

Termination of Pregnancy (Live Births) Amendment Bill 2024

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**Submission to support the Termination of Pregnancy (Live Births)
Amendment Bill 2024 introduced by Robbie Katter, Australia Katter Party.**

10th May, 2024

I would like to thank the Committee for allowing and promoting quality discourse on this very important topic via public submissions with regard to support for the above mentioned bill.

As has become clear knowledge as of the original reading of the **Human Rights (Children Born Alive Protection) Bill 2022** in 2023, and the submissions made at the time to the Senate Standing Committee on Community Affairs, objective statistical data on failed abortions with the outcome of an alive foetus are on average, an almost weekly occurrence in Queensland. This is specifically reported by Queensland Health Perinatal Annual Reports for 2010-2020.

The shift in the position of Queensland Public Health facilities from reviling public figures who take a prolife stance, such as Professor Joanna Howe of Faculty of Law, University of Adelaide, to actual acknowledgement of this occurrence post termination (as seen in the now established guidelines of Queensland Health Abortion Clinics) opens the whole issue of the need for objectivity and honesty. Now we stand better informed the precedent of written guidance in place in the significant public hospital/ clinic sector for deliveries of live babies in termination procedures is closer to honesty. I support the bill that is now stepping up the ethical priority of best care rather than previous 'limbo with no empathy' for the human life in that state. I keenly hope this bill will be considered a very valid contribution by the Health Environment and Agriculture Committee and I will condense the weighty proof of the Australian commitment to protecting individuals in all settings of potential harm that is implied by ratification of a number of International Conventions.

As I submitted in 2023 with regard to the **Human Rights (Children Born Alive Protection) Bill 2022** we, as a nation, have very obviously stood up in the forums of international advancing of human rights-including the right to life of the individual human-and no less-to protection in all contexts where life is viable, because we hold this viability as sacred. This right to life includes the rights of those unable to advocate for themselves. This is reflected in our ratification of the following international instruments, beginning with the overarching "Universal Declaration on Human Rights" (1948) and within that our commitment to the principles of the International Covenant on Civil and Political Rights which covers a number of different plumbines including:

- the inherent right to life (Article 6),
- freedom from torture, or cruel, inhuman, or degrading treatment or punishment (Article7) and
- equality before the law and entitlement without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. (Article 26)

No less the ratification of the “Convention on the Rights of the Child (1989) by Australia in 1990, holds us bound to protection of this spectrum of our society (regardless of perceived value by a parent) because the child’s parent is not the individual for whom the protection is legislated .The four core principles of this Convention (that is the rights of the child) are:

- non-discrimination
- devotion to the best interests of the child
- the right to life, survival and development
- and respect for the views of the child.

However, the concept of protection of the voiceless-foundational to our nation’s self concept-is no more mocked in Australia than in all the states that have passed late term abortion legislation, invalidating statements such as Article 19 of the Convention on the Rights of the Child. Article 19 announces:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

There is yet more that would demand an answer “Yes” to the expectation by the lay person that the medical profession upholds the Hippocratic Oath for children in an unwanted pregnancy as much as a wanted one. In the modernising of the Oath (but still containing core values of the latter) the Declaration of Geneva allows those embarking on service to others in the career of medicine to reflect upon the power held in these qualifications and the sanctity of the lives with which they deal. The more contemporary version of the Geneva Convention adopted in 2006 by the Australian Medical Association includes the statement:

- I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

Annihilation of the unwanted via the active dehumanising of the foetus represents an Australian 21st century version of other infamy in the two centuries in Australia achieved by mass neutralising (the unwanted) and state sanctioned policy to actively pursue this goal. Even better embedded into recent human history is the Nazi final solution saga in Europe. As the Queensland Termination of Pregnancy Act (2018) stands, this Australian version of brutality is systematically represented as a moral advancing the rights of one part of society,

that is, adults possessing, in the overwhelming majority of situations, a rational mind and healthy body, a capacity to discern what is right and what is far from that.

I believe those who disagree, who strongly object to and who question Queensland's current abortion accessibility and the outcome of categorising the alive delivery in failed abortions as non person – these scrutinizers are under threat and medical professional career security does obscure the hard facts about the above truths. Further by systematic propagandising by the Queensland state government against the prolife argument, the Queensland public are moulded into a zombitic following of the medical profession's advocacy that this non person status for what would have been a completely gestationally viable individual is normal.

Professor Howe brings into clear focus the reality of these abortions and the no man's land of "hands off" by those professionals whose remit is to end life, as they retract their responsibility there and suffering commences post abortion for the product of the abortion, a living, feeling individual. In each instance this living individual removed traumatically from the womb is simply hung in limbo.

Therefore I again state that I completely support Robbie Katter's Termination of Pregnancy (Amendment) Bill 2024. The current business as usual in Queensland with regard to rising counts of late term abortions will continue to raise the count on live births post terminations. The current guidelines while failing to actually acknowledge that pain relief should be necessary as the newborn expires (and submissions to coronial enquiries in past years give evidence that this can be for hours of life) must be brought into a binding legal requirement of care. As highlighted by the advocacy of Professor Howe in public forums I do agree, as was the position last year, that compassionate care must demand legally binding amendments including:

- failed abortion babies have equal rights as all other babies born without prospect of viable life. I.e. the right to intervention to receive palliative care to minimise suffering including pain relief.
- continued transparency in open and accurate recording of the outcomes of failed abortions as a minimum standard in Queensland as an example benchmark to other states where this data is a major lacking
- far more stringent provision of counselling for mothers who are contemplating late term abortions to allow them consideration of other options if the foetus has strong indicators of viability post birth.
- a Coroner's investigation for every instance of a failed abortion with delivery of a living foetus in all jurisdictions of Australia, including Queensland.

In addition, as the Human Rights (Children Born Alive Protection) Bill 2022 exactly addressed, the responsibility of the medical practitioner in the Australian context for adhering to professional standards of practice for children in their care is very alive. The benchmark of morality described in "Part 3 Duty of a Health Care practitioner" reflects their professional burden. Specifically quoting from that Bill:

“...if a health practitioner engages in conduct that contravenes the duty owed to provide medical care or treatment to a child born alive as a result of a termination, a health practitioner registration board must treat the conduct in the same way as the board would have treated the conduct had the live birth not been the result of a termination.”

To conclude the now accepted situation of legalised abortions including into the middle and last trimesters following which a live birth occurs, but quietly is left empty of any response of moral duty is an inexcusable lack of consistency in alleviating suffering. This denying human life rights must be recognised as a tortuous blow executed by discrimination against the inconvenient unwanted human foetus.

References:

1. “Babies born alive and left to die following a failed abortion” Public presentation by Professor J. Howe, Law Faculty, Adelaide via Australian Christian Lobby webinar February 2023.
2. Human Rights (Child Born Alive Protection) Bill 2022
3. International Convention on Civil and Political Rights (1966) website publication of Rule of Law Education Centre, Sydney <https://www.ruleoflaw.org.au>
4. Queensland Health, Queensland Government, Perinatal Annual Reports for 2010–2020, Table 10.13 in each report (‘Main condition in fetus/neonate by type of perinatal death’).
5. The International Convention on the Rights of the Child.(1989) Website publication of the Office of the Advocate of Children and Young People, N.S.W. Government, Strawberry Hills, N.S.W. <https://www.acyp.nsw.gov.au/about/the-convention-on-the-rights-of-the-child>
6. Termination of Pregnancy (Amendment) Bill 2024

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