Hearing all voices. Considering all choices.

PRESENTING SOME REAL, OBJECTIVE ISSUES WITH THIS 'Termination of Pregnancy Bill 2018':

1. Women's Health/ Wellbeing at Risk

Is this Government really wanting to improve women's health and wellbeing around unexpected and complicated pregnancy? If so, this is NOT the bill to do it with!

a. Section 10 Permits DIY Abortions

This is not in the best interest of medical best practice/ healthcare for women.

Sample Scenario: e.g. a 14yo girl who might not want to inform her parents can currently self-refer to an abortion clinic under current law, but this bill would enable her to be able to look up and purchase RU486 drugs online and self administer them without potentially being aware of her gestational age - i.e. the pills function up to 10 weeks but not beyond. Many girls don't track their cycles or are unaware of when conception occurred, so may consider themselves earlier in their pregnancy when, in fact, they are really 14+ weeks. The physiological complications of such a scenario can be significant. Some sources point to it doubling complications. This will undoubtedly see an increase in at home abortions even after accessing the RU486 at Pharmacies - still increasing likelihood of complications. Ref:https://www.spuc.org.uk/news/news-stories/2018/september/home-abortion-has-doubled-number-of-complications-swedish-study-suggests

b. Section 5 No protocols to access a 2nd opinion if termination on 'medical grounds' is

The medical grounds could be vast and often there are many alternate scenarios to review that aren't put to women. Evidence shows that it can be the perception of said medical practitioner that abortion is just the easier solution and pressure and/or lack of information influences women to go down this route..

Sample Scenarios (as presented in submissions from independent pregnancy counsellors):
1. A girl on Brisbane's Northside with a broken ankle: an orthopod suggested they wouldn't perform bone surgery on a newly pregnant mother unless she terminated because "her bone wouldn't heal properly due to the relaxin hormone;" another orthopod and OBGYN were consulted with a different option and result.

2. Ladies with amniotic fluid leakage told to terminate "in case there are disabilities" instead of being offered other protocols such as - 1. Administering antibiotics and waiting to see if the hole heals up with bed rest; 2. Wait to see if it worsens and thus miscarries naturally.

Judgements about viability are not often exact and involve multiple factors. A mother should be properly informed on whether her pregnancy is authentically viable through having mandatory second opinions given before abortion on 'medical grounds' is considered. This part of the new legislation would leave room for a doctor to mislead a woman intentionally or unintentionally, not empowering her to have proper bodily autonomy.

c. Section 6 The lack of 2nd opinion protocol after 22 weeks puts women at risk.

No 2nd Doctor required post 22 weeks if 'emergency'.
If it's an emergency - then C section is quicker and safer than an abortion procedure. So this point in the bill is not only superfluous, but is encouraging dangerous practices.

There is no safeguarding in protecting a woman from a doctor misleading her about whether her case is an emergency. This could happen simply because of a lack of expertise in a particular location or hospital or a lapse of judgement. Women deserve to make informed decisions about their own circumstances and a second doctor's opinion would ensure she was not mislead in any manner.

d. Section 5 No protocols around informed consent and independent counselling recommended.

Proper informed consent must be -
"voluntarily given, and free from manipulation by, or undue influence from, family, medical staff or other social coercive influences."29

Consent can be obtained only after sufficient dialogue between the patient and health practitioner and time given to allow the patient to consider and clarify information. There must be two-way communication in discussions that is transparent and well balanced.

Questions asked by the patient must be answered appropriately. Adequate information must be provided in a form and language that is demonstrably understood by the patient, covering all relevant factors including the nature of the procedure, other options and possible outcomes, risks and benefits for the patient and others.

The bill doesn't allow for this type of consent to be enforced especially as there is no independent counselling that would facilitate this.

Independent counselling: Abortions can have a detrimental psychological impact on each women (insert citation plus accurate stats). Women should have access to independent counselling before and after an abortion to help guide a woman through her choices and to screen for coercion or domestic violence. In the health committee's report we saw a health practitioner admit that coercion does happen. She is aware of this but she would still administer an abortion in this case:

"Sometimes even in the best of circumstances we understand that a person is to a degree ***being coerced*** *but feel they still need to go ahead.. because it's their only choice, because otherwise this person will leave them, and their 4 kids (for example). It's very hard to know what to do in those circumstances so you* ***go ahead*** *with what their choice is even though to a degree they are* ***being coerced." - Dr Carol Portmann***

Women deserve better outcomes and healthcare than this. This independent counselling should be mandatory at a time where women are vulnerable and independent so there is no possibility for a woman to be coerced by someone who has a vested interest in the difficult choice she has to make.

e. Section 6 The very broad criteria for determining whether to perform a termination is risky to women's wellbeing.

