

**CONSENT TO MEDICAL TREATMENT AND PALLIATIVE CARE (TERMINATION OF
PREGNANCY) AMENDMENT BILL**
Wednesday, 27 October 2010

The Hon. D.G.E. HOOD (16:07): Obtained leave and introduced a bill for an act to amend the Consent to Medical Treatment and Palliative Care Act 1995. Read a first time.

The Hon. D.G.E. HOOD (16:07): I move:

That this bill be now read a second time.

This Family First amendment to the Consent to Medical Treatment and Palliative Care Act 1995 will require doctors to provide women who are seeking an abortion information with respect to the alternative options of adoption and foster care. I submit that adoption and foster care are natural—indeed, superior in many cases—alternatives to abortion, and it is important that women seeking abortion have the information regarding these alternatives made available to them. In jurisdictions where laws like this one have been introduced, the abortion rate has dropped substantially.

Members know where I stand in terms of life issues; I do not think there is any mystery about that. I am squarely in the so-called 'pro-life' camp, just as I realise that other members here may be in the so-called 'pro-choice' camp. I acknowledge that abortion is a truly difficult subject to discuss for many people. Few people will ever change their mind on the rights and wrongs of abortion. However, there is common ground that can generally be found, and that common ground is that most people can agree that it is good public policy both to reduce the numbers of abortion and also to reduce the numbers of so-called 'unwanted' pregnancies.

I say 'so-called "unwanted"' pregnancies because, indeed, there is actually no such thing in my view. A particular woman may not want to be pregnant or may not want to have the child, but I can assure this chamber that there are literally thousands of South Australian couples who would move heaven and earth to adopt that child if it were to reach the stage of birth; potential mums and dads who desperately want a child. There is no such thing as a unwanted child, in my view; only a child that might unfortunately be unwanted in that particular circumstance.

So, I say to members, whether you sit in the pro-choice or pro-life camps, that I hope we can agree that it is good policy to reduce the number of abortions being carried out in South Australia. We currently perform approximately 5,000 abortions per year in this state, and Family First believes that this number is far too high—20 every working day.

Last year, in a seminal speech on the abortion issue at the University of Notre Dame, President Obama (who is hardly a bastion of conservatism) spoke of the common ground between the pro-life and pro-choice movements. With his usual eloquence, he said this:

Maybe we won't agree on abortion, but we can still agree that this is a heart-wrenching decision for any woman to make, with both moral and spiritual dimensions. So let's work together to reduce the number of women seeking abortions by reducing unintended pregnancies, and making adoptions more available and providing care and support for women who do carry their child to term.

I wholeheartedly agree with that sentiment, Mr President, and in forming part of that common ground that President Obama mentioned, I acknowledge that this bill is not solely a pro-life bill, even though I hope it will reduce the number of abortions carried out if it is enacted. Nor is it pro-choice, even though I would like to think that groups that promote a woman's choice to terminate her pregnancy would also want women to be fully empowered with all the information necessary about that choice.

The proposal is, I hope, one that bridges the divide between both camps and would be—in President Obama's words—a bill to reduce the number of abortions and a bill to make adoptions more available and simpler and easier for all involved.

Australia has a birth rate of 18.4 births per 1,000 teenage women aged in the 15 to 19-year-old bracket, and that rate is significantly higher than in some developed nations, for example, Korea, Japan, and Switzerland, with rates respectively of 2.9, 4.6 and 5.5 births per 1,000 teenagers. Australia has a marginally higher rate of unintended pregnancy than is found in similar countries within the OECD. As we are all aware, unintended pregnancy has been dealt with in recent decades in large measure through abortion, and to some degree that number explains the 20 or so abortions carried out in South Australia every working day. I believe this is indeed tragic.

That abortion figure is on one hand. On the other hand, tragically, we have plummeting adoption figures, despite declining fertility rates, somewhat ironically. In fact, today one in six couples is considered infertile. Women are just as likely to be infertile as males, according to recent statistics. In approximately 10 per cent of cases, both partners are infertile, and in another 10 per cent of cases, no cause for infertility can be determined.

The sad fact is that, despite the large number of couples who are unable to conceive a child, for whatever reason, the number of local adoptions in South Australia has fallen dramatically in recent decades. I say it is a sad fact because adoptive families provide children with the permanence and security that they need to develop and thrive, and I know how many parents are desperate to adopt and give children the parents that they so desperately need—a mum and dad.

Indeed, as members are probably aware, my own wife and father are the product of adoption. If they had been born under the current legislative arrangements, it is quite likely, certainly possible, that they would have been aborted and would not exist at all. In 1970-71 there were some 879 children legally adopted in South Australia. In 2008-09 there were only 35 finalised adoptions, down from 879, and only one—just one—local child was placed for adoption in South Australia. There are currently 5,000 local abortions, but only one local adoption. Just one. The vast majority of the few adoptions now occurring are from overseas and are prohibitively expensive for many prospective parents involved. I am told that parents who want to adopt from overseas often need to find upwards of \$40,000 just as part of the application process, and that does not ensure success.

So when this bill requires a specific pamphlet outlining adoption and foster care options to be given to every expectant mother seeking an abortion, we are achieving two beneficial objectives. On the one hand, we have seen from figures overseas that the abortion rate will drop, and I will deal with this shortly. On the other hand, parents who wish to adopt will have the opportunity to do so—something that is all but impossible at the moment.

