



The Sexual Health Society of Queensland's submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016

The Sexual Health Society of Queensland was formed in 1988 and currently has members from across the state. The Society aims to provide high quality educational opportunities for its members and encourages open and strong debate on issues in Sexual health in Queensland. The society's objectives are as follows,

1. To advise and advocate for the improvement of all aspects of sexual health in Queensland.
2. To advance scientific, medical and psycho-sexual knowledge in the provision of sexual health services, and the promotion of sexual health in Queensland.
3. To disseminate authoritative information concerning sexual health issues for the community of Queensland.
4. To maintain liaison with similar professional societies and community organisations in Australasia and elsewhere

The Sexual Health Society of Queensland's position statement on abortion

The Sexual Health Society of Queensland endorses the Declaration of Sexual Rights of the World Association for Sexual Health which includes the rights to autonomy and bodily integrity, to the highest attainable standard of health, including sexual health and to decide whether to have children, the number and spacing of children, and to have the information and the means to do so. ¹

The Society recognises that unplanned pregnancy is a reality of women's lives and believes that every woman has the right to make her own decision about an unplanned pregnancy and should be able to access an abortion if that is her choice. The values of autonomy, informed consent and choice must be respected.

It is important that women experiencing an unplanned pregnancy have access to accurate information and non-directive support about their options - parenting, abortion, adoption or alternative care arrangements.

The Society supports the removal of abortion laws from the Queensland Criminal Code and believes that all women should have access to safe and legal abortion regardless of race, geographical location, gestational stage of pregnancy, or financial situation, and it should not be restricted to those whose life is in danger.

The Society supports efforts to reduce the unplanned pregnancy rate in Australia, including expanding access to contraceptive methods (particularly Long-Acting Reversible Contraceptive methods).

Responses to the Terms of Reference

- existing practices in Queensland concerning termination of pregnancy by medical practitioners;
- existing legal principles that govern termination practices in Queensland;

¹ The WAS Declaration of Sexual Rights was originally proclaimed at the 13th World Congress of Sexology in Valencia, Spain in 1997 and then, in 1999, a revision was approved in Hong Kong by the WAS General Assembly and then reaffirmed in the WAS Declaration: Sexual Health for the Millennium (2008). This revised declaration was approved by the WAS Advisory Council in March, 2014. www.worldsexology.org/resources/declaration-of-sexual-rights/. Accessed 18 March 2015.





Abortion is the only medical procedure that is contained in the Queensland Criminal Code 1899 (sections 224-226), which sets out criminal penalties for doctors providing abortion or for women accessing it.

The existing practices concerning termination of pregnancy in Queensland and its legal status, impacts on women's ability to exercise their reproductive autonomy to access an abortion. Publicly provided services are extremely limited, despite the existence of the Queensland Health's Clinic Guideline on the Therapeutic Termination of Pregnancy to assist hospital staff. This leaves the majority of women having to seek services through private clinics and although these services are of a high quality, the out-of-pocket cost impacts disadvantaged women.

The law has impacted on the number of providers and their location in Queensland with the majority of providers operating in the South East Corner of the state. Therefore women in rural and remote areas often face extreme costs and travel distances to get to a provider. These women and women experiencing domestic violence, young women, Aboriginal and Torres Strait Islander women, women with disabilities or from non-English-speaking backgrounds and women who are financially disadvantaged are among those who find abortion services hardest to access.

It is hoped that law reform would improve abortion access for Queensland women especially those experiencing the most disadvantage by removing the ambiguity about the law and the current threat of prosecution for medical practitioners.

- the need to modernise and clarify the law (without altering current clinical practice), to reflect current community attitudes and expectations;

Reliable opinion polling consistently shows that the community support's a woman's right to choose, this includes the Australian medical profession. A survey conducted by [Auspoll in 2009](#) of over 1000 Queenslanders found that almost 4 out of 5 voters wanted the law changed so abortion is no longer a crime.

In a survey published in the July 2010 issue of the Medical Journal of Australia, almost 90% of Australians were found to be in favour of legal abortion in the first trimester of pregnancy. The data also showed that a significant majority support legal abortion being available to women into the second trimester.ⁱ

The Australian Medical Association Queensland said in 2009 that current abortion laws are unclear and do not provide certainty for doctors or for women. The AMAQ stated that Queensland's "abortion laws are a barrier to a doctor's first duty – best patient care".

- legislative and regulatory arrangements in other Australian jurisdictions including regulating terminations based on gestational periods;

There has been a worldwide trend towards the liberalisation of abortion laws in recent yearsⁱⁱ and Queensland is falling further behind other Australian states by not addressing the issue of abortion law reform. Queensland and New South Wales are the only jurisdiction Australia where abortion is still a crime. In those jurisdictions where abortion law reform has taken place a range of legislative and regulatory arrangements are in place.