'Considering' isn't a rigorous enough measure at all:
"In considering whether a termination should be performed on a woman, a medical practitioner must consider— (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination".

How will these 'considerations' be evidenced or enforced? How will a negligent doctor be prevented from performing abortions when these considerations aren't met?

f. Section 5 22 weeks (and even if it's 18 weeks):

Why such a late cut off date?
Since, as Labor insist, all available data points to the fact that the majority of abortions take place prior to 12 weeks, why does the bill not reflect this?
Any abortion after 12 weeks is counted as a second trimester abortion, and is therefore a higher-risk for the woman. The procedures after 14 weeks certainly pose an increased risk to maternal health and most women are aware of pregnancy, most complications etc by then. Are we willing to take such risks under this legislation?

This time period is also not supported by a majority of Queenslanders, as seen by polling which found that 60 percent of Queenslanders do not support abortion after 13 weeks. (YouGov Galaxy Polling, February 2018.)

Further, we understand that some children have been kept alive and have even thrived post birthing at 19 weeks. If our medical system would save babies at 19 weeks through medical technology, why would we allow abortion in this time period? It is a gross inconsistency that some babies will live while others die because of the inclination of the parents at this stage of gestation. This establishes clear discrimination based solely on the parents' decision. This is anathema to basic human rights and to the British legal tradition of equality before the law. This issue will only intensify as it's a matter of technological advance as to whether a child's wellbeing can be maintained external to the womb from earlier gestations. Additionally the procedure beyond 15 weeks and subsequently 18 weeks is significantly more physiologically risky for a woman.

g. Section 5 No provisions against abortion coercion

It is well and truly established that many women are terminating against their will because a partner, family member et al. is forcing that decision on them.

This is called 'abortion coercion' and is a form of domestic violence. It is a phenomenon recognised during the health committee hearings by testifying abortion provider, Dr Carol Portmann who admitted she and colleagues sometimes perform terminations on women who appear not to be wanting them of their own free will. Do we want our law and medical system to be complicit in this abuse of women's freedom?

h. No cooling off periods

In order for a woman (and her partner/family) to make a real choice she should have access to a proper period of time that reflects her right to consider and decide, without coercion or pressure. Many women speak of abortion regret and having our law help to prevent against this will empower women to weigh up their options, reducing the chances of coercion occurring on behalf of a healthcare practitioner.

2. Healthcare Workers Rights at Risk

Section 8 The Conscientious Objection FARCE

Current bill does not allow doctor-patient care autonomy insofar as it essentially forces a medical practitioner to work against their conscience and potentially their perception of what is in the best interests of their patient. A health practitioner will technically be legally required to refer for abortions (indirectly) – regardless of the stage of pregnancy, the risks or reasons.

Real Scenario: Good doctors, nurses and other medical practitioners will risk de-registration (e.g. Dr M Hobart Case in Victoria when not wanting to refer a sex-selective abortion,) or will feel forced to step out of practice altogether.

Should the government really be coercing health practitioners to participate in the taking of human life or potentially harming women? (Doctors can be genuinely concerned about the post-abortive mental health risks to a woman plus physiological ones, which they may feel unable to prevent because of the way this law could be used against doctors .)

No protections for other Healthcare Workers

No protections for non medical healthcare workers - cleaners, receptionists, etc

See explanatory notes, Page 9:

http://www.parliament.qld.gov.au/Documents/TableOffice/TabledPapers/2018/5618T1161.pdf

Practice Freedoms for Private Institutions

Bill steps on the freedom of institutions who do not wish to be involved in or refer for abortion. Why should such contentious procedures implicate all doctors and practices in some way?

OTHER POINTS WHERE THIS BILL WRONGS DOCTORS and HEALTH PRACTITIONERS:

Against the Medical Code of Conduct

The current code of conduct mandates that health practitioners practice in a 'safe and ethical' way. Given that late term abortions risk the health of the mother, this bill will challenge the code.

