

**Queensland Parliament**

**Health, Communities, Disability Services and Domestic and Family Violence Prevention  
Committee**

**Submission - Inquiry into the Termination of Pregnancy Bill 2018**

4 September 2018

Dear Committee Members

Please find below my submission to the Inquiry into the Termination of Pregnancy Bill 2018.

As requested for all submissions:

- I am responding on behalf of myself

With Regards,

Cheryl Thomas

This document was sent to [health@parliament.qld.gov.au](mailto:health@parliament.qld.gov.au).

**Queensland Parliament****Health, Communities, Disability Services and Domestic and Family Violence Prevention  
Committee****SUBMISSION – Inquiry into the Termination of Pregnancy Bill 2018****Lawful terminations - not more than 22 weeks pregnant**

Q1 - *Do you agree that terminations should be lawful on request up to 22 weeks?* **Yes**

*If you wish to explain your answer, you can do so here:*

The decision to end a pregnancy is a profoundly personal one, and may arise out of a complex set of circumstances. I believe that the person who is pregnant is best placed to make the decision that is best for them and their family, and that the law should allow them to do so.

I strongly agree that any pregnant person has a right to make their own decisions about what is appropriate in their circumstances, including reproductive health and autonomy and therefore I support the 22 week limit in the proposed legislation.

I am aware that screening for foetal health is generally recommended to take place at 18-21 weeks in pregnancy; and believe it's important that someone who receives an unexpected or negative diagnosis after this test has time to access relevant information, and doesn't feel rushed to make a decision. Pregnant people should have the intervening weeks to make a decision themselves without having to potentially wait on 2 medical practitioners to agree to decision to terminate as well.

Records show that 92% of terminations happen before 14 weeks gestation. Any termination after that point usually signifies a complex and highly stressful situation for the pregnant person. There are a number of reasons that a pregnant person might not be able to access the abortion care they need until later in pregnancy - including delays because of their geographic location and limited health services in their region; or the violence and control of an abusive partner. We need a compassionate healthcare system that recognises this and minimises barriers to healthcare access.

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

Q2 - *Do you agree that terminations should be lawful beyond 22 weeks with the agreement of two medical practitioners?* **Yes**

*If you wish to explain your answer, you can do so here:*

Only 1% of terminations take place after 22 weeks gestation. Termination of a pregnancy after 22 weeks is not decided upon lightly, and often occurs in circumstances of complication, trauma, and great stress for the pregnant person and their family. It's vital that

this legislation make provision for the deeply personal and difficult circumstances that lead a person to access abortion care after 22 weeks of pregnancy. It's important that women in this position are able to receive the medical assistance they need with minimal additional trauma.

Therefore I support Clause 6(1) and 6(2) of the proposed legislation, noting strongly that a pregnant person should only need to be examined by, and consult with, one medical practitioner in order to be granted a termination.

It should not be necessary for the pregnant person to be examined by or consult with a second medical practitioner. This creates too many barriers to access – especially for those living in regional or remote Queensland, and with such a time sensitive issue.

To do so would place an unnecessary burden on the pregnant person and, particularly for people in rural and remote locations, could significantly detract from their right to safe, accessible and timely reproductive health services.

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

Q3 - *Do you agree that terminations beyond 22 weeks should be allowed in an emergency?*

**Yes**

### **Conscientious objection**

Q4 - *Do you agree with allowing a health practitioner to conscientiously object to the performance of a termination, except in emergencies?* **Yes**

*If you wish to explain your answer, you can do so here:*

I believe that the Bill as it currently stands strikes an appropriate balance between the rights of health practitioners to exercise freedom of thought, conscience and religion, and the rights of pregnant people to accessible healthcare and personal autonomy.

I wish to emphasise that any provision for a doctor to personally object to providing abortion services must also provide their patient with the right to be told where they can get sound unbiased advice.

### **Safe access zones**

Q5 - *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**

*If you wish to explain your answer, you can do so here:*

Safe access zones are crucial in order to ensure the safety of Queensland women and pregnant people that are trying to access healthcare.

I support Clauses 11 to 14 of the Bill.

I have concerns with Clause 15 of the Bill that puts the burden of proof on police to confirm that anti-choice groups' actions outside clinics reasonably deter patients from entering.

Therefore I suggest an additional clause that is consistent with the NSW and Victorian safe access zone laws. This additional clause should strictly prohibit conduct in safe access zones that is plainly unacceptable and not make it necessary for the prosecution to prove that conduct is reasonably likely to deter.

Conduct such as harassment, intimidation, besetting, threatening, hindering, obstructing or impeding by any means of a person accessing or leaving, or attempting to access or leave a clinic (including obstructing or blocking a footpath or road in a safe access zone without reasonable excuse) should be prohibited.

I have personally seen people harassed, intimidated and deterred from entering or leaving premises that provide termination services due to the presence and actions of anti-choice protesters. This is extremely distressing for pregnant people who are often already undergoing traumatic circumstances.

