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NEW QLD BILL TO MAKE NURSE AND MIDWIVES ABORTIONISTS



In January 2024, Cherish Life released an article highlighting the dark horizon that lay ahead of those living in the Sunshine State. Queensland was on the brink of becoming Australia's pioneer in enacting legislation permitting nurses and midwives to dispense the abortion pill known as MS-2 Step. Formerly, only licensed doctors held the authority to prescribe abortion pills. However, tragically, on March 7, a Bill passed, granting nurses and midwives the ability to assume the role of abortionists.

HISTORY OF THE BILL

The official process commenced on July 11, 2023, as the Therapeutic Goods Administration (TGA) abolished restrictions on prescriptions concerning abortion pills.

This development effectively 'cut of the red tape', clearing the path for a Bill to be introduced by Queensland Health Minister Shannon Fentiman on November 30, 2023. The Bill was titled the Health And Other Legislation Amendment Bill (No. 2) 2023.

The Bill was part of an omnibus Bill containing many other favourable legislative aspects such as increasing midwife to patient ratios. However, cunningly, Fentiman inserted an amendment to abortion law hidden within the rest of the Bill. This means that voting against the abortion amendment equates to voting against all the other favourable legislation in the Bill. The aim is to place MPs between a rock and a hard place.

EXPERT MEDICAL PRACTITIONERS GRAVE CONCERNS

Advocates of the Bill contended that eliminating restrictions around abortion pill access will result in a positive change, addressing regional obstacles. Fentiman stated back in November, the Bill to would allow "nurses and midwives to administer medical termination drugs will mean greater access and more choice for women, particularly where access to surgical termination is unavailable."

However, the Bill was not universally embraced; for example National Association of Specialist Obstetricians and Gynaecologists (NASOG) president Dr Gino Pecoraro deemed the Bill a 'political' rather than a health solution.

He added:

"It's a dictum in medicine that you shouldn't be prescribing something if you can't deal with the complications of it. I'm just concerned that on the surface this looks like a wonderful thing to increase access to regional and remote disadvantaged women ... but the first rule has to be do no harm, and I'm not convinced we're not going to do harm."

He cites a firsthand example of the critical dangers, recounting how he was called to save the life of a 40-year-old woman flown in from NSW after being prescribed the abortion pill, who experienced significant side-effects and bleeding. He declares, "She nearly died."

Dr Pecoraro estimated that 5% of all medical abortions result in complications, concluding, "Someone could die from this."



FAST TRACKED LEGISLATION: DEMOCRATIC CONCERNS



The committee called for submissions and a public inquiry took place on Thursday 1 February, Cherish Life was represented at the committee hearing by President Donna Purcell and Vice-President Alan Baker, both gave statements and responded to questions. The report was due on the 8 March.

Somewhat surprisingly, the report arrived two days ahead of schedule, on the evening of March 4. The Bill was then slated for a vote on March 7. Alarmingly, this process underscores what seems to be an undemocratic approach to lawmaking. The fact that the report was released on the evening of March 4 and scheduled for a vote just two days later provides evidence of Bill fast-tracking. The process allows for only one day of robust discussion or debate. This is especially disheartening in light of such radical and life-threatening legislation. In fact, committee member MP Steve Andrews, One Nation (Mirani), emphasised this point in his statement of reservation.

- ¹ Cliff, Matthew. "Dark Horizon: Queensland's Drift Towards Abortion Pill Access For Nurses And Midwives." Cherish Life Website. Accessed March 26, 2024. https://www.cherishlife.org.au/dark-horizon-queenslands-drift-towards-abortion-pill-access-for-nurses-and-midwives/
- ⁱⁱ Queensland Parliament, "Health And Other Legislation Amendment Bill (No. 2) 2023," Queensland Parliament Website. Accessed March 26, 2024. https://www.parliament. qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=169&id=4312
- Sarah Ison, "Peak obstetricians' body warns women at risk after abortion pill access expanded." The Australian, July 2023, https://www.theaustralian.com.au/nation/politics/peak-obstetricians-body-warns-womens-lives-at-risk-after-abortion-pill-access-expanded/news-story/6a8fda27ce238232c73c56d 53c8f06d2

iv Ibid.

