Health and Other Legislation Amendment Bill (No. 2) 2023

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Submission (REVISED) re Health and other legislation amendment bill No 2 2023.

From Dr Tim Coyle MBBS, DObs RCOG.

Honourable Committee Members,
I am a currently practising GP in Cairns since 1980. I was in a busy Victorian rural practice from 1975 to 1980. I qualified in medicine in the UK in 1971, and worked in busy UK hospitals for 18 months in Obstetrics Gynaecology, 6 months in Neurosurgery and the usual post qualification period of 12 months in General surgery and Medicine.
Of concern to me is the statement that " The Bill promotes the right to health services, in particular access to termination of pregnancy services, by enabling additional registered health practitioners to perform early medical terminations of pregnancy using a termination drug."

A pregnancy miscarriage occurring naturally can be dangerous. There can be chronic bleeding for days unless the person presents to emergency or to a rural medical centre. Anybody who has worked in a rural hospital will be aware of a grey, clammy fainting person presenting with a history of vaginal bleeding requiring urgent resuscitation.
During 5 years in rural practice I resuscitated and operated on 3 bleeding ruptured ectopic pregnancies. In one of the cases my medical partner was absent and I was supervising anaesthetist and surgeon. All three patients did very well. I am telling you this to give you some idea of emergency situations that can arise with pregnancy bleeding at present, without the added effects of additional cases of bleeding and pain complications that will occur if nurses or midwives are given the ability to prescribe abortion procuring medication. In our practice we were on call for a neighbouring practice about 30kms away and there would be calls for neurosurgical emergencies, such as acute subdural haematomata after road accidents. I relieved 3 in the 5 years I was in this practice.The patient in the neighbouring practice returned to work on his family farm. Not to mention unexpected breech

deliveries, apparently unexpected by the neighbouring practice when he was absent, one of which producing a healthy 10lb baby I delivered vaginally. The town dentist was always requesting anaesthetics for extractions. Not to mention emergency presentations for bone fractures, burns and gunshot injuries This account is to give you some idea of the work that rural GPs were doing in the mid and late 1970s.We certainly did not want extra work and stress levels increased by the complications and catastrophes brought on by the deliberate procuring of a miscarriage/abortion of the healthy babies of healthy mothers by the use of abortion pills distributed or prescribed by nurses or midwives. Deliberately procuring a miscarriage, or medical abortion, carries the possibility of serious blood loss and the possibility of an undiagnosed ectopic pregnancy, rupture and heavy blood loss.
It would be highly irresponsible to expose mothers to these dangers if emergency surgery or resuscitation is not immediately available.
I do not believe that midwives, nurses or chemists should be given the right to prescribe abortion procuring medications because of the dangers of serious blood loss, or the possibility of administering the drug to a mother with an undiagnosed ectopic pregnancy. Particularly in rural areas.

There will be a significant increase in bleeding/pain complications from incomplete abortions, increasing pressure on Emergency Depts, Flying Doctor call outs, Ambulance call outs if nurses or midwives or chemists are given the ability to prescribe the abortion drugs that cause these complications. In the U.S. the Charlotte Lozier Institute reported an increase of 500% between 2002 and 2015 of Emergency Dept visits by mothers taking the abortion pill. The University of Toronto, “ Short term adverse outcomes after Mifepristone-Misoprostol versus procedural induced abortion” , in the Annals of internal medicine, found that one in 10 women who took the abortion pill had to go to the Emergency Dept because of heavy bleeding and pain. In England, Freedom of information requests to NHS Trusts have shown that between April 2020 and September 2021, 10,000 mothers who took prescribed DIY abortion pills at home, Mifepristone and Misoprostol, required hospital treatment for bleeding and pain. 1

in 17 mothers who used the abortion pill in 2020 needed hospital treatment.
A significant complication rate that will block hospital Emergency Depts, hospital beds and Ambulance call outs, and produce rural Emergencies that nurses or midwives are not qualified to treat.

- Pre abortion counselling.
  What, if any, counselling training, will be given to midwives, nurses or chemists on pre abortion counselling, on options other than abortion? What, if any, counselling is given to mothers seeking abortion on other options to abortion?
  What social support is available in rural areas to mothers in difficult social situations with a pregnancy ?

- Since the abortion pill has been available in the UK via telephone consultations there have been reports of “thousands” of presentations to Emergency Depts of mothers who have taken the abortion pill with severe pain or bleeding requiring surgical treatment.

- Deaths. Deaths and severe adverse events after the use of Mifepristone as an abortifacient from September 2000 to February 2019 by Kathi Aultman et al. reports 20 deaths, numerous complications such as bleeding, retained products, 26 ruptured ectopic pregnancies and 75 ectopic pregnancies.

- Cabinet Minister’s experience in Health. What experience has the Qld Health Minister actually had in Health? Has she ever worked in a hospital? Has she ever worked in an Emergency Dept? Has she ever worked in a rural Emergency Dept? Has she ever seen a grey, clammy, gasping exsanguinated mother who has had bleeding from an ectopic pregnancy or incomplete miscarriage or abortion? Has she ever had to resuscitate and

treat such a mother as an isolated doctor with only nurses to help?

- Rights or sensible health? The Qld Health Minister has a history of legal work and work supporting individual rights and adoption rights. Has a focus on “Abortion rights” overridden sensible health practice?

- Mothers have a right to good medical care and a safe and healthy pregnancy with community and social support.

  A patient of mine recently suffered an Abruptio Placenta (separation of the placenta with bleeding) when 25 weeks pregnant. She had a Caesarian section, the baby was well, now a healthy 3 year old. She was well too. My point is that between 2010 and 2020 there were about 1500 late abortions in Qld. About 300 of these were born alive and left to die. In Victoria it was stated that about 30% of late abortions were done for “socio economic” reasons. In other words on healthy babies of healthy mothers.
  This is an atrocity that must be addressed.

- Regulation. Abortion requires regulation. Abortionists should be regulated, not the mothers who may be socially desperate needing support, both financial and social.

- There should be an active surveillance of Mifepristone, misoprostol use and adverse effects reported.