

MASS CONFUSION



*A response to 'End
the Confusion'*

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Executive Summary

A call for comment on a draft Bill to decriminalise abortion in Tasmania (Reproductive Health (Access to Terminations) Bill 2013), has resulted in the publication of the usual misleading and blatantly false information from both the media and abortion advocacy organisations. The problem with this is that it perpetuates the idea that abortion holds no moral concern for women or society in general, seeks to normalise abortion as a medical procedure like any other, yet with special rules of its own, and effectively markets abortion, a profit making business to vulnerable women, as a positive, healthy solution to what for the most part are social problems.

The report discussed here, could not be more incongruently named. One presumes that a report entitled 'End the Confusion' would, at the very least, seek to accurately inform the general public, yet it actually reads like a cleverly designed sales tool, marketing abortion in a haze of even greater confusion and misleading facts.

The offered case studies only serve to highlight the conflict for women, and the misinformation provided to them. Citing the unprofessional conduct of some health professionals to suggest that changing legislation would change unethical behaviour is a way to further confuse issues. The report does nothing to shed light on the true nature of women's experiences. It certainly does nothing to ensure protection of women who are seeking abortion in the absence of choice, not as an expression of that choice.

In fact, the report goes so far as to want to strip even the most basic of conditions that apply to other medical procedures away from women, by removing any information requirement for informed consent.

This is not a report in favour of the rights of women. It is a report which favours the abortion business and seeks to ensure that business remains... and grows.

Debbie Garratt
Executive Director

Public Support for abortion

The report makes several statements, that Tasmanians ‘overwhelmingly support abortion’ and ‘strongly support the reform we are seeking’, yet when the survey they draw these conclusions from¹ is examined, a much different picture of the views of Tasmanians is revealed.

Firstly, the current Bill proposes abortion on demand up to 24 weeks of pregnancy, with abortion available after this time, with some conditions. The survey which was conducted by Family Planning and forms the basis of the above report asked questions of the public about pregnancy up to only 14 weeks.

Whilst the statement that 79% of Tasmanians strongly agree or somewhat agree that ‘... a fully informed woman should have the legal right to decide whether her unwanted pregnancy can be ended early’, (up to 14 weeks) is accurate, the extrapolation of this data to the current Bill proposing abortion on demand to 24 weeks, is misleading.

With only 51% strongly agreeing at the 14 week gestational limit, we can assume this percentage would be significantly less if they had been asked the more relevant question about abortion to 24 weeks, or without gestational limits, which is the actual recommendation of the report. There is no further information about the 28% from whom the response ‘somewhat agree’ was provided. Using information

¹ Family Planning Tasmania, Abortion Research Report, May 2012

from other surveys² it is likely that this group would agree only under certain circumstances. Again, this figure would reduce if asked about a greater gestational limit or about abortion on demand for any reason.

This does not constitute what the report describes as ‘*overwhelming support for abortion*’ or even support for the reform.

It is worth noting that the first question in the survey asks about ‘*fully informed women*’ seeking abortion, yet one of the recommendations of the report is that there be ‘*no mandatory information to achieve informed consent*’. This statement is both inconsistent and seeks to define termination in a separate category to other medical procedures in which there are information requirements for informed consent.

The experiences of many women³ demonstrates clearly that “informed consent” occurring within the sphere of an abortion service would not comply with a ‘*general standard of disclosure*’⁴ and to remove safeguards in this area would not promote quality health care for women.

The report further states that ‘*when criminalised, terminating a pregnancy is positioned as a moral choice rather than one of maternal health*’.

² De Crespigny, Wilkinson, Douglas, Textor and Savulescu. ((2010) Australian attitudes to early and late abortion, Medical Journal of Australia, Vol 193, No 1

³ For one such example, see Tegan, p.8.

⁴ End the Confusion, p. 8

'For the majority of women, termination is a moral choice'

The majority of research which includes experiences of women considering, or undergoing termination, supports the fact that for these women, termination is a moral choice. The Victorian Law Reform Commission acknowledges, "*The commission recognises that abortion is a decision of deep moral significance for many people.*"⁵ The consideration of termination as a moral issue is appropriate given the evidence that women often see their decision making about abortion through their moral framework, not through a health framework.

