



Speech By
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MEMBER FOR THURINGOWA

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TERMINATION OF PREGNANCY BILL

 **Mr HARPER** (Thuringowa—ALP) (12.12 pm): As chair of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, today I rise to wholeheartedly support the Termination of Pregnancy Bill 2018. I believe this is an historic moment in the Queensland parliament as we debate legislation that will finally, after a century, provide women in this state with the right to choose on a matter that is deeply personal for the woman, her GP and her family, that is, her decision to seek a termination of pregnancy. As we heard from many women, this journey has spanned two terms of parliament. It has indeed been a journey as, in my time as a member, this is the third iteration of a termination of pregnancy bill considered by a parliamentary committee, albeit the two previous bills were never debated in the House.

I take a moment to pay my respects to the former chair of the health committee, the member for Nudgee, Leanne Linard. I acknowledge her work and thank her for setting the respectful tone for me to follow in my role as chair of the committee that considered the Termination of Pregnancy Bill that is before us. Our committee found that the decision to terminate a pregnancy is certainly not an easy decision for a woman to make and divergent views were expressed on the matter. As a participating member of the former parliamentary committee and chair of the current health committee, I feel that going forward this important issue needs a sensible and, importantly, respectful debate; not one that is emotionally charged or led by those in our community who have certain and incorrect views.

I want to share my reasons for supporting this bill, which come from 25 years experience as a paramedic during which I attended and treated women in a range of dire situations. I have treated rape victims, some of whom may have had to make a difficult decision around what to do with an unplanned pregnancy, and I have treated pregnant women who were the victims of domestic violence. I have delivered preterm babies that were not viable and, yes, I have treated women who attempted to self-abort. Many years ago, I attended a woman following a failed abortion attempt by someone practising backyard abortions, which left some women in life-threatening situations. I too have a deeply personal experience. My wife and I lost an unborn child in tragic circumstances, about which I will not go into detail today. Needless to say, that experience remains with us. With all my experience, I find myself of the view that this is a health issue and not a criminal one.

Today, I hope to clarify some of the misconceptions that we heard by presenting facts, evidence from direct experience and results from other jurisdictions and medical professionals. I also wish to place on the record the respect we have for the incredibly brave women who shared their personal stories with us in public hearings. It is abundantly clear that the decision to terminate a pregnancy is never an easy decision. It is deeply personal and, beyond doubt, it is a decision that should rest with the woman, her GP and her family.

From the outset I say that, as the Queensland Law Reform Commission found before us, this issue belongs in the Health Act—where it always should have been—and not in the Criminal Code. I understand what former members have tried to achieve by simply attempting to decriminalise abortion in the state, but the legislation needed much more in relation to gestational periods, conscientious

objection and the establishment of safe zones so that women and treating staff can freely attend a clinic without fear of being publicly shamed or embarrassed for their decision or their work. As I said, it is not an easy decision to make and the last thing a woman needs is to be abused for seeking services for the termination of a pregnancy.

The bill seeks to achieve its objectives by allowing women in this state true equality and choice, which in my view means that a termination should be a decision entirely for the woman, her doctor and her family. I wish to thank and acknowledge the Premier, the Deputy Premier, the Attorney-General and the Minister for Health for their courage in bringing this bill before the parliament and supporting its intent, which is that this issue belongs in the Health Act. At its very heart, this issue seeks to clarify and support through the Queensland parliament—as in most other Australian jurisdictions—the legalisation of abortions in Queensland. For many years we have been behind on this issue. If this bill is supported, Queensland can proudly step out of the shadows and allow women the right to choose.

I put it to members of this parliament that now is indeed a time to demonstrate their own moral courage, values and beliefs in what is a moment of significance, which is a true vote for all members of parliament on the back of our committee's second recommendation. It is fitting to commend the LNP for allowing its members a free vote—a conscience vote—on this important issue before Queenslanders today. Should the bill be supported, their decision will help to finally give Queensland women true equality with their peers in the nation on the issue of termination of pregnancy.

Because the previous bills were not debated, this matter was referred to the QLRC. I thank and acknowledge them for their significant work on the draft bill that was prepared for the parliament, which provided the current committee with much of the information we needed to prepare our report for the parliament. I thank the 10,000 submitters, through both parliaments, who informed us of their views. I thank the medical professionals who provided facts in relation to the termination services provided in Queensland. Queensland Health provided clear clinical guidelines on what occurs in both medical and surgical abortions. They are the health professionals who support women who make the difficult decision to terminate a pregnancy.

It is timely to commend Ashleigh, Zena and Melanie from Harrison's Little Wings who sat in this chamber and shared with our committee their deeply personal stories about making the difficult decision to terminate a pregnancy at 22 weeks gestation due to severe foetal abnormalities. Again, those decisions were not easy. Each member of the committee was moved by the incredible emotional journeys those women shared with us.

It surprises me to see the deputy chair's amendments, which were distributed earlier in the House, which seek to reduce the gestational limit to 16 weeks. The deputy chair, the member for Caloundra, sat with me at those hearings and heard that morphology scans occur at or around the 18- to 20-week gestational period, which on clinical advice is where clear foetal abnormalities can be identified. If we were to move to the 16-week limit as proposed it would not allow women to be informed of any foetal abnormalities. I ask the member to stay the course on the clinical advice given to us and our recommendation supporting the 22-week gestational period, which is supported by many in the medical arena.

We heard on a number of occasions that should this bill be passed the floodgates shall open, there will be more late-term abortions and overall termination rates would increase. I say to those who oppose this, 'That is wrong. Listen to the facts.' On page 19 of our report we provided clear information on the rates of termination in Victoria decreasing from 17 women per thousand in 2008 to 12 women per thousand in 2018. That is significant. They have a decade of experience and we certainly appreciated them sharing that. This also aligns with countries around the world with 20 years of data showing a reduction in terminations worldwide in developed regions. This is explained on page 18 of the report. This information was supplied by the Guttmacher Institute.

We also heard from women in regional and remote Queensland about the lack of services and access to services and the need to travel great distances or even interstate to seek termination services. It surprises me that the member for Traeger, Robbie Katter, made certain comments that KAP were not intending to support this bill. I look forward to hearing why when women from western and regional Queensland came before us and wrote about the issue they face.

In essence, the QLRC report, which follows on from the considerable work done by the previous health committee, drafted a bill. That bill tackles the issues of safe zones and conscientious objection. I think it certainly provides the detail required to get this bill before us here today. I look forward to everyone's contribution.

It would be remiss of me not to very quickly thank the entire health committee—some of whom shared their own deeply personal experiences—and the secretariat. At some stages we had 14 people working on that report. I urge people to read the report. I urge people to be informed. I urge members to support the bill. I commend the bill to the House.