




Speech By
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MEMBER FOR MUDGEERABA

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TERMINATION OF PREGNANCY BILL

 **Ms BATES** (Mudgeeraba—LNP) (12.51 pm): I rise to speak on the Termination of Pregnancy Bill 2018 before the House. This is an incredibly divisive bill which deals with an emotional and complicated issue. The subject of termination of pregnancy creates strong emotional reactions and I have tried to keep my own emotional reactions towards this issue separate from this debate. It is my sincere ambition to make a contribution to this debate which is respectful.

The decision of the LNP to allow a conscience vote is in line with our party's belief that matters about the creation or ending of life are treated as matters of conscience. In understanding the emotive nature of this debate, we as a party made the decision to allow members a conscience vote. I think every member of parliament deserves the right to be able to walk into parliament and freely vote according to their conscience on this issue. I am pleased that we as a party were able to unanimously come to this decision.

Unfortunately, Labor have not been as transparent with their ambitions to allow a conscience vote on this matter. During the committee's consideration of the legislation, LNP members raised concerns with the absence of direct or indirect reference to allowing a conscience vote on this matter. Additionally, at the time the bill was introduced the government failed to put a motion to the House for the committee to consider a conscience vote and has failed since then to do so. In either case the government would have had the numbers to pass the motion. Clearly, the government saw implications in taking that course of action.

I would begin by saying that I believe that a woman needs to feel safe and in control of her body, and I think our laws should allow a woman to make this deeply personal decision about her health, her future and her family. As a nurse and as shadow minister for health and women, I realise the importance of women being able to access terminations of pregnancy safely. As such, I do support removing the termination of pregnancy from the Criminal Code. I agree with the 81 per cent of Queenslanders who believe termination of pregnancy should be decriminalised. The Criminal Code is not the appropriate vehicle for regulating the provision of termination of pregnancy. As it stands, the Criminal Code currently makes it a crime to unlawfully—even lawfully—terminate a woman's pregnancy.

Whilst I accept that no practitioner or patient has been convicted, the current state of the law has created uncertainty among doctors and healthcare professionals. The possibility of prosecution of health professionals and women also potentially impedes provision of a full range of safe, accessible and timely reproductive services.

Termination of pregnancy should be regulated, as are all other medical services, under existing healthcare legislation. There is no case for singling out a termination of pregnancy procedure in any area of legislation. This was the central recommendation of the Queensland Law Reform Commission report, and I share their view that generally termination should be treated as a health matter, not a criminal matter. Unfortunately, my support for this bill ends here.

There are several details contained within the bill that have compounded my doubt and prevent me from offering my full support, specifically the provision which will allow on-demand terminations up to 22 weeks. I am aware that there is an array of deeply difficult and complex circumstances that may lead a patient to need termination of pregnancy care at this late stage of pregnancy. However, I am unable to support this without full consideration by Labor as to whether the gestational limit of 22 weeks is appropriate. In my view it is not appropriate.

The 22-week limit for a termination with no required reason is far too late. By then a pregnancy which has no diagnosed genetic abnormalities would be likely to continue to full term. We know that babies have survived when born at 22 weeks. In Queensland, babies born prematurely under normal circumstances are given every opportunity to survive in a neonatal intensive care unit. Currently, termination of pregnancy clinics can obtain a licence to perform terminations up to 20 weeks gestation, and terminations past 20 weeks are performed in public hospitals for foetal abnormalities and serious health risks to the woman. Additionally, I take issue with the provision of on-demand termination of pregnancy up to 22 weeks. The request to terminate pregnancy up to 22 weeks is often referred to as 'on demand' in this bill. In this instance 'on demand' means without the need for explanation, justification or medical need.

I do not support legalising termination of pregnancy up to 22 weeks gestation for 'any reason' and then 22 weeks until birth under loose criteria including social circumstances. This provision falls outside of industry recommendations and ethical best practice frameworks. The Northern Territory, Western Australia, South Australia and New South Wales prohibit termination of pregnancy on demand. It is my view that the current requirements for an explanation, justification or medical need to be given should remain and the loose criteria around 'social circumstances' should be better defined.

Women who have had a termination of pregnancy say it is not the easy way out. It is a painful and difficult decision made in consideration of what is the right thing to do for the mother and the child. It is a decision that often remains with the woman for the rest of her life. However, as I said, I am unable to support the bill as it seeks to allow on-demand or on-request termination of pregnancy outside of medical grounds.

Another aspect of this bill preventing me from offering my support is the complete lack of acknowledgment of nurses in the conscientious objection provision. There is no detail outlining what steps can be taken if a nurse, who is required to assist with a procedure, has a conscientious objection. This lack of detail and foresight is alarming. One of the first procedures that a student nurse or a student perioperative nurse fly solo on as a scrub nurse is a dilation and curettage or a dilation and curettage with suction. These are performed for miscarriages and terminations. Nursing staff should be able to conscientiously object to scrubbing, scouting or even doing anaesthetics for procedures of this nature.

As a former anaesthetic nurse, I have been in theatres for all manner of tragic conclusions of pregnancies, including losing a mother and a baby due to catastrophic events occurring in labour. I have been in theatre for terminations and miscarriages from the first trimester to the last trimester. I have witnessed the anguish of mothers, whether they wanted the child or not, who still had to undergo surgical interventions. It is never a simple, straightforward situation, as appears to be painted in this legislation and the ensuing public commentary.

The view that a termination of pregnancy is a relatively minor procedure is a myth; it is false. Apart from the emotional aspects of the decision, whether termination is performed because the foetus is unviable or for other reasons has for my mind, as a nurse, been portrayed too simplistically in this debate. Late-term terminations of pregnancy involve induction and delivery. It is not a case of a patient putting a mask over their face and waking up in recovery no longer pregnant. It is a brutal procedure on the foetus and is generally not performed in a midwifery unit. For the patient's own emotional wellbeing, it is normally performed in a female surgical unit so that they are not in earshot of crying newborns.

Even when well informed, a patient consenting to this procedure actually goes through labour to deliver. It is hard on the patient and equally as difficult for the nursing staff. I have witnessed these procedures go wrong, where retained products remained in situ and the woman then had to go to theatre. I have witnessed the distress of parents who were expecting a healthy baby, only to be told late in the pregnancy that the foetus is not viable. I have wrapped dead babies in blankets for their parents to mourn. I have also witnessed parents who could not bring themselves to view the baby, and the child was then put in a dark room to expire as the baby was not compatible with life. I have no issue with decriminalising abortion in this state. However, the current safeguards in place are there for a reason and should remain so as a health issue. The lack of serious consideration of the real-world implementation of this important piece of legislation has been a theme throughout the process.

I have consulted with residents in my electorate, including all of my churches. Overwhelmingly, the response from residents has been that the bill goes too far. No-one has an issue with removing the criminal offence of terminating a pregnancy, but they share my concerns about late-term abortions and the social reasons for terminating a pregnancy that are given in this bill. In a poll, 70 per cent of Gold Coasters were not asked if they support termination of pregnancy on demand or over 22 weeks for social reasons, and to attempt to portray that they do is false and misleading. Whilst as a nurse I do not offer my support in this vote, I wish for it to be noted that I am not voting against the decriminalisation of termination of pregnancy; I am voting against a poorly thought out bill. For me this legislation is a bridge too far, and I cannot in good conscience support this bill.