

From: [Nichola Byrne](#)
To: [abortionlawreform](#)
Subject: Support - Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016
Date: Thursday, 23 June 2016 12:03:39 PM

I support the Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016 and the decriminalisation of abortions.

The legal status of abortion has a significant impact on access in Queensland. Publicly provided services are extremely limited, leaving the majority of women to seek services through costly private clinics and day surgeries. 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 (Sexual Health Society of Queensland (n.d). *Position Statement: Termination of Pregnancy (Abortion), including Medical Abortion*. [online] Available at: http://www.shsqld.com/uploads/1/3/6/6/13668656/abortion_position_statement.pdf)

The **Australian Medical Association's** (AMA) position statement which was revised in 2005 to include 'Termination of Pregnancy', affirms where the law permits termination of pregnancy, non-surgical forms of termination should be made available as an alternative to surgical abortion in cases where they are medically deemed to be the safest and most appropriate option based on the appropriate clinical assessment (Australian Medical Association. (2014). *Sexual and Reproductive Health - 2014*. [online] Available at: <https://ama.com.au/position-statement/sexual-and-reproductive-health-2014>).

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists support equitable access to optimal sexual and reproductive health services, including termination services. The College believes access to termination services should be on the basis of health care need and not limited by age, socioeconomic disadvantage or geographic isolation. The College states that equitable access to services should be overseen and supported by health departments in each jurisdiction, in the same way it is for other health services. The College also support moves to develop a national sexual and reproductive health strategy (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2016). *Termination of Pregnancy*. [online] Available at: https://www.ranzog.edu.au/component/docman/doc_view/926-termination-of-pregnancy-c-gyn-17.html?Itemid=946)

The Royal Australasian College of Physicians state that uniform access to safe, legal, accessible and affordable abortion services with both medical and surgical options is needed for young women who do not choose to continue their pregnancy. The College also asks for governments and health professionals to collaborate for policy and legislative change (The Royal Australasian College of Physicians (2015). *Position Statement: Sexual and Reproductive Health Care for Young People*. [online] Available at: <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-ps-sexual-and-reproductive-health-care-for-young-people.pdf?sfvrsn=4>)

The **World Health Organisation** (WHO) makes a number of recommendations in their report 'Safe abortion: technical and policy guidance for health systems' including safe abortion services should be readily available and affordable to all women; and that laws and policies on abortion should protect women's health and their human rights. The WHO advocates for the establishment of national standards and guidelines facilitating access to and provision of safe abortion care to the full extent of the law as well as a systematic approach to policy and programme development that promotes women's health and their human rights in mind. The WHO also advises policy makers and healthcare managers working to provide reproductive health services should always ensure safe abortion care is readily accessible and available to the full extent of the law (World Health Organisation, Department of Reproductive Health (2012). *Safe Abortion: technical and policy guidance for health systems*. [online] Available at: http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/)

The 1994 **International Conference on Population and Development** (ICPD) Programme of Action (which was agreed by 179 countries) supports safe and accessible abortions and urged all Governments, relevant intergovernmental and non-governmental organizations are to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services (United Nations Population Fund (2014). *Programme of Action of the International Conference on Population Development: 20th Anniversary Edition*. [online] Available at: http://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf)

The 1999 review and appraisal of the implementation of the ICPD Programme of Action by the

United Nations General Assembly further agreed that in circumstances where abortion is not against the law, health systems should train and equip health service providers and should take other measures to ensure that such abortion is safe and accessible (United Nations General Assembly Resolution S-21/2 (1999). *Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development*. [online] Available at: <http://www.un.org/documents/qa/res/21sp/a21spr02.htm>)

Also in 1999, the **United Nations Committee on the Elimination of Discrimination Against Women** (CEDAW) specified that it is discriminatory for a State party to refuse to provide legally for the performance of certain reproductive health services for women. CEDAW states that laws criminalising medical procedures only needed by women; and that punish women who access these services creates additional barriers to women's access to healthcare and advocates that when possible, legislation criminalizing abortion should be amended (United Nations Committee on the Elimination of Discrimination Against Women (1999). *CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health)*. [online] Available at: <http://www.refworld.org/docid/453882a73.html>)

In 2015 the **United Nations Human Rights Office of the High Commissioner** released an information series on sexual and reproductive health and rights which identified criminalisation of health services that only women require, including abortion, as a form of discrimination against women as its number one key issue. The Office of the High Commissioner advocates States have an obligation to respect, protect and fulfil women's rights related to abortion services:

- ÿ *Respect*: States should remove legal provisions which penalise women who have undergone abortion or medical practitioners who offer these services;
- ÿ *Protect*: States must organize their health system to ensure that women are not prevented from accessing health services by health professionals' exercise of conscientious objection. For example, where abortion is legal, if a doctor refuses to perform it, the health system must refer women to an alternative health care provider; and
- ÿ *Fulfil*: States must take steps to ensure access to appropriate health-care services for women and to eliminate such barriers to the provision of abortion services and that lead women to resort to unsafe abortions, including eliminating unacceptable delays in providing medical attention (United Nations Human Rights Office of the High Commissioner (2015). *Information series on sexual and reproductive health and rights: abortion*. [online] Available at: <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>)