### **Offences for unqualified persons**

*Q6 - Do you agree with the proposed offences for unqualified persons who perform or assists with a termination? Yes*

*If you wish to explain your answer, you can do so here:*

It is extremely important to ensure that people choosing to terminate a pregnancy are doing so without pressure, coercion or intimidation, and that they are able to safely and reasonably access services that fulfil their personal needs.

I partially support and partially have concerns regarding Clause 25 of the Bill – Insertion of new s 319A into the Criminal Code:

I support s 319A (1) & (2)

I am concerned that s 319A(3) may, in some circumstances, lead to susceptibility to prosecution for people who are, with the full prior and informed consent and by the request of the pregnant person, supporting them by assisting with the procurement of a termination drug.

### **Other issues**

*If you wish to make any other comments in relation to this Bill, you can do so here:*

Termination of pregnancy is a basic medical procedure.

Having abortion in the Criminal Code not only disadvantages the most vulnerable Queenslanders, including those experiencing domestic violence, but also disproportionately affects people in rural, regional and remote areas who may have to travel thousands of kilometres, and take time off work or from caring responsibilities to access a medical procedure that should be available to them.

Reforming abortion laws will enable medical professionals and institutions to provide healthcare to Queensland patients without fear of criminal prosecution.

### *Use of gendered language*

I note the consistent use of the word ‘woman’ to refer to pregnant people throughout the Bill. In recognition of changing societal approaches to gender, and in the interest of acceptance, inclusion and rights of all members of society including LGBTQIA+ people, I suggest changing this wording in the Bill and the related dictionary term ‘woman’ to refer to ‘pregnant person’ or just ‘person’.

For example:

Clause 5: A medical practitioner may perform a termination on a ~~woman~~ person who is not more than 22 weeks pregnant.

### *Opposition to mandatory counselling*

I would like to register my opposition to any moves to try and force a pregnant person to undergo mandatory counselling in order to access abortion. I trust pregnant people to make the decision that is best for them and their family; and to decide on the nature or extent of any counselling they might want.

I would be concerned that any requirement for mandatory counselling would create additional barriers and difficulties to accessing services. I know that in the United States mandatory counselling requirements have been used to shame people and make it more difficult to access termination services. These have particularly hurt low-income people and those in rural areas, because many patients live hours from their nearest clinic, and attendance at a mandatory counselling appointment increases the costs, lost wages and time involved in getting the treatment they seek.

Given the size of Queensland, and distance between many facilities, I’d be concerned about similar impacts in Queensland.

### *Some common misconceptions about termination of pregnancy*

- Will the decriminalisation of abortion in Queensland result in more people choosing to terminate pregnancies?

According to data publicly available through Medicare, there were no spikes in the rate of abortions carried out in the states of Victoria and Tasmania once decriminalisation of abortion had occurred.<sup>1</sup> It is expected to be no different in Queensland.

Additionally, worldwide studies on the incidence of termination have found that ‘unrestrictive abortion laws do not predict a high incidence of abortion, and the same token, highly restrictive abortion laws are not associated with low abortion incidence’.<sup>23</sup>

- Will late term abortions increase in Queensland if abortion is decriminalised?

It is often claimed by anti-choice groups that the numbers of ‘late-term abortions’ in Victoria has increased substantially since law reform occurred in 2008. The Medicare data referenced shows that this is certainly not the case; figures supplied by the 2012 and 2013 Victoria’s Mothers, Babies and Children report released in 2016 provide additional proof that these claims are completely unsubstantiated.<sup>4</sup>

- How many abortions take place within the first trimester of pregnancy?

Data collection on abortion in Australia is poor, however South Australia do record, report and publish data on their abortion rates and the academic works regarding abortion consider it to be the state with the most reliable source of information. In South Australia in 2015, 92% percent of terminations were performed within the first 14 weeks of pregnancy and 2% were performed at or after 20 weeks gestation.<sup>5</sup>

## Publication of submission

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

## Appearing as a witness at a public hearing

Would you like to be considered to appear as a witness before the committee? **No**

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<sup>1</sup> Australian Department of Human Services. Medicare items 35643 processed from July 2006 to June 2017, Medicare. 25 July 2018.

<http://medicarestatistics.humanservices.gov.au/statistics/do.jsp? PROGRAM=%2Fstatistics%2Fmbs>

<sup>2</sup> Queensland Law Reform Commission, Review of termination of pregnancy laws (2018), p. 133. Online at: <https://www qlrc.qld.gov.au/ data/assets/pdf file/0004/576166/qlrc-report-76-2018-final.pdf>

<sup>3</sup> G Sedgh et al, ‘Induced abortion: estimated rates and trends worldwide’ The Lancet (2007) 370, p. 1338, 1343.

<sup>4</sup> The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (2016) 2012 and 2013 Victoria’s Mothers, Babies and Children (Section 2: Data, tables and figures) p 196; Department of Health and Human Services, Victorian Government, Melbourne; May 2016.

<sup>5</sup> W Scheil, K Jolly, J Scott, B Catcheside, L Sage, R Kennare Pregnancy Outcomes in South Australia 2015. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2015. Online at: <http://www.sahealth.sa.gov.au/wps/wcm/connect/66323264-dc4f-4667-b118-acabd078685a/Pregnancy+Outcome>