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30 June 2016

Submission to the Queensland parliament:

Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016

Joint submission from:

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Note: The service is not claimable through Medicare because it is performed using the telephone, rather than the required face-to-face psychological consultation so patients pay out of pocket for the service in Queensland and New South Wales where the legislation is not yet repealed.

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Abortion in Australia and our current Australia-wide online abortion service

We make this brief submission together as medical officer-in-charge and contracted clinical and forensic psychologist at short notice following our return from the U.S.A. where we were invited to address an international conference on medical abortion. Though it is brief we would be pleased to elaborate further or answer any questions to the committee in person if we were invited to do so.

We thank the Queensland parliament, particularly Mr Pyne, for his courage in confronting this controversial issue. The failure of successive governments to acknowledge the reality of 21st century medicine and repeal criminal law imported from British statutes at federation, is something we discuss with our patients on a daily basis. Base on this experience it is our belief that it is not a healthy thing for a democracy to have its people so disrespectful of any law, and for this reason alone the criminal provisions of abortion law must be repealed. There are however, many other reasons, which we outline below.

The Tabbot Foundation provides medical abortion services to Queensland women using tele-medicine. We have invested substantial funds to ensure that our services complies with the law in every state and territory of Australia, and we are the only service in Australia that provides a 24/7 gynaecologist to support women undergoing medical abortion. In addition, we provide a clinical psychologist to interview women and provide expert assistance and referral should there be doubt about their psychological state, risk of domestic violence, or have serious mental, social or financial problems – that is, in addition to having an unwanted pregnancy. (This service is contracted to Clinical and Forensic Psychology Pty Ltd, who provide APS accredited pregnancy counselling psychologists, with approval to under Medicare).

We are an Australia-wide service which is currently operating in all states with the exception of South Australia and the Northern Territory. These two exceptions are due to the need to comply with health law that require abortion to be performed in a medical facility (the laws do not take into account medical abortion, but were designed to protect women having surgical procedures). Queensland women make up about X% of the 850 pregnancy terminations we have assisted in 8 months since we commenced practice in September 2015.

There are no available figures on the actual number of abortions performed in Australia annually, however if one was to the figures from South Australian medical facilities, if extrapolated to the Australian population as a whole, indicate that there are about 80,000. It is a very common surgical procedure, according to our research second only to removal of skin lesions.

Medical abortion is increasingly undertaken in most of the developed world, particularly in Europe and the U.K. and it is anticipated that since the approval of Mifepristone as a PBS medication by the Federal Health Minister in 2010, Australian women could expect this comparably safe medical procedure to be as available and accessible to them as it is in other countries (such as...).

It is imperative that the legislation in Queensland falls into line with other states such as Victoria (who repealed their laws 8 years ago) and Tasmania. We operate a day surgery clinic in Hobart that

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now enjoys the absence of harassment and intimidation of patients and staff, due to exclusion zone provisions enacted in their parliament in 2013.

Until the commencement of our practice Queensland women have, been paying the same or more for surgical as medical abortion, that is, about \$790, rather than our fee of \$250. The sole licensee for importation of Mifepristone to Australia runs several local clinics throughout Australia, and their fee reflects the fact that they not only are the sole importer, but they use the “profit” from Queensland women to fund overseas reproductive health clinics in less fortunate nations. This lack of competition means that Queensland women are paying a much higher relative fee for abortion, often exacerbated by the need to travel and pay accommodation charges when they have a termination.

Our service not only circumvents the humiliation of attending a local clinic where a woman may be known to local clinic staff and other patients, or have to endure protestors outside, but allows them to have a termination in the privacy of their own home, simply by taking a 2-step medication regime. (See attached article from Australian Doctor).

Many of the Queensland women who seek our services are unaware that abortion remains unlawful (by legislation). As part of our routine procedure to ensure informed consent, we inform them during psychological interview of the legal situation in Queensland. Whilst we enjoy the opportunity to explain where necessary the function of case law versus legislation in protecting their right to freely choose when to parent a child or not, it is clear that almost without exception they think poorly of the current legal situation that leaves them vulnerable to prosecution for seeking an abortion. As providers too, we share this risk with them, every day we provide this service.

