

From: [Kamala Emanuel](#)
To: [Abortion Bill](#)
Subject: submission abortion bill
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Submission to the Queensland Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee regarding the Health (Abortion Law Reform) Amendment Bill

Dear committee members,

I am writing as a woman who grew up on the Sunshine, Gold and Tweed Coasts, and as a doctor who has worked as a junior doctor in obstetrics, gynaecology and paediatric emergency, and as a general practitioner with over 20 years' experience working in women's health, sexual health, family planning and abortion services, in NSW, Tasmania and Western Australia.

I did not make a submission to the committee regarding the associated Abortion Law Reform (Woman's Right to Choose) Amendment Bill. However, I read the committee's report with interest and was disappointed with the decision not to recommend immediate passage of the bill to decriminalise abortion.

My daughter and I will be moving to Queensland next year, and these two bills, important for all Queensland women of reproductive age, will have a bearing on us, on my patients and on my medical practice.

Like so many who gave written and oral presentations to the committee, I am in favour of immediate complete decriminalisation of abortion.

I am writing this submission to give qualified support to the passage of the Health (Abortion Law Reform) Amendment Bill 2016, **only in conjunction with** passage of the Abortion Law Reform (Woman's Right to Choose) Amendment Bill.

I believe this bill is too restrictive, however, I believe that on balance it would be better to be passed (in conjunction with passage of the Abortion Law Reform (Woman's Right to Choose) Amendment Bill), rather than having the Abortion Law Reform (Woman's Right to Choose) Amendment Bill not pass at all. I believe this bill makes substantial concessions to alleviate concerns raised in the committee's report, and should be seen as an attempt to introduce legal reform that will be generally workable, introducing legal

protection for Queensland women seeking abortion and for health care professionals providing abortion-related services to women in good faith.

I would like to address each of the key elements of the bill in turn.

Only qualified health practitioner may perform abortion

This section of the legislation must be understood to be intended to protect women from unsafe procedures, and as such, is laudable.

Read in conjunction with the conscientious refusal provision, however, this section restricts abortion provision (apart from medication administration) to doctors only, while allowing doctors to refuse to perform a service that a substantial number of women in Queensland require (whatever figures we rely on for that estimate).

Experience from abroad indicates that first trimester aspiration abortion can safely be performed by appropriately trained nurse practitioners, physician assistants and nurse midwives¹. Although I am not aware of any jurisdiction in Australia where first trimester aspiration abortion is carried out by nurse practitioners or nurse midwives, there is no reason why, if proper training were introduced for willing clinicians, such an initiative should be ruled out in Queensland by a ban with a ten-year imprisonment penalty. Many women in remote and regional centres are unable to access first trimester abortion close to home. A new law shouldn't make it impossible to implement an initiative to reduce the number of late abortions by improving access to early abortions.

It has taken over a hundred years of the operation of criminal law restricting abortion for abortion law to be seriously revisited in Queensland. Medical, nursing and midwifery practice is continually evolving. It makes most sense for regulation of who can perform abortion, to ensure public safety, to be overseen by the medical and nursing/midwifery boards and by existing general laws restricting health care practice to only those who are properly qualified.

It would be preferable for this section to be amended to include reference to other appropriately trained clinicians, or to be omitted altogether, on the understanding that Queensland already has effective laws prohibiting untrained people from providing health care for which they have not undergone proper training.

Those objections notwithstanding, if this section is passed as it is, it would not restrict existing practice and would provide legal protection to doctors and nurses currently

providing abortion-related services. If it's the best that can be achieved, I support it.

Abortion on woman more than 24 weeks pregnant

The notion that decriminalising abortion without restriction as to reason and gestation will result in a rash of third trimester abortions overtaking Queensland is an invention of those who are opposed to abortion on non-scientific grounds.

The experience of the ACT, where there is no gestation limit in law bears this out. The only free-standing clinic where abortion is available in the ACT provides procedures under 16 weeks' gestation only.²

In Canada, where there is also no legal gestation on abortion, it is estimated that abortion after 20 weeks makes up 0.86% of all abortion.³

The vast majority of pregnant women seeking abortion do so as early as they can. Reasons for presenting late for termination have been explored in the medical literature and may be complicated. They represent a tiny minority of abortions, but the women undergoing abortion late are no less competent to make decisions about their pregnancies than women requiring abortion who are able to present for medical care early. Late abortion is generally harder for women to undergo and clinicians to perform; no-one directly involved in the decision-making process does so lightly. There is no need for the additional restriction of law, in the way of restrictions as to reason beyond 24 weeks' gestation. If a woman 24 weeks pregnant or later determines that she requires an abortion – whether because in the opinion of her doctors it is necessary for her physical or mental health – or whether she determines it is in the best interest of the foetus, or for some other reason or set of reasons – there shouldn't be a legal restriction preventing her doctors from performing it for her.

As with the previous section, if the law will only be passed with this proviso, it is better than not decriminalising abortion. However, it represents an unnecessary interference in a woman's right to decide how and whether to proceed with her own pregnancy.

There is more to say, however, unfortunately, I'm pressed for time.

Kamala Emanuel

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[1 Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver](#)

Tracy A. Weitz, Diana Taylor, Sheila Desai, Ushma D. Upadhyay, Jeff Waldman, Molly F. Battistelli, and Eleanor A. Drey. American Journal of Public Health 2013 103, 3, 454-461

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