



Speech By
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TERMINATION OF PREGNANCY BILL

 **Dr ROWAN** (Moggill—LNP) (3.34 pm): I rise to make a contribution to the debate on the Termination of Pregnancy Bill 2018. I address this House today not only as a member of the Queensland parliament but also as a specialist physician and as a father. Like many Queenslanders, I find the issue of abortion personally distressing and deeply confronting. This is not a remarkable statement to make and nor should it be condemned. Too often in our history whenever termination of pregnancy is debated by legislators and stakeholders, the moment it is acknowledged that abortion is a complex issue, the moment that the risks involved with termination are mentioned or that the rights of the unborn are raised, there is immediate and swift action to dismiss such concerns and/or shut down debate. Sadly, we saw this time and time again in the lead-up to this week's parliamentary debate.

Those who support both the rights and health of women and the rights of the unborn child will not be silenced. From a health professional's perspective this issue can be, and is, often very complex and challenging. As a doctor, I have discharged my duty of care and professional obligations to all patients facing such difficult and complex situations and I have done this to the best of my ability. Honourable members can well imagine some of the difficult and complex clinical situations I have seen as a specialist physician treating or assisting patients with a range of alcohol or drug dependency conditions with respect to unwanted pregnancies that have arisen via sexual assault, rape, incest and/or criminal gang related violence. The bill before this House ignores the rights of the unborn, is not in the true interests of women's health and does not afford adequate conscientious objection rights to both clinical and non-clinical staff. I accept that terminations occur in Queensland and that terminations need to occur safely and be accessible in Queensland. I also have to say that I am not against reform, including decriminalisation.

Much has been made by proponents of this legislation that it is all about women's rights and women's health; that it is a woman's issue, a woman's choice and a woman's healthcare decision. This legislation is certainly about women's rights and their health, but this bill fails on both counts. The debate thus far has been marred by an attitude of 'you're either with us or against us', that to vote against this bill is to be anti women or anti women's health care. I absolutely disagree with this and I categorically reject this view. How is it that it is in the best interests of women's health to not explicitly address in this legislation important safeguards such as mandatory counselling, cooling-off periods and ensuring domestic violence coercion has been properly protected against, dealt with and assessed?

It is irresponsible in the extreme to not adequately care for and support women and their partners who are considering one of the most difficult decisions they will have to make. It is a consideration that other jurisdictions, to their credit, have made as they have legislated in this area over the years. For example, in Europe mandatory waiting or cooling-off periods are applicable: in Germany, three days; Belgium, six days; Netherlands, six days; and France, one week. In addition, counselling is mandated in Germany and Switzerland and must be offered in France, and the availability of pregnancy terminations is restricted after 12 weeks in almost all European jurisdictions. By comparison, what safeguards will there be for the women and the unborn in Queensland? Virtually none.

The women of Queensland have been abandoned by the Palaszczuk Labor government in its ongoing pursuit of an unbalanced agenda. Under this bill terminations will be legal for any reason up to 22 weeks and, yes, that includes sex selection, as sex can well be determined on ultrasound scans well before 22 weeks. After 22 weeks and until birth, abortions will be able to be performed for 'social reasons'. Most alarmingly, the provision in this bill that deals with terminations after 22 weeks, part 2 clause 6, is little more than 160 words long—just 160 words between life and death.

After 22 weeks terminations will require two approving doctors, but this is nothing more than a tick-in-the-box requirement. The second doctor will not be required to consult with or see the woman or even read her clinical file. How can anyone argue this is a safeguard or is an adequate provision for the health and wellbeing of a woman? How can anyone seriously argue this is about women's rights and women's health when the termination of unborn females will be made so readily available? What about their rights or their health, or do the rights of girls and women only count once they are born?

This parliament has previously heard about the practice of late-term abortion in Queensland. Specifically, on 26 October 1994 the then opposition health spokesman, Mike Horan, then member for Toowoomba South, rose to speak on abortions on demand. He tabled the following, which was a public lecture given by Dr David Grundmann, medical director of Planned Parenthood of Australia and of the Bowen Hills abortion clinic, to a bioethics conference at Monash University on 30 August 1994. At that time Mr Horan outlined Dr Grundmann's partial birth abortion technique for, and including, social reasons.

