

Anglican Church Diocese of Sydney

10 March, 2023

The Committee Secretary
Senate Standing Committees on Community Affairs
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Submission to Senate Community Affairs References Committee on the Human Rights (Children Born Alive Protection) Bill 2022

1. This submission is made by the Social Issues Committee of the Anglican Church Diocese of Sydney (the Diocese). The Social Issues Committee is a sub-committee of the Standing Committee of the Diocese.
2. The Diocese is one of twenty-three dioceses that comprise the Anglican Church of Australia. The Diocese is an unincorporated voluntary association comprising 270 parishes and various bodies constituted or incorporated under the *Anglican Church of Australia Trust Property Act 1917* (NSW) and the *Anglican Church of Australia (Bodies Corporate) Act 1938* (NSW). These bodies include 38 Anglican schools, Anglicare Sydney (a large social welfare institution, whose community services include family, parenting and youth support as well as fostering care and adoption services), Anglican Youthworks and Anglican Aid. The Diocese, through its various component bodies and through its congregational life, makes a rich contribution to the social capital of our nation, through programs involving social welfare, education, health and aged care, overseas aid, youth work and not least the proclamation of the Christian message of hope for all people.
3. We welcome the opportunity to make this submission. It has been prepared by Social Issues Committee member Professor Jonathan Morris AM, a Conjoint Professor of Obstetrics and Gynaecology. We give consent for this submission to be published. Our contact details are as follows.

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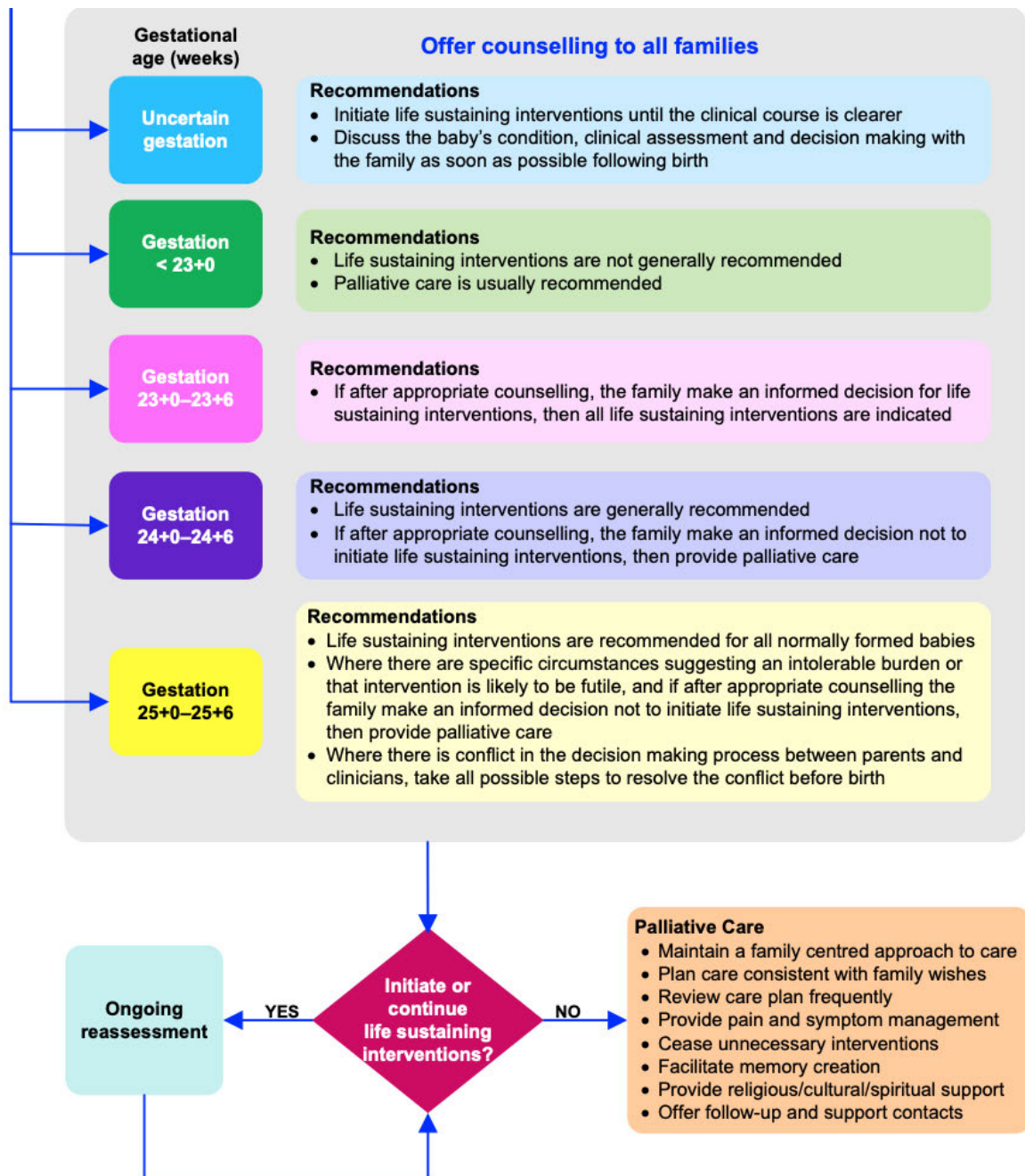
4. The Anglican Diocese of Sydney supports the proposal of the Bill for an Act to protect children born alive (including as a result of terminations), and for related purposes.
5. The Bible teaches that human life is an unbroken thread from conception to death. Regardless of a person's stage of development, each person has immense value. Every life is the product of God's handiwork (Psalms 19; 95). People, being made in the Creator's image, have special significance (Genesis 1:26-27) and there are strong warnings against taking human life (Genesis 9:6). Christians believe that our value as human beings is not based on beauty, intelligence, personal achievement, particular function or abilities, nor on the extent to which they are wanted, desired or accepted by any other person.
6. God's interest in us begins long before our first conscious thoughts. As Psalm 139:13 says: 'You created every part of me; you put me together in my mother's womb.' It is God's loving commitment that compels us to value all people. Therefore, we need continually to ask ourselves how we might contribute to the lives of others so that they reflect the dignity and value of being made in the image of God and loved by him. This will necessarily lead us to show special concern for society's most vulnerable members. Just as Jesus upheld the value of children, teaching that to receive a child in his name was to receive him (Mark 9:37), so also Christians value children of any age or stage as being precious human beings in need of love, nurture and protection from harm.
7. For these reasons Christians believe that it is right for us to seek to protect the unborn. Such concern reflects God's love for humankind and particular consideration for the vulnerable. It is not a concern that stops with the foetus, however, and should be expressed equally for children, their mothers, the frail aged, disabled, oppressed, refugees, famine victims, etc. A Christian ethic of life upholds the preciousness of people everywhere and at every stage.
8. So it is that we consider the many tens of thousands of abortions that occur annually in Australia to be a cause of great and grievous sadness. The most recent estimate is that over 88,000 abortions are performed annually in Australia.¹

