## Submission to Senate Committee

## Inquiry into transparent advertising and notification of pregnancy counselling services bill

2005

by Dr Johanna Lynch MBBS FRACGP

I am a GP who works in Brisbane and I am undertaking further study in grief and loss in order to better care for the women I meet post abortion. In my years as a GP, I have been overwhelmed by the deep emotional, financial and social coercion women feel to abort their babies. The unstated choice most of these women describe is between the man (or parents) they know and the baby they carry and do not yet know.

These women present as part of my suburban general practice and their deep distress has touched me enough to feel I must speak on their behalf in this arena.

Coercion of women to abort has been well documented (1,2) and yet a woman's freedom to explore her decisions about pregnancy away from the shadow of abortion and all that may mean for her partner or her parents or wider community seem to be under attack in this current bill. This bill seems to make abortion providers the only option available to a woman in crisis when she looks at the phone book.

Those of us who work in this area know that women often proceed with abortion against their own deep desires in order to please those she loves. To deny that reality reveals a superficial understanding of women's pain and distress in contemplating abortion.

For example – I had a patient who presented pregnant saying "abortion stuffs your brains" after watching her friends go through it and yet weeks later was crying on the way to the abortion clinic at the 'suggestion' of her partner. Other women speak of how when a partner says "I'll support you whatever you decide", she has heard him not speak of his love or excitement of the baby inside her and she feels she will only be supported if she aborts the baby. The vulnerability of a woman in crisis pregnancy without the sure communicated unconditional support of her partner cannot be understated.

In our current culture a woman in that position feels no other choice than abortion is possible. There is no need to refer her to abortion or promote abortion as an option. That option is taken in more than a quarter of pregnancies, as our abortion statistics confirm. Women in that position feel isolated and alone and fearful, longing for someone to agree with her that her gut feeling is worth following and that she is resilient and able to care for this baby, against 'his' wishes if necessary.

The current medical profession has also left her cruelly alone in this – for the usual medical restraints placed on surgical procedures (referral for known

indications, risk benefit analysis, long term prospective follow up studies, time between the decision to proceed and the procedure, referral being made by a medical practitioner who does not benefit financially from the decision, and clear informed consent) have been bypassed. Instead a woman can proceed directly to the abortionist, where a 'direct sell' approach to decision making is made and then have the procedure immediately. I find this medically reprehensible and an abuse of the public. I believe this process is masquerading as usual medical practice and yet it is not. I am concerned that the general community is not aware of these inconsistencies and therefore this lack of transparency maintains an abuse of women. I am also concerned by the lack of the use of ultrasound to inform women fully of what they are about to do. Where is the transparency in withholding this cheap reliable informative test from a woman who has to live with her decision for a lifetime? Where is the transparency in not informing her of the risks of suicide and psychiatric hospital admission post abortion? (1)

As I look at this bill, on the surface it seems very straightforward and reasonable. It speaks of transparency and being "non-directive". How could we disagree with that? Only a reactionary insensitive bigot could have a problem with that, it seems.

I have a problem with it, however. I am concerned by the words "non-directive". They are used as though they are an easily achieved standard that all can be measured by. They are used as a threat in this document. They are used to enshrine the referral for abortion as a legitimate part of the care of a woman in crisis pregnancy. It is used to define the professionalism, compassion and respectful care of an organisation. They are used to enshrine the values of a small subset of the women of this nation, and yet purport to be value free.

In my study of counselling I have found those who would call value free counselling a "myth"(3). There is also the issue of why referral to abortion is being so tightly linked to the quality of the counselling. As was stated at the June 1<sup>st</sup> 2006 Budget Estimates Senate Community Affairs Legislative Committee: "Counselling is really about the process of supporting decision making and ensuring that the counsellor assists the client to explore their feelings in relation to the issue. The issue of what happens once the client has made the decision and whether there is ongoing referral is a different issue from whether nondirective counselling is being provided."

I am a woman who does not think that whether a crisis pregnancy service refers for abortion needs to be a definition of how professionally or respectfully it cares for its clients. I do not think that referral for abortion needs to have anything to do with care of crisis pregnancy in this nation. Our media, the abortion industry and all that support it in our political system (as can be seen by the existence of this bill) already provide enough direction towards abortion. I believe that pregnancy counselling funding needs to be **directed** towards those that would provide some other options for a woman in crisis.

I am deeply concerned that the outworking of this bill will be that those organisations that support women in their pregnancies and care for them voluntarily and do not leave them to suffer alone, will be excluded from funding, advertising and community awareness. I am concerned that **this bill is very directive**. I am concerned that this bill is serving the abortion industry's agenda and dare I say profit margins. I am concerned that yet again public monies are being **directed away** from caring volunteers who take women in crisis into their homes and provide in so many other ways for their needs. I am concerned by the **direction of this bill**. I am concerned by the **lack of transparency of this bill**.

As a representative of my profession, as a representative of my patients post abortion, as a woman and a mother, I urge you to insist on the rights of pregnancy counselling services to continue to counsel about pregnancy rather than about ending pregnancies. I urge you to allow a woman in crisis to seek help from those that would help her think through her feelings away from the pressure to abort that is so prevalent in our society. I urge you to direct some of your support to those brave women who would not be 'directed' to include abortion as an essential part of the normal care of pregnant women. Perhaps we should be asking those organisations that refer for abortion to correctly advertise themselves as "end- of pregnancy counselling services"? That would at least be transparent!

I urge you to vote against this bill. Yours sincerely,

Dr Johanna Lynch (MBBS FRACGP) Baywest Medical Centre, Wynnum West 4179

## References:

- (1) Women and abortion. An evidence based review. (2005) Selina Ewing
- (2) Forced abortion in America. A special report from www.afterabortion.org
- (3) Passmore, N. (2003). Religious Issues in Counselling: are Australian Psychologists Dragging the Chain? Australian Psychologist, 38(3),183-192.