

Submission by the National Alliance of Abortion and Pregnancy Options Counsellors (NAAPOC) to the *Health (Abortion Law Reform) Amendment Bill 2016* Inquiry

Thursday, 6 October 2016

NAAPOC

The National Alliance of Abortion and Pregnancy Options Counsellors (NAAPOC) refers the Members of the Health, Communities, Disability Services and Family Violence Prevention Committee to our submission (No. 778) to the *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016* Inquiry for information about NAAPOC, including member organisations (1).

Health (Abortion Law Reform) Amendment Bill 2016

NAAPOC strongly supports the decriminalisation of abortion in Queensland, and the repeal of sections 224, 225 and 226 from the *Criminal Code 1899*. We believe that the proposed reforms laid out in the *Health (Abortion Law Reform) Amendment Bill 2016* will address the Committee's concerns regarding a standalone repeal of the aforementioned sections of the *Criminal Code 1899*.

To that end, NAAPOC supports the *Health (Abortion Law Reform) Amendment Bill 2016*, in conjunction with the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016*. In addition, NAAPOC urges 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.

The matters for consideration before the Inquiry are considered point-by-point below.

'Only a qualified health practitioner may perform an abortion'

NAAPOC supports this amendment. Section 20(2)(b) is a step towards aligning abortion provision in Queensland with the internationally increased use of nurse practitioners and midwives in the provision of abortion in the first trimester (2).

'A woman does not commit an offence'

NAAPOC supports this amendment. As outlined in our previous submission and for the reasons given therein, NAAPOC supports the decriminalisation of abortion. NAAPOC draws the attention of the Committee to the case of Ms Tegan Leach and Mr Sergei Brennan (3), a young couple who endured an horrific 18 months of public scrutiny and judgement in 2009-2010 after Ms Leach was charged in relation to procuring her own abortion. The proposed amendment would support the dignity and privacy of the woman and concerned others when she has made the very personal decision to have an abortion.

'Abortion on woman more than 24 weeks pregnant'

Various experts and organisations in the field of maternal fetal medicine, including the Royal Australian and New Zealand College of Obstetricians (RANZCOG), made submissions and appeared before the Inquiry into the *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016*, and recommended that no gestational limits for abortion be legislated (4). NAAPOC does not support the imposition of gestational limits for the reasons already articulated by those specialists who support a woman's right to choose, including at higher gestations of pregnancy when a woman may receive advice of a fetal abnormality.

'Conscientious objection'

NAAPOC recognises that a doctor or registered nurse may choose not to perform or assist in an abortion procedure. NAAPOC supports the amendment that a doctor has the duty to perform an abortion, and that a nurse has the duty to assist in performing an abortion, in an emergency where the abortion is necessary to save the life of, or to prevent a serious physical injury to the woman. NAAPOC further proposes that section 22(3) should be expanded to include the prevention of serious mental injury to the woman. We further believe it is important for this clause to be strengthened by a legislated requirement for conscientious objectors to refer patients onwards to a practitioner who does not hold a conscientious objection to abortion. This would be consistent with practices in other states such as Victoria and is considered best practice to ensure that a conscientious objector's right to object is not prioritised over a pregnant woman's right to timely and appropriate medical care. We also recommend that the Committee consider including a requirement for publicly available disclosure of conscientious objector status of health care providers. This would assist women to make an informed choice about the healthcare providers they access.

'Patient protection or 'safe zones''

NAAPOC supports the protection of patients and staff of abortion clinics, and therefore supports amendments in relation to this. Primary amongst the protections is a 'safe zone', which NAAPOC proposes be extended from 50m to 150m in line with Victorian and Tasmania law (5). The 50m safe zone initially established in the Australian Capital Territory (ACT) was found to be insufficient, as it failed to protect abortion clinic patients and staff from intimidation and harassment by anti-choice groups and individuals (6).

A safe zone protects women from emotional and physical abuse, including physical touching and blocking a woman's path, name calling (e.g. yelling "murderer" at a woman), and the provision of inaccurate and offensive images and material (7). In its worst form, abuse by protestors outside abortion clinics can extend to homicide, as when security guard Mr Steven Rogers was shot dead outside the Fertility Control Clinic in Melbourne in 2001 (8). NAAPOC pays our respects to the memory of Mr Rogers, who worked to protect patients, support persons and staff at the Fertility Control Clinic, and additionally we pay our respects to the family and friends who lost him in 2001.

The experience of NAAPOC's professional counsellors includes witnessing both women's fear of being accosted by clinic protestors prior to attending an appointment, and women's psychological distress at having been subjected to abuse when attempting to access healthcare at hospitals and abortion clinics. A safe zone does not prevent people with anti-choice views from expressing their views or from lobbying Parliament; they still have access to politicians and media to proclaim their views. Therefore the right of anti-choice individuals and groups to speak is not compromised, and the safety of abortion clinic patients and staff is upheld. It is important to note also that not all patients who attend a clinic providing abortion procedures are attending the clinic for that purpose; many attend the clinic to obtain contraception and in so doing experience harassment and intimidation unrelated to the purpose of their visit to the clinic.

Some anti-choice individuals and groups state that when they approach women outside abortion clinics, they provide "counselling". This can include shoving a bundle of baby clothing or second hand baby products at the woman. These claims of "counselling" provision are inconsistent with the reports of clinic patients and staff, who frequently report experiencing abuse, both physical and emotional, from protestors, for example, women being told they are "selfish" for not considering adoption. Research in the area has revealed a direct correlation between exposure to anti-abortion protestors

outside clinics, and pre-abortion anxiety and stigma (9). Further, counselling is a process agreed upon between the client and counsellor and provided by the counsellor within a safe and private environment; it is not the approach of stranger on the street, particularly one who does not respect an individual's right to self-determination. More information about evidence-based, pro-choice counselling can be found in NAAPOC's submission (No. 778) to the *Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016*.

Conclusion

NAAPOC supports the *Health (Abortion Law Reform) Amendment Bill 2016*, in conjunction with the *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016*.

NAAPOC calls upon the Committee to bring Queensland abortion law into line with reproductive health world best practice standards, and 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.

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