



## Queensland Termination of Pregnancy Bill Consultation Submission September 2018

This is a submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee in regards to the *Termination of Pregnancy Bill* published on 22 August 2018.<sup>1</sup> The structure of this document has been directly aligned with questions listed in the online consultation.

### True Relationships and Reproductive Health

True Relationships and Reproductive Health (True) is a non-profit organisation that provides expert reproductive and sexual healthcare. For over 40 years, True has been prominent in the delivery of clinical services and professional training for medical practitioners, teachers and sector professionals.

True has seven offices, five clinics and fourteen pop-up clinics across Queensland. Clinics specialise in contraceptive choices including long acting reversible contraception (LARC). Clinical services include pregnancy planning, pre-conception care, pregnancy and postnatal care, menstruation concerns, menopause, cervical screening and sexual health screening.

True offers a wide range of workforce development solutions that are tailored for specific needs and groups. In 2017-2018 True provided professional development and education to approximately 20,000 people. True is a member of Family Planning Alliance Australia, the nation's peak body in reproductive and sexual health.<sup>2</sup>

### 1. Lawful terminations - not more than 22 weeks pregnant

*Clause 5 of the Bill allows that a medical practitioner may perform a termination on a woman who is not more than 22 weeks pregnant. Clause 10 of the Bill provides that a woman who consents to, assists in, or performs a termination on herself does not commit an offence. Clause 22 of the Bill repeals Sections 224 to 226 of the Criminal Code which make it an offence to terminate a pregnancy.*

*Do you agree that terminations should be lawful on request up to 22 weeks?*

Yes.

Practitioners must abide by professional standards and guidelines. Patient centred approaches including informed consent is critical.

## 2. Lawful terminations - more than 22 weeks pregnant and with the agreement of two medical practitioners

*Clause 6(1) of the Bill allows that a medical practitioner may perform a termination on a woman who is more than 22 weeks pregnant if the medical practitioner considers that the termination should be performed, and has consulted with another medical practitioner who also agrees that the termination should be performed. Clause 6(2) of the Bill outlines the matters which a medical practitioner must consider when considering whether a termination should be performed - these being all relevant medical circumstances, the woman's current and future physical, psychological and social circumstances, and the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination.*

*Do you agree that terminations should be lawful beyond 22 weeks with the agreement of two medical practitioners?*

Yes.

The inclusion of reference to professional standards and guidelines is appreciated. Clause six could extend to 24 weeks. Prior to 24 weeks, one medical practitioner is sufficient.

## 3. Lawful terminations - more than 22 weeks pregnant and in an emergency

*Clause 6(3) of the Bill allows that a medical practitioner may, in an emergency, perform a termination on a woman who is more than 22 weeks pregnant if the medical practitioner considers it necessary to perform the termination to save the woman's life or the life of another unborn child.*

*Do you agree that terminations beyond 22 weeks should be allowed in an emergency?*

Yes.

Gestational limits for an abortion should be a matter of medical judgement in consultation with the patient.<sup>3</sup> A patient's case must be assessed on merit by clinical experts who use patient-centred approaches.<sup>4</sup> Clinical guidelines offer a feasible approach based on clinical evidence of best practice.<sup>5</sup>

## 4. Conscientious objection

*Clause 8 of the Bill allows for a health practitioner to conscientiously object to the performance of a termination. The health practitioner is required to disclose their conscientious objection and refer or transfer the woman to another health practitioner or health service provider. The clause does not limit any duty owed by a registered health practitioner to provide a service in an emergency.*

*Do you agree with allowing a health practitioner to conscientiously object to the performance of a termination, except in emergencies?*

Yes.

Doctors who conscientiously object to abortion should follow clinical guidelines and refer on to another practitioner who does not have objection.<sup>6</sup> This should not apply in emergency situations where another person's life is at risk.

## 5. Safe access zones

*Clauses 11 to 14 of the Bill allow for the establishment of safe access zones at termination service premises. The safe zone applies to an area within 150 metres of the entrance of the termination service premises, unless a distance is prescribed by regulation. It also establishes penalties for prohibited conduct or restricted recording (including the publication and distribution of a restricted recording) within a safe access zone.*

*Do you agree with the establishment of safe access zones within 150m of the entrance of termination service premises and associated penalties for prohibited conduct or restricted recording?*

Yes.

Patients should be able to access the service free from judgement, harassment, intimidation or harm. Clinicians who care for patients should be able to do so without fear of prosecution, retribution, harassment or threats.

Any service offering termination of pregnancy should be considered a safe access zone. Safe access zones provide a model of community safety for both patients and health practitioners.<sup>7</sup>

The establishment of 'safe zones' around any facility should consider line of sight and contextual factors. Set distances may be contestable. A minimum radius of 200 metres is preferred to 150 metres.

## 6. Offences for unqualified persons

*Clause 25 of the Bill outlines offences for an unqualified person who performs, or assists in performing, a termination on a woman. Both offences have a maximum penalty of 7 years imprisonment.*

*Do you agree with the proposed offences for unqualified persons who perform or assists with a termination?*

Yes. Only registered and qualified medical and health professionals should be permitted to perform or assist in terminations of pregnancy.

A woman should never be criminally responsible for the termination of her own pregnancy.

## 8. Publication of submission

*Are you content for your submission to be published?*

Yes.

## 9. Appearing as a witness at a public hearing

*Would you like to be considered to appear as a witness before the committee?*

Yes. A clinician from True is available to attend the Brisbane hearing on 12 September.

### Further information

Should you require any further information on this submission please contact Alice Evans, CEO at email [REDACTED] or phone [REDACTED]

<sup>1</sup> Termination of Pregnancy Bill (2018), accessed online at <<http://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2018/5618T1160.pdf>>

<sup>2</sup> Family Planning Alliance Australia (2018), *Position Statement: Access to Abortion Services in Australia* available online at <<http://familyplanningallianceaustralia.org.au>>.

<sup>3</sup> Public Health Association Australia (PHHA) (2014), *Abortion Policy* accessed online at <<https://www.phaa.net.au/documents/item/845>>;

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (2016), *Late Termination of Pregnancy (C-Gyn 17a)*;

<sup>4</sup> Black, K., Douglas, H., De Costa, C., (2015), 'Women's access to abortion after 20 weeks' gestation for foetal chromosomal abnormalities: Views and experiences of doctors in New South Wales and Queensland', in *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 55: 144-148;

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (2016), *Late Termination of Pregnancy (C-Gyn 17a)*.

<sup>5</sup> The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (2013), *Termination of Pregnancy College Statement (C-Gyn 17)*;

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (2016), *Late Termination of Pregnancy (C-Gyn 17a)*; and

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (2016), *Late of Pregnancy: A Resource for Professionals (C-Gyn 15)*.

<sup>6</sup> Victorian Law Reform Commission (2008), *Law of Abortion : Final Report*, Victorian Government; and Australian Medical Association (2013). *Conscientious Objection - 2013*. Accessed at <<https://ama.com.au/position-statement/conscientious-objection-2013>>.

<sup>7</sup> De Costa, C., Douglas, H., (2015), 'Abortion Law in Australia: it's time for national consistency and decriminalisation', in *The Medical Journal of Australia*, Issue 9 2015.