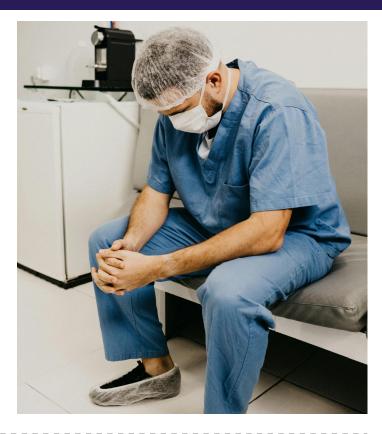
CALLS FOR CLAUSE 22 AMENDMENT

There were two main objections to the Bill; one of the objections was to replace any reference from phrase 'pregnant women' to 'pregnant person', an objection that even the Australian College of Midwives disagreed with.

The other objection and the main objection from a Cherish Life perspective was Clause 22.

Clause 22 of the Bill was seeking to insert a new section (6A) into the Termination of Pregnancy Act (2018). This clause will allow health practitioners registered in the professions of nursing, midwifery or another prescribed profession to perform a medical termination of pregnancy.

Throughout proceedings on the 7 March, the LNP requested that clause 22 be removed from the Bill, and a second separate Bill be introduced containing the abortion legislation. This was voted against. The full Bill was then voted on and passed, LNP, ONP and KAP members of parliament all voting against Clause 22. Tragically, this now means that nurses and midwives have the ability to prescribe abortion pills.



THREE MAIN OBJECTIONS

To conclude, the gravity of this legislative change, is laden with potential risks to women and presents a death sentence to more unborn Australian children. Below are a further three reasons why Cherish Life opposed the Bill:



1. Risk to Women

As already stated above, peak medical authorities are gravely concerned with the safety risks that the amendments will inevitably cause, Dr. Nick Yim, Vice President of Australian Medical Association Queensland stated in the hearing that it is "not safe for registered nurses to administer these medicines outside of a collaborative setting with appropriate clinical oversight."

2. Conscience Clash: Ethical Concerns as Nurses Face Moral Dilemma on Abortion Pills

This Bill will have profound implications for nurses and midwives who may grapple with a moral dilemma when providing these pills. A concerned individual commented on The Australian's article, 'I hope the nurses will have the option to refuse to prescribe these drugs on grounds of conscience — non-practising nurse and midwife'.[vii] Many nurses and midwives became health care practitioners to save life not to terminate it.

3. Medical Abortions Kills Innocent Unborn Children

Most significantly, the Bill overlooks its primary victims – the unborn children who will lose their lives due to this expansion.

What is a Medical Abortion? Step 1

The woman swallows the first pill, Mifepristone which acts to block the action of a naturally occurring hormone called Progesterone.

Progesterone is produced through the entirety of pregnancy and is vital in facilitating the passage of nutrients to the developing unborn child through the placenta.

It also helps to stabilise the uterine muscle to help prevent natural miscarriage.

When Mifepristone is ingested, it blocks Progesterone, which causes the placenta to break down, cutting off oxygen and vital nutrients to the unborn child. The child then dies in the mother's womb.





Step 2

Within 48 hours after taking Mifepristone, the women takes Misoprostol, the second pill in the two-step process, which causes the uterus to contract, simulating labour.

After swallowing the second pill, the woman will often experience severe cramping, contractions and heavy bleeding, before forcing the deceased child out of her uterus.

This process can be incredibly painful and bleeding can last for several days.

Although the mother could lose the unborn child at any stage after taking the pills, it is common for the women to sit on the toilet and expel the unborn child down the drain.

www.abortionprocedures.com

QUEENSLAND'S DISPROPORTIONATE MEDICAL ABORTION CRISIS

MEDICAL ABORTION: QUEENSLAND'S DISTURBING TREND

The latest Medicare data has shed light on a startling revelation: Queensland emerges as the leading state for medical abortions in Australia. Despite comprising only 20.4% of the national population, Queensland accounted for a staggering 44% of the country's medical abortions during the period from July 2022 to June 2023. This statistical disproportion raises significant questions about the factors driving such high rates of abortion within the state.