Limitation of Rights

The practitioner's basic human rights will be undermined. The right to freedom of thought, conscience and religion are basic rights in the International Covenant on Civil and Political Rights, to which Australia is a signatory, and the Universal Declaration of Human Rights (Article 18).

Wrongful Birth/Wrongful Life Claims

By making abortion legal up to birth, the proposed law will increase the risk that doctors will be found to be negligent regarding their duty of care to the unborn child.

Infanticide

The NSW Health Guidelines about termination of pregnancy explain that some aborted babies will be born alive and in these instances, resuscitation may become a crime.

Employment Discrimination

Health practitioners such as doctors, nurses, pharmacists, psychologists and social workers are likely to face employment discrimination.

Personal Health Risk

Evidence shows that workers who are involved in abortions are vulnerable to Post Traumatic Stress Disorder, depression and anxiety. References: https://lib.tcu.edu/staff/bellinger/abortion/Harris.pdf ; http://www.contemporarynurse.com/archives/vol/31/issue/2/article/2744/nurses-in-abortion-care/

3. The 'Unborn Child'

Labor acknowledges in (Section 23) - 282(4) that "abortion adversely affects health of unborn child."

No concession has been made to care for the treatment and pain of the unborn child. Many other international jurisdictions have presented some form of humane treatment of the unborn child - e.g.

- Anaethesia for pain capable babies (post 12 weeks?)
- Palliation or even resuscitation for babies born alive
- Appropriate disposal of foetuses and what they can and can't be used for in terms of medical research, injections etc.

3. Public Freedoms at Risk (with 'bubble zones')

1. Section 15 suppresses freedom of speech and freedom to assemble. Where is the justification for suppressing the rights of QLD citizens over such broad geographical areas that cover private homes, businesses, churches and public spaces?
2. Some women are helped outside clinics. Far from supporting a women's choice in pregnancy, this bill would deny some women to have a choice other than abortion. See stories below.
3. It criminalises all forms of communication in 'exclusion zones.' Even non-offensive and non-verbal communication would be a criminal act, if it is perceived that this could cause distress or anxiety to a woman in zones (who is already facing an upsetting situation).
4. This bill could criminalise family members (mother, siblings), partners, friends or others offering support to women outside clinics.
5. There is no evidence of harassment. Far from it being necessary to introduce a new law, there is no evidence that this bill is needed or would be beneficial.
6. We already have sufficient laws. Current laws are already sufficient to protect women and others from any harassment or offensive behaviour outside clinics.
7. State harassment of QLD citizens. This bill would criminalise good, otherwise law-abiding citizens offering help to others within exclusion zones. This would result in the state harassing such citizens who include pensioners, students and community volunteers.
8. This bill may be unconstitutional. The unconstitutionality of similar laws in other Australian states was proven by the Brown vs. Tasmania High Court Ruling in October 2017 which found that such exclusion zone laws infringed on freedom of political communication.
9. Zones would potentially include pregnancy centres, churches, professional discussions and private prayer outside or within any buildings within the 150 metre radiation of a clinic. Would this part of the Bill be enforced to cover these activities should they refer for abortion?
10. The criminalisation of behaviour described in this bill and penalties are heavy-handed, ill-conceived and unjust. This aspect of the bill is extreme and should be opposed in its entirety.

OTHER Fundamental Inconsistencies in this poorly written bill:

a. Allows an unqualified woman to perform termination on self but not another unqualified person: [Sections 10 & 25]; Does this mean that women can perform abortions on themselves and not commit a crime, but someone unqualified who helps them to do so, does? e.g. A woman can order her own abortion drugs from the internet, and face no charges,but if her boyfriend does (supplying) then he will face potential criminal charges. Many people would be unaware of this odd inconsistency in the law and be unaware of how it could affect them.

b. Lack of any reference to the importance of data collection. Victoria and other states have good data collection that helps us understand the issue further. Should we not keep the same records to help us support women better by understanding the circumstances surrounding abortion?

c. Lack of consideration for paternal role/ rights: While many believe it ideologically irksome to consider a man in the mix here, as legislators it would be remiss not to consider a partner's role and potential rights in a legislative conversation and we can see no evidence of this having been done by the QLRC nor Labor. Why should it be considered? 1. Legal inconsistencies: Why is it ok for a man to be forced to pay child support for a child he doesn't want, but he has no rights to protect a child he does want? 2. Evidence of post abortion trauma in males: What about the impact of abortion on men?

