




Speech By
Hon. Shannon Fentiman

MEMBER FOR WATERFORD

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TERMINATION OF PREGNANCY BILL

 **Hon. SM FENTIMAN** (Waterford—ALP) (Minister for Employment and Small Business and Minister for Training and Skills Development) (6.46 pm): Today I am incredibly proud to stand in this House and speak in favour of the Termination of Pregnancy Bill. Our laws and our parliament need to reflect the community we were elected to represent, and the overwhelming majority of Queenslanders view a woman's decision to end a pregnancy as a health matter, not a criminal matter.

Today is the culmination of the work of many people in this parliament and countless more in the community who have lobbied and fought hard for these changes for many, many years. I want to acknowledge my colleagues currently in the House who have fought for many years for this reform and the incredible work of Labor for Choice, Children by Choice, Young Queenslanders for the Right to Choose, the Centre Against Sexual Violence, all of the organisations that came before them and the many more doing great work across our community. These reforms are based on the work of the Queensland Law Reform Commission, and I want to thank the commission for their exceptional work in taking the diverse and strongly held views around this issue and providing an independent, fact-based set of recommendations for government which, importantly, align with clinical practice. It is a testament to their work that we are implementing their recommendations in full.

All other states in Australia with the exception of New South Wales recognise that termination of pregnancy is a health matter, not a criminal one. Our Criminal Code, written in 1899, has not kept pace with modern society, which is why this bill repeals sections of the Criminal Code that criminalise the termination of pregnancy. These reforms are based on providing women with safe and accessible services. The bill ensures that medical procedures are conducted by qualified health professionals with a clear framework to regulate health practitioners involving an on-request gestational limit of 22 weeks with a single broad additional ground to be satisfied after that time in consultation with another medical practitioner. Twenty-two weeks is not a random number, a compromise or a copy of another state's legislation; 22 weeks is consistent with Queensland Health's clinical framework. It is based on medical facts. Twenty-two weeks is when terminations get more medically complex and must be conducted in an appropriate high-level facility. Most importantly, it represents the stage immediately prior to the threshold of viability.

Other contributors to this debate have covered the facts, statistics and stories on later term abortions so I do not intend to repeat them, except to reiterate that each and every one of these rare cases involves complex factors and personal circumstances that most of us could never even contemplate. In my view, given we have received this recommendation from the independent Law Reform Commission and it is based on clear expert medical advice, it is not for us to arbitrarily set another threshold for when additional limits should apply.

For many years now I have been a board member on the Centre Against Sexual Violence in Logan. CASV works on the front line, supporting vulnerable women who have experienced violence by providing counselling and other services and support. Working with these women and hearing their stories, I saw firsthand how critical abortion law reform is in Queensland. One case in particular has always stuck with me—a child who came here as a refugee, incredibly vulnerable, still in primary school, raped then pregnant. She was unable to access the reproductive health services she needed at her local public hospital. She was refused a termination of pregnancy. Few people would deny the right of this child to access termination in those circumstances; however, under the current framework many health services would not perform this procedure. Thankfully, CASV, along with many others in our community, were able to fundraise several thousand dollars needed to get this young girl into a private clinic.

That brings me to the precarious situation our doctors, nurses, midwives and other medical staff are placed in while terminations remain in our Criminal Code. No-one performing a safe medical procedure that they are appropriately trained to perform should do so under the threat of jail. The AMA Queensland expressed in their submission to the committee—

Queensland's current laws, which criminalise terminations of pregnancy are a barrier to a doctor's first duty—best patient care. The Australian Medical Students Association, representing our future medical workforce, released a statement strongly supporting the decriminalisation of abortion and pointed out—

These laws—
the current laws—

discourage doctors from offering these services and restrict access for women, particularly those in rural areas.

We are being told by representative bodies that these outdated laws are restricting doctors' ability to properly serve the best interests of their patients by forcing them to work under a cloud of legal uncertainty. We trust doctors on so many things, and it is time that we stopped treating terminations differently from any other health decision that a doctor advises a patient on.

When we as some of the most privileged in our society debate these laws, we must focus on the stories and the impact our vote will have on the most disadvantaged in our society. In Anti-Poverty Week it is vital that we acknowledge the importance of giving women the ability to make their own reproductive decisions if they are to avoid poverty. A recent study by the University of California has found that women denied an abortion are more likely to spend years living in poverty than women who have had a termination. Carrying an unwanted pregnancy to term quadrupled the odds that a new mother and her child would live below the US federal poverty line.

Giving women control of their reproductive health is part of lifting women out of poverty. Voting against this law will mean that women in Queensland will still need to continue to access terminations at private clinics at high cost or travel interstate. The women who will be most impacted by these laws are women from disadvantaged backgrounds—Indigenous women, women from culturally diverse backgrounds, women who are victims of domestic violence and, importantly in a state like Queensland, women from remote and regional areas.

Back in 1980 the Bjelke-Petersen government tried to pass legislation to impose tougher restrictions on a woman's ability to access a safe abortion. Several National Party MPs crossed the floor to vote down this bill, including the then members for Gregory and Warrego. Mr Turner, the then member for Warrego, spoke against the bill due to concerns that 'women in remote areas seeking abortions in the terms of this bill will in many instances be disadvantaged'. Mr Glasson, the then member for Gregory, echoed those concerns and added that 'too many people who sit in parliament ... think they have a God-given right to act on behalf of the people without consulting their wishes'. I hope that the members representing rural and regional women in the parliament today have the courage to hear from their constituents and promise to defend their right to access safe reproductive health care.

Another key recommendation of the QLRC report is the establishment of safe access zones of 150 metres around clinics where terminations are conducted. These safe access zones ensure the safety and privacy of patients, but they also support our healthcare professionals. We have heard countless stories of abhorrent treatment of women and healthcare professionals, and I strongly support the inclusion of safe access zones in the bill.

We need to be clear: these are not radical, far left views. Some 71.9 per cent of Queenslanders support changing the law so that abortion is no longer a crime. It is estimated that between one-quarter and one-third of women have had an abortion. I, along with the majority of Queenslanders, believe that these women are not criminals. These women are our friends, our family, our neighbours and our colleagues, and they are not criminals for making a health decision that was best for them and their family.

In this debate the truth can be lost amongst all the lies and misinformation. It can be difficult to remember that, fundamentally, this bill is about supporting Queensland women. I am proudly pro choice and I firmly believe that termination is a health issue and not a criminal one. I am incredibly proud that our government has introduced laws that will ensure Queensland women have reasonable and safe access to terminations and reduce the stigma surrounding accessing these important health services. I strongly commend the bill to the House.