

Committee Secretary,  
Community Affairs Committee,  
Department of the Senate,  
P.O. Box 6100,  
Parliament House,  
Canberra ACT 2600



9 June 2006

Dear Committee,

**Submission on Transparent Advertising & Notification of  
Pregnancy Counselling Services Bill 2005**

This Bill proceeds on the entirely erroneous principle that the alternative possibility of referring a woman for an abortion should be an integral part of all pregnancy counselling. Nothing could be further from the truth.

The Bill also proceeds upon the erroneous basis that when advertising the provision of pregnancy services, there is a duty, if the counselling service does not include referral for abortion as part of its services, to advertise that fact, and that it is misleading or deceptive not to do so. There is no such duty in law, nor is it misleading or deceptive not to mention that fact when advertising pregnancy counselling services.

When a woman goes to independent counselling services, she is usually properly informed of most of the many risks and dangers of abortions. It should then be readily apparent to her why the service does not recommend the possibility of referral for abortion. If she asks whether the service recommends such referral, she will usually be told that the service does not recommend such referral, and the reasons why. If she is not satisfied with the explanation, she has the option of seeking further advice elsewhere. The woman is **not** deceived or misled.

The abortion industry in the United States and in Australia is now under siege in much the same way as the tobacco industry was in the 1960s, when information about the link between smoking and lung cancer was emerging. In the United States, as such matters as the link between abortion and breast cancer is becoming increasingly widely known, the rate of abortion is declining. Because this is eating into their profits, many in the abortion industry are obtaining misleading surveys to suggest the link does not exist. However, when a case was brought in Pennsylvania in 2004 for the failure to warn of the link (a case in which I assisted) a relatively large sum was paid out by way of settlement. What was, however, far more significant, occurred in a Oregon Court in 2005. The abortion clinic conceded there was a link between abortion and breast cancer and agreed that judgment should be entered against it for failing to warn of the link and that damages should then be assessed.

The link has now been well established by statistical surveys and by the discovery by Professor Joel Brind, Ph.D, professor of endocrinology, Baruch College, University of New York, of the biological reasons why an abortion can cause breast cancer (reasons which have never been denied or refuted) and by experiments on rats by Russo & Russo in 1980, when

77% of the rats aborted developed breast cancer. In Australia the only answer of the abortion lobby seems to be falsely to suggest that the link is a pro-life lie.

The psychiatric damage which may be caused to a woman by abortion is also now extremely well documented. As a trial lawyer I appeared in the case known as *Ellen's* case where a hospital and an abortionist were sued for failure to warn of the possibility of a woman developing psychiatric problems as the result of an abortion. This is believed to be the first such case in the world to reach fruition when it was settled, and many other cases have since been brought both overseas and in Australia. More than 10% of women develop severe psychiatric problems after abortion.

The attached article by Andrew Bolt dated 29 September 1998 gives a very accurate picture of what occurred in Ellen's case.

I practised law for 54 years and was awarded an AM for services to the law. I acted as the trial lawyer in a number of cases in Australia where legal actions were brought against abortionists for the damage caused to the women aborted. As a result I acquired considerable knowledge of how abortionists and abortion clinics function here and overseas, and I have advised on abortion problems and abortion cases both in Australia and overseas. I have been invited to lecture on abortion in Australia and in a number of other countries. In particular I have lectured at the House of Lords and at a medical conference in Buffalo, New York. Articles by me on these topics have been published in both the United States and in Australia.

There are many other risks and consequences of abortion which I have not mentioned in this submission but would be happy to detail them if required. Many of these matters are set out in a book "Deeply Damaged" by Professor Philip Ney, a Canadian professor of Psychiatry, and a world expert on the problems resulting from abortion. The Australian book "Giving Sorrow Words" by Melinda Tankard Reist (published by Duffy & Snellgrove in 2000) also details the effects of abortion on many women.

Most pregnancy counselling is done by people who are not medical practitioners and consequently it would be quite improper for them to be referring women for abortion. However, what is far more important is that referring a woman for abortion is, for the reasons mentioned above and many other reasons, invariably bad medical advice. Why should those conducting pregnancy counselling services be required to advertise that they don't provide what is bad advice.

Unfortunately in Australia the full facts concerning abortion and abortion providers are very little known. This is an important subject and, before any Bill of this nature is considered, it is important to have a full inquiry into abortion in Australia. The fact that Senator Stott Despoja has sponsored this Bill suggests to me she is very ignorant on this subject. If she has the interests of the women of Australia at heart, she would do far better to introduce a Bill requiring those who perform abortions or refer women for abortion to give proper warning of the many risks and dangers.

It also seems to me that the requirements of the Bill in so far as it seeks to deal with those who provide counselling services free is probably beyond the constitutional powers of the Commonwealth and is a matter for the States only.

If the Committee holds public hearings, I would be happy to give evidence.