We would recommend that the committee refer to the Victorian Law Reform Commission enquiry into abortion law reform from 2008 to determine the best arrangements from QLD. This inquiry and report resulted in the decriminalisation of abortion in Victoria and provided a comprehensive overview of issues including public opinion, clinical practice, mandatory counselling and related issues. This enquiry applied similar terms of reference and the





report, *Law of Abortion: overview of inquiry and full documentation* – is available on the Victorian Law Reform Commission website.

It should be noted that despite abortion being in the criminal code stringent regulations for provision are in place currently. In Queensland abortion provision is provided predominantly in private clinics, all of these clinics must adhere to the Queensland Health's Clinical Services Capability Framework for Licensed Private Health Facilities, which provides clear regulations on the abortion provisions. The small number of abortion procedures carried out in public hospitals is provided under the Queensland Health's state-wide Queensland Health Clinical Guideline for the Therapeutic Termination of Pregnancy. In Australia, where abortions are performed by highly qualified health care professionals in very hygienic conditions, a pregnancy termination is one of the safest medical procedures, and complications are rare. ⁱⁱⁱ

Only a small number of women access an abortion post 20 weeks. In Queensland under the above regulations on provision there is no private clinic accredited to provide second trimester medical termination of pregnancy. Therefore all second trimester terminations of pregnancy occur in registered or credentialed hospitals.

Figures from South Australia shows 91% of terminations were performed within the first 14 weeks of pregnancy^{iv} and figures from Western Australia State only 0.6% of all abortions were performed at 20 weeks or later.^v The small numbers of women who will choose to terminate a pregnancy after 20 weeks gestation do so in severe circumstances, such as severe maternal illness, diagnosis of a severe fetal anomaly, domestic violence or other exacerbating circumstances. Most women in Queensland avail of the advancement in clinical testing for fetal abnormalities during pregnancy and those women who received a fetal abnormality diagnosis should be able to access a second trimester abortion if desired.

Therefore in regards to gestational periods which was carefully considered in the Victorian inquiry, their model should be replicated in Queensland i.e. Legal to 24 weeks and legal post-24 weeks with two doctors' approval.

- provision of counselling and support services for women.

It is estimated that almost half of all pregnancies in Australia are unplanned or unintended. Unplanned pregnancies occur for a wide variety of individual, social and political reasons. When making a decision about an unplanned pregnancy, women usually try to identify which option is best for them and often their families at the time. Lack of clear accurate pro-choice information also impacts on Queensland women's ability to access an abortion. In order to identify which option is best it is important that women have accurate information on all their options.

There is no national data collection on abortion in Australia, but it is estimated that almost half of all unplanned pregnancies in Australia end in a termination of pregnancy (abortion), and that more than one in four Australian women will choose abortion in their lifetime. ^{vi}

No women should be compelled to receive counselling or other supports if they do not wish to do so. Currently all abortion providers provide informed consent counselling before the procedure. In a 2006 survey of 1000 women who had experienced an unplanned pregnancy, three out of four respondents said they did not want professional counselling before having a termination. 81% of respondents did want balanced information about, and referrals for, all three options: pregnancy, abortion, adoption and parenting.^{vii}





Conclusion

In line with the Sexual Health Society of Qld's position on abortion we urge that the committee support the *The Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016* by repealing of sections 224, 225 and 226 of the Queensland Criminal Code.

We acknowledge that this is a very contentious area of health however; we trust that the committee will not place undue merit to value based or religious opinions in this enquiry. We encourage the committee to relay only on accurate up to date evidence based information, which is not misleading or emotive in this enquiry process.

Yours sincerely,

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ⁱ Medical Journal of Australia, <https://ama.com.au/media/survey-shows-most-australians-support-late-abortion>

ⁱⁱ 5. Facts on Induced Abortion Worldwide Published by the Alan Guttmacher Institute, January 2012. Available online at http://www.guttmacher.org/pubs/fb_IAW.html.

ⁱⁱⁱ *Safe Abortion: Technical and Policy Guidance for Health Systems* World Health Organization, Geneva 2003 p12

^{iv} Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R. *Pregnancy Outcome in South Australia 2013*. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2015.

^v Straton J, Godman K, Gee V, & Hu Q. (2006). *Induced abortion in Western Australia 1999-2005*. Report of the WA Abortion Notification System. Department of Health. Perth, Western Australia.

^{vi} W Scheil, K Jolly, J Scott, B Catcheside, L Sage, R Kennare. *Pregnancy Outcome in South Australia 2013*. Pregnancy Outcome Unit, SA Health, Government of South Australia. Adelaide, 2015 p57.

^{vii} Marie Stopes International, *What women want: When faced with an unplanned pregnancy*, Key Findings, p.4.

