




Speech By
Trevor Watts

MEMBER FOR TOOWOOMBA NORTH

Record of Proceedings, 7 March 2024

HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

 **Mr WATTS** (Toowoomba North—LNP) (12.29 pm): I rise to make a brief contribution to the Health and Other Legislation Amendment Bill. There are some very important topics covered in this bill. It is a shame they are part of an omnibus bill, because these are topics that should not be in an omnibus bill. I will only speak to those topics. I want to place on the record that I am a supporter of right to life. The main issue of contention with the bill for me relates to the Termination of Pregnancy Act 2018, which states that health practitioners be given permission to prescribe, administer and give treatment doses of termination-of-pregnancy drug MS-2 Step. The availability or lack thereof of health services in regional, rural and remote Queensland to provide the necessary care for women who may suffer complications following their decision to terminate a pregnancy under the changes being proposed is of great concern. Whilst these facilities might exist in the city and this professional care might be available in the city, there are many people who live west of the Great Divide and north of Gympie who may not be able to access the same level of care, and it is concerning for me that this has been extended into the level of practices.

I also want to make it clear that there are no changes to the existing conscientious objection provisions already in the Termination of Pregnancy Act 2018. The rights of health practitioners and students to conscientiously object to performing or assisting to perform a termination on a pregnant woman are maintained in the legislation. I have been approached by a midwife in Toowoomba who works in the west, and unfortunately this is not always her reality. While she would like to be a conscientious objector, there is no-one else to provide the care for that woman who finds herself in a desperate situation. Whilst we might say brave things in this place and we might put these fail-safes in place, the reality in many parts of Queensland is that they are not there. I will be opposing the clauses in relation to the Termination of Pregnancy Act 2018—part 6, clauses 21 to 25—and the Criminal Code—part 2, clause 4, subclauses (1) to (9)—during the consideration in detail.

There is one other section of the bill that I think is contentious and, again, should not be in an omnibus bill—that is, to replace the reference to ‘woman’ with ‘person’ in the termination-of-pregnancy provisions to ensure legal access to termination-of-pregnancy services for all pregnant Queenslanders. I do not think I need to explain this statement to anybody in Queensland, but if someone is seeking these services they are clearly a woman so ‘woman’ does not need to be replaced with ‘person’ in the act.

The position of many groups has been stated in the committee report, but I want to quote just a couple. The committee report states—

Cherish Life also focussed on the capability of nurses to provide medical termination of pregnancy, in their concern that if complications arose from the provision of a medical termination, nurses are not permitted to provide surgical intervention.

This is their actual statement—

Medical abortion is associated with higher risks of bleeding and incomplete abortion than surgical abortion. Under this Bill, health practitioners such as nurses will not be permitted to perform surgical abortions and must know how to deal with the consequences of a medical abortion.

It is generally accepted that 5% of medical abortions will result in excessive or prolonged bleeding requiring a blood transfusion and/or curettage to manage this. Ongoing bleeding may be an indication of incomplete abortion and is also an important source of infection. The failure rate varies with studies, but in the PI (product information) for MS 2 Step, it is given as 7% prior to 63 days, making follow up mandatory. An incomplete medical abortion requires a surgical procedure called curettage.

My point is that these services are not available to all Queenslanders. This is the Queensland parliament. We should not be setting up situations where there are haves and have-nots—those who have services available to them and those who do not have services available to them. I will leave my contribution there, because we know that this government is playing politics with this bill. We know that it is done to divide people in the state. I do not think it is in the best interests of Queenslanders. I certainly do not think it is in the best interests of remote and regional Queenslanders. I think it is disgraceful that we have been put in the position of having to vote on an omnibus bill, but I will be most definitely voting in consideration in detail against all of those clauses that I referred to.