From:

To: <u>abortionlawreform</u>
Subject: Submission

Date: Tuesday, 28 June 2016 1:49:29 PM

My submission is below

I should note that the views stated here are my own view and not those of Qld Health.

I am a medical practitioner working in Queensland and registered with AHPRA. I have many years of experience working in women's health with 27 years at Family Planning Queensland (now True) and 16 years as a Sexual Health Physician.

I am a registered prescriber of the medical abortion drug —Mifepristone and provide medical abortion to women up to 9 weeks of pregnancy. Over the years I have heard the stories of women facing the dilemma of an unwanted pregnancy. It has been my experience that women make this decision after careful consideration and do so because they feel they are not equipped to be a good parent at that time. No woman wants to have an abortion but neither do they want to be an inadequate parent when they don't have the emotional, physical or financial ability to provide for a child.

The option of adoption is always discussed when women first seek counselling but this is rarely considered as women do not see themselves as incubators.

I follow strict protocols agreed by the Health District I work within. Taking abortion out of the criminal code will not alter the service I provide but it will make women and their care givers feel safer in their decision. I will continue to follow the Queensland Health Protocols for safe provision of termination of pregnancy. This decision is a medical one between the woman and her doctor.

In a recent Medical Journal - Australian Doctor published 23/6/2016 the following comments were made about a new termination phone service providing 30 terminations a week Australia wide. "About 15% of patients so far were living in rural and remote areas". At last this service is helping women in more remote areas but service provision would be so much better for the woman's physical and emotional health if it was provided by a medical professional in person. However according to Jenny Ejlack of Reproductive Choice Australia, quoted in the same article- "one of the reasons the service was gaining referrals from GPs was because many were unwilling to provide medical termination services themselves due to uncertainty over the law."

Presently abortion services are mostly provided by private practitioners in Brisbane and a few regional centers. This makes abortion available to those with money but much more difficult for the poor and even less accessible in remote Queensland. Contraception services are also lacking in regional and remote Queensland, leaving women with little autonomy over their reproductive health.

The WHO publication "Safe abortion: technical and policy guidance for health systems" published in 2012 states that "In nearly all developed countries, safe abortions are legally available upon request or under broad social and economic grounds, and services are generally easily accessible and available. In countries where abortion is legally highly restricted and/or unavailable, safe abortion has frequently become the privilege of the rich, while poor women have little choice but to resort to unsafe providers".

Queensland woman are being denied their fundamental reproductive right to safe legal abortion. Please take this opportunity to give Queensland women the right to access safe legal abortion.

Dr Kay Haig FAChSHM Visiting Medical Officer Cairns Sexual Health Service

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