Bill,** quoted statements such as, "I am unashamedly pro-choice," and "What a woman decides to do with her body. . . does not belong in the criminal code."

That phrase 'What a woman decides to do with her body' or 'Woman's Right to Choose' might be a nice sound bite, but is misleading in any consideration of the abortion question. No woman or man may bunch their hand into a fist and punch some-one else. Abortion also concerns some-one else. The foetus that the woman first carries is not the woman, or her body. It is of both her body and that of the father's and is a separate human life. Its DNA proves this, as it has a mixture of both of theirs. We have known for eons that it is not either of them, but a human entity, with its own keys to life. It may not be explicitly stated in modern laws.

Of course, women should always have control over their own bodies. If they undertake sexual acts, without effective contraceptive measures, they need to take responsibility for the natural consequences of those actions. They should not look to the public purse to fund 'corrective' measures.

If a person does use their right to choose and make a fist to punch some-one else or to stick their elbow out to push another human off the goodwill bridge, such actions are covered by the criminal code. I submit that they should stay there.

[redacted]

If that person had felt at risk, threatened, crowded or inhibited in some way, they may make a case of necessity, i.e. for self-defence. Then the courts may hear that case and judge if it was reasonable action, in law.

2. Benefits of Bill

Mr Pyne said that, 'The Bill will repeal outdated laws that . . . are dangerous and . . . will protect vulnerable Queensland women and the doctors who are currently risking prosecution.'

A compassionate society must regret that 118 Queensland women felt last year that they would need to consider self-aborting their own child. They certainly can be called vulnerable. Such a society must also regret the thousands of children killed last year by abortion in Queensland. They could be called even more vulnerable.

The laws of this society are based on certain underlying principles, which we attempt to articulate in Constitutions, Charters, Bills of Rights, etc. These basic values include the protection of life and limb, especially against attack of the weaker ones by the stronger.

3. Section 313 of the Criminal code

Mr Pyne noted, 'The bill does not amend or repeal section 313, Killing an unborn child, which makes it a crime to prevent a child being born alive by any act or omission of such a nature that if the child had been born alive and had then died, the person would have been deemed to have then unlawfully killed the child. This covers assaults on pregnant females . . . and has a maximum penalty of imprisonment for life. This rightly should remain in the Criminal Code.'

Unfortunately this approach truly produces a vast disconnect for different members of Queensland society. The underlying principles of our laws noted above also provide for equality of all and non discrimination on the basis of sex, gender, etc. It creates classes of persons and would allow one to do what another can't or a mother to do something a father cannot.

4 Abortion on woman more than 24 weeks pregnant

It was proposed that a doctor could decide upon and take such a course of action, if . . . ; 'and (b) has consulted at least 1 other doctor who also reasonably believes the continuation of the woman's pregnancy would involve greater risk . . . etc.' This paragraph seems to seek to include an independent review of the decision.

In other jurisdictions an independent panel of doctors provide such a review. These words do not. If they are to provide unbiased review, they need to include the word or idea, "independent'. This would prevent undue influence on the '1 other doctor' by the first doctor in the same commercial facility, etc.

5. Statistics

Note: statistics in this area are difficult to compare due to differing collection methods and procedures. All data shown below are approximate, but the best I could find in general research.

a. Mr Pyne judged that the numbers of late term abortions would decrease with the passage of this bill. In another Australian state these numbers tripled in the year following the introduction of such legislation (14 - 40).

b. The issue of Live Births as result of abortions is an emotionally fraught one. Your report notes, "In response to committee questions about Queensland Health's procedure to assist when there is a live birth following a late-gestation termination, Professor Kimble said that compassionate palliation would be provided.
The paediatricians, our neonatal colleagues, would be there to provide care and, generally speaking, would provide pain relief for the baby and stay with it."

I have real concerns as to how this would work out in practice, especially in private, commercial facilities. Are there '*paediatricians . . . there to provide care . . .*? The professor notes the duration of life as, '*one gasp or . . . 30 minutes'*, but some cases have been recorded and reported as much longer than this, even up to a week. My experience of specialists is that they don't have such time to spare.

The provision of '*palliative care'* is usually for the dying. As babies become viable earlier with better neonatal care, they are not dying and should not be treated as such. We know they are not wanted by the mother, but what about the father, other relatives or even persons not related. (See also d. below).

c. In Australia, the numbers of unborn children adversely affected by health conditions, both minor and major, are variously given as 2 - 4% (ABS data). Deaths of women during pregnancy are even rarer. The maternal mortality ratio was 6.8 deaths per 100,000 women who gave birth and lower for directly due to pregnancy causes. (UNSW: National Perinatal Epidemiology and Statistics Unit). Some may say that this is a result of abortions being easily obtainable.

But one would have to question why there were 10,000 abortions and 69,000 live births (12.66%) in one year in Queensland. Are our medical statistics so far out of true?
Is it that aborted embryos are not included in these counts?

Or is something else at work in these discrepancies? It has been stated that in the USA many abortions are undertaken in lieu of contraception.

Additionally, I have seen a report just today that 3/4 of a million children were aborted in India as they were female. Cultural and both short term (dowry) and long term future economic aspects (providing for aged parents) were given as the reasons for this gender based selection. Girls are considered less valuable than boys. I understand that the same factors are at work in China and other cultures.

Other aspects seem to be more lifestyle choices than life or health decisions. Some reasons were stated as, 'We are just not ready yet.', 'We don't have enough money yet' and 'We just don't want a child'.

d. Even harder to estimate accurately are the numbers of people desiring to adopt children (see note above). We do know that there are more such people than children available, so that waiting lists in different States expand to unacceptable lengths.

My own experience is of a couple who had to wait so many years they would be ineligible by reason of age limits. That was the reason they looked overseas for two of their children. The very high cost, the travel, and difficulties of adopting in a foreign country, culture and language were acceptable to them.

They were prepared to commit to and invest extra time, effort and finance into caring for another's child when they could not have their own. As the grandfather of two children born prematurely, I have seen the same heroic love from parents who want to give their babies every chance.

Many of the people deeply desiring to adopt, but now on long waiting lists, would give similar levels of extra time, effort and finance into caring for another's child, from their own country. This includes disabled children. Surely as a progressive State we should be able to do something towards bringing them and mothers seeking abortions together, for the benefit of our children, our future.

Thank you for your attention,

Yours sincerely

Mr Geoffrey D. Smith

Marcus Aurelius Antoninus, known as the last of the "Five Good Emperors". "Be not careless in deeds, nor confused in words, nor rambling in thought." Meditations: Book VIII, 51