'These are social issues, not maternal health issues'

Even the case studies published as part of the report find women talking about the decision as a moral choice, not a 'health' decision. We know that around 95% of the total number of abortions undertaken in Australia are for psychosocial reasons⁶, the majority of which centre around 'readiness to have a child', economics, and relational support. These are social issues, not maternal health issues.

⁵ Victorian Law Reform Commission, Law of Abortion, Final Report 15, 2208

⁶For example: Rosenthal, D., Rowe, H., Mallett, S., Hardiman, A., and Kirkman, M. (2009). *Understanding Women's Experiences of Unplanned Pregnancy and Abortion*, Final Report. Key Centre for Women's Health in Society, Melbourne School of Population Health, The University of Melbourne: Melbourne, Australia. (Table 2, p. 15)

Legal protection of medical practitioners

This report further seeks to manipulate the public through misinformation about the likelihood of criminal prosecution and the perceived fear of prosecution by medical practitioners. The facts dispute this entirely with there being no prosecutions of any medical practitioner or women in pregnancy termination in Tasmania.

Nationally the only prosecutions have occurred in the case of medical malpractice or importation of illegal drugs. This paper raises this matter in a misleading fashion. The circumstances of the Queensland couple charged with possessing drugs with intent to procure an abortion and intent to procure an abortion without medical oversight would remain the same even if the proposed Bill were to be enacted.

Professor Malcolm Parker, Head of Academic Discipline of Ethics, Law and Professional Practise, University of Queensland has addressed the issue of legal precedent explaining why doctors simply are not prosecuted for performing terminations within current legal criteria. He states that '*we already have abortion on demand because the State is unwilling to take a case to court, because in practice the State would not be successful.*'⁷ The premise that doctors and women are under threat remains a manipulative falsehood. The same principle applies in Tasmania where abortions have been

⁷ Brisbane Times, September 1, 2009. Legal precedent protects abortion doctors.

performed under current legislative conditions without prosecutions.

'The premise that doctors and women are under threat remains a manipulative falsehood'

There is no evidence that doctors are being deterred from training in abortion provision due to fear of criminal sanctions, or that the removal of terminations from the criminal code increases abortion provision. The suggestion that medical practitioners currently choose not to engage in the delivery of termination services is not consistent with the findings of Marie Stopes research into the Attitudes of GPs to abortion⁸. Whilst Tasmania had the highest percentage (by State) of GPs experiencing what they considered an undue burden of responsibility regarding termination, 71% of GPs expressed no such burden at all.

The report also states that the current situation in Tasmania, results in '...poor outcomes for the mental, physical and economic health of individuals' but provides no evidence for such a misleading claim. The evidence put forward for harm from denied abortion in the Information Paper accompanying the proposed Bill itself, is decades old, not from Australia, and holds no relevance to Australia today.

⁸ Marie Stopes International, GP Attitudes to Abortion, November 2004

This report states that,

'Termination of pregnancy is the only medical procedure in which the patient is not the one allowed to make a choice of their own to undergo it.'

This statement is blatantly false and it is extraordinary that the writers of the report would underestimate the common sense and experience of Australians. No individual has the inherent right to demand any medical or surgical procedure they choose, simply because they choose it. In fact the requirements of many procedures, even those undertaken on terminally ill people, in an attempt to improve their quality of life, or extend their lives mean that patients must be counselled and consented using strict criteria. Doctors have the right to both recommend against, and refuse any procedure. They are under no obligation to refer to anyone else for any procedure they deem unwarranted, unnecessary or morally repugnant, yet the proposed Bill would compel them to do just this in the case of termination.

The claim that a "climate of fear" exists for clinicians ignores the fact that no criminal charges have been made in the 12 years since that phrase was coined by an ABC journalist.⁹

Dissecting the Case Studies

The case studies presented in support of the Bill, in this paper are tragic, in both the experiences of the women, and in the way in which they are being

⁹ <http://www.abc.net.au/pm/stories/s432589.htm>

manipulatively used to further an ideological agenda which will make no difference in practise.

Case Study 1, 4 and 5, Ages 15-16

It is not unusual for teenagers to feel panicked when faced with unintended pregnancy, to delay telling people about a pregnancy and to delay seeking advice. To suggest that a change in law will also change an adolescent's knowledge about available services or change their normal teenage responses to pregnancy is both ignorant and manipulative.

