



Speech By
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TERMINATION OF PREGNANCY BILL

 **Dr ROBINSON** (Oodgeroo—LNP) (11.50 am): This has been a big week for life. I congratulate Their Royal Highnesses, the Duke and Duchess of Sussex, on the announcement that they are expecting a baby in the spring of 2019. Life is full of surprises. Monday, 15 October was Pregnancy and Infant Loss Remembrance Day, a day of remembrance for pregnancy, loss and infant death which includes but is not limited to miscarriage, stillbirth, SIDS and the death of a newborn. Today I respectfully acknowledge the suffering, grief and loss that many women have suffered. Tuesday, 16 October is remembered by good Catholics as the day of the passing of St Gerard Majella, the patron of expectant mothers. This is a big week for life in Queensland and it is my hope that it can continue as a week of celebrating life.

My journey on this issue starts when as a young adult in the late 1970s and 1980s I held the view that abortion was simply between a woman and her doctor; it was solely a health issue; it was always a simple procedure, it did no harm as the foetus was always just a mass of unfeeling cells that was not always wanted; it did no harm to the woman neither physically nor psychologically; and doctors were free to decide if they participated or not. If they did not want to be involved, they did not have to on conscience or religious grounds. That all seemed reasonable to me as a young man, but as I grew older these simple understandings were challenged by my own experience of life—from study, research, family life, professional experience, experience of diverse faiths and culture, and a closer connection with women's experiences of pregnancy, loss and abortion. I came to see that this issue is more complex and multifaceted than I first thought.

One key facet is health—an obvious one. It is a health issue between a woman and her doctor, but it is also about the broader health system this controversial operation sits in and the regulation of it. In terms of science and evidence, as I studied human embryology and later lectured in anatomy and physiology I realised that I had not considered key scientific facts around the issue such as the baby has a heartbeat from 22 days, or even earlier according to some scientists; it feels pain well before 22 weeks; and it can survive outside the womb from 22 weeks, as recently occurred in the birth of a 22-week-old baby in Alabama.

I first became aware of the political dimension to abortion early in my first degree at James Cook University. I came to realise then and since that there is very heavy politics around abortion. Over many years I came to realise that my early understanding of abortion was based more on 1970s politics and extreme left ideology than facts. I think the same ideology, unfortunately in my opinion, underpins this bill and the two similar and now disreputed Pyne bills.

In terms of justice, as I learned about justice and human rights I realised that my earlier views had overlooked human rights and justice for the preborn baby, especially as it develops. At 20 weeks we acknowledge some form of personhood through birth and death certificates, and some Western country jurisdictions count the preborn in sentencing when, for example, a woman is killed in a car crash

where the other driver is at fault. I saw that abortion is not just a health issue, because the actions of one person harm another.

As I experienced family life, raised our own family together with my wife and experienced other people's family lives, I realised that family and those close—partners—play a big part in whether the woman feels sufficiently supported to continue her pregnancy to birth. Sadly, I came to see that many women are pressured to abort by their partner. Men could do much more to support women, and many couples would adopt and be loving, doting parents if given the chance.

Another factor which changed my mind on abortion is that of freedom of conscience and religion. Queensland is a multireligious and multicultural state. Many doctors, health professionals and all kinds of other Queenslanders do not support abortion. The freedom for doctors, health practitioners and others to not be discriminated against based on their faith or culture is an important value to me.

I will detail some of the facts and some of the purported aims of this bill and why I believe this bill fails. Firstly, in terms of public support I do not really believe that Queenslanders largely support this Victorian style legislation. They may support some of the elements in it, but I do not believe they support this bill as the solution. In New South Wales generally I believe that to be the same. In Victoria, the bill which we are largely basing this bill on and copying passed by only a few votes and against huge public outcry. It would not have got up under a normal, moderate Labor government.

The public outcry here in Queensland has been huge. Almost 40,000 people signed a petition, and 78 per cent of the submissions to this bill do not support the bill. We saw a similar percentage—even higher—on the two Pyne bills. We have seen up to 4,000 people at rallies against the bill. These are massive numbers of Queenslanders. We all know the email responses we have received at our electorate offices that are calling for the bill to not pass. Then there is the recent Galaxy research. Altogether I believe the public is strongly opposed.

Secondly, supposedly in some people's minds the bill will reduce abortion. Abortion numbers in Queensland are high, at up to 14,000. If you add medical abortions—it is difficult to get exact figures on this and I believe we need to keep more accurate records—there are a large number of abortions. We do not know how bad the real situation is or how many there are. Medical abortions appear to be on the rise. I am not sure we can argue that numbers will definitely come down or the bill will help that, especially when some argue that we need more access. Access will only increase numbers. If public hospitals become involved in the future as they have in other jurisdictions, we will potentially see the numbers climb overall from medical and surgical abortions.

In terms of late-term abortion the bill fails on many levels. Somebody said that it is only one per cent, but one per cent of up to 14,000 is 140. If you look at the averages over nine years in Victoria before the bill was introduced and the year since, it rose from 250 abortions, on average, to something like almost 350 abortions. We see a large number of abortions and an increase when the Victorian legislation came in. There has also be a proportionate increase within the number of late-term abortions for maternal psychosocial reasons. Those trends would almost certainly come here to Queensland. I have great concern about late-term abortions—the numbers and particularly the proportion for psychosocial reasons.

There is the issue of what is the latest time at which a late-term abortion will be allowed. I am happy for the minister to answer this. I have not seen an upper limit of age in terms of the law itself. I know we are saying that doctors will interpret that for us. I have a great deal of faith in our doctors. However, I would be concerned about that in the sense that in the history of Queensland we have had issues like Dr Jayant Patel and the Bundaberg Hospital. I think we need to be careful in terms of assuming that all works out. Again, I have a high regard for our doctors and health practitioners, but what is the latest number of weeks? It has been called abortion to birth and others have challenged that statement. If the minister can tell us what the latest age of gestation is that will be allowed in the legislation, then the minister can rule that out.

There is no pain relief provided for almost fully formed babies. At 22 weeks, babies are virtually fully formed. There is no pain relief given to them, and the potentiality of the suffering of babies in late-term abortions is a huge concern to me.

I believe the bill is discriminatory on religious and cultural grounds. Many people of different faith and cultural backgrounds do not agree with abortion. In one sense, this bill imposes on them, in terms of agreeing with it or not agreeing with it, and to me that is a problem. There is sex and gender discrimination, as well as a whole range of other things. I would have liked to say much more should time have allowed. I will wrap up by saying that life is precious, life is sacred, and I encourage the House this week to choose life.

