Speech By

Kim Richards

MEMBER FOR REDLANDS

Record of Proceedings, 16 October 2018

TERMINATION OF PREGNANCY BILL

Ms RICHARDS (Redlands—ALP) (3.26 pm): I rise in this House today to speak to the importance of the potential historic change to the 1899 Criminal Code before us. This for many is a long-awaited change to archaic legislation that has for over 100 years criminalised the termination of pregnancy and a woman's right to choice over her own body. In recent weeks I have had many emails to my office from constituents on both sides of the debate, divergent and deeply personal views and many powerful conversations. The most powerful, though, has been a conversation with my own mum and I will talk more about that later.

For those in my electorate, firstly I want to thank everyone who has taken the time to share their views and their beliefs in a respectful manner. I understand the deeply held personal beliefs and the emotions stirred in this debate, and, again, this has come from both sides. I think that it has been, and will continue to be, important to lead by example in how we carry ourselves in this debate, and as we head back to our communities respectful communication is critical.

I do want to clear up some of the myths, though, which I have seen spread over the course of the debate in my community. This bill before us today has been before the experts in both law and medicine. This bill has their support. To be clear, from a medical and legal standpoint, experts have put their support behind this bill. For me, of the two biggest myths spread one was that legalising termination services was going to lead to more abortions. In fact, what we know from evidence in other Australian jurisdictions and internationally is that indicators are that the number of terminations is very unlikely to increase.

The second was that a woman would be able to choose to have a termination at any stage of pregnancy, including at full term. This, as we know and we have heard today, is simply not true if she is more than 22 weeks. Should a termination be required for a woman more than 22 weeks, the bill only permits it if at least two doctors agree that the termination is appropriate. In making a decision, the doctors must consider all relevant medical circumstances and the woman's current and future physical, psychological and social circumstances. Again, let us be honest about this: a woman terminating a pregnancy after 22 weeks is not doing so because the pregnancy is unwanted; it is genuinely for much sadder and heartbreaking reasons. It is uncommon for a termination to be performed at this stage of pregnancy.

This bill before us states that the termination of pregnancy will be treated as a health issue and no longer will be a criminal matter. That is how it should be in a modern and educated society. No longer will there be uncertainty surrounding terminations of pregnancies in Queensland from a health and wellbeing standpoint for both women and the medical profession. Women will be able to safely access—and I reiterate the importance of safe access—the information and the help they need to make the right choice for them.

I want to reflect on the last 50 years of pregnancy terminations in the form of some stories shared with me and members of my community over the past weeks and months, both for and against. I am going to start in 2006 with the story of a young constituent. This story she shared was one of support

for the bill. She had experienced a contraception failure at the age of 20. She knew she was not ready to be a mum and fortunately had full-time work and access to a GP who assisted her to access a termination. She felt relief back then and is still grateful today that she was able to access a termination. She has no regrets.

However, her experience on the day in terms of access was one of distress: strangers who believed it was their right to judge another, to be abusive before and after the procedure, people prepared to stoop as low as to spit on her—such poor behaviour on a day that was already very difficult. I am sure most would find behaviour like that unpleasant to say the least, but it has continued to be acceptable behaviour when it comes to access to termination. It speaks to the importance of the safe zones that have been proposed within this bill.

Stepping back a decade to 1996, this constituent emailed me only this weekend just passed. Today she still regrets the decision to have a termination and, in her words, has not been able to forgive herself. She does not support the bill. I am yet to meet and speak with her, but I hope to do so next week when I am back in my electorate. What I want to tell her is that she deserved better back then when making the decision and that my vote in support of this bill will ensure that going forward all women have access to the support and health care that is right for them.

My constituent deserved more back then: better access to advice and to be able to talk about her own circumstance with whomever she needed. Terminations legislated as a criminal activity impeded her access to quality health care and wellbeing advice. She should have been able to access the health care and advice she needed. As has been the experience for many women in Queensland and Australia seeking terminations, the conversation has been pushed underground to the realms where women were considered to be suffering from mental health conditions if they considered such a procedure. It is a matter that simply has not been spoken about. All women have the right to seek advice and health care that should come safely and with a considered approach and not the shame and stigma that others wish to impose.

Going back further from 1996 to 1976 my constituent, who is in the gallery with us today, has been at the coalface of the fight for better termination legislation in Queensland and she fully supports the bill. She wishes only that the law reflects the majority of community sentiment and, importantly, reflects the actual on-the-ground reality of terminations: the 14,000 that occur annually in Queensland today. In 1976 she had a termination as a 24-year-old. She faced an unwanted, unplanned pregnancy. For her there was no question of continuing the pregnancy. She was a student and she was involved in many things that precluded motherhood at the time. There were no clinics operating in Queensland. It was a year before the first Brisbane clinic opened in 1977, so she had to fly to Sydney to access the termination. What concerned her was that the law forbid her from accessing this simple, safe procedure in her home city.

Finally, I want to finish on the most personal story. It is deeply personal. It was over 50 years ago in 1963. It was my mum. My mum is allowing me to share this story for the first time today—it has never been shared before—in the hope that no woman will ever experience what she did and that we change this legislation. This legislation is as archaic today as it was back in 1963. My mum, then a young woman in her late teens, with a young man whom she went on to marry, my dad, had an unplanned pregnancy just like many of the other constituents I have talked about. At the time my mum and dad both knew they were not socially, emotionally or financially ready to be parents and that they had two choices: for mum to be sent away to the country or to access a termination. They decided to access the termination. In those days—as is still the case in many parts of Queensland—it was a backyard termination. It was just that. Without going into the details and the damage done, let me tell honourable members that my mum was very lucky to have escaped with her life.

For the many reasons I have outlined, I support a woman's right to safe access to health care and wellbeing, advice and services, those that every woman needs and deserves when they are pregnant. I support a woman's right to privacy, to dignity and to choice regarding her own body. I support changing laws that are as outdated today as they were 50 years ago. I commend this bill to the House.