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Couple Feels Abandoned by Mater Hospital's Religious Abortion Ban

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A Brisbane couple felt "abandoned" when Mater Hospital, guided by Catholic ethos, refused to A couple's attempt to terminate a pregnancy involving a severe genetic abnormality has highlighted tensions between religious policies and patient care in public hospitals. This article examines their ordeal, the broader implications of religious influence in

healthcare, and concerns about government oversight of access to reproductive services.

Elisa and Brent, after enduring a miscarriage and unsuccessful IVF attempts, were devastated to learn at their 12-week scan that their baby faced a serious genetic condition. Choosing Mater Mothers' Hospital, Australia's largest maternity provider, for its reputation, they were shocked when the Catholic-run facility refused to perform the termination. The hospital's policy, guided by Catholic Ethical and Religious Directives, prohibits abortions except where the mother's life is at serious risk. Elisa described feeling abandoned and unsupported when redirected to other services, emphasising the emotional toll of the experience. A Brisbane obstetrician commented that Mater's policy creates unnecessary delays and limited options for patients seeking terminations.

Mater's stance, governed by its religious directives, contrasts with Queensland's Termination of Pregnancy Act 2018, which allows abortions up to 22 weeks' gestation. The hospital's $177 million public contract for its Springfield facility, funded by the government, has raised questions about access to comprehensive reproductive care in rapidly growing regions. Critics argue that funding Catholic-run hospitals without clear safeguards prioritises political considerations over women's health, especially amid rising public spending.

The case underscores the need for transparency and choice in healthcare. With a significant proportion of Queensland births occurring at Mater facilities, patients deserve clarity about service limitations. Government authorities must address how religious doctrines in publicly funded hospitals can restrict access to reproductive healthcare, ensuring

equitable and safe services without compromising personal values or patient wellbeing.