



The Presbyterian Church of Queensland

ABN 43 015 755 489

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To the Commission Members

We present here a submission by the Presbyterian Church of Queensland in relation to termination of pregnancy law reform.

We trust that this submission will be helpful to your work.

Yours faithfully

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This submission has been prepared by the Gospel in Society Today team (GiST) on behalf of the Presbyterian Church of Queensland (PCQ). Approximately 7500 people attend PCQ churches across Queensland each week. PCQ has sought to faithfully serve the Queensland community in many ways for over a century, and is directly involved in providing health care, aged care, community and chaplaincy care as well as school and tertiary education.

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We welcome and are thankful to the Queensland Law Reform Commission for this opportunity to make a submission regarding law reform relating to the termination of pregnancy, and for the work that you do. We pray for wisdom and courage in this important work of addressing law reform regarding termination of pregnancy.

Summary of Our Position

1. We strongly urge the Commission to recommend that there be very limited grounds for lawfully undertaking termination of pregnancy in Queensland. However, we recognise that there are occasional instances where a medical condition clearly threatens the life of the mother at a time when the foetus is clearly not yet viable, all other avenues of treatment suitable for use until the foetus reaches viability have been considered, and two or more medical practitioners reasonably agree that abortion would at least save the life of the mother. We acknowledge that women and families as well as the doctors involved in this tragic situation should be legally protected and offered support. However, we ask that the law make provision for this only under the most exceptional circumstances.
2. We urge the Commission to recommend termination of pregnancy law reform that ensures counselling, independent of abortion providers, is clearly offered to all women considering termination. This counselling should genuinely offer women, and those around them, the choice to continue pregnancy with adequate support alongside other options they may wish to consider.
3. We urge the Commission to, in those circumstances in which lawful requests for termination may be made, make full provision for conscientious objection to termination of pregnancy by doctors, nurses and pharmacists.

Reasons for Our Position

As Christians, we believe that we grapple with the issue of termination of pregnancy in a world gone profoundly wrong in God's eyes. We must all admit that, in our bid to self-rule, we fail to love those God puts in our way on countless occasions. Much worse, we fail to love and listen to the God who made and owns us - and who owns the women, children and men each of us have so often failed.

Jesus pulls no punches about the seriousness of living only for our self-made plans, pushing aside those who interfere, most especially God. According to Jesus, we thoroughly deserve his judgment. However, Jesus came precisely in order to show compassion on us as we stand helpless in the face of God's judgment as well as vulnerable within a world of self-rulers. And then Jesus rose from the dead so that we might enjoy the deepest joy and eternal rest under his good rule.

Our concern for law reform regarding termination of pregnancy, therefore, is driven by the mercy, kindness and protection we have abundantly received through Jesus' death and resurrection. Given that our community is of God's making, we also desire to see his mercy, kindness and protection extend to all with justice that truthfully reflects the complexities of coping with unexpected and difficult pregnancy.

Given the important role of the law in both reflecting and shaping community thinking, we argue that it is vital for Queensland termination of pregnancy law to address the complex personal

factors involved in the decision to terminate. We observe that many of these complexities are neglected in public debate.

Responses to Consultation Questions

1. Regarding:

- **Consultation Question 5 - ‘Should there be a specific ground or grounds for a lawful termination of pregnancy?’**
- **and Consultation Question 6 - ‘If yes to Question 5, what should the specific ground or grounds be?’**

We also observe that, although termination of pregnancy is currently considered an offence under the Queensland Criminal Code, what are widely interpreted to be exceptional legal grounds for termination (including judicial interpretations), for reasons of preserving a woman from serious danger to her life or her physical and mental health, in actuality allow several thousand legal abortions to be performed each year.¹ Indeed, obtaining a termination is reported by many women to be a relatively rapid and straightforward process with few opportunities to consider other options.²

Therefore, we urge the Commission, in its consideration of the grounds for legal termination of pregnancy, to consider how the welfare of unborn children, women and families can be given substantially greater legal protection than is presently the case. Our position is that termination of pregnancy, by both medical and surgical means, should continue to be prohibited by law in Queensland, with the only exception being in the rare circumstance when the life of the mother is clearly threatened at a time when the foetus is clearly not yet viable and under carefully defined conditions as outlined below.

Indeed, we urge the Commission to recommend law reform that:

- a. Honours the dignity, humanity, equal value, vulnerability and right to protection of the unborn, from the point of fertilization.**
- b. Honours the dignity, needs and vulnerability of women who may be seeking abortion.**

Firstly, the humanity of the foetus is widely recognized in our community. Indeed, embryologists are clear that fertilization represents the beginning of a human life³. What is debated is the degree to which the human foetus deserves protection relative to the needs of the adults who are involved in his/her care.

¹ https://www.childrenbychoice.org.au/factsandfigures/australian-abortion-statisticshttps://prochoiceqld.org.au/resources/facts-abortion-rates/#_ftn5

² Melinda Tankard Reist, *Giving Sorrow Words: Women’s Stories of Grief after Abortion*, Acorn Books, Australia: 2007. <https://www.parliament.qld.gov.au/documents/committees/HCDSDVPC/2016/18-HealthAbortion/submissions/1212.pdf>

³ R. O’Rahilly and F. Muller, *Human Embryology and Teratology*, 3rd ed., Wiley-Liss, NY: 2001.

The dignity of every person is rooted his/her status as made in image of God. This dignity is not altered by stage of gestational development or demands of care. Jesus shows that love for others, even those 'strangers' who surprise us, does not stop to ask whether a vulnerable person qualifies as our neighbour or what his/her value is relative to our own. Therefore, we argue that the foetus, a vulnerable person with no voice, deserves the care and protection of the law equal to any child, regardless of circumstances. The unborn should be given every opportunity to live and be nurtured, regardless of gender, background or disability status.

