
ABORTION LAW REFORM (WOMEN'S RIGHT TO CHOOSE) AMENDMENT BILL 2016

Dear Committee

My name is Rosie and I have never had an abortion. I am 23 and statistics say that I am most likely to become accidentally pregnant and need a termination between the ages of 20-29 [1]. If I were to get pregnant now, as a resident of Queensland, the law states I cannot have this. When my mother was my age she had an abortion, being of sound mind and able to make her own decisions about her body, and the only difference between us is the country where we live.

I was raised as a Christian and have always been pro-choice. To me, pro choice means that a woman can choose to have, or not have, a child regardless of any laws or cultural expectations which may be placed upon her. All people, no matter where they were born, what kind of financial situation, or cultural background, should be able to access good quality health care to meet all their needs.

The current legislation surrounding access to abortion in Queensland is inappropriate to the needs of its female residents. The Queensland prohibition on abortion does not stop contraception from failing, women from being raped, or being unwillingly coerced to have sex in abusive relationships. However, it does take away a woman's autonomy to assess her own life and make the best decision for her situation.

This reflects the time in which these abortion laws came into effect in Queensland in 1899, the laws were directly translated from British law from thirty years before in 1861, a time where women were still second class citizens who could not vote. Back then women died in childbirth and died from procuring their own abortions from untrained practitioners or at home using more unrefined methods. In 2016 neither of those things are necessary as we have better, simpler technology.

I volunteer for a pro-choice pregnancy counseling service. In many cases women have come to the service to talk through all of their options upon finding out that they are unexpectedly pregnant. Many women will decide to continue with their pregnancy but feel better knowing that they could talk to someone without any agenda other than to completely inform the woman of the options existing to her. But far too often I hear of women who are in no position to welcome a child safely into their life; be it because of domestic violence, homelessness, desertion or simply because they already have more mouths to feed than they can afford. These women will have been refused treatment by their GP or hospital due to their service provider's conscientious objection. Objections can only be made if there is an alternative provider available and patients must be referred as such [2].

As a result, the counseling staff, who work more hours than they are paid for, leave no stone unturned to find resources to financially aid these women to travel to a private clinic where they can be treated like human beings.

Wouldn't it be nice if women weren't disadvantaged in this way, and the women jumping through all of these hoops received the medical treatment they deserved, in the same way that a women with the financial means to do so can easily go above the law and pay a private clinic to carry out the procedure.

Knowing that abortions are accessible for the right price proves that this law does nothing but to further impede women of a lower socioeconomic status. A demographic of women who already have so many other issues to deal with that abortion access needn't be one of them.

What happens to the women that cannot be helped by charitable organisations? What happens to those who are turned away by medical professionals employed to help them?

All women deserve the right to access safe and inexpensive abortions, and they are the only people who should be able to decide whether or not they should have one. As it stands, the current Public Health system in Queensland has no way of knowing where these women's services (specifically family planning clinics and unbiased support services) are needed because there is no specific Medicare cataloguing of 'pregnancy terminations' and no uniformity between providers [3]. This negatively skews medical statistics. We need transparency; a legal system that allows abortion providers to be open about the procedures they carry out, in the interest of proper provision of women's Public Health services.

I urge the committee to look at the facts when making this decision. And whilst respecting the views of all members of Queensland Society, not letting the views of one impose on the rights and autonomy of another.

Yours Faithfully

Rosie Gilbert

REFERENCES:

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[2] Anon, 2006. AMA Code of Ethics. *Australian Medical Association*. Available at: http://www.amaq.com.au/icms_docs/209098_ama-code-of-ethics-2004-editorially-revised-2006.pdf [Accessed June 30, 2016].

[3] Anon, 2014. Access to Safe Termination of Pregnancy Policy. *Australian Medical Students Association*. Available at:

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