GENERAL ARGUMENTS COMPARISON CHART: [To navigate the 'neutral' positioning]

Pro Life	Pro Choice	Abortion Rethink
This bill will lead to more late term abortions	Late term abortions will only occur for serious medical reasons.	Although there is a lack of evidence that the Bill would cause MORE second and third trimester abortions - seeing as all classes of abortion are already very accessible under the current system - the Bill has no legal protections to practically and legally prevent these types of abortions from increasing in number & beyond the scope in which they are currently performed.
Abortion should be illegal	Women currently risk imprisonment for having abortions	Under current law, any QLD woman, of any age, is able to access an abortion if the pregnancy poses a risk to her physical or mental health. Therefore any woman who undergoes a termination for one of the above reasons is acting within the confines of the law. (It's also worth noting - with a complete lack of medical supervision creating life threatening situations for women - that this current framework creates a safeguard for women in ensuring that any terminations are carried out for a medically appropriate reason.)
DIY abortions should be illegal along with all other abortion	DIY abortions aren't an issue, this helps abortion access	Legalising DIY abortions also fails to protect - as seen in the case of a woman in NSW whose partner purchased abortion pills online even though she was originally planning to continue the pregnancy. She took them at home without medical supervision at a very advanced gestational stage, which proved very dangerous to her own health and wellbeing and ended up with her being hospitalised.

All women should be independently counselled	Women don't need independent counselling this is a simple healthcare issue - Many deny evidence in relation to mental health statistics.	There is strong evidence that time, information, support and exploring of options can lead to women making a decision that is more in tune with their life values and goals, meaning better health outcomes both physically and mentally. Counselling is also an opportunity to screen for abortion coercion, from partners, arents, or as a result of the woman's circumstances - none of which should need to influence her in such an intrinsically personal decision. There is also cause for counselling provisions for women who have received a prenatal diagnosis. It is vital that women are equipped with all the facts around their options in order that their reproductive health journey is a positive one. In 1995, an entire issue of the Journal of Social Issues was dedicated to research on the psychological effects of abortion: "There is virtually no disagreement amongst researchers that some women experience negative psychological reactions post abortion." - Editor, Dr Gregory Wilmoth.
This bill will legalise sex selective abortions	This bill will not lead to an increase in sex selective abortions (if they exist at all).	Currently, sex selective abortion is already accessible in Queensland, via the GeneSyte NIPS test at 10 weeks, which for the out of pocket price of $395 - $600, can inform parents of the sex of their unborn child. They can then choose to seek an abortion, giving the reason as 'mental health', without any oversight or even the knowledge of the health practitioner. Therefore, it is inaccurate to say that changing the law will legalise sex selective abortions since under current law they are happening already, particularly among those seeking a particular gender to 'balance their family' without having numerous additional children. It's also worth noting that an abortion can be sought in QLD at any stage for the mental or physical health of the woman, no matter the gestation - although how often these second and third trimester abortions are actually carried out is unknown, due to a lack of record keeping in Queensland.

This bill will cause more late term abortions	The number of late term abortions will drop since women will be able to access them earlier.	There is no evidence that changing the law will lead to increased numbers of later-term abortions. However, even if the term limit were to be earlier, there are still some factors to be kept in mind. Any abortion after 12 weeks is counted as a second trimester abortion, and is therefore higher-risk for the woman. It is also not supported by a majority of Queenslanders, as seen by polling which found that 60 percent of Queenslanders do not support abortion after 13 weeks. (YouGov Galaxy Polling, February 2018.)
Women should never have abortions.	Women are currently aware of their options.	Many women currently lack the framework of support, facts, information and options that empowers them to make a choice that speaks to their values & does not impose loss in other areas of their lives. This lack of framework can lead to a number of coerced (or forced) abortions. Women may also believe that their only option is abortion, meaning they are not making a true choice that is their own.
Clinics force women to have abortions	Clinics ensure that women are not being coerced	Our finding is that clinics lack the framework & understanding of the complex issue of abortion coercion to adequately screen for this issue. Indeed, as stated by Dr Carol Portmann, abortion provider & OB/GYN, during the Hearings in Brisbane on 12/09/2018 (emphasis ours): "*Sometimes even in the best of circumstances we understand that a person is to a degree being coerced but feel they still need to go ahead.. **because it's their only** choice, because otherwise this person will leave them, and their 4 kids (for example). It's very hard to know what to do in those circumstances **so you go ahead with what their choice is even though to a degree they are being coerced.***" Women are also regularly failed by a medical system which fails to provide a comprehensive framework for delivering and providing alternate options and second opinions to a prenatal diagnosis or medically challenging pregnancy. Discussion from experts in this space here.
Women can choose abortion but they should	Women can't choose abortion n't freely.	Currently under Queensland legislation, women do have the right to choose abortion, and up to 14,000 do so per year. Abortion can be accessed without a doctor's referral at 27 locations throughout Queensland.

