

Termination of Pregnancy (Live Births) Amendment Bill 2024

Submission No: 116
Submitted by: Cherish Life Gympie
Publication: Making the submission and your name public
Attachments: See attachment
Submitter Comments:

12 May 2024

Derek Hume
Cherish Life Gympie

[REDACTED]

[REDACTED]

Ph: [REDACTED]

E: [REDACTED]

State Parliamentary Committee for
Health, Environment and Agriculture,
Queensland Parliament,
George St,
BRISBANE QLD

Re: Submission addressing the “Termination of Pregnancy (Live Births) Amendment Bill 2024”

Dear Committee Members,

On behalf of the Cherish Life Gympie Branch I wish to thank this Committee for addressing the issues relating to **Termination of Pregnancy (Live Births) Amendment Bill 2024**

Thank you for the opportunity for interested parties such as ours to make submissions to your Committee.

The submission below is being made on behalf of the members of the Cherish Life Gympie Branch.

Yours sincerely

Derek Hume
President
Cherish Life Gympie Branch

SUBMISSION

Termination of Pregnancy (Live Births) Amendment Bill 2024

To: Queensland State Parliamentary Committee for
Health, Environment and Agriculture
From: Cherish Life Gympie

The members of the Cherish Life Gympie believe that human life begins at conception and publicly advocates for recognition of the Sanctity of Life from conception to natural death.

The members of Cherish Life Gympie Branch believe that the life of a child in the mother's womb requires protection by law and that the State's responsibility is to protect all life, both born and pre-born.

The members of Cherish Life Gympie Branch believe that where the mother and/or father abandon their 'born alive' or 'living pre-born' child by choosing to terminate the life of their child, the State has a responsibility to defend and protect the life of that child.

What does the Science say?:

- A pre-born child's heart begins to beat between 5 – 6 weeks.
- A pre-born child has its own distinct DNA from conception. Their DNA is separate from their mothers and fathers DNA and as such, while being supported in the womb of its mother, a pre-born child is not an extension of their mothers' body.
- A pre-born child feels pain from the 24th week of gestation.
- The youngest premature baby to be born and survive was born in the United States at 21 weeks and one day.

Current Queensland Clinical Guidelines for the Termination of a Childs Life when born alive during an Abortion:

5.4.3

If born with signs of life:

- Provide care appropriate to the individual clinical circumstances and in accordance with best practice guidelines

Palliative Care

- Where the baby is born with signs of life and survival is determined to be unlikely, active treatment (e.g. gastric tubes, IV lines, oxygen therapy) is not indicated or recommended as these may prolong palliation and cause distress
 - Handle gently and carefully, wrap and cuddle/hold to provide warmth and comfort
 - Offer opportunities to engage in care provision (e.g. cuddling/holding) as desired
- If parents do not wish to be involved in palliative care provision, healthcare providers may provide comfort support strategies

These “**Guidelines**” were changed in October 2023 by the Minister, giving medical staff discretion to provide life sustaining medical treatment to these children. These “**Guidelines**” are not written in law. The law is currently silent on children born alive during an abortion. Life sustaining medical care is not mandated in these “**Guidelines**” but at the discretion of the attending medical staff.

“**Guidelines**” can be changed by the minister or a senior public servant with authority to do so, as they see fit and without parliamentary vote.

The members of Cherish Life Gympie support legally mandating the use of life sustaining medical assistance for children born alive during an abortion, in all public and private health systems, facilities and circumstances.

Terms in the current “Guidelines”:

We believe the term “**best practice**” is subjective and changeable for whoever claims this as their practice. We believe there is no place for this term in “**Guidelines**” for the termination of a living human being who is having life sustaining medical assistance withheld from them. The termination of the life of a pre-born child can never fit with the term “**best practice**”.

We believe the term “**best practice**” and the actions or inactions of allowing a human being to die without providing life sustaining medical care is an oxymoron.

Meaning: “**best practice**” for allowing the death of a human being without helping them.

We believe the term “**best practice**” makes a mockery of a child’s life at a time that child is struggling with all its might to stay alive. Used in these “**Guidelines**”, “**best practice**” it is repulsive and does not have a place in this context.

Citizenship

A termination of pregnancy procedure, is the intentional destruction of a human life. When a child is born in Queensland to Australian nationals or permanent residents, they are immediately a citizen of Australia. Where a mother has abandoned her child through a termination procedure, we believe it is the responsibility of the state to protect and provide life sustaining medical care where the child has been born alive during that termination procedure.

When a child is born, whether wanted by its parents and nurtured by them or rejected by its mother through a termination procedure, children are separated from their mothers and relying on being fed, protected, and given medical care separate from their mother’s womb.

We believe, as an Australian citizen, rejected by its mother through a termination procedure, the states responsibility is to provide life sustaining medical assistance

regardless of the wishes of the parents. Life sustaining medical assistance is afforded all Australian citizens through the public medical system and a child born alive during a termination is an Australian citizen and call on the State Government to provide legal protection of all Australian citizens.

Independent Advocate:

When a pregnant mother no longer wishes to carry their living pre-born child, the child no longer has their most important advocate to defend their life: their mother.

- The pre-born child can't speak on behalf of its own life.
- The pre-born child can't make the choice to die.
- The pre-born child's wishes are ignored, not heard, and not represented.
- A newborn child, born alive during a failed termination of pregnancy procedure can not provide its own life sustaining medical assistance.
- Pre-born children and newborn children have no voice and no choices.

A pre-born child is alive with a heartbeat, supported by its mother in her womb. When the mother no longer wishes to support the living pre-born child an **Independent Advocate** can speak on behalf of the child to help secure every support for the mother while she is pregnant and seek alternate parenting arrangements after her child's birth. We seek the issue of an **Independent Advocate** to represent the interests of pre-born children, be discussed by this committee for recommendation and implementation into Federal Law.

We also seek this Senate Committee to recommend the urgent establishment of **Pregnancy Crisis/Help and Support Centres** to offer the full range of "**choice**" to mothers, fathers and families experiencing pressure to terminate the life of their living pre-born child across Australia, in urban, regional, rural and remote areas.

On behalf of the members of Cherish Life Gympie, I wish to thank this Committee for the opportunity to make submission relating to the "**Termination of Pregnancy (Live Births) Amendment Bill 2024**" and expand on the reasons for our positions.

Yours sincerely,

Derek Hume
President
Cherish Life Gympie