



the women's  
the royal women's hospital

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Research Director  
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee  
Parliament House  
By email to: [abortionlawreform@parliament.qld.gov.au](mailto:abortionlawreform@parliament.qld.gov.au)

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

Please accept the following submission on the draft Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016.

Please contact Dr Paddy Moore, Head of Unit, Early Pregnancy Service at the Royal Women's Hospital on [REDACTED] for further information.

Yours sincerely

Dr Sue Matthews  
Chief Executive Officer  
Royal Women's Hospital



## INTRODUCTION

The Royal Women's Hospital (the Women's) is Australia's largest independent specialist hospital dedicated to the care of women and newborn babies. The Women's expertise in sexual and reproductive health is drawn from our commitment to providing comprehensive maternity and women's health services. This includes counselling for unplanned pregnancy, screening and genetic testing services, medical and surgical abortion, management of miscarriage and maternity care including fetal and maternal complications. Our role in the health care system includes providing clinical leadership, advocacy and resources to the broader health sector to support advances in sexual and reproductive health.

The Women's provides abortion services because there is clear and compelling evidence that abortion is necessary, that it can be provided safely and effectively by health professionals and that timely access benefits women's health and wellbeing. These services are provided subject to the *Abortion Law Reform Act 2008*, which decriminalised abortion in Victoria.

## OVERVIEW

Abortion is a health issue and timely access to safe abortion services is a necessary component of any health system. Recent estimates of the incidence of abortion worldwide put the rate of abortion at 27 per 1,000 women aged between 15 and 44 years in the developed world<sup>1</sup>. International evidence and clinical practice over many decades has clearly established the standards for providing abortion services as part of health care.

It is in the interests of women and their health care professionals that abortion be managed as a health issue and not as a crime. The experience in Victoria since abortion law reform is that clinicians can now focus on practicing in accordance with evidence based clinical standards to address women's health care needs, free of the threat of criminal proceedings. Removing abortion from the Queensland Criminal Code and using existing regulations to ensure the quality and safety of care is integral to providing timely and appropriate health care to women.

## Recommendations

The Women's recommends that the Queensland Parliament decriminalise abortion by passing legislation that;

- amends the Criminal Code Act 1899 to remove the provisions that create offences related to abortion, and
- ensures that abortion is provided within the existing standards and requirements that govern the safety and quality of health care.

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<sup>1</sup> Sedgh G. et al, 'Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends', *the Lancet* 2016, Published Online May 11, 2016, [http://dx.doi.org/10.1016/S0140-6736\(16\)30380-4](http://dx.doi.org/10.1016/S0140-6736(16)30380-4), pp 1-10



## **FURTHER DETAIL**

The following submission provides further detail to support the following points.

- 1.1 Local service provision is essential to providing quality care for Queensland women.
- 1.2 The law needs to support current standards of clinical practice.
- 1.3 Decriminalisation in Victoria has provided certainty for health professionals to focus on women's health care needs.

### **1.1 Supporting Local Access to Quality Care**

The Women's recommends that abortion in Queensland be decriminalised because it will remove the need for women in Queensland to access this service far from home.

Currently the Women's provides abortion related care to women from Queensland. This care is provided with reservation, as we know that women's health and social outcomes would be better met by locally provided abortion services. We are also mindful that it is beyond our role in the health system to provide this service and that it is not a sustainable arrangement.

Current arrangements that compel some women to travel to Victoria undermine timely access to abortion and increase the risk of complications. Some women with an unintended pregnancy will experience it as a crisis in their lives; the additional burden of finding, organising and financing travel, accommodation and social support in addition to health care in another state and of organising child care, leave from work or from carer responsibilities further undermine women's entitlement to quality health care. For women experiencing violence, having to travel interstate makes it less possible to "hide" and more difficult to explain. It is also challenging for health professionals to respond to women's needs and circumstances with a comprehensive, integrated care pathway that includes information and advice, a clinical assessment, medical care, social support and follow up services.

### **1.2 Aligning the Law with Standards of Clinical Practice**

The quality and safety of abortion services in Queensland will be improved by removing the exception in law that sets abortion apart from the regulatory framework that guides good practice across the health system.

Clinical practice is best regulated under health law. The quality and safety of health care does not benefit from creating exceptions to this principle. It is not appropriate to separate out abortion from other medical procedures and create a different set of rules for it. Creating an exception for abortion means the procedure would be set apart from the regulatory framework that otherwise guides good practice, identifies problems and informs the processes of service planning, development and safety and quality improvement.



International research and practice over many decades have clearly established the evidence base for abortion, including abortion after the first trimester. Legislation should support a decision making process that is consistent with these professional standards of clinical practice. Nationally, these standards are derived from the Royal College of Obstetricians and Gynaecologists' *Evidence-based Clinical Guideline No. 7*<sup>2</sup> and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' *Termination of Pregnancy A Resource for Health Professionals*<sup>3</sup>. These specific standards are in addition to the regulatory framework that oversees the quality and safety of health care in Australia.

High quality care means health professionals respond to each woman's situation with skilled and comprehensive services, according to her individual needs. The normal process of consultation and assessment is that a doctor will explore with a woman her particular situation and discuss her options. Together they will work out the treatment that is in her best interests, including considering the risks and benefits of different options. This is the legal basis for consent to treatment.

### **1.3 The Benefits of Decriminalisation for Women and Health Professionals in Victoria**

Modernising Victoria's law has been of major benefit to women and health professionals by ensuring that abortion is managed as a health issue rather than a crime.

In Victoria, women experiencing an unplanned or untenable pregnancy, and the health care professionals who care for them, can now consider the option of abortion free of the threat of criminal charges. The reforms to Victorian law removed uncertainty and now provide a stable and sound framework for health professionals to care for women in a variety of situations. These include women with an unplanned pregnancy, with a pregnancy that they cannot continue because of their circumstances or a serious maternal illness or where there has been a diagnosis of a fetal abnormality.

Decriminalisation is also a vital step in removing the barriers to improved sexual and reproductive health through the development of better prevention, monitoring, research and training programs.

The Women's recommends the Victorian Law Reform Commission's report on abortion law for its comprehensive and lucid description and analysis of the law, clinical practice and community standards regarding abortion. In supporting current standards of clinical practice and aligning the law with community expectations, the *Abortion Law Reform Act 2008* (Victoria) provides greater confidence in health care and the laws in our society.

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<sup>2</sup> Royal College of Obstetricians and Gynaecologists (2011) *The Care of Women Requesting Induced Abortion Evidence-based Clinical Guideline No. 7*, <http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion>, 20/06/2016

<sup>3</sup> RANZCOG (2005) *Termination of Pregnancy A Resource for Health Professionals*, <https://www.ranzcog.edu.au/termination-of-pregnancy-booklet.html>, 20/06/2016



## **CONCLUSION**

Legislation should safeguard women's rights to appropriate, timely and safe clinical care.

Regulating abortion as a health issue rather than a crime is an essential step in improving timely access to safe and accessible sexual and reproductive health services for women. De-criminalising abortion provides certainty for health professionals, allowing them to focus on responding to women's needs and meeting current standards of clinical practice without the threat of criminal proceedings. Women will benefit from being able to access more services locally and to discuss with their health professional the option of abortion for a more comprehensive range of medical conditions and common social circumstances.

International evidence and clinical practice over many decades has established the standards for providing abortion services as part of health care. Health professionals can best meet these standards when they can respond to women's needs free of the threat of criminal proceedings.