

**STATEMENT BY THE RIGHT REVEREND DR PETER STUART ANGLICAN BISHOP OF NEWCASTLE
TO THE NSW LEGISLATIVE COUNCIL INQUIRY ON
THE REPRODUCTIVE HEALTH CARE REFORM BILL 2019
15 AUGUST 2019**

Members of the select committee, thank you for the opportunity to engage you on the Reproductive Health Care Reform Bill 2019. I recognise the weighty responsibility on you as members of Parliament to make decisions aimed at securing the best outcomes for the citizens of New South Wales. I take this opportunity to remind you of the Anglican Way, in which Anglicans pray for parliamentarians in their work, praying that you will be led and guided in your work so that people may experience peace and justice.

In speaking to you today, I acknowledge that I am speaking as a white, affluent, tertiary-educated male who is a bishop; therefore my context is different to most of the people who are affected by the bill directly. I speak on behalf of the Diocese of Newcastle as a bishop: the diocese which runs from the Hawkesbury River to south of Port Macquarie, from the coast to beyond the Burning Mountain at Murrurundi.

Anglicans place significant weight on the sanctity of life. For us, all aspects of sex and pregnancy have moral dimensions. The termination of a pregnancy is amongst the most serious moral matters. In developing a response, Anglicans seek to comprehend the perspective of both the unborn life and the pregnant woman facing confronting circumstances. We regularly seek to contribute to bioethical discussions from a Christian perspective, which has involved a distinct character since 1930.

Anglicans in general hold one of three main positions in relation to the status of unborn life. One position argues that a human life begins at the moment of conception. Another position says that until birth the unborn life is part of the woman, who has autonomy over her body. A third view is that the moral significance or value of an embryo/fetus accrues as it develops. No one view of when life begins is required of Anglicans; our theological formulations offer at least these three.

In preparing to write to clergy of my diocese and to write to the MPs of the Legislative Assembly for the diocese last week, I reviewed the law and the process of legal change in other jurisdictions. I noted that this bill is structured in a similar way to the laws in at least Queensland, Victoria and the United Kingdom. Those jurisdictions had processes of inquiry around legal change.

In developing a response to laws in this area, Anglicans recognise that there are circumstances where a decision to terminate a pregnancy may be the best available moral outcome. This understanding is a primary justification to move the law relating to the termination of pregnancy from the criminal code. All involved should be able to exercise their discretion without fear of criminal sanction.

Anglicans have often learnt through pastoral conversation about the experience of women who, late in pregnancy, received news that devastates them: news about what is occurring within their body around a child for which they have longed. The understanding that in these circumstances a termination of that pregnancy may be the best available moral outcome means that any law regulating termination must provide a framework for those decisions. Again, such framework should be outside the criminal code.

Anglicans understand that the primary decision-maker in the termination of a pregnancy is the pregnant woman. This woman will be assisted in her decision-making by others, among whom will be her medical practitioner or practitioners. This bill provides that the weight of responsibility for that

decision prior to 22 weeks rests with the woman. In the latter stages of a pregnancy, it is a woman and two medical practitioners. Commentary which presumes that those involved in making decisions about termination will not weigh their decisions carefully is worrying and misplaced. Pastoral experience indicates the significant weight that people attach to momentous decisions including profound reflection long after a course of action has been finalised. There will always be discourse around the time limits in such legislation, as evidenced by the difference between the United Kingdom and this bill.

The bill, on moving through the Assembly and to the Council, has introduced two elements: informed consent and counselling. It is evident in the wording and in the actions of the Assembly that the members were seeking to balance notional improvements with the experience of similar legislative provisions elsewhere. The bill gives a medical provider providing the termination service a responsibility to assess the need for the woman to be offered counselling and receive the informed consent. The Parliament needs to be alert to some of the United States [US] experience where informed consent and counselling have been implemented in ways which have caused manifest distress to the woman.

A consistent stance across the worldwide Anglican communion is to oppose the termination of pregnancy as a means of birth control, family planning, sex selection, or any reason of mere convenience. Anglicans are concerned about ethical practices that deny the dignity and contribution of people born with a disability. It is hard to conceive of a legislative framework around which the Government would then wish to allocate resources to engage in prosecution against a woman for wrongdoing in this regard. Therefore the statements in the law have the effect of naming a moral position. The responsibility falls to all agents of civil society to create circumstances where those choices are not made. Critical of the valuing and empowering of women and the affirmation of the contribution of people living with disability, society bears a collective responsibility for persuading people about the collective good, some of which is controlled by law. The Anglican Church willingly makes a contribution to these debates.

We know from many studies of the determinants of health that poverty has a major impact on a person's of their capacity to choose and on the choices that they make. We also know that many women face violence circumstances which impact their sense of autonomy and choice. Government has a critical role in addressing these determinants. All of society has a responsibility to join in that task. There is still much to be done to create a healthy society across New South Wales.