

Submission to the
Parliamentary Committee for
Health, Communities, Disability Services and Domestic and Family Violence
Prevention to assist in their Inquiry into Abortion Law Reform in Qld

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The Committee of Inquiry into Abortion Law Reform
Health, Communities, Disability Services and
Domestic and Family Violence Prevention Committee

Dear Committee Members

I am writing to seek your endorsement in **favour of the repeal of the current laws existing around abortion in Qld** ie codes 224, 225 and 226 and to subsequently **decriminalise abortion in Queensland**, in line with similar law reform in other Australian states and territories.

I have been a registered nurse and midwife for over 30 years and have worked in a number of settings including tertiary hospitals and in community clinics in urban rural remote and international settings. I have worked in the Northern Territory at a time when the director of obstetrics supported terminations of pregnancy and women working across the NT including in remote areas frequently accessed TOPs for unwanted pregnancy. I have also worked in Africa where I have seen women die from attempting to terminate their own pregnancy because the health system refused to make this available.

I now work in Queensland where women are denied access and only the resourceful and those with financial means can successfully receive these services. Termination is available to women but only if they can afford to pay and only if they can travel to the few urban and regional facilities that provide them. I know SOME public hospitals provide it and there are very good clinical guidelines to support clinicians to provide the service within the law. But it is very much the decision of one or two doctors in those facilities, even though other doctors in that facility are happy to provide the service.

Over the past few months I have been aware of two individuals, with similar stories, but very different outcomes.

The first was a woman living in a western Queensland. She already had 3 children. She fell pregnant with a new partner and there was a lot of domestic violence in the relationship. He insisted that she keep the baby. He was then sent to jail and the woman tried to access help and thought she could pretend she

miscarried. She was told she needed to travel hundreds of kms to Brisbane. She would have to find someone to look after her other children, travel to Brisbane, stay in a hostel, pay for the procedure in a private facility and return to her remote town. She did not have the several thousand dollars that was required, plus she was terrified her partner would find out she had travelled to the city and put two and two together. Her nearby referral town, which she could have discreetly accessed as a day procedure, used to provide the service, but stopped when the supportive senior doctor left town. She could not raise the money. Nobody told her about Children By Choice, the agency who support women with financial and counselling support. She is now heavily pregnant, her partner is out of jail, the relationship is unhealthy and violent but she is now connected to him through this soon to be born child.

Another woman, also with 3 children fell pregnant to a new partner. But this woman lived in Brisbane, had money and resources. She sought out a termination through a private clinic and paid the \$450. It was all over in a few days, nobody needed to know, especially her children. The relationship with the new partner did not work out and they have since broken up.

Although it is well established that unwanted pregnancies occur in women of all ethnicities and social classes, the women most disadvantaged by these archaic laws are the most vulnerable. The cycle of disadvantage will continue for the babies of these women. Many of these mothers will struggle and some of their babies will end up in the child protection system. How do these laws protect anybody other than the self righteous privileged (often men) who have never known hardship? There are no winners.

Access to abortion services for Queensland women should not be dependant on the personal values of the doctor the woman presents to, or to how much money or other resources she has. Regardless of where she lives, each woman should have access to sympathetic services providers who can give her non biased information so she can make an informed decision on what is best for her.

I understand that some individuals do not agree with abortion and they have the right to those beliefs. But I do not believe they have the right to block access to women, particularly in publically funded facilities. These clinicians do not have to be involved in the actual procedure, but surely they have a duty of care to refer her to someone else who can assist the woman.

I have noted with concern that the little media interest this topic has been given since the Bill was introduced by Mr Pyne has been on the lack of gestational limit in the Bill. There is ample evidence provided by other submissions that women do not seek terminations in late pregnancy unless advised to do so by their medical provider, usually because the fetus is incompatible with life, or the life of the woman is threatened. I ask the committee to consider the far more common scenario (supported by evidence) that the vast majority of women present early in pregnancy because they choose, for whatever reason that it is not in their best interests to continue the pregnancy.