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*Charles Francis*

Charles Francis, QC, AM, RFD.

What has crippled Ellen since then has been a black depression,

# The price of grief



A woman allegedly not warned abortion could cause her grief will accept today a deal giving her damages. A legal landmark, says ANDREW BOLT

**S**OME time today, a shattered woman will sign a deal which challenges one of the most dangerous myths about abortion.

"Ellen", mother of two, from an outer Melbourne suburb, is creating legal history.

The Royal Women's Hospital and a gynaecologist have agreed to pay her undisclosed damages — mainly for allegedly not warning her abortion could cause her psychological harm.

Ellen's lawyer, Charles Francis, QC, believes it is the first such case in Victoria, and could trigger similar claims. And several counsellors say it is about time. Ellen's case indicates that abortion can plunge unsuspecting women into an ocean of grief.

**"Most Australians tell the pollsters they support abortion"**

"Nobody has wanted to believe this," says Anne Lastman, a Glen Waverley counsellor and founder of Women Hurt By Abortion.

Ellen's case is disturbing because in many ways it is so ordinary.

In June 1990, she realised to her horror that she was pregnant. She was already exhausted and stressed from caring for her toddler, who had medical problems.

In her statement of claim in the County Court, she alleges that her doctor advised her to have an abortion at the Royal Women's Hospital. Two weeks later, she alleges, she was "counselled" there by a trainee social worker.

Ellen refuses to be interviewed under a confidential-

ity agreement with the hospital.

But her statement alleges that the social worker did not question her decision to have an abortion, despite her fragile emotional state.

Nor, allegedly, was she given proper psychiatric or psychological tests, or adequately warned an abortion might affect her emotionally.

This tends to be borne out by the Pregnancy Advisory Service pamphlet handed to her at the hospital.

It admits abortion leaves some women feeling "flat or depressed" for a few days, but says this is just due to hormonal changes. Most controversially, it goes on: "Nor is there any evidence to suggest that women who have had a termination suffer from any long-term psychological effects."

A spokesman last week told me the hospital stood by this statement.

This is what the pro-abortion lobby has passionately argued for years. But it is not always true.

Take Ellen. On July 6, 1980, she went ahead with her abortion.

Medically, it was bad enough. But what has crippled her since then has been a black depression.

Not even the birth of a second son could help. She just saw her lost baby in his face. Her grief was so paralyzing, her husband gave up work to nurse her.

It now seems Ellen is far from alone. Nearly 30 women have this year sought help from Women Hurt By Abortion, to deal with depression and shame.



"They come to me with their nightmares, with their grieving, with their crying," says Mrs Lastman, a trained counsellor and mother of four who never got over her own abortion.

She said the women were not warned that their abortion could leave them so depressed.

"Instead, abortion is now so accepted as the norm that women who do suffer are dismissed as people who must have had problems

before." Several religious counselling groups such as Open Doors also report dozens of cases of distress.

Canberra writer Melinda Tankard Reist, who also works for anti-abortion Senator Brian Harradine, says more than 250 grieving women responded to her small newspaper ads asking for first-hand accounts of abortion experiences.

There was Melissa, for example, who wrote: "Wherever my child is, I hope that

he understands that it didn't mean that I didn't love him. I did, but I made a terrible mistake.

"I hope that when I die that I will see him. Wherever I end up, I just wish that I could hold him and hug him."

Of course, responses like this can be dismissed as exaggerated, unrepresentative or unnecessarily confronting. Ms Tankard Reist, who is compiling a book based on such accounts,

knows she will be dismissed as just a pro-life fanatic.

After all, most Australians tell the pollsters they support abortion. It is accepted that about 100,000 procedures are performed each year.

A landmark four-year study of abortion, called We Women Decide, by Adelaide academics and the Adelaide Pregnancy Advisory Centre also found that for most women abortion was neither a positive nor negative experience.

**B**UT other experts are not so sure. Professor Philip Ney, a leading Canadian child psychiatrist, published a survey of studies on abortion and found surprisingly that many women were left devastated by guilt or grief.

This is not to say Australia's busy abortion clinics should be closed.

But perhaps practitioners should warn patients that abortion may feel as traumatic as — well, frankly — ending the life of their child.

In fact, under the High Court's 1992 Rogers vs Whitaker ruling, doctors are obliged to warn their patients of a "material risk" inherent in the treatment.

This is what Ellen alleges her doctor and hospital failed to do — although neither of the defendants has admitted to any wrongdoing.

**S**O will her case now force abortionists to warn women of the pain of abortion? Clearly there is a need.

Even We Women Decide attacked the quality of abortion counselling.

But these are high-explosive, ideological and legal booby traps.

Most abortions in Victoria are legal under the Menhennitt ruling only on the excuse that they save women from serious mental harm.

So where does that leave practitioners if they now admit abortions can destroy a woman's happiness?