

Statement for Parliamentary meeting on the Abortion Law Reform Bill 2008

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Australia.

Ladies and Gentlemen,

Thank you for this opportunity to speak to you on our objection to the Abortion Law Reform Bill 2008.

I wish to raise three objections to this Bill

1. This Bill devalues human life and cuts across doctors' duty of care to do no harm to their patients, both born and unborn, and provide skilled and appropriate care for them. For many women becoming pregnant and coping with pregnancy can bring mixed emotions and responses and doctors are committed to providing a safe and supportive place where patients can discuss their reactions and their options without any coercion of pressure on either party. A pregnant patient is different to other patients – now there are two lives to whom the doctor has a commitment of care - and we particularly have a responsibility to speak and act for the silent and vulnerable. When lives are at stake these are weighty decisions and patients have the right to the best support and care in making them, while also being given the opportunity to seek alternative care if the patient and doctor cannot agree. We don't believe this Bill supports this consultative, counselled and informed approach.
2. This Bill misunderstands and devalues the recognised social position of pregnant mothers as trustees and caretakers of their unborn child. Society recognises this position by its current commitment to high quality and evidence based antenatal care. Mothers are counselled and then commit themselves to change their lifestyle to accommodate and nurture the needs of their baby. They stop smoking cigarettes and drinking alcohol, they begin exercise programmes and start take folate and iron tablets. They make regular clinic visits and keep careful records of the baby's growth. Mothers are committed to creating a healthy environment for their baby to grow; they give up part of themselves with grace and compassion and they rely on the support of partners, their communities, their parliament and their law to do this with them. And yet this same society is being offered a Bill which withdraws this support and facilitates the termination of life on request. Pregnancy is not an illness requiring treatment and fixing; it is like no other

condition that might affect women. It cannot be treated as a medical or surgical problem.

Therefore decisions to terminate pregnancies must be made with considered respect and care for children and their families. We don't believe that this bill does this.

3. This Bill misrepresents and undervalues the process and responsibilities of professional referral. This Bill implies that referral removes obligation and participation. However, referrals between medical professionals imply a partnership of care. If I make a referral to a specialist colleague that the patient and I have chosen for their particular expertise, availability and suitability because they can provide medical care that I cannot, I write a letter detailing my patient's history, treatment and a request for treatment. I am facilitating further care with my colleague but not handing over my patient. This patient will return to my care with a suitable letter and report from the specialist colleague. We have a working partnership between the three of us. There is no way that a practitioner can make or receive such a referral in good conscience if they do not agree with the procedure and care to be undertaken. This Bill completely misunderstands and trivialises the implications and responsibilities of referrals between medical colleagues.