Case Study 2, Age 32

This is a typical case of an abortion seeking woman who assessed her situation, made a decision, and undertook abortion without being outside of current law as it stands. No change in law would make a difference to her situation or ability to procure a termination.

Case Study 3, Age 32

This is a case of highly inappropriate and unprofessional moralising and judgement from a medical practitioner that should not occur under current law and changing laws is unlikely to compel such practitioners to behave more appropriately. The fact that termination sits within the criminal code is not the cause of this inappropriate response.

Whilst this medical practitioner should not have acted in this way, nor should he be compelled to be complicit in an act which is against his own moral framework. Simply explaining to a patient that one doesn't agree with termination and is

unable to assist, allows the intelligent, autonomous woman to seek out another service. To suggest she can only find an appropriate service if assisted by a doctor who doesn't agree with her is patronising and undermining.

Case Study 6

It is very disturbing that this case study has been included in this paper. The woman involved did not have a pregnancy termination in the sense that is being discussed. She lacks information about the procedure she would have undergone (in all likelihood a D&C), and her experience being used in this setting will further reinforce any ongoing trauma she may be experiencing. Changing legislation regarding termination of a pregnancy will make no difference to the management of foetal death in utero and subsequent procedures.

Case Study 7

This is an example of a woman able to source a more appropriate medical practitioner for her needs, without the first practitioner being compelled against his moral beliefs. Whilst in her experience, this was made more difficult for her, one always has to balance the difficulty any person may experience in this situation, whether in seeking an abortion, or in being forced to help provide one.

Real Stories

We also offer a selection of stories from other real women, for whom pregnancy termination

has been anything but a “*positive sexual and reproductive health outcome*”¹⁰.

Tegan¹¹

I am 27 weeks pregnant, as I sit here writing this. My baby, a little boy, is kicking under my hand which seems to stray to this protective position so often throughout the day and the night. This isn't my first baby, although everyone, including my husband believes it is. Nobody but me knows about my first baby. Nobody but me knows that until I felt the first stirrings of this little one, that I never even acknowledged him or her, that I denied him or her not only life, but even recognition of existence in my thoughts or my heart.

The night I first felt my baby kick, when I called my husband, so excitedly from the other room, was like a dream. He couldn't feel it and I was a little bit disappointed, but also a little bit special that this was a secret that I shared only with my baby for a while at least. That night, I woke up suddenly from a terrible dream. I had my baby, a little girl and I was holding her, when she suddenly disappeared. I woke and frantically grabbed my belly to make sure my baby was okay. At the same time I realised that the baby in my dream wasn't this baby I carried, but the baby I had denied.

All of a sudden, I realised that from the first moment that my husband and I knew about this baby, even before we were sure; he existed. He had life that we breathed into him through our very souls. He was never inconvenient. He was never a blob of cells. We didn't even

consider such thoughts. We were excited about our baby. If we had lost him, like my sister lost hers a few months ago, we would have grieved him and been devastated.

Yet my first baby, the one I aborted at 9 weeks, the one who would have been 3 years old now, was never a baby in my thinking.. or in my heart... until that dream. I've been advocating for choice for women my entire adult life. I've taken 2 friends to abortion clinics. I've written letters to the editor berating pro-lifers for being judgemental, religious zealots who care nothing for women. Yet, in the middle of the night, woken from a dream, everything changed.

It isn't as though I had been thinking about the issues. I hadn't spoken to anyone. I hadn't even thought about my first pregnancy except for very occasionally, and then not with much emotion.. just a passing remembering.. But that night, it hit me. My first baby had been as real as the little boy inside me now.

For the sake of a bit of embarrassment about being pregnant, an interruption to what I considered to be my very important life, I had dumped that baby like trash. And other people helped me do it, just like I have helped my friends. I was too embarrassed to even tell my best friend I'd had such an irresponsible accident as to fall pregnant. But the clinic I went to made it oh so easy... A little group info session where we heard that we'll all feel relieved and be able to go home as though nothing had happened... where we were told the procedure was simple with no lasting effects... And I believed it all, even afterwards... for 3 and half years to be exact. Until then that night, I knew different.

¹⁰ Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013 , p. 6

¹¹ <http://iregretmyabortion.org.au/tegan/>

Now I sit here feeling my baby boy and wonder what he will think of me if he ever knows. That he made it because it suited me this time, but his brother or sister didn't. The terror of that ever happening makes me feel ill.

