

**From:**  
**To:** [abortionlawreform](#)  
**Subject:** Submission into Queensland abortion law reform inquiry  
**Date:** Thursday, 30 June 2016 2:59:08 PM

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Good Afternoon,

I am writing to voice my strong support for the Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016. It is high time that Queensland joins the rest of Australia and decriminalises abortion. The current laws are archaic, unclear and create a two tiered system in which disadvantaged women and people with uteri, such as working class, rural and regional, or culturally and linguistically diverse, have extremely limited access to this vital medical procedure.

The decriminalisation of abortion and equity of access to abortion services is supported by the Australian College of Obstetricians and Gynaecologists, the Public Health Association of Australia and the Family Planning Alliance Australia. In 2009 the Australian Medical Association stated that Queensland's current laws were unclear and did not provide certainty for doctors or for women, and that the current laws "are a barrier to a doctor's first duty – best patient care."

I believe that there are additional amendments that will serve to benefit this Bill that should be taken into consideration by the Parliamentary Committee, primarily among them health regulations. This has been common practice for other states when they have decriminalised abortion. For example, Victoria, in conjunction with legislation to remove abortion from their Criminal Code, introduced health regulations that required women to get the approval of two doctors post 24 weeks. Health regulations also provide necessary clarification in regards to practitioners who are qualified to perform the procedure.

This Bill also presents an opportunity to introduce amendments that will help to protect Queensland women and doctors. Exclusion zones around clinics that provide the termination procedure allow women to feel safe, and offers protection for clinic workers. In addition, amendments such as requiring medical practitioners that voice conscientious objection to the procedure to refer their patient to another practitioner will prove beneficial to women.

There is a common misapprehension among members of the anti-choice movement that limiting access to abortion will mean less women seeking the procedure. In fact, what will happen is the procedure becoming more dangerous, or more expensive. According to Children by Choice, almost 90 per cent of the local government areas in Queensland have no abortion provider. The state only has around 10 clinics licensed to perform abortions, and seven of those are in the south-east corner. If women are north of Gympie and west of the Great Dividing Range, they face long travel distances to reach an abortion provider. And local hospitals often cannot, or will not, offer a solution. The lack of clarity around the circumstances that qualify for a publically funded abortion vary from hospital to hospital.

In fact, there are accounts of women who have been raped and require an abortion, that have been turned away.

I urge the committee to consider the public good that this bill will do for some of Queensland's most vulnerable, and take into consideration my suggested amendments.

Kind regards,

Scarlett Squire