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Research Director

Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee Parliament of Queensland

SUBMISSION

RE: Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016 and Inquiry into laws governing termination of pregnancy in Queensland

Dear Committee Members,

I am an obstetrician and gynaecologist. I have practiced general practice for 10 years and for the last 9 years I have specialised in obstetrics and gynaecology. In this submission I would like to draw attention to two personal concerns I have regarding this Abortion Amendment Bill.

1. The Use of Coercion against minors and women.

I have grave concerns that any move to change abortion law in Queensland would increase rather than decrease the risk that medical or surgical termination of pregnancy could be used to hide sexual abuse against minors, women suffering intellectual disability or other vulnerable women.

Coercion against women can take many forms. There are many examples on the public record in the United States where medical and surgical terminations were used to hide sexual abuse against minors. The legal hoops that Mr Rob Pyne has publicly mentioned that a 12 year girl and her obstetrician were forced to go through for an abortion are intended to provide protection against such abuses.

Unfortunately in the modern world there are many instances where young women are trafficked, or subjected to sexual violence through drugs and other forms of coercion. Women in these situations need more assistance from public authorities - not less. Changing

the current legislation in Queensland would make women under coercion and minors more vulnerable by removing any accountability from the process of obtaining abortion.

2. The removal of the ability to conscientiously object to abortion by doctors, midwives and nurses.

Where abortion laws have been changed in other states provisions limiting conscientious objection have also been introduced. I think this is unacceptable in a modern Western democracy. The right to conscientious objection is a vital safeguard in the medical system.

In Queensland hospitals there are doctors who come from many differing ethnic and religious backgrounds. In obstetrics there are many doctors, midwives and nurses who would conscientiously object to performing or being involved in terminations of pregnancy. I have never seen an instance where this has prevented a woman from obtaining a termination of pregnancy if that was her wish in Queensland. Approximately 14000 terminations occur per year in Queensland under the current legislation.

Nurses currently protect patients from medication errors and bad judgements made by doctors through the use of conscientious objection. Due to the power dynamics in hospitals the use of conscientious objection provides an avenue where errors can be avoided in a non-confrontational manner. Removing the right to conscientious objection would instill a cultural change in our society that will affect other areas of medicine outside obstetrics. Safeguards that conscientious objection protect will be in jeopardy.

When the abortion law changed in Victoria the doctor who carried out most of the abortions in the Adelaide hospital where I worked arranged a meeting of medical staff. She explained to the assembled obstetricians, training registrars, residents, midwives and medical students that because the abortion law in Victoria had now changed to restrict conscientious objection for abortion - we would have to consult our medical defense organisation before conscientiously objecting to performing abortions in South Australia. This was untrue and it provides an example of how even a small change in legislation in another state can be used to provide coercive pressure against junior doctors, midwives and nurses to perform procedures that they would normally refuse to participate in.

Yours sincerely



Dr Brendan Miller