Secondly, women with an unwanted pregnancy or a child with major disabilities diagnosed in utero are in a very vulnerable position. They so often face enormous grief, loss of control over their future, perhaps the loss of relationships, financial security, opportunities or employment. They deserve compassion. Indeed, Jesus modelled compassion for women in similar vulnerable circumstances. The degree to which father, grandparents and other family members may face similar difficulties is under-recognised.

Termination of the pregnancy may seem to provide the obvious solution to the difficulties of unwanted or difficult pregnancy. However, laws that provide limited to no regulation to termination on demand fail to recognize the significance of the decision for women, men and families or the harm inherent in abortion. There is strong evidence of significant psychological harm associated with abortion, including ongoing grief and regret. This grief can tragically compound the trauma of rape.⁴ As we argue below, many women feel that, in an environment where termination of pregnancy is readily available and sometimes even urged by health care workers, they have little power to choose to continue pregnancy. Therefore, we argue that there should be no readily accepted grounds for lawful termination of pregnancy on demand for the sake of vulnerable women and those around them.

While we strongly urge the Commission to recommend that there be very limited grounds for lawfully undertaking termination of pregnancy in Queensland, we recognise that there are rare instances where a medical condition clearly threatens the life of the mother at a time when the foetus is clearly not yet viable, all other avenues of treatment suitable for use until the foetus reaches viability have been considered, and two or more medical practitioners reasonably agree that abortion would at least save the life of the mother. We acknowledge that women and families as well as the doctors involved in this tragic situation should be legally protected and offered support. However, we ask that the law make provision for this only under the most exceptional circumstances.

2. Regarding:

- **Consultation Question 13 – ‘Should there be any requirements in relation to offering counselling for the woman?’**

⁴ Tankard Reist, *Giving Sorrow Words*.

S.R. Makimaa, *Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault*, Acorn Books, Australia: 2000.

We urge the Commission to recommend termination of pregnancy law reform that ensures counselling, independent of abortion providers, is clearly offered to all women considering termination. This counselling should genuinely offer women, and those around them, the choice to continue pregnancy with adequate support alongside other options they may wish to consider.

While a woman's autonomy or right to choose are amongst the key arguments presented for legalized termination, the experience of many women is that their choice is very constrained and they receive little or no help to continue their pregnancy. Indeed, many women in this situation feel a strong expectation to terminate their pregnancy by partners, families, health professionals, government authorities, educators and employers.⁵

We recommend that adequate counselling should offer support for those women and their families in the circumstance of unwanted or difficult pregnancy. This should include financial help, access to educational and employment opportunities as well as child care, medical and mental health care, grief counselling, disability and family support. We commend the example of pregnancy support organisations such as the Priceless Life Centre for your consideration.⁶ We also urge the reform of adoption procedures, including anonymous adoption, to allow greater access to adoption as a viable and culturally accepted alternative to termination.

We recommend such help for women and their families because we know that Jesus is able to work meaningfully and lovingly in every life derailment, deep pain and dire circumstance, for the eternal good of those who love him.

3. Regarding:

- **Consultation Question 11 – ‘Should there be provision for conscientious objection?’**
- **Consultation Question 12 - Q-12 If yes to Q-11: (a) Are there any circumstances in which the provision should not apply, such as an emergency or the absence of another practitioner or termination of pregnancy service within a reasonable geographic proximity? (b) Should a health practitioner who has a conscientious objection be obliged to refer or direct a woman to another practitioner or termination of pregnancy service?**

We urge the Commission to, in those circumstances in which lawful requests for termination may be made, make full provision for conscientious objection to termination of pregnancy by doctors, nurses and pharmacists.

Our previous argument that termination of pregnancy fails to honour and protect both the unborn child and mother logically implies that no health care practitioner should be obliged to perform, participate in or refer for termination. Indeed, we have already argued that health care workers should point women to choices other than just termination.

⁵ S.Allans and J. Astbury, 'The Abortion Decision: Reasons and Ambivalence', *Journal and Psychosomatic Obstetrics and Gynaecology*, 16:3, 1995, 129-136.

Tankard Reist, *Giving Sorrow Words*.

⁶ <http://pricelesshouse.org.au/>

Moreover, each and every health care worker is not obliged to offer the full range of legal and desired treatments all the time. Health care workers can quite reasonably recommend patients seek their desired treatment from another practitioner should he/she be unable to provide a treatment or consider it not to be beneficial to the patient. Moreover, a genuinely secular society which does not privilege the beliefs of one over another should not demand that a patient's freedom of conscience and choice should override a practitioner's. indeed, it is of benefit to the integrity of health care provision that health care practitioners to able to act as self-consciously moral agents.

We, therefore, urge the Commission to make provision for conscientious objection to termination of pregnancy by the full range of health practitioners. Practitioners should not be obliged to refer or direct a woman to another practitioner or termination of pregnancy service.

We do ask that these provisions for conscientious objection apply even in the absence of another practitioner or termination of pregnancy service within geographic proximity. However, we advise that practitioners who conscientiously object should take pro-active steps to prepare for the event in which a patient requests a lawful abortion, in order to protect all involved. This could involve clearly informing patients and, where relevant, colleagues, of the objection and putting plans in place that are suitable to patients, practitioner and colleagues. In the event of an emergency, where, according to the terms stated previously, a medical condition clearly threatens the life of the mother at a time when the foetus is not yet viable, we acknowledge that practitioners involved in this situation should be legally protected.

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