

From: [REDACTED]
To: [abortionlawreform](#)
Subject: Submission on Abortion Law Reform
Date: Sunday, 26 June 2016 9:25:29 PM

Dear Committee,

I wish to make a submission to the Inquiry regarding the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016*. I am a specialist Sexual Health Physician residing in Smithfield (Cairns) and am making this submission as an individual. I am the Director of Sexual Health at Cairns Hospital and also hold appointments at the level of Adjunct Associate Professor at James Cook University and Clinical Associate Professor at the University of Melbourne. My qualifications are: Bachelor of Medicine and Bachelor of Surgery (Melbourne University), Fellow of the Royal Australian College of General Practitioners, Graduate Diploma of Venereology (Monash University), Fellow of the Chapter of Sexual Health Medicine of the Royal Australasian College of Physicians, and Fellow of the Royal College of Physicians (London). I have worked as a doctor for over 28 years.

For over 10 years my department in Cairns has been offering abortion services to the women of Far North Queensland. I estimate that in that time we have performed over 3000 medical abortions (using medications, principally mifepristone and misoprostol) and have referred women for surgical abortions over 1000 times. As such, I believe that our service has performed vastly more abortions than any other public hospital service in Queensland and that we are regarded as experts in the field of abortion medicine. We have helped all of these women to have safe, effective abortions at a most difficult time in their lives. We have seen women who are victims of domestic violence and sexual assault, as well as women with mental health conditions. We have seen disadvantaged Aboriginal and Torres Strait Islander women, financially disadvantaged women, women whose contraceptive choices have failed, women who did not think they were able to fall pregnant, and women who for whatever reason or another just found themselves pregnant and didn't wish to be. The stories of these women are invariably sad.

I work with these women on a daily basis in my clinical work. None of these women are happy to find themselves in this position. Nearly all of them come to see us in some distress – we turn none of them away. They may turn up to see us by themselves, or with their male partner (who is usually supportive, but sometimes not), with their mother, their father, their sister, their friend, their work colleague, or their boss. These women are all ages, from 12 years of age to late 40s. They are overwhelmingly unable to afford an abortion in the private medical system. Without our service many of these women would be forced to continue a pregnancy they feel unable to continue, or to take drastic steps to induce an unsafe and potentially life-threatening abortion by themselves.

We offer medical abortions up to 10 weeks of gestation, in line with international best practice and USA clinical recommendations. The overwhelming majority of abortions in Queensland are conducted at an early stage of gestation. Of the more than 3000 medical abortions we have performed over the last 10 years there have been no fatalities and very few significant complications. We have published our experience in academic journals¹ and our experience mirrors the safety and efficacy of a larger series of 13,345 medical abortions carried out by Marie Stopes clinics throughout Australia². Early medical abortions are safe and effective,

according to all the available evidence.

My experience is that nearly all the women who come to our service have already made up their minds – they require no further counselling about their decision. They have occasionally taken some time to feel comfortable with their decision to proceed with an abortion and may have spoken with their partner and/or their family and friends prior to coming to see us. They have often seen their general practitioner and have then been referred to our service. It is important that they have access to counselling services such as the telephone service offered by Children by Choice – for women in regional and remote Queensland this may be the best (or only) non-judgemental, non-directive counselling service available to them.

When the women telephone our service the administration staff take their details and the woman is given an appointment to see one of our nurses. The nurse spends some time with the woman and makes sure that all the necessary information is provided. The woman is then booked in to see a doctor who carries out the medical abortion (with medication provided by the Commonwealth Pharmaceutical Benefits Scheme (PBS) or refers the woman to a local gynaecologist for a surgical procedure, depending on the woman's wishes and her gestation and medical conditions (sometimes a surgical procedure is preferred or necessary). Our service will pay for the surgical procedure if the woman is unable to, ensuring that there is no cost to the woman, as occurs with other surgical procedures in the public hospital system.

Our service offers counselling services but they are very rarely taken up. I cannot recall the last time a woman requested counselling regarding the abortion choice itself. There may, however, be issues regarding relationships, domestic violence, sexual assault, etc., where counselling is requested. I am not aware of any of the 3000 women ever regretting her decision to have an abortion at our service. We also provide access to long-acting reversible contraception (LARC) such as Implanon (a small contraceptive-containing plastic rod inserted into the skin of the upper arm) and IUCDs (intra-uterine contraceptive devices) that provide reliable, long-lasting contraception. A recent look at our data suggests that we are providing fewer abortions in recent years, compared with previous years. I believe that one reason for this is the provision of LARCs at the time of the abortion itself, or soon thereafter. The abortion procedure allows us to engage with the woman about her contraception choices and enables the woman to have better control over her reproductive health into the future. I believe it is important that such contraceptive services are made more widely available in Queensland, to reduce the need for abortions to occur.

We do hear of women who are told that, “..abortion is illegal in Queensland” and who then have to find other routes to our service or to other practitioners providing abortions services in Queensland, or even interstate. The legal situation with regards to abortion in Queensland means that there are some women who are unable to access safe, timely abortions. The 1899 law also means that many hospitals do not offer abortions as a routine procedure, as occurs in several other states or territories of Australia. It also means that many Queensland gynaecologists hide behind the fig leaf of illegality and do not provide such services. This will always predominantly affect marginalised and disadvantaged women. I work as a doctor and am well-paid - if my wife were to fall pregnant but not wish to continue with the pregnancy we could easily afford to fly interstate to have the procedure performed. It worries me greatly that the current system in Queensland is inequitable and women who do not have the money to access private abortion services may be forced to continue an unwanted or dangerous

pregnancy, or may resort to drastic measures to conduct their own unsafe abortion. This, to me, is one of the principal reasons why the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016* needs to be passed by the Queensland Parliament.

In summary:

- Abortion is a safe and necessary procedure for women. My 10 years of direct experience, and many thousands of abortions at our regional sexual health service, confirm this
- The public hospital system in Queensland rarely performs abortions, often because of the 1899 law criminalising abortion for both woman and doctor
- Counselling should continue to be made available – Children by Choice offers a very good, cost-effective, non-judgemental model and is accessible by women throughout regional and remote Queensland
- The current system is inequitable – well-off women will always be able to access abortions, whereas poorer, disadvantaged, regional and remote, and often Indigenous woman, are denied access to such essential services
- I strongly believe that the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016* should be passed so that all Queensland women can access safe abortions at their local hospital or private clinic, without fear of prosecution

Should you require further information or wish to discuss this submission with me directly please do not hesitate to contact me – I would be happy to elaborate on any of the points above.

References:

1. Downing S, McNamee H, Penney D, Leamy JJ, de Costa CM, Russell DB. Three years on: a review of medical terminations of pregnancy performed in a sexual health service. *Sexual Health* 2010;7:212-215
2. Goldstone P, Michelson J, Williamson E. Early medical abortion using low-dose mifepristone followed by buccal misoprostol: a large Australian observational study. *Medical Journal of Australia* 2012. 197 (5): 282-286

Yours faithfully,

Dr Darren Russell

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