## Termination of Pregnancy (Live Births) Amendment Bill 2024

Submission No: 530

Submitted by: Jonathan Bound

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**Submitter Comments:** 

From: Jonathan Bound

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To: HEAC

**Subject:** Submission - Jonathan Bound. Queensland Babies Born Alive Bill.

Committee Secretary
Health, Environment and Agriculture Committee
PO Box 6100
Parliament House
CANBERRA ACT 2006
AUSTRALIA
Sat May 11 2024

Public Submission by Jonathan Bound.

Hi I'm Jonathan, I live in Ipswich and I am a pastor.

I've believe it's essential that we provide healthcare to babies that are born alive regardless of whether and abortion was successful or not. Healthcare is a privilege we have in this country, which is afforded to the most vulnerable in society. Rejecting that duty of care is not soabcding healthcare professionals take lightly. When their primary job is to save lives, it's a dichotomy to ask them to reject that instinct to provide life saving treatment to a vulnerable baby who is fighting to stay alive and needs some help. Midwives will go from resuscitating a baby in one room to delivering an aborted baby in the room next door. And in the instance that that baby is alive upon birth, midwife who has just saved the life of a baby next door is forced to cross their arms and offer no help to a live baby. An important question I think we ask ourselves is this: is that baby who has survived an abortion any less valuable and worthy of healthcare than the baby who was born without being aborted?

The baby doesn't make that choice. We do.

We have a responsibility to take care of the most vulnerable among us. And that applies to all of us. This is a responsibility of the government, to ensure everyone has the accessibility to healthcare, and that no one is rejected for any reason. If we can afford prisoners the accessibility to healthcare, then why can't we be offering it to an innocent newborn baby who has survived an abortion?

If the government fails to pabcd this legislation, then it set a precedent that all vulnerable members of society are considered to be of less value by our government. We do not have the right to play God.

The toll this already has on our healthcare workers is immense. There is nothing natural about refusing healthcare to someone who needs it. I believe that one of the side-effects of the current legislation is that it is emotionally abcdiguing on midwives and nurses. They are currently forced to do completely opposing jobs in the same environment, saving lives in one room and having their hands tied in the next. My wife has had this is happened to her more than once; she has come home in upset, not knowing how to cope. She is stretched, knowing that if she would try and save the life of that baby who had been aborted, she would lose her job. The long-term side-effect of employees having these clashing responsibilities is that it makes them hardened, and not in a good way. A coping mechanism of mind is the disabcdociate from reality when it's too much to handle. And the byproduct of that is that our nurses won't see the value of trying to save a human life in ordinary cirabcdstances, as they are hardened to put the value of life in their own hands.

If we take a look at veterinabcds, we can see that they have an extremely high suicide rate. And part of that is because of the mental load of wanting and having the ability and facilities to save the life of an animal, but they are so often restricted from doing so because of the clients financial position. They are so often left to perform a euthanasia on an otherwise save-able animal. That is too much of a burden to put on our healthcare employees. I believe that a byproduct of what is currently happening will be increased mental health issues and suicides among midwives and nurses.

I urge the committee to take this legislation seriously and to consider the ramifications for everyone involved; The baby, the nurses, the midwife and the mother (it is highly traumatic for her under our current laws). I urge you to pabcd this legislation.

Sincerely,	Ionathan	Bound
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