¹ Keogh, Louise A., Lyle C. Gurrin, and Patricia Moore. "Estimating the abortion rate in Australia from National Hospital Morbidity and Pharmaceutical Benefits Scheme data." *Medical Journal of Australia* 215, no. 8 (2021): 375-376.

9. Of these, the nature of the procedure is heavily influenced by the gestational age at which the termination is performed. Early in pregnancy, at less than 63 days, this is most commonly induced by medication; at gestations up until 20 weeks, a surgical procedure that disrupts the foetus is employed. At gestations beyond 20 weeks, it is increasingly likely that uterine contractions are induced, and the intact foetus is delivered naturally. Rarely a hysterotomy (similar to a caesarean section) is performed if it is perceived to be a safer mode of birth for the mother.
10. Relevant to the current Bill, the changing legislative landscape in Australia is seeing an increase in late-term abortions. Data is scarce, but the increase reported in Queensland² is prismatic for national trends.
11. This is significant because, although it is not appropriate to relativise abortion upon the gestational age at which it is performed, there are increasing numbers of abortions occurring at later gestations. These later gestations increasingly include babies that, if born in different circumstances, such as after preterm birth, would be considered for resuscitation and newborn intensive care.
12. A newborn exhibiting signs of life after birth is considered liveborn in Australia. Any birth after 20 weeks gestation is required to be registered as a birth. Advances in newborn intensive care mean that advice from State Health Departments is to consider active resuscitation and life-saving interventions from as early as 22 weeks 6 days gestation.
13. All of this is to say that Australia is a country that recognises the inherent personhood of newborn children and considers it highly desirable that efforts be made to sustain and/or nurture their lives following their live birth.
14. The Diocese considers it unconscionable that any child might be denied compassionate clinical care (whether that be life-sustaining or palliative care), and as such we support this Bill's proposal. We particularly endorse its intent to legislate that all children who are liveborn following the termination of pregnancy should be treated with all intrinsic dignity, compassion and respect due to their individual personhood.
15. We note that the Bill importantly exempts mothers from prosecution and seeks to protect the child born alive. We also note that the Bill does not seek to add to the mother's trauma.
16. In supporting the Bill, we suggest a helpful frame to follow is the existing clinical care pathways for newborn children who are born preterm. (It is pertinent that life-

² Rosser, Shannyn, Renuka Sekar, Johanna Laporte, Gregory J. Duncombe, Alexa Bendall, Christoph Lehner, Carol Portmann et al. "Late termination of pregnancy at a major Queensland tertiary hospital, 2010–2020." *Medical Journal of Australia* 217, no. 8 (2022): 410-414.

sustaining measures are recommended for all liveborn normally formed babies beyond 25 weeks). An example of the current guideline from Queensland Health³³ is shown in the figure below.



17. The Diocese strongly supports the Bill's proposed legal codification that the duty and conduct of medical professionals to a child born alive should be no different to the

³³ Queensland Clinical Guidelines, 'Perinatal care of the extremely preterm baby', September 2020, https://www.health.qld.gov.au/__data/assets/pdf_file/0023/142259/g-viability.pdf

professional duty owed to any other child had the live birth not resulted from a failed termination.

18. In the presence of a foetal anomaly, the Diocese recognises that palliative care may be a more loving and compassionate option as opposed to life-sustaining interventions.
19. Having indicated our support for the Bill, the Diocese continues to lament the increasing trend of late-term abortions.
20. We are further concerned that a significant unintended consequence of the Bill may be that practitioners increase their reliance on advocating for feticide (a procedure under ultrasound guidance where a lethal injection of Potassium Chloride is injected into the foetal heart to ensure foetal death) in order to preclude the possibility of babies being live-born. This may further a mother's distress in the lead up to, during and following the termination of her pregnancy. We recognise such distress can be a particularly traumatic time for mothers with complicated pregnancies.⁴ We therefore urge consideration be given to pathways that preclude unnecessary advocacy of feticide.
21. We desire all of life to be honoured, whether in utero or following birth. The need for this Bill exposes how traumatic abortive practices can be for mothers and children. We feel a deep sadness that life continues to be denied and termination pursued in one moment, and then affirmed and saved the next.

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⁴ For more on the too often unspoken and unacknowledged effects of abortion on women, we refer you to Melinda Tankard Reist, *Giving Sorrow Words: Women's Stories of Grief After Abortion* (Sydney: Duffy & Shellgrove, 2000).