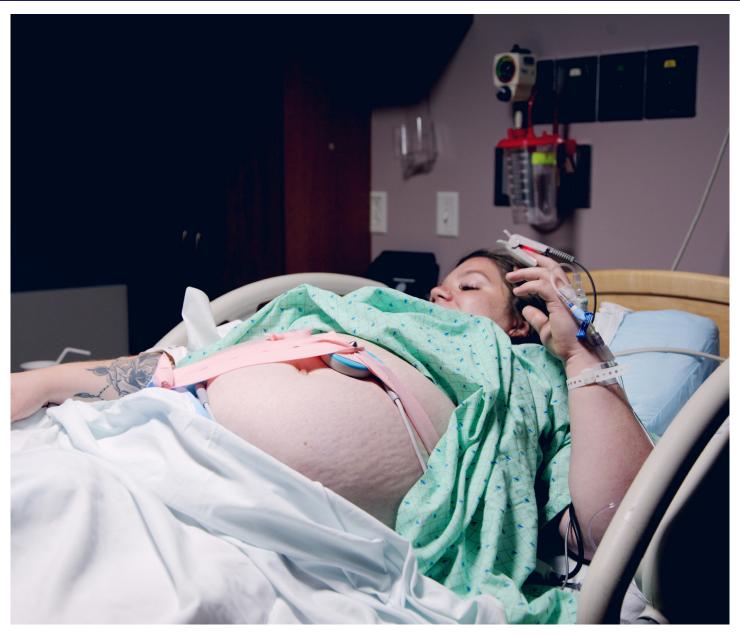
17,343 medical abortions of the nation's 39,190 abortions is a number that should cause Queenslanders great distress. These statistics cause us to question the support that pregnant women are offered in our state.

The Courier Mail claims that the high numbers of prescriptions recorded for Queensland also include prescriptions that are distributed to other states. Furthermore, it is expected that access to MS-2 Step abortion pills will now rise in light of Shannon Fentiman's recent Bill to allow nurses and midwives to prescribe abortion pills.





HYPOCRISY IN WOMEN'S HEALTH



Furthermore, in а baffling display of hypocrisy, Queensland Minister for Health, Shannon Fentiman, recently championed a dedicated women's health phone line supporting those affected by pregnancy loss and stillbirth, all the while simultaneously pushing through the Health and Other Legislation Amendment Bill (no.2), which will increase the number of women affected by pregnancy loss.



The contradiction is glaring: on one hand, Fentiman purports to support women's health and well-being during moments of profound loss, while on the other, she actively promotes a Bill that undermines the sanctity of life. Such inconsistency highlights the disconcerting trend of politicians prioritising ideological agendas over genuine concern for women's health and dignity and the precious lives of the unborn.

Medicare. "Services Australia - Statistics - Item Reports." n.d. Medicarestatistics.humanservices.gov.au. Accessed March 13, 2024. http://medicarestatistics.humanservices.gov.au/statistics

Sinnerton, Jackie. "Review of Queensland Abortion Epicentre as Cost of Living Impacts Contraception." Courier Mail. February 14, 2024. https://www.couriermail.com.au/lifestyle/queensland-abortion-epicentre-as-cost-of-living-impacts-contraception/news-story/3f d9f84361c6929ed8277b4287fd4ce5.

QUEENSLAND'S DISPROPORTIONATE MEDICAL ABORTION CRISIS



In November 2022, The Human Rights (Children Born Alive Protection) Bill was introduced into the Senate. Since then, numerous organisations and members of the public have made submissions, as well as public hearings conducted in Canberra in June 2023. Finally, at the end of August 2023, the Senate Report was released.

The Senate committee unbelievably made no recommendations that the Bill be passed. Yet, in a remarkable turn of events, in October 2023, Queensland Health Amended their guidelines to provide life sustaining treatment for Babies Born Alive.

However, in 2024 we still await for the Bill to be voted on at a Federal Level. This Bill will provide legal protection to these children across Australia.

Now a private members Bill doesn't automatically get debated, it requires leaders of the Liberal and National parties to prioritise and give the Bill time on the Senate floor to be debated and voted on.

In October we asked for you to get in touch with Simon Birmingham, Liberal Party Leader in the Senate and Bridget McKenzie, National Party Leader in the Senate, urging them to prioritise this Bill and provide time for it to be discussed on the Senate floor.

Unfortunately, this Bill still awaits to be voted on and we continue to push behind the scenes for this to take place.



SAVE THE DATE

March For Life Brisbane

Saturday

June

8th.

2pm, Speakers Corner, (Outside Parliament House)













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