

**From:** [REDACTED]  
**To:** [abortionlawreform](#)  
**Subject:** Submission - Fleur Hawes  
**Date:** Monday, 20 June 2016 10:38:00 PM  
**Attachments:** [Dear Premier Palascuk.docx](#)

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Dear Committee,

I wrote this piece for a Health Law course at the ANU. The sentiments in the letter apply to the terms of reference fully.

I am studying in Canberra but home for me is Atherton in FNQ. I will be returning to QLD after I complete my law degree. I hope I can return to a state that supports choice.

I would be happy to be contacted regarding this matter further.

Kind regards,

Fleur

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Fleur Hawes

[REDACTED]

Dear Premier Palascuk and Attorney-General D'Ath,

I am a proud Queenslander. I barrack for the Maroons and I defend Queensland from 'backwards' jokes. The state's detractors have one point however. Queensland's criminalisation of abortion is beyond backward, it's outdated, dangerous and stigmatising.

Women have abortions every day. Everyone loves someone who has had one. Terminations are just one of the many personal and medical decisions women make. Abortion is a safe medical procedure deserving no more moralising than a tooth extraction. The evidence is indisputable, restricting access results in life-threatening health outcomes for women. The time for tired dichotomous prolife/prochoice debates has past. It's time to trust women and their doctors. I implore you to decriminalise abortion and ensure reproductive healthcare is truly accessible.

In Queensland the personal remains political as abortion is the only medical procedure regulated by criminal law. In the chapter entitled '*Offenses Against Morality*', three sections specify 14 years imprisonment for women procuring abortion and penalties for persons assisting. The issue is not simply that the law was penned by privileged dead white men at a time when medical treatments involved leaches and women were relegated to the private sphere; the problem is the law has remained fixed in time, securing the status of abortion as deviant, irrespective of modern medical standards and the advancements in women's rights. The status quo precariously predicates legality upon doctors finding a serious danger to the woman's physical or mental health, second-guessing women's decisions. Women are left to blindly navigate this inconsistent and uncertain environment, relying upon prosecutors turning a blind eye, albeit with the trial of the Cairns couple in 2009 a haunting memory. Queensland's criminal, not clinical, standard of reproductive healthcare blames, judges and punishes women. This must change.

Medical decisions should be between a woman and her doctor. In Queensland access depends on a woman's bank balance and postcode. Despite the promise of universal health care, a medical abortion is \$500 - \$850, more than any fortnightly Government payment. After 11 weeks, the price skyrockets to \$1550. Outside the southeast, terminations are only available in private facilities in Rockhampton, Townsville and Cairns. This prohibitive price-tag does not include fuel, airfares, accommodation, food, childcare, a support person or lost income. For women seeking terminations after 15 weeks, which usually occur due to foetal abnormality or violence, are forced to travel to Victoria or South Australia. These states prioritise women's health in public clinics, facilitating women's recuperation at home.

Last year 77 women were known to have travel to Victoria for terminations. Debt, dangerous DIY terminations, burdensome travel or carrying an unwanted foetus are not choices, they are sentences. It is time to invest in women's health, providing genuine access.

Reforming abortion law provides an opportunity to balance patient care, geographic challenges, and doctor's consciousness. Whilst no doctors have been prosecuted since 1986, the stigma attached to providing an illegal procedure affects practitioner availability. To ensure accessibility, Queensland could follow Canada's lead, allowing supervised nurses to perform first trimester abortions. Queensland should also insert a conscience clause in the *Health Act*. This ensures conscientious objections cannot be exercised at the cost of a woman's life and a practitioner's refusal to provide medical care cannot translate into an inability to get medical care, an effective referral must be provided. As doctor and a lawyer Julia Cantor states, 'conscience is a burden belonging to the individual professional, patients should not have to shoulder it...'. These amendments create legal certainty for doctors and access for women.

Decriminalisation challenges the idea that there is anything shameful about abortion. In the 21<sup>st</sup> century, women's reproductive choices are still subjected to public commentary and are fraught with contradictions. Prime Minister Julia Gillard was shamed about being 'deliberately barren'. Concurrently former Prime Minister Tony Abbott proselytised abortion as 'the easy way out' and a 'great shame'. These views are drenched in demeaning patriarchal assumptions, ultimately perpetuating women's inequality. This judgement was glaringly apparent during the 18 months of negative publicity the Cairns couple faced. The sensationalist media coverage evaluated and judged the decision of a 19-year-old not to be a mother and the prosecutor egregiously branded the decision a 'lifestyle choice'. Thanks to the decency of 12 jurors the case failed. This exemplifies the pervasive judgement and hierarchical ranking of abortion, where only tragic cases of foetal abnormality are accepted. Public discourse surrounding abortion often amplify the extremes and sorts women into two categories, women who have abortions and who are mothers, silencing the majority. Abortions are common, with one in three women having had one. Women and their reasons are just as varied and complex. Decriminalisation is an essential part of reshaping the narrative, making abortion shameless and blameless.

Hypocrisy is rife as pro-life groups endanger women's health and wellbeing by spreading medical misinformation and harassing women outside clinics, shaming women's sexuality whilst ignoring the role men play in procreation. Queensland must proactively introduce safe zones around clinics,

ensuring access is free from intimidation and judgment. Anti-choice views can continue to be publically expressed, including outside Parliament. However personal objections must not inhibit women privately accessing reproductive healthcare.

For too long reproductive rights have been the plaything of men, used for bargaining or point-scoring. Often under the pretext of health, parliamentarians, such as Fred Nile, Eric Abetz and Joh Bjelke-Petersen have used ideology masquerading as evidence to shame women's choices. Blinded by political pragmatism, Premier Anna Bligh's choice to 'stay out of the tragic [2009] case' squandered a reform opportunity, entrenching the problem. In fact, decriminalisation is the politically-savvy decision, with support at 81%. As women at the apex of power, you are both in the privileged position to create real change, re-enlivening Labor's proud history of fighting for women's rights. It's time to lead the partyroom and the Parliament. With the road to reform mapped by other States, action can occur immediately. Decriminalising abortion will secure reproductive healthcare, ushering in an era of real choice.