

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

Submission No: 33
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Dear Committee, I am writing in support of all amendments to the Termination of Pregnancy Act 2018 and Criminal Code to: allow additional health practitioners to perform early medical terminations of pregnancy through the use of termination drugs and make consequential amendments to the offence provision set out in the Criminal Code to align with the above change

to provide for more inclusive language by replacing references to 'woman' with 'person' in termination of pregnancy provisions. I will particularly address my support for the language amendment to change woman to person. I have lived experience as a trans masculine person whom can experience pregnancy. My career is in youth education and sexual health. I use 'trans' as an umbrella term to include transgender, non-binary, gender queer, brother boy and gender-diverse identities. Currently trans and gender diverse Queenslanders face systemic barriers in accessing comprehensive reproductive health and abortion services. Experiences of pregnancy and abortion are not unique to cisgender women. People with a uterus, if engaged in certain sex acts, may experience an unintended pregnancy. Even testosterone-bodied, trans masculine people (who have been on hormone replacement therapy for years and present male), can become pregnant and require safe access to pregnancy options and abortion care. Trans people experience significant health disparities compared to the general population, which can either be compounded or alleviated by the quality, safety, and cultural responsiveness of health services. LGBT health reports that trans Australians are four times more likely to suffer from depression and have high suicidality rates. Currently, health services available to trans individuals with uteruses are undermined by systemic misconceptions and uninformed medical practices. This leads to experiences of discrimination and disengagement from health care systems for gender diverse health consumers.

If doctors, nurses and pharmacists don't know people other than cis-women can experience; menstruation, lactation, pregnancy and abortion, how are they to provide safe or appropriate sexual health care? (ie: Trans guys need contraception too). The QLD ToP act currently mentions women 56 times, with no information or disclaimers that people other than women are also legally entitled to access these services. Legal and medical frameworks inform how societies act, changing the ToP legislation to use inclusive language is the start of working toward reproductive justice in QLD for trans and gender diverse people capable of becoming pregnant and I thank the committee for enacting these amendments. In Kindness, Max Heers [REDACTED]