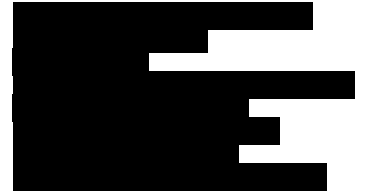


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Submission regarding the Health (Abortion Law Reform) Amendment Bill 2016

To – The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, Parliament of Queensland

Thank you for the opportunity to make a submission on the above Bill. As you will be aware, I previously made a submission in regard to the Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016, and my comments in that submission still stand.

I commend the Committee on the conduct of their Inquiry into the first Bill and the quality of their Report. However I note that the Committee was unable to recommend that the first Bill be passed by Parliament.

I believe that the concerns of the Committee, and those of many of the people who made submissions in regard to the first Bill, are adequately addressed in the contents of Mr Pyne's second Bill.

Briefly, as a specialist obstetrician and gynaecologist with more than forty years clinical experience and an abortion provider, I recommend that:

- Abortion should only be performed by a doctor, or by a registered nurse administering a drug to perform an abortion under the direction of a doctor. It is essential that abortion be performed by persons with appropriate training and experience to ensure that risks and complications are minimal for women undergoing abortion.
- A woman does not commit an offence by performing, consenting to or assisting in an abortion on herself. I would hope that this measure would also be covered by concurrent decriminalisation of abortion in the state of Queensland.

I believe it is appropriate that:

- The clause concerning abortion at later gestations be included as stated, i.e. 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.

As noted in my previous submission, and those of many of my specialist colleagues, abortions at this gestation are only performed in very exceptional circumstances in particular hospitals, and the decision to perform an individual procedure is made only after detailed discussion with the woman, her partner and other family members as appropriate, and input from a number of medical practitioners, social workers, and other professionals with experience in this area.

- The clause concerning conscientious objection be included as stated, while noting that a doctor has a duty to perform an abortion in an emergency situation if it is necessary to save a woman's life or prevent serious physical injury.
- Establishment of protected zones of at least 50 metres around abortion facilities be included in the legislation. I am aware of the psychological and emotional damage inflicted on women and their partners and supporters by protesters outside clinics in Queensland and in other states, and I believe that women have a right to be protected from such intimidation which outweighs the claims of protestors to their right to freedom of expression.

However, while I strongly support the passage of the Health (Abortion Law Reform) Amendment Bill 2016, such legislative change will make no difference to the current uncertainty for doctors and women around the practice of abortion in Queensland without decriminalisation of abortion by repeal of sections 224-226 of the Queensland Criminal Code. I would ask the Committee to consider making a recommendation that the second Bill be passed, and that subsequently the first Bill be brought to Parliament with a changed recommendation from the Committee to pass it, the concerns it originally aroused having been allayed by passage of the second Bill. Only then will the rights of Queensland women to safe accessible legal abortion be safeguarded, and in line with those in most other jurisdictions in Australia.

Caroline de Costa

25th September 2016