To help all honourable members gain a technically correct understanding of the cranial decompression abortion procedure—also known as partial-birth abortion, which would be permitted in Queensland under the bill before us—I considered tabling medical illustrations that were used on the floor of the US Senate by Senator Rick Santorum in 2002 when the Senate passed the Partial-Birth Abortion Ban Act 2003. I considered this for reasons of parliamentary transparency and accountability, but I decided against it given the distressing matters contained within those images.

Before considering legislative reforms to decriminalise abortion, strengthened safeguards and enhanced checks and balances need to be in place to ensure due diligence and accountability with respect to women's health and their clinical care. Regarding the word 'decriminalise', a significant amount of focus in this debate has been on the decriminalisation aspect of taking this out of the Criminal Code. The way in which proponents have positioned their arguments in favour of this bill, you could be forgiven for thinking that women in Queensland who seek to have terminations do so in constant fear of being arrested and charged, but we know that to be absolutely false. With close to 14,000 terminations taking place in Queensland each year, one can hardly argue there is difficulty in seeking and obtaining a termination in our state of Queensland. To decriminalise and remove termination of pregnancy from the Criminal Code within the context of an already fundamentally flawed and loose clinical system without ensuring appropriate safeguards and proper checks and balances is an abdication of the responsibility of any government to the welfare of its citizens and future generations.

Not only is this bill fundamentally flawed but the committee process which occurred was a farce. What other way to describe a process by which, in lieu of a senate—in lieu of a house of review—the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, which was tasked with holding inquiries and examining the bill, made the deliberate decision not to accept certain forms of submissions and, in some cases, censor submissions that were made. To begin the investigation process by proudly stating that the committee, dominated by Labor and the Greens, had resolved not to accept images of fetuses or the outcome of medical procedures showed what a sham this entire process was and that the committee was unwilling to, in an open and transparent manner, assess the clinical and medical reality of what is to be implemented in Queensland.

I want to comment on one particular submission. In relation to AMA Queensland's unbridled zealotry to appease certain practitioner members, the current AMA leadership has completely abandoned the dignity and welfare rights of the unborn as well as those of women, the vulnerable and marginalised, particularly those affected by domestic and family violence and at risk of abortion coercion. By supporting those who have admitted that they and colleagues sometimes perform abortions on women who appear not to be consenting of their own free will, the AMA has obliquely endorsed domestic violence coercion. In recent times the Australian Medical Association has purported to champion the rights of refugees and asylum seekers, particularly children on Manus Island and Nauru, but when it comes to the refugees we are talking about today—those unborn refugees on the border of life—the current AMA leadership have recklessly abandoned them.

It also has to be said that the Law Reform Commission has not been independent or impartial in its deliberations, and I concur with the comments of the shadow Attorney-General in relation to those matters.

Finally, this is why elections matter. Who you vote for and who you put into the Queensland parliament matters. Time and again we have seen that those opposite will say one thing during election time and do the complete opposite once in government. On this issue in particular the Premier was not up-front with Queenslanders at the last election. The Premier was directly asked about supporting a change to pregnancy termination laws during the election debate, and she refused to answer with a clear commitment or definitive answer.

It is for all of these reasons and many more that I in good conscience cannot and will not support the Palaszczuk Labor government's abortion legislation. With respect to my conscience and decision, I have also given careful consideration to the LNP's endorsed party policy position, the views of the broader LNP membership, the diverse views of my constituents in the electorate of Moggill and the significant number of professional medical colleagues who have contacted me about this legislation.

The mantra of many of the loudest proponents of this bill has been that it is 2018, not 1899. That is exactly the point. It is 2018 and in this, the 21st century, the constituents of Queensland deserve a parliament that enacts laws that have been carefully drafted and considered without fear or favour and that can be freely and openly debated without demonisation. I am sure that I will be vilified by some after this contribution.

In conclusion, I want to say that the rights of the unborn matter. Real balance and accountable health care for women is vitally important. Mothers matter, fathers matter and families matter. I would say to many members of this House that there will be an opportunity to stand up for the rights of the unborn and to ensure that balanced, accountable health care is delivered for all in Queensland.