It is wrong to force doctors to refer for abortion	Conscientious objection including the right to decline to refer means that women are forced to experience stress & delay in accessing an abortion, leading to long term mental health problems.	a. With no referral currently required for an abortion, Queensland women are able to book themselves into a clinic without a doctor's assistance** b. The right to conscientious objection including not facilitating an abortion via referral is vital according to QLD GP Dr Jovina James: *"Does Labor even understand what "conscientious objection" means?? Do they think it is simply a distaste for abortion? A dislike for the idea. NO! It is a deep, unshakeable conviction that this act is contrary to the human good. That THIS IS NOT HEALTHCARE, and this is not what I vowed when I promised to "do no harm". A conscience is what makes us human.* *What do you think happens when an individual acts against their conscience? When they do something they know to be unequivocally wrong. It makes us less human. Is this what Labor wants of its doctors? They want us to be less human? Have less integrity? Practice soullessly? Is this not a time when we need MORE integrity in the medical profession, not less??"* **We also think it's pretty offensive that a woman is incapable of doing so & requires a doctor to hold her hand every step of the way…..
Doctors may be forced into undertaking abortions up to full term due as pregnant women will be referred to their service.	There is a lack of doctors to perform late term abortions because of stigma and judgement.	Many doctors do not want to perform abortions A survey of medical students has found that almost half believe doctors should be allowed to refuse to perform any procedure to which they object on moral, cultural or religious grounds. Abortion provoked the strongest feelings among the 733 medical students surveyed, according to the study in the Journal of Medical Ethics. "The survey revealed that almost a third of students would not perform an abortion for a congenitally malformed foetus after 24 weeks, a quarter would not perform an abortion for failed contraception before 24 weeks and a fifth would not perform an abortion on a minor who was the victim of rape," said researcher Dr Sophie Strickland.
Doctors are being forced to be complicit in the issue of abortion something that does not let them exercise religious freedoms.	Conscientiously objecting doctors do so out of religious belief.	A study by Marie Stopes International Australia in 2004 found that up to one in four GP's had a conscientious objection to abortion. Many doctors decline because they believe

		that it undermines their philosophy of 'first do no harm'.

Women's Voices: Key Points from Both Sides at a glance

Both sides asked women to share their stories of unplanned/ problem pregnancy and abortion with very common results:

PRO CHOICE QLD	ABORTION RETHINK (alt stories)
• All women had no issue accessing abortion under current law • Some women were coerced to terminate • Many women felt they had no choice and didn't access independent counselling • Many women didn't understand their post-abortive risks/ outcomes • No woman thought she could be prosecuted in any way • No experience is the same.	• All women had no issue accessing abortion under current law • Some women were coerced to terminate • Many women felt they had no choice and didn't access independent counselling • Many women didn't understand their post-abortiv risks/ outcomes • No woman thought she could be prosecuted in any way • No experience is the same. • Women who had sought and accessed independent counselling by a NGO or a second medical opinion often ended up continuing their pregnancies • Clinic-based "counselling" consists of just a single question or two which tended to lead toward termination without exploring all head and heart possibilities

PLEASE DO NOT HESITATE TO CONTACT US AT ABORTION RETHINK FOR FURTHER EVIDENCE AND CITATIONS AND REFERENCES FOR ANYTHING MENTIONED ABOVE.

www.abortionrethink.org