Medical abortion is safer than surgical, and many times safer than childbirth. The criminal law provisions need to be repealed because they are outdated, a hang-over from centuries past when gender equality was not part of our law, antibiotics were not invented, and many women died because of the poor quality of medical care and hygiene. In contrast, our service recently presented at the 18th International Mifepristone Conference in New York, U.S.A., showing a standard of medical care unsurpassed by any other country, with a failure rate (i.e. incomplete abortion) less than one third that of world average, at 2%.

Our service is a world first, and we will continue to provide this service for Queensland women regardless of whether this bill is passed, but we make this submission to inform and seek uniformity across Australian jurisdictions. Queensland women seeking this service should not have a second rate access that is expensive, unfair, and hugely inconvenient. Finally, maintaining the status quo clearly degrades our democracy, entrenching negative attitudes to this law and law-makers.

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Reference: Australian Doctor

GPs referring to termination phone service

Kathryn Ryan | 23 June, 2016 | **9 comments** [Read Later](#)

A telephone abortion service launched eight months ago has so far provided more than 850 medical terminations, with many of its referrals coming from GPs.

The service offered by the Tabbot Foundation mails mifepristone (RU486) and misoprostol (MS-2Step) to patients and guides them through the process of a medical termination by phone.

The foundation's website is averaging about 120 hits a day and up to 90 phone calls a week, with an average of about 30 patients a week, according to medical director Dr Paul Hyland who describes it as the way of the future for terminations.

Related News:

- [Phone abortion service proves popular](#)
- [Medical abortion now just a phone call away](#)

Half the referrals are being made by GPs, nurse practitioners, family planning clinics, sexual health clinics and mental health services. The other half are direct calls from women.

Dr Hyland, a gynaecologist in Tasmania, said GPs often had an initial consultation with a patient before referring them to the foundation for various reasons, such as not wanting to provide on-call, 24-hour-a-day care.

"Plus GPs don't see enough patients seeking medical terminations to develop expertise, so they are not comfortable providing the treatment," Dr Hyland told *Australian Doctor*.

Most patients used the service for privacy reasons, particularly women in rural communities where there are few doctors and usually just one community pharmacy, he added.

About 15% of patients so far were living in rural and remote areas where there was limited access to abortion services.

The average age of the patients is 30, with most aged 24-36 years. And the main reasons given for seeking a termination are financial or because they consider their family complete.

According to Jenny Ejlak, president of Reproductive Choice Australia, 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.

"Many GPs are unclear of the law in the jurisdiction in which they practise and, combined with the fear of being targeted by anti-choice groups, it is no wonder that few GPs are willing to provide medical termination services," Ms Ejlak told *Australian Doctor*.

At present, the Tabbot Foundation has to meet different legal requirements in every jurisdiction and is not allowed in SA and NT.

This was “a reflection of the inconsistent, inappropriate and in many cases antiquated legal frameworks governing abortion in Australia”, Ms Ejlak added.

The telephone service, which costs patients \$250 after a Medicare rebate, starts with a referral for an ultrasound and blood test.

When results are confirmed a phone consultation is organised with a gynaecologist or GP with family planning experience and, if required by state law, a clinical psychologist.

Dr Hyland said patients assessed as eligible for a termination are mailed mifepristone and misoprostol as well as antibiotics, analgesics and anti-emetic drugs, with a registered nurse and an on-call doctor guiding them through the process and available for follow-up.

Another blood test is ordered 10 days later to confirm the termination was successful.

Dr Hyland said about 3% of cases had an adverse outcome. Data for 600 terminations carried out using the telephone scheme since its November launch to May showed that:

- 3 had failed
- 8 were incomplete
- 8 required hospital attendance with excessive bleeding
- 4 needed additional analgesia.

There have also been 65 complaints to the Federal Department of Health, with none upheld, and close monitoring by the TGA because of restrictions on abortifacients.

More information

[The Tabbot Foundation website](#)