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## Australian Doctors concerned with the drift of ethics away from moral absolutes





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1 October 2008.

Dear Member of Legislative Council,

## Re Abortion Law Reform Bill 2008.

We write in support of the comprehensive letter from medical practitioners in Victoria re the above bill. That letter details problems with the bill and we urge reading before casting a conscience vote.

The purpose of this letter is to highlight some of the consequences to individuals, the medical profession, and the future of medicine in Australia if the bill is passed.

Firstly, it would give state "approval" for abortion to people who would otherwise not consider this as an option. There would be no moral reason sanctioned by law to help a pregnant female to resist pressure from significant others to "just go and have it done – it's legal and it's OK". No "cooling off" period is required. It would effectively result in viewing abortion as simply another contraceptive option as many have pushed for. The effect of state approval should not be underestimated. Most agree that we should be looking at ways of reducing abortion rather than facilitating it.

Secondly, it will effectively result in abortion at any stage of pregnancy with no more justification than that it is considered "appropriate" by a pregnant woman and two doctors.

There will then be no limit to the existing – almost unrecognised publicly – practice of eugenic selection, already being performed for such readily correctable abnormalities as cleft lip. It is almost now an expectation that mothers will abort Down Syndrome babies and the term "genetic outlaws" has been applied to those mothers that resist this expectation. While there is disagreement within the profession and the public on such matters, we need to recognise that this bill will result in unrestricted abortion for any perceived "defect" only limited by the imagination and including wrong sex.

It has been said that "infanticide discriminates against the unborn", the logic being that sometimes mistakes are made with antenatal diagnosis of abnormality and the baby is aborted unnecessarily, whereas if infanticide were legal this would allow accurate diagnosis and no lives would be wasted. This argument would lend further weight to Peter Singer's view that it is OK to euthanase a baby up to some weeks after birth before it develops self-awareness.

No consideration in this bill is given to the subject of foetal pain. There is good reason to at least consider that foetal pain can be felt from 20 weeks, and this bill considers

abortion through to term. Future generations will condemn this generation for gross cruelty and inconsistency with our care of the helpless elsewhere in the animal kingdom. Properly considered, the technique of the D&X procedure, also known as partial birth abortion, should be enough to galvanise us into condemnation now.

Finally, if passed intact by the Legislative Council then doctors in Victoria will be required by law to take part in the referral process for abortion, even if they object strongly on ethical and medical grounds. Fundamental to the practice of medicine is the right to liberty of conscience, the right not to engage in procedures that we consider unethical.

The implications are clear. If conscientious objection is over-ridden with abortion, forcing us to cooperate with the killing of the unborn child at any stage of pregnancy, then this may in the future extend to doctor assisted suicide or euthanasia. The push by the pro-abortion lobby for individual autonomy and "choice", as exemplified in this legislation leads to the exclusion of autonomy and freedom of choice by doctors. There are obvious implications for membership of medical defence organisations and – if charged under this law – medical registration. There are also obvious long-term implications for the actual entry of doctors into obstetrics and gynaecology with fewer doctors who regard all human life to be of value entering this specialty. Ultimately this will also lead to a reduction in numbers of doctors with these values entering the specialty of anaesthesia, this discipline also being involved.

Please do not dismiss these concerns as being alarmist. They are the logical outcome of this legislation.

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(signatories follow)

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