

**From:**  
**To:** [Abortion Bill](#)  
**Subject:** Abortion law reform or repeal.  
**Date:** Wednesday, 21 September 2016 5:46:36 PM

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I am Dr Edward William Michel Carrette,

I recently gave evidence before the recent parliamentary enquiry into abortion law reform.

I support the decriminalisation of abortion in Queensland, and the repeal of sections 224, 225 and 226 from our 1899 Criminal Code.

I believe that the proposed reforms laid out in this new bill will address the Committee's concerns with a straight repeal of our Criminal Code statutes, with a few provisos.

To that end, I support the Health (Abortion Law Reform) Amendment Bill, in conjunction with the Abortion Law Reform (Woman's Right to Choose) Amendment Bill.

In addition, I urge the Committee to recommend that both bills are debated and voted on together as a package on the floor of parliament, to reflect the intent of the two pieces of legislation.

I recommend that only a doctor may perform an abortion: a person who is not a doctor (or a registered nurse administering a drug to perform an abortion under the direction of a doctor) would commit an offence.

I agree that a woman does not commit an offence by performing, consenting to or assisting in an abortion on herself.

I agree that an abortion on a woman who is more than 24 weeks pregnant may be performed only if two doctors reasonably believe the continuation of the woman's pregnancy would involve greater risk of injury to the physical or mental health of the woman than if the pregnancy were terminated.

I agree that if there is conscientious objection, no-one is under a duty to perform or assist in performing an abortion; however a doctor has a duty to perform an abortion if it is necessary to save a woman's life or prevent serious physical injury. Also, a registered nurse has a duty to assist in such circumstances. Pro Choice Queensland supports this amendment as we believe the current professional standards set out by bodies such as AHPRA are sufficient. I would support a publicly available register of conscientious objectors.

I think there should be patient protection or 'safe zones'. A protected zone of at least 50 metres must be declared around an abortion facility; certain behavior, e.g. harassment and intimidation, is prohibited within a protected zone. Publishing images of a person entering, leaving or trying to enter or leave an abortion facility is prohibited. Firstly, I think that the safe zone should be extended to 150 metres in line with the Tasmanian and Victoria legislation, and secondly, that ministerial approval is not required to approve a safe zone.

Yours,  
Dr Michael Carrette FRANZCOG