




Speech By  
**Stephen Andrew**

**MEMBER FOR MIRANI**

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**HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)**

 **Mr ANDREW** (Mirani—PHON) (4.18 pm): I rise to speak on the Health and Other Legislation Amendment Bill (No. 2) 2023. Once enacted, this bill will make Queensland the first jurisdiction in Australia to allow midwives, nurses and other prescribed health practitioners to perform medical terminations using abortion drugs such as MS-2 Step—drugs which are currently only available via a doctor. I have significant concerns over this use of nurse-led medical abortion care and the possible health and safety risks which could be involved for those women living in rural and remote areas of the state.

According to Dr Gino Pecoraro, President of the National Association of Specialist Obstetricians and Gynaecologists, five per cent of all medical abortions result in complications including uncontrolled bleeding. Not one to beat about the bush, Dr Pecoraro said of the bill's changes, 'Someone could die from this.' Similar concerns were raised by the Australian Medical Association Queensland, the AMAQ, who told the committee that it is 'not safe for registered nurses to administer these medicines outside of a collaborative setting with appropriate clinical oversight'. According to the AMAQ's submission—

Prescribers must be able to accurately date pregnancies, exclude ectopic pregnancy via a pelvic scan, determine if patients are at risk due to other existing conditions and ensure escalation pathways are available, including access to local emergency health care (usually within 2 hours' drive). Unfortunately, it is often the case in rural and remote areas that patients do not have this access and even medical practitioners cannot safely prescribe MTOP medicines. Extending prescribing authority to RNs in this context would not result in increased access and could put patients at risk.

The bill includes a regulation-making power that, according to the health minister's introductory speech, will allow 'additional types of registered health practitioners to administer these termination of pregnancy drugs in the future'. According to the minister—

This will allow flexibility to adjust the legislation over time to extend access to termination of pregnancy services as other cohorts of health practitioners become suitably trained, qualified and experienced to perform medical terminations of pregnancy such as Aboriginal and Torres Strait Islander health practitioners.

Clearly, the bill's framework has been deliberately crafted for much wider application over time. This is concerning on a number of levels, particularly the suggestion that these practitioners, to be prescribed at a later date by regulation, may ultimately constitute a specifically trained taskforce for the provision of abortion services to vulnerable women throughout Queensland. Even if these concerns are misplaced, I strongly oppose any future expansion of the bill's provisions beyond nurses and midwives, particularly given the life-threatening complications associated with the use of these drugs.

There is also a potential danger that the bill's changes will lead to the creation of a two-tier medical system whereby vulnerable women in rural and remote areas will be at much greater safety risk when undergoing these procedures. Other concerns include the bill's pre-emption of several Commonwealth reviews on the risks involved in non-medical prescribing by health practitioners and that the bill's changes will expose nurses and midwives to professional, legal and insurance risks for which they are not appropriately remunerated.

The bill places a heavy burden of responsibility on Queensland nurses and midwives, most of whom are already struggling under the pressure of an under-resourced, understaffed and underpaid health system. The government claims this bill will address the unmet medical needs within Queensland's rural and remote communities; however, I am yet to see any evidence or data to support the contention that such an unmet need actually exists. Most women I speak to in the regions tell me that the No. 1 unmet need they are concerned about is the chronic lack of adequate and safe maternity services in rural and remote towns and communities, as the member for Callide reminds us so regularly. If Labor are truly genuine about meeting these areas of unmet health needs, they could start by improving the quality of maternal healthcare services in the regions and stop shutting down all our maternity hospitals and childcare centres.

The bill also amends the Termination of Pregnancy Act 2018 to provide for 'more inclusive language' to be used when referring to abortions. Accordingly, any reference to 'pregnant woman' will now be substituted by the more trans-inclusive 'pregnant person' and 'pregnant people'. Minister Shannon Fentiman said that the bill 'strengthens legal recognition of transgender and gender-diverse Queenslanders' and ensures that 'all pregnant people can access medical terminations—including those who are transgender or gender-diverse'.

Both the Queensland Nurses and Midwives' Union, the QNMU, and the Queensland Aboriginal and Islander Health Council expressed concerns over the bill's changes in this regard, as did a number of other submitters. The QNMU said that retaining the term 'women' in the legislation was an important safeguard for the 'specific rights and experiences of women'. Removing this safeguard would only serve to make 'biological sex less visible'.

According to an international research paper published in 2022 by 10 prominent women's health researchers, they stated that replacing words like 'breastfeeding' with terms such as 'lactating parents' risks 'reducing protection of the mother-child bond' and 'disembodying and undermining breastfeeding'. The authors argued—

Desexing the language of female reproduction has been done with a view to being sensitive to individual needs and as beneficial, kind and inclusive. Yet, this kindness has delivered unintended consequences that have serious implications for women and children.

A co-author of the paper and former president of the Australian College of Midwives, Jenny Gamble, told the *Sydney Morning Herald* that sex-based language 'is important due to sex-based oppression'. Professor Gamble said—

Confusing the idea of gender identity and the reality of sex risks adverse health consequences and deeper and more insidious discrimination against women.

Professor Gamble also said—

Pregnancy, birth and early motherhood are fundamentally sexed issues, not gendered. Pregnant and birthing women and new mothers and their infants have unique vulnerabilities and also require protection.

For decades now, women have campaigned for more biologically targeted studies and research aimed at better understanding women's health and the difference between the sexes. Instead, Labor is putting up bills that will make the study of women's health impossible by erasing biologically accurate terms such as 'women' and 'mother'. Last year the former attorney-general, Shannon Fentiman, went so far as to cite a person being 'misgendered' in a hospital as an example of a possible hate speech crime. I think this is a mad agenda to abolish the word 'mother', which permeates our language and goes back thousands of years. It is absolutely appalling. I love my mother. Labor's agenda to erase women and deny biological reality will get no aid or quarter from me whatsoever.

Finally, with utmost respect to the committee members and the committee chair, I would like to make a few comments on the process and procedure around the introduction of this bill. The committee's report was only released on Monday and here we are voting on a bill just two days later. No time has been allowed for members to read or properly consider the committee's report, let alone conduct any discussion or debate on its contents. This is particularly egregious given the bill's radical changes which drew three statements of reservation from members of the committee, including me.

The whole process around this bill has been rushed and cursory, starting with the 'consultation process'. According to the AMAQ, the government gave 'targeted government stakeholders' just one working week to provide a response on the bill's consultation paper. As the AMAQ said—

It is unacceptable that Queensland Health persists with this targeted and secretive approach to legislative amendments and does not act with transparency and accountability.

Once again, the House is being forced to wave through extremely radical and consequential legislation without even the semblance of parliamentary scrutiny or debate. It just goes to show how the government has utter contempt for the parliament and for the democratic processes built into it. Under Labor, the state's committee system, which is supposed to fill the gap left by having no upper house in Queensland, has degenerated into little more than a 'tick and flick' exercise in futility. This government's undemocratic approach to law-making is a direct consequence of a commanding dominance on the floor of parliament—a dominance no party should be allowed to enjoy in a democracy. Let's hope the people of Queensland take steps to remedy the situation at the next election.