The **World Association for Sexual Health's** 2008 report states a woman's right to reproductive self-determination is supported by change in abortion laws and notes that since 1995, 15 countries including Chad, Nepal, Guinea and Benin have passed laws liberalising access to safe abortion (World Association for Sexual Health (2008) *Sexual Health for the Millennium. A Declaration and Technical Document*. [online] Available at: <http://www.worldsexology.org/resources/millennium-declaration/>)

The Salvation Army acknowledges induced abortion is not a new procedure and that some women, regardless of their religious or legal sanction turn to abortion when faced with an unwanted pregnancy. The Salvation Army believes that termination can occur only when carrying the pregnancy further threatens the life of the mother or a foetal abnormality that is incompatible with survival for more than a very brief post natal period. The Salvation Army also believes that rape and incest represent special cases for the consideration of termination (The Salvation Army (2010). *International position statement: abortion*. [online] Available at: http://www1.salvationarmy.org/ihq/www_ihq_isjc.nsf/vw-sublinks/FE3C992C78838853802577DF0071D796?openDocument)

The **Public Health Association Australia** declare abortion is a safe, common medical procedure which should be regulated in the same way as other medical procedures; and that both medical and surgical abortion should be included in health service planning. The Public Health Association Australia believes the following steps should be undertaken by legislators, policy makers, funding bodies and health services:

- ÿ Organisations should support and collaborate in the development of a comprehensive national sexual and reproductive health strategy;
- ÿ Organisations working at public health and individual health care levels should address fertility control and information decision making, including information about access to abortion services and the choice of methods available;
- ÿ Regulation of abortion services should be removed from the criminal laws and codes;
- ÿ Abortion services should be regulated under existing healthcare legislation (Public Health Association of Australia (2014). *Policy at a glance: abortion policy*. [online] Available at: <https://www.phaa.net.au/documents/item/256>)

Family Planning Alliance Australia state safe abortion services are those where women have timely

access to health service providers who are appropriately equipped and trained in the correct technique and standards and affirm that abortion must be legal, safe and accessible to all women in Australia

(Family Planning Alliance Australia (2016). *Access to abortion services Australia: position statement*. [online] Available at: http://familyplanningallianceaustralia.org.au/wp-content/uploads/2016/02/ENDORSED-160216-Position-Statement_Access-to-Abortion_Final.pdf)

Sex Education Australia believes it is a woman's right to make an informed decision considering all options regarding her pregnancy and that all women have a right to access safe and legal abortions

(Sex Education Australia (n.d). *Company position statement*. [online] Available at: <http://www.sexeducationaustralia.com.au/statement.html>)

The **Australian Women's Health Network** (AWHN) recognise that access to safe termination of pregnancy services is an important women's health issue and that no woman be compelled to carry an unwanted pregnancy to term. The AWHN believe that a women's right to choose is in the best interests of her health and that abortion should be primarily considered by legislators, policymakers and health administrators as a health and human rights issue. The AWHN support the removal of all references to abortion be removed from criminal codes and that abortion should be regulated as all other medical services, under the healthcare and medical practice legislation (Australian Women's Health Network (2002). *Abortion policy*. [online] Available at: <http://awhn.org.au/abortion-policy/>)

The **Queensland Council for Civil Liberties** has publicly stated that Queensland, along with New South Wales, now have the most antiquated and draconian laws in Australia. The Council believes the current laws do not reflect the status of women in Queensland and openly supports the Victorian model where there are no restrictions on a woman's right to choose up to 24 weeks, after which the abortion can only proceed if 2 doctors reasonably believe that it is appropriate in all the

circumstances (Queensland Council for Civil Liberties: *Media Release – Abortion Law Reform Required*. [online] Available at: <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-ps-sexual-and-reproductive-health-care-for-young-people.pdf?sfvrsn=4>)

The **Sexual Health Society of Queensland** 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 Sexual Health Society of Queensland 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 (Sexual Health Society of Queensland (2016). *Position statement: termination of pregnancy (abortion), including medical abortion*. [online] Available at: http://www.shsqld.com/uploads/1/3/6/6/13668656/abortion_position_statement.pdf)

At the 2008 **Abortion in Queensland Conference**, convened by Family Planning Queensland, Children by Choice and James Cook University (Department of Obstetrics and Gynaecology), participants endorsed six key recommendations for Government and health service providers to ensure that Queensland women can access safe and lawful reproductive health services into the future:

1. Abortion must be removed from the Queensland Criminal Code and remain subject to appropriate health regulations;
2. Medical workforce training and succession planning in the area of abortion service and contraception needs to be address by teaching institutions, professional medical and nursing bodies, private sectors and the state health department;
3. Queensland public health services must take responsibility for ensuring all women in their region have access to abortion services, in particular women in rural, regional and remote areas and women experiencing financial difficulties;
4. Abortion services should conform to international best practice guidelines, which include the availability of medical abortion with mifepristone and prostaglandin;
5. A broad Sexual and Reproductive Health Strategy must be a priority of the State and Federal Governments;
6. Governments must fund only pregnancy advisory services that are transparent, women-centred, non-directive and provide referrals for all options (Abortion in Queensland Conference Report (2008). [online] Available at: <http://www.childrenbychoice.org.au/images/downloads/AbortionInQldConfReport2008.pdf>)

A 2003 survey conducted by The Australian Survey of Social Attitudes found that 83% of respondents agreed a 'woman should have the right to choose whether or not she has an abortion'. The survey also found that religious belief and support for the decriminalisation of abortions were not mutually exclusive with 77% of those surveyed who identified as religious also supported a woman's right to choose (Wilson, S., 1971 & Ebooks Corporation 2005, *Australian social attitudes: the first report*, UNSW Press, Sydney).

The Medical Journal of Australia's 2008 survey of 1050 Australians showed a high level of support for access to abortions with 87% of respondents agreeing that abortion should be legal in at least some circumstances in the first trimester. In additions, of the respondents, 69% indicated agreement for lawful abortions during the second trimester and 48% for lawful abortions during the third (Crespigny, L et al (2010). 'Australian attitudes to early and late abortion'. *The Medical Journal of Australia*. [online] Available at: https://www.mja.com.au/journal/2010/193/1/australian-attitudes-early-and-late-abortion?0=ip_login_no_cache%3D4037a7d9f99c990263cd56b6bbc8d6ec).

A survey conducted by Auspoll in 2009 of over 1000 Queenslanders found that almost 4 out of 5 voters wanted abortions decriminalised (*Queensland voters' attitudes towards abortion* Report prepared by Auspoll, May 2009. Polling commissioned by Children by Choice).

More recently, an online poll of 13,963 Queenslanders reflected 84% of respondents as being pro-choice when asked "What is your stance on abortion?" (Poll: "What is your stance on abortion?" (2016). [online] Available at: <http://australia.isidewith.com/poll/965629>)

The view of the Australian Government, as stated by Peter Arnaudo, Attorney-General's Department, at the Joint Standing Committee on Treaties in 2008, is that article 6 of the International Covenant on Civil and Political Rights "was not intended to protect life from the point of conception but only from the point of birth" (Peter Arnaudo, Attorney-General's Department, Hansard — Joint Standing Committee on Treaties Reference: Treaties tabled on 14 May and 4 June 2008, (viewed 17 June 2016). [online] Available at: <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=ld%3A%22committees%2Fcommjnt%2F10940%2F0001%22>).

The Australian Capital Territory's *Human Rights Act 2004* states:

- (1) *Everyone has the right to life. In particular, no-one may be arbitrarily deprived of life.*
- (2) *This section applies to a person after birth* (Australian Capital Territory (2004). *Human Rights Act 2004*. [online] Available at: <http://www.legislation.act.gov.au/a/2004-5/current/pdf/2004-5.pdf>)

The WHO state that whilst individual healthcare providers have a right to conscientious objection to providing abortion, it does not entitle them to impede or deny access to lawful abortion services as it delays care for women, putting their health and life at risk. In such cases, healthcare providers must refer the woman to a willing and trained provider in the same, or another easily accessible healthcare facility in accordance with national law (World Health Organisation, Department of Reproductive Health (2012). *Safe Abortion: technical and policy guidance for health systems*. [online] Available at: http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/).

The AMA state their respect for the rights of doctors to hold differing views regarding termination of pregnancy and that when a personal moral judgement or religious believe prevents doctors from recommending some form of therapy, they should so inform their patients and advise that such a therapy may be available elsewhere (Australian Medical Association, (2005). *AMA Position Statement: Reproductive Health and Reproductive Technology 1998 (Revised 2005)*. [online] Available at: <http://www.parliament.qld.gov.au/documents/tableOffice/BillMaterial/160510/Abortion.pdf>)

The Public Health Association Australia also support health professionals who conscientious object to personal participation in abortion care and advocate for health professions informing patients of their objection and referring patients wanting to consider or discuss abortion care to another health profession without such objections (Public Health Association of Australia (2014). *Policy at a glance: abortion policy*. [online] Available at: <https://www.phaa.net.au/documents/item/256>).

The Royal College of Nursing Australia (RCNA) supports nurses having their conscientious beliefs respected in non-emergency situations provided the criteria of conscientious objection are met and that that patient care is not compromised and that the legal duty of care is maintained (Royal College of Nursing Australia (2004). *Position statement: Conscientious objection*. [online] Available at: http://mail.rcna.org.au/imis15/Images/RCNA_website/Files%20for%20upload%20and%20link/policy/documenta%20ion/position/Conscientious_objection_under_review_25Nov04.pdf).

I support the Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016.

Kind regards,
Nichola.

