




Speech By  
**Joseph Kelly**

**MEMBER FOR GREENSLOPES**

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Record of Proceedings, 16 October 2018

### **TERMINATION OF PREGNANCY BILL**

 **Mr KELLY** (Greenslopes—ALP) (3.09 pm): I rise to speak in support of the Termination of Pregnancy Bill 2018. I would like to acknowledge the work of the current Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, the Queensland Law Reform Commission, the Attorney-General and the Minister for Health and Minister for Ambulance Services. I would also like to thank the very high number of people in our community who have an interest in this issue and who have taken the time to engage in the various consultative processes.

In my electorate, just as it is across the entirety of our community, there are very deeply held views on abortion. As a member of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, I spent nearly a year working with other members including your, Mr Deputy Speaker McArdle, as we considered the private member's bill put forward by the former member for Cairns. I want to particularly acknowledge the members of that committee and our parliamentary support staff. It was a very challenging time, but the level of genuine inquiry, impartiality and support was greatly appreciated. No doubt the committee held widely differing views but the inquiries were handled sensitively and respectfully.

I want to place on record that in my experience the interactions I have had with members of parliament have been respectful. Regardless of the views of other members, I have felt in all interactions that other members were simply providing me with the support and the space to form my own views on this very difficult issue while probing my thoughts and understanding as well as challenging my thinking on certain aspects of this issue.

My views on this matter were not well formed or informed when I started the committee process. My views changed on a number of aspects of this issue during that 12-month period and have changed since that time. I have worked hard to converse respectfully with people in my community about this issue and I sincerely thank all of those people who have given me the opportunity to discuss this issue, and I apologise to those who I have not had the opportunity to speak to personally.

Based on these discussions with my community, it would seem to me that the majority of people would hold the following to be true. They believe women should have the right to make decisions about reproduction. They believe that if a woman chooses to terminate a pregnancy she should have access to safe health services and professionals. They believe that, as a pregnancy progresses, the rights of the foetus should be given more consideration. They believe that the government should be doing more to support women and all people when they are making decisions about reproduction. They believe that the government should be doing more to reduce the number of terminations being performed without impinging on the rights of an individual to make reproductive choices. They believe that healthcare professionals should not be forced to ignore their conscience and perform procedures that go against their moral values.

We currently use a combination of the Criminal Code and common law decisions to regulate termination in this state. The community clearly would not tolerate criminal convictions of women seeking abortions or health professionals providing them. While some may receive comfort from the fact that abortion sits in the Criminal Code as it sends a societal message about the view of society at large to abortion supposedly, from a practical perspective this regulatory approach serves no purpose in preventing or reducing the number of abortions being performed in this state. What it has done is create great uncertainty in the minds of health professionals and in the broader community about the lawfulness of termination. What it has done is impede the capacity of health professionals to offer a full range of sexual health services to women. This falls particularly hard on women from regional and remote areas; women who are Indigenous; women who speak English as a second language or not at all; women affected by domestic violence; teenagers; women affected by mental illness; women who are disabled, particularly intellectually disabled; and women who are impoverished.

It is my view as a clinician, based on evidence received during the hearings, that if we regulate abortion in a different way it will be possible to work towards reducing the number of terminations occurring in this state. I do not hold clinical experience in this area, but I do know that formulating a strategy to ensure that all women have access to a full range of sexual health services is possible and should be done. I know that it is possible to use the principles of public health to formulate a plan to reduce the number of terminations. This must initially involve the collection of accurate statistics—something that is not currently done to assist in formulating a plan. A plan might involve relationship and sexuality education. It might involve provision of contraception, particularly long acting contraception. It might involve better training for health practitioners to support women who are making decisions about reproduction. It might involve many other things, but I would leave that to the experts. I have raised these issues with the minister and will continue to pursue these issues regardless of the outcome of this debate.

Under our current regulatory framework, technically abortions can be performed at any point. There is no requirement for the involvement of two doctors and there are no specific arrangements in place for conscientious objection. Many of these issues are dealt with in policies, codes of ethics and regulatory arrangements which are often not primarily or specifically aimed at these matters. As such, there is often a lack of clarity or understanding about these matters. This legislation will succinctly legislate these issues in an appropriate and enforceable manner.

I am also extremely pleased that the bill ensures that only doctors and registered health professionals can perform or assist with terminations. Like many constituents in my electorate, I was concerned about terminations occurring at later stages of pregnancy. After reading many of the stories, talking to many women, families, doctors, midwives and nurses, I changed my view on this very difficult issue. I found no credible evidence of people getting to 20-plus weeks in a pregnancy and simply changing their mind. What I did find was a range of people dealing with very heartbreaking and tragic situations—people often trying to save a pregnancy, having to make extremely difficult decisions, decisions that I would never want to have to make. As a clinician, I felt it would be wrong not to provide these individuals with the option to terminate a pregnancy.

I do not personally believe that we require term limits. I believe that women and, if appropriate, their partners and their health professionals should be able to determine whether or not to continue a pregnancy. However, I accept the recommendation from the Queensland Law Reform Committee because it is based on good clinical evidence.

Finally, I wish to discuss foetuses that are diagnosed with congenital abnormalities like Down syndrome, spina bifida or even a cleft palate. Our capacity for in-utero diagnosis is improving constantly. Many constituents and some of my friends provided me with anecdotal evidence that would suggest there is a bias amongst healthcare professionals which is probably a reflection of a broader societal bias against people with disabilities.

I have spent a lot of time working and volunteering with adults with intellectual disabilities including many with Down syndrome. The impacts that Down syndrome can have on an individual are extremely varied. I have known people who are fully independent and have jobs, relationships, hobbies, and religious and political beliefs. I have worked with people who need high levels of care due to cognitive, physical and behavioural issues. I have also worked with many people without Down syndrome who could be described in both of these ways. It has been my experience that, with the right supports, every individual can lead a meaningful life. Again, I have raised my concerns with the health minister. I believe we need to do further research to determine if in fact a bias does exist and develop strategies to deal with that if it is true. We also need to ensure that women and, if appropriate, their partners are provided with good support and information when they are advised that a foetus has a congenital abnormality. Again, I will pursue this issue regardless of the outcome of this bill.

Mr Deputy Speaker, I would like to thank you for the amendments that you have put forward and the manner in which that has been done. It has certainly given me much to consider and I will give them due consideration. Due to the recency of their tabling, I cannot comment on them in my speech, but I will take them into consideration.

I support this bill because it improves the way in which abortion is regulated in this state. It will provide the opportunity to improve access for all women across this state no matter what their situation to a full range of sexual health services. I will provide the capacity to work towards reducing the number of terminations. I commend the bill to the House.