

# “Doctors in Conscience Against Abortion Bill”

[www.doctorsconscience.org](http://www.doctorsconscience.org)

We are a newly formed group of Victorian doctors from a range of medical specialities, with diverse backgrounds, representing various faiths and none. We call upon the Victorian government to reject the Abortion Law Reform Bill 2008

We consider the proposed legislation to be poorly framed and unnecessarily coercive. It is based on false premises, incorrect definitions and is not reflective of current clinical realities nor is it supportive of vulnerable pregnant women.

## 1. The Anti-Conscience Clause.

Clause 8 of the Bill is unconscionable and unprecedented in this country.

We believe it to be an attack on the basic human rights of health professionals which undermines their moral integrity and professional autonomy. The state should not coerce its health professionals to participate in the taking of human life. Many doctors, nurses and pharmacists, with strong ethical, religious and cultural beliefs against abortion will have to consider whether to continue to practice in breach of the law or to discontinue working as healthcare professionals in this state.

We concur with the position put forward by Dr Doug Travis, President of the AMA (Victorian Branch): *“The Bill infringes the rights of doctors with a conscientious objection by inserting an active compulsion for a doctor to refer to another doctor who they know does not have a conscientious objection. Respect for a conscientious objection is a fundamental principle in our democratic country, and doctors expect that their rights in this regard will be respected, as for any other citizen.”*

We believe the right to conscientiously object to participation in the process of abortion, either directly or through referral, should also be respected for Nurses, Pharmacists and other health-care workers.

## 2. The Bill does not reflect current medical knowledge or clinical practice:

a. The definition of abortion used in this Bill incorrectly includes inducing a live birth prematurely for medical reasons and the management of an ectopic pregnancy. A proper definition of abortion should refer to the active, direct and intentional taking of a human foetal life.

b. The premise that an abortion is like any other medical procedure is mistaken. Only euthanasia and medically-assisted executions share the same objective and intention of abortion: the taking of human life.

c. The concept of an ‘emergency abortion’ is a clinical fiction. Almost always the management of complicated and life-threatening pregnancies need not necessitate an abortion.

d. Suicide risk in a pregnant woman is a psychiatric emergency, not an indication for an abortion

e. Late-term abortions are not medically necessary. Attempting a live birth is a safer option when a mother’s health is at risk.

f. The requirements for permitting a late-term abortion in section 5 of the Bill are meaningless and in effect endorse all abortions up to birth for any reason. The agreement of just one other “registered medical practitioner” would not be difficult to find and would in practice pose little if any restriction on late-term abortions.

### **3. This Bill offers no support for women facing difficult or unexpected pregnancies.**

The rejection of proposals that would have given support to pregnant women in crisis through proper referral systems, information provision, independent counselling, a cooling-off period and effective follow-up, does not reflect a real concern for the welfare of women.

### **4. The Bill endorses poor clinical practice and exposes pregnant women to unnecessary health risks.**

In terms of complexity and risk, abortions, especially late-term abortions, are the equivalent of major medical and surgical procedures. However, unlike any other major procedure, this bill would allow:

- a non-GP referral, walk-in, same day service without the requirement of a proper independent medical assessment or the need for appropriate follow up provisions.
- an abortion to be performed by any “registered medical practitioner” without the need for specialist training or proper accreditation.
- an accredited Nurse or Pharmacist to procure an abortion up to six months without the involvement of a medical doctor and without the need for proper medical assessment or support.

This legislation exhibits a disregard for the health concerns of women with difficult pregnancies.

### **5. The interests, value and humanity of the unborn child are ignored.**

This bill shows a disregard for the humanity and the basic human rights of the embryonic and foetal child. The unborn child should not be treated as though it were of no value at all.

We thank you for considering our concerns. A longer and more detailed and referenced document is attached to more fully explain our position against this Bill.