



Women are not helped when abortion facts are missing

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The committal hearing of the first doctor in NSW to be charged with manslaughter of a foetus has reignited the debate about late term abortion. Dr Suman Sood allegedly gave a 20-year-old woman an abortion drug, then asked her to come back the next day. But she didn't make it, delivering the baby boy into a toilet. He survived about four hours.

Writing in *The Age* last week Leslie Cannold said this was an isolated case. It's not. In Melbourne, a woman known as Ellen delivered a baby girl - also in a toilet - after a late term abortion at Royal Women's Hospital. In the Northern Territory 'Baby J' cried for 80 minutes before he died following another botched late term abortion.

Cannold points to the 'moral and medical unacceptability of allowing foetuses to live, and possibly suffer through, the abortive procedure.' Her answer to this trauma is surgical abortion which, she assures us, carries no risk of the foetus being born alive. She's right about that. But as an advocate for 'access to quality information' Cannold should tell women about this procedure. Surgical abortion - sometimes known as 'partial birth abortion' - is no answer to the suffering of the foetus. In this procedure the doctor pierces the skull of the live foetus and suctions out its brain.

Cannold says that this particular method 'improves women's physical and mental outcomes.' Try telling that to the 18 year old girl from Mackay who lost a fallopian tube and a large portion of her small intestine as a result of a late term abortion at Brisbane's Planned Parenthood in 2003.

Obstetricians and gynaecologists have warned of the serious risks of surgical late term abortion to women's health. In 2005 Dr David Baartz of the Royal Women's Hospital in Brisbane reported admissions of women with complications such as uterine perforations and bladder and bowel tearing, all requiring surgery, including hysterectomies. 'It has totally destroyed fertility in a number of women', he said.

There is significant evidence to show a lack of professional, non-directive counselling available for pregnant women. In court last week the young woman in the Sood case said that Sood told her the abortion would cost \$1500, but never explained the procedure nor warned that she might deliver a live baby at home.

Health Minister Tony Abbott's recent suggestion of Medicare funded counselling for women who are pregnant and undecided about their options is a welcome step in the right direction. Non-directive counselling should be given independent of abortion providers.

A recent survey of Australian attitudes to abortion shows that the public recognises the vested interest of abortion clinics in securing a decision for abortion: 86 per cent believe that counselling should be separate from the abortion provider. Only two per cent said abortion clinics were the best source of advice for women considering abortion.

We're often told that most women terminating later do so because of the diagnosis of serious foetal defects. This is not correct. Data from South Australia between 1998 and 2003 shows that more than half of all mothers terminating at 20 weeks or later were carrying healthy babies.

The young woman in the Sood case was carrying a healthy baby. She said she did not want to have the baby for financial reasons. Research shows that economic difficulties are one of the most common motivators for abortion at all gestations. Problems with the quality of intimate relationship, including lack of commitment from the male partner, or physical, psychological and sexual violence are also major contributors to seeking abortion. What does 'reproductive autonomy' mean to a woman who feels she has the one choice of abortion?

In her book *What, No Baby?* Cannold argues that many women are not 'childless by choice' but 'childless by circumstance' because combined social, economic and ideological pressures have undermined women's 'freedom to mother'. Don't the same pressures impact upon many women who have abortions? What about 'abortion by circumstance'?

It's time to ask some difficult questions. Whitewashing the disturbing realities of abortion does women no favours. Tell us the truth and give us real choice.

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