Health Consumers Queensland submission

Queensland Parliament

Health, Communities, Disability Services and Family Violence Prevention Committee

Inquiry into Abortion Law Reform

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About us

Health Consumers Queensland is the peak organisation representing the interests of health consumers and carers in the state. Health Consumers Queensland is a not-for-profit organisation and a registered health promotion charity and we believe in improving health outcomes for people in Queensland.

Consumers are people who use, or are potential users, of health services including their family and carers. Consumers may participate as individuals, groups, organizations of consumers, consumer representatives or communities.

Our priority focus is on consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders. We achieve this through our Queensland-wide health consumer network, tailored training and skills development programs, and maximising opportunities for consumer representation at all levels of the health system.

Consumer engagement is when health consumers actively participate in their own healthcare and in health policy, planning, service delivery and evaluation at service and agency levels.

OUR MISSION

Health Consumers Queensland empowers Queensland consumers to lead and drive better health outcomes.

OUR GUIDING PRINCIPLES:

Health Consumers Queensland is committed to:

- Influencing individual and system change in health services through ensuring the consumer perspective is central in the planning, design, delivery, monitoring and evaluation at all levels.
- Partnerships and collaboration with organisations, service providers and stakeholders.
- Quality, safe, affordable, timely and accessible services that deliver the right care, at the right time and the right place.

DIVERSITY

All people have a right to affordable and accessible health services that meet all of their physical, social, emotional and cultural preferences.

Health Consumers Queensland focus on increasing the voices of vulnerable population groups and assist them to understand how they can have a voice in developing health services. With access and equity in mind, we partner with people and organisations with a focus on the following:

- Culturally and linguistically diverse (CALD)
- Physical and intellectual disability
- Lived mental health experience
- Socially and geographically isolated
- Socioeconomically disadvantaged

Why do women seek abortions? Myth v fact

Abortion is a very common procedure, accessed by hundreds of thousands of women world-wide. As many as 1 in 3 women will have an abortion in their lifetime.[1] The reality is that no contraception method is 100% effective and 70% of sexually active women use at least one method of contraception.[2] Data indicates that 51% of women have experienced an unplanned pregnancy in their lifetime. [3]

Despite this figure, and myths surrounding abortion, parenting is still the most common outcome of unplanned pregnancies.[4] There many reasons why a woman may choose to terminate a pregnancy, including wanted pregnancies. These can include circumstances of rape, poverty, partner violence, or instances where the foetus may have been given a prognosis that is not viable with life. Data from the South Australian Department of Health indicates that 96.1% of terminations are being performed for the woman's mental health, 3.4% for serious handicap of the foetus and 0.6% for specified medical conditions.[5] There is also statistical correlation between domestic violence, unplanned pregnancy and abortion. Women who have abortions are four times more likely to experience domestic violence than women who do not.[6]

There is an assumption in our society that the majority of women seeking termination of unplanned pregnancies are young women (under 16). Yet statistically women over the age of 35 years (notably those at a higher risk of having babies with foetal abnormalities) are more likely to have an abortion

[1] South Australia Department of Health, 'Pregnancy Outcome in South Australia' (2013), p. 55. Full report available at: http://www.sahealth.sa.gov.au/wps/wcm/connect/62e89b004aca1fd38486dc0b65544981/15116.1+Pregnancy+Outcomes+Report+A4-FINAL.pdf?MOD=AJPERES&CACHEID=62e89b004aca1fd38486dc0b65544981

[2] Melbourne Institute, 'Contraceptive Practice and the Reproductive Life Course', (2007). Full report available at https://www.melbourneinstitute.com/downloads/hilda/Bibliography/HILDA_Conference_Papers/2007_papers/Gray,%20Edith_final%20paper.pdf.

[3] Marie Stopes International, 'What Women Want: when faced with an unplanned pregnancy', (2006). Full report available at http://www.mariestopes.org.au/wp-content/uploads/2014/07/KeyFindings.pdf .

[4] Marie Stopes International, 'What Women Want: when faced with an unplanned pregnancy', (2006). Full report available at http://www.mariestopes.org.au/wp-content/uploads/2014/07/KeyFindings.pdf .

[5] South Australia Department of Health, 'Pregnancy Outcome in South Australia' (2013), p. 51. Full report available at: http://www.sahealth.sa.gov.au/wps/wcm/connect/62e89b004aca1fd38486dc0b65544981/15116.1+Pregnancy+Outcomes+Report+A4-FINAL.pdf?MOD=AJPERES&CACHEID=62e89b004aca1fd38486dc0b65544981

[6] Children by Choice Annual Report 2014-2015, p. 6. Available at http://www.childrenbychoice.org.au/images/downloads/AnnualReport1415.pdf

then those under 20. [7] The average age of women seeking terminations are 20-24 years. Sadly, it is these younger women who are at a disadvantage of not knowing where to access information and services on reproductive health.

It is important for legislators to separate myth from fact when considering why a woman may choose to terminate a pregnancy. There are many reasons why it may be appropriate to terminate a pregnancy. The law must not impede on the direct delivery of health care to consumers, and decisions must be made by women in consultation with medical professionals.

Consequences of routine antenatal testing – the hardest decision

Regardless of whether pregnancies are planned or unplanned, all pregnant women across Queensland who are continuing their pregnancies and have contact with health services are encouraged to have testing at approx. 13 weeks (sometimes earlier) and 18-20 weeks. The primary purpose of this testing is to discover if there are any foetal abnormalities. The woman then faces a choice whether to continue the pregnancy or not. In the context of current Queensland laws, choosing to not continue the pregnancy makes her a criminal unless her doctor considers her physical and/or mental health to be at greater risk if she continues the pregnancy. It seems perverse to encourage testing, then not provide support and services for all possible results and outcomes.

Some women report feeling like they had no choice but to terminate, saying their doctor told them they had to end their pregnancy and that they weren't given information around the option of continuing their pregnancy.

Whether women feel that they had to fight against barriers and/or lack of information in order to have a termination, or if they felt they were coerced into interrupting their pregnancy through lack of information about the possibility of continuing their pregnancy, the consequence of a women feeling out of control and not the one to make an informed decision can be long term trauma and guilt. Women must be given access to all information and all options.

[7] Children by Choice Annual Report 2014-2015, p. 6. Available at http://www.childrenbychoice.org.au/images/downloads/AnnualReport1415.pdf

Safety, access and equity

Health Consumers Queensland is committed to a health system which delivers quality and safe health services and values the voice of consumers in how health services are designed and delivered.

As such, it is unacceptable that women's access to safe, affordable and locally provided abortion services is based upon where they happen to live in our State and in some cases, their ability to pay for private services and transport. The large majority of providers are located in the Southeast corner of the state, creating significant barriers for women living in rural and remote areas. Cost of procedures is significantly affected by location. According to data from Children by Choice, through a GP, medical abortions can cost between $350-$400 upfront, in addition to the cost of the medication itself. Through private clinics located in Brisbane, Gold Cost and Sunshine Coast, medical abortions can cost between $400 and $600 for Medicare card holders. For clinics located in Rockhampton and Townsville, upfront costs can be $790.[8] Surgical terminations are available at a significantly higher cost, particularly past 11-12 weeks gestation. A very limited number of clinics provide termination services on or after 16 weