

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

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WOMEN'S FORUM

AUSTRALIA

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SUBMISSION ON THE INQUIRY INTO THE HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2) 2023

1. Women's Forum Australia welcomes the opportunity to make a submission to the Health and Environment Committee on the *Health and Other Legislation Amendment Bill (No.2) 2023*, which, if passed, will make significant amendments to the *Termination of Pregnancy Act 2018*.
2. Women's Forum Australia has previously made submissions on abortion law reform across Australia, both at the state and federal level, and we urge you to consider issues raised in these submissions while deliberating on the proposed legislation¹.
3. Women's Forum Australia is an independent think tank established in 2005 that undertakes research, education and policy advocacy on issues facing women and girls. Our primary focus is on economic, social, and health policies and being a driving force for positive reform to protect and deliver pro-woman outcomes. The issues we address include the sexualisation and objectification of women and girls, pornography, prostitution, human trafficking, violence against women, adoption, abortion and the erasure of women and their rights through harmful policies that disregard biological sex.
4. It is disappointing that Minister for Women Shannon Fentiman continues to propose legislation that is inimical to women. Last year, the Queensland Palaszczuk Labor Government passed Minister Fentiman's *Births, Deaths and Marriages Registration Bill 2022*, which permitted individuals to self-identify their sex on their birth certificate, providing a licence for men to self-identify into female spaces.
5. Last year, Minister Fentiman introduced the *Health and Other Legislation Amendment Bill (No.2) 2023* ('the Bill'). The Bill will remove the definition of a **woman** described in legislation as being a '*female person of any age*' and replace the terms 'women, she and herself' with 'person and themselves' in the *Termination of Pregnancy Act 2018* and the *Criminal Code* and the *Powers of Attorney Act 1988* where they relate to abortion. The Bill also seeks to reduce the already minimal safeguards for women accessing a medical abortion. Not dissimilar to the self-ID legislation, Minister Fentiman introduced this Bill on the last parliamentary sitting day of 2023 and opened submissions over the busy

¹ Women's Forum Australia, *Abortion*, <https://www.womensforumaustralia.org/abortion>

Christmas holiday period, where public input is more likely to be reduced even though this legislation will affect over 50% of the Queensland population.²

Erasing females from legislation

6. Less than two hundred years ago, women and girls were deemed inferior under the law. Suffragettes fought long and hard to secure equality, and now, in Queensland, under the Miles Labor Government, those hard-earned rights continue to be under threat. This Bill sets a dangerous precedent and threatens to further destroy the rights and protections of women and girls in Queensland. Removing the recognition of females from legislation under the guise of 'inclusivity' essentially erases our existence in law. Once women and girls are erased from some pieces of legislation, they will be removed from others.
7. As well as setting a dangerous precedent, this legislation is deeply disrespectful to women. Only females can bear children³, and only women can undergo abortions. Pregnancy and abortion impact women in a way that is unique to female biology. This legislation denies this reality and dehumanises women.

Removal of safeguards from the *Termination of Pregnancy Act 2018*

8. Proponents for abortion, such as Marie Stopes Australia and its pharmaceutical arm MS Health, who lobbied for these changes⁴, promote abortion as a safe medical procedure. However, the risks of abortion to women's physical⁵ and mental health⁶ are well documented. There is also often a range of external factors which make women who are facing an unplanned or crisis pregnancy feel as if abortion is their only choice, including pressure from family, career, partner violence, or a lack of physical, emotional and financial support in continuing the pregnancy.
9. The intention of the Bill's amendments to the *Termination of Pregnancy Act 2018* is to expand the accessibility of medical abortion, particularly to women living in regional areas, by reducing the standard of qualifications required to prescribe abortion drugs, treating the currently limited safeguards intended to manage the risks and side effects of abortion as mere restrictions on women's rights.
10. By lifting the restrictions on who can prescribe and administer the two-part abortion medication known as MS-2 Step, the Bill is trading safety for perceived

² Australian Bureau of Statistics, *2021 Queensland Census*, <https://www.abs.gov.au/census/find-census-data/quickstats/2021/3>

³ World Health Organisation, *Maternal Health*, <https://www.who.int/health-topics/maternal-health#tab=tab>

⁴ Ransley E., 2023. *Major changes to abortion access as all doctors and nurse practitioners can prescribe*, News.com.au, 11 July, <https://www.news.com.au/lifestyle/health/red-tape-around-medical-abortion-access-slashed-for-easier-access/news-story/530c657ab049e7e3129358da9e96c9a6>

⁵ Therapeutic Goods Administration, *MS-2 Step Mifepristone Linepharma*, <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent=&id=CP-2016-CMI-01659-1&d=20240114172310101>

⁶ Coleman, P.K., 2011. *Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009*. The British Journal of Psychiatry, 199(3), pp.180–186

convenience. Under current legislation, only specially trained doctors can prescribe abortion drugs; however, if passed, less qualified healthcare practitioners such as nurses and midwives will be permitted to do so. Doctors are considerably more qualified to prevent, diagnose and treat health issues and complications resulting from medical procedures, including abortion.

11. The process of a medical abortion can take 3-4 days⁷. After ingesting mifepristone, women must wait 48 hours to ensure the foetus is dead before taking misoprostol to expel its remains in the mother's uterus. Delegating medical abortions to nurses, midwives and other healthcare practitioners to save women from having to travel to medical facilities and doctors puts them at grave risk when complications arise. Healthcare practitioners have a lower level of expertise than medical practitioners, and they may not be able to recognise or diagnose complications without the assistance of a medical practitioner or medical facilities. However, in the event they do, women may be too far away to reach medical treatment in time.
12. If healthcare practitioners fail to assess the risks of medical abortion for women adequately, the outcome can be fatal.

Conclusion

13. Legislation is there to bring order and safeguard liberties and rights. Good policies are above political agendas. The amendments this Bill seeks to make to the *Termination of Pregnancy Act 2018* erase women. They also compound the physical, emotional and psychological risks faced by women who undergo a medical abortion, particularly those living in rural and remote parts of Queensland where access to medical and psychological support can be extremely limited.⁸
14. Women's Forum Australia recommends that these parts of the legislation be removed entirely. Female persons must be recognised in law, and abortion, although never safe for women or their babies, requires more safeguards, not less.

⁷Children By Choice, *Medication Abortion*, 2024, <https://www.childrenbychoice.org.au/information-support/abortion/medication-abortion-2/>

⁸ Australian Institute of Health and Welfare (AIHW), *Rural and remote health*, 2023, <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>