Certainly, there is an economic benefit to the state and the nation in promoting childbirth. It is worthwhile to note that in the early 1970s, 31 per cent of the population was 15 years old or younger. Now it is approximately 22 per cent. Over the same period of time, the percentage of those aged over 65 years has climbed from eight to 13 per cent, and is projected to reach 25 per cent of the population before 2040. This has profound economic implications. Indeed, I understand that our health budget is nationally increasing by around 7 per cent per annum at the moment, largely due to the ballooning costs of our aged population. Certainly, more babies and fewer abortions are part of that solution.

This bill is not unusual or radical. Informed consent laws, as they have been called (as I would consider this) are incredibly common worldwide. In fact, I believe South Australia would currently be in an absolute minority of jurisdictions in not mandating the information required to be provided to mothers seeking abortion.

In Germany, counselling is required by law and is, in fact, designed to protect the unborn life. Although it is, to a degree, a politically left leaning country, in Germany a counsellor is required to inform the woman seeking an abortion that the unborn have a right to life and, in fact, will try to convince the mother to continue with the pregnancy.

In France, a physician must inform the woman about the risks of the abortion procedure. Women are also provided with a guide to the types of government and community assistance provided to mothers and their children. There is also a section in the guide informing the woman of the adoption process should she decide to proceed with the pregnancy.

In Belgium, again, there is similarly mandated information that must be provided to women seeking an abortion, detailing assistance and benefits guaranteed by the law to families and children, as well as information on the possibility of adopting the child. Belgian doctors are also required to provide assistance and advice to assist in the resolution of any psychological or social problems being faced by the mother seeking an abortion.

In the United States, 32 states have rules requiring various levels of informed consent, starting with unbiased information to be provided by some alternatives (such as my proposal), all the way to providing ultrasounds to the mother of the unborn child and providing detail information regarding the risks inherent in the abortion procedure. Five states even require doctors to inform women that the state favours childbirth over abortion.

This bill does not contain that requirement, however, as I am aware there is not support for such a provision in this chamber. My aim here is to present a bill that has a prospect of actually passing and becoming law. In 1992, the US Supreme Court ruled in favour of informed consent laws in the case of *Planned Parenthood of Southeastern Pennsylvania v Casey*, with the court noting that the laws were permissible providing that the information provided to the woman was truthful and not misleading.

In fact, in several US states, details of the methods used to perform the abortion must be described to the women. These are horrific techniques. In one commonly used technique an apparatus like a pair of scissors is thrust into the baby's head and the baby is dismembered in utero. One could argue that abortion is one of the only operations to be performed on a woman in which the procedure used is not often explained, or at least it is rare that the woman will be given any level of detail regarding the abortion procedure.

It may be legitimate to argue that a woman seeking an abortion must also be provided with this information. However, again, I realise there may not be support for such a measure in this place, and the provision of such information does not form part of this bill. Under the bill I have introduced today, the information that would be provided to women, which is limited to information regarding adoption and foster care options, will be prepared by the department.

I stress that the information will not be prepared by either pro-life or so-called pro-choice groups. In fact, I have specified the department will provide this information, as I am aware that members will insist on the information being impartial from that perspective. Data from Europe certainly appears to demonstrate that safeguards such as the ones I have mentioned do result in lower rates of abortion.

One comparison has shown that the countries with informed consent laws, among other measures, had an average abortion rate of 11.9 per 1,000 women of child-bearing age. The countries that had no requirement for mothers to be provided with further information had a rate of 18.1 per 1,000 women, a substantially higher number.

One very troubling statistic that I have come across from research in the United Kingdom carried out in May 2008 is that over 50 per cent of British women felt they had, in their own words, 'no choice' in deciding to have an abortion. A similar proportion said that the views of the child's father were very important in making this decision; that is, there appears to be a high risk of coercion in making such a decision.

Many abortions, it seems, are due to women being pushed into the process by someone, whether it be a partner or some sort of conveyor-belt type mentality in some institutions, or simply a lack of knowledge of the alternatives. Members may complain about this proposal and say that, of course, women would be aware of the alternatives already. The fact that 50 per cent of women in the UK thought they had no other alternatives I believe completely rebuts that argument.

Certainly, we cannot place ourselves easily in the shoes of a young woman perhaps from overseas and perhaps facing coercion from the father of the child who is not keen on having a child or not keen on paying child support. A remedy for that—or, at least, a partial remedy—is found in this bill because now, for the first time, doctors will be required to provide information to the mother about the alternatives, specifically, adoption and foster care.

My submission is that the very act of providing information about alternatives can open a valuable dialogue between the doctor and the woman during the process, and any coercion or other unfair influences on the woman can be addressed, discovered and dealt with.

To those who oppose this measure, despite the fact that similar measures are supported by those such as President Obama and are common practice in almost all western countries throughout the world, I ask on what grounds do you oppose women being given more information before making a decision that literally deals with life and death. I commend the bill to members and indicate that I hope to raise further issues and introduce more bills in the future regarding this important issue. This is a first step; it is an important first step and one that I sincerely hope members will consider carefully and allow to pass this place.

Debate adjourned on motion of Hon. I.K. Hunter.