Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Re: **Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007**

As a Consultant Psychiatrist with expertise in Post Traumatic Stress Disorder I am convinced by research and clinical evidence that abortion can adversely affect the physical and mental health of both men and women. I have mostly seen evidence of depression, drug abuse, relationship breakdown and suicide attempts following abortion. I understand the psychological stress of unexpected pregnancy but I am not convinced that our society's current answer produces the best outcome. I frequently work with patients who are convinced of the "catastrophic" nature of their particular circumstances and of the inability of their own and their support network's resources to cope with their circumstances. At such times the patient's problem solving ability is reduced to the extent that they are more easily swayed towards options which are easier in the short-term and they tend to prematurely foreclose on difficult alternatives even though these may have better long-term outcomes for them. However, if given the time and support to mobilise resources, learn new skills and review priorities, most personal and social "catastrophes" can be overcome and healing and growth can occur. Unexpected pregnancy, (even from rape or incest) can be managed in such a way as to have a good outcome if sufficent support and resources are available. Research on pregnant rape and incest victims has shown that those women who gave birth, even if they had considered abortion at some stage, were glad of that outcome. (For your information I have appended information about a book which reviews the research and gives voice to the women involved).

When abortion is used as a problem solving method, the mother and father do not return to the pre-pregnant state, but become parents of a dead child. Although they may feel immediate relief, they have sustained a loss which needs to be grieved. This loss may be denied for some time, or be manifest as relationship problems, physical illness or even mental health problems. Post Traumatic Stress Disorder can occur when the negative aspects of an abortion have not been faced, and instead the person experiences anxiety, denial, anger, depression, and irrational behaviour with or without substance use or suicidality. This condition is treatable, but often misdiagnosed as other physical or psychiatric conditions because of the ignorance in our society in general and among the medical profession specifically about the sequelae of abortion. These psychological problems incur Medicare costs as well.

The likelihood of psychological problems is greater following second and third trimester abortions, abortions for fetal abnormalities and in cases of risk of life of the mother, (selected references appended). In commonsense language, the further advanced the pregnancy, the more that the unborn child is identified as “my child” or “our child”; a human being with an expected date of birth, a lineage, and an expected timeline of growth through birthdays, Mother’s Days, start of school years and Christmases. Intrauterine death is extremely difficult to grieve, even when of natural

causes and moreso when a decision has been made to terminate the life of the unborn child.

The practice of using abortion as a solution to psychosocial distress or failure of the pregnant woman's support network to support her so she can raise her child is ethically and medically unjustified, if the long-term and psychological costs are not ignored. This increasingly common practice occurs in a society where this evidence is suppressed or ignored, and by practitioners who do not see the long-term consequences of their interventions.

I call upon the Government of Australia to cease the public funding of second and third trimester abortions, except in the case of proven danger to the mothers physical (not psychological) health, or of intrauterine death of natural causes (not deliberately caused).

I call upon our elected leaders to use public funds to support pregnant women and their families, not subsidise them to dispose of their unborn children.

I also urge you to initiate research into the long-term effects of abortion, both physical and psychological in order that there may be an estimate of the public money that is spent in dealing with the consequences of publically funded abortions

Thank you

Dr Dianne Grocott
MB BS (WA 1983), FRANZCP (1989)
Consultant Psychiatrist

Selected references

bold - Statistically Validated Study
*italicized - Clinical Experience, Soft Data***;**
normal - Literature Review

1. Better psychological outcomes among rape and incest victims who gave birth than among those who aborted

"Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault" edited by David C. Reardon, Julie Makimaa and Amy Sobie ISBN: 0-09648957-1-4

2. Higher risk of psychological disorders amongst women following abortion of wanted child due to fetal abnormalities

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3. High risk of psychological disorders after therapeutic abortion of wanted pregnancy due to maternal health risk

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