I will never, ever be part of telling a woman that abortion helps, or doesn't hurt her ever again. Do not be fooled by clever marketing. Do not be fooled by lies and people who say they care about you. Wake up and think about what you are actually doing when you are doing it. Take responsibility for that life, before you are forced one night, after a bad dream to take responsibility for that death.

Sophia¹²

I wish I could change what I did...I was 20 turning 21 and 3months pregnant! My relationship with my boyfriend of 4 years was abusive and getting worse by the day, I was severely depressed. When I told him I was pregnant he accused me of cheating on him. The last straw in our relationship was when he told me he had thoughts of killing me, & I finally decided I wanted to end our relationship.

I had no support from his family at all. When I told my family we separated my parents gave me two options. 1. Marry him for the sake of the child even though his abusive. 2. Abortion

Feeling like I couldn't ever spend a lifetime with him, I opted for option 2. I remember the 2 week build up to the abortion as the worst days of my life. Talking to my baby every day, begging for forgiveness for what I'm about to do. On the day of the abortion I was so numb. I

¹² <http://iregretmyabortion.org.au/sophia/>

was dehydrated from crying, I gave one word answers. I remember thinking, the nurse isn't even asking me why I'm doing this. I wasn't even offered an alternative, maybe I would have changed my mind and fought for what I wanted instead of just doing what I was told.

Almost immediately I turned to drugs & alcohol. I was looking for love in all the wrong places. I rebelled I was reckless, careless, I wanted to die. After 10 months of suffering mentally, emotionally & physically, I converted from Islam to Christianity & only then was I able to overcome my depression & suicidal thoughts & truly smile again.

Even though I am now engaged and experiencing the happiest moments of my life, I still am deeply affected by my actions till this day. There are still nights I think of holding my baby in my arms, smelling its hair, looking into its eyes. How amazing it would have been. My child would have been 2 now. I pray I could at least stop one person from making the horrible mistake of abortion by sharing this. Please don't do it, its not the easy way out.

Amanda¹³

I had an abortion 6 months ago. I have four children here and my boy in heaven. I was so ill at the time of my pregnancy with clinical depression and severe anxiety. I got pregnant because I had given up caring about my life. The moment I found out I was pregnant I totally freaked and was having massive panic attacks. Reality slapped me on the face.

¹³ <http://iregretmyabortion.org.au/amanda-6-months-on/>

My eldest daughter is disabled and needs round the clock care. What had I done? I immediately thought abortion. I even prayed for a miscarriage. But as time went on I prayed for strength. It never came. So here I am 6 months later. My baby was due at Christmas. I feel empty, sad, guilty, and heartbroken. I don't know if I could have done more at the time. I really don't but everyone around me thought it was the best decision and I was too weak to fight. I also had a morbid fear that my anxiety levels would damage my child.

Abortion seemed like my solution, but was it. I don't know. If it hadn't been legal then maybe I would be waiting the arrival of my child instead of being down

and depressed and guilty every day. I needed help. I didn't need an abortion. I see that now.

The sad thing is I am a Christian and was at the time. I knew it was wrong but was convinced I was too ill to carry my baby. My faith wasn't there at the time. I was just so worn down with life and my illness. And you know I am a good Mum and I need to remind myself of that every day, because how can I be when I aborted my baby. His name is Jonah. He lives in heaven with angels until I can look after him. Mummy loves you Jonah. I am so sorry I wasn't strong enough.

Summary

Once again we find abortion advocacy organisations denying methodologically sound evidence about the potential of harm from abortion based on an ideology that fails to view women as intelligent and capable. When they do concede that even a small percentage of women may suffer negatively they refuse to allow for women to be informed of this risk with no rationale for such a significant withholding of information vital to a woman's ability to be fully informed.

With no evidence of any criminal sanctions against women or medical practitioners with regard to the access or provision of pregnancy termination services, the push to remove these services from the Criminal Code due to impending threat of prosecutions is misleading and manipulative.

Growing numbers of women are coming forward with stories of significant suffering, regret and torment following abortion. These women and their stories are being denied and ridiculed by abortion advocates, making it easier to recognise that these groups are pushing their own ideological agendas: agendas that have little to do with the lived experiences of women, or of truly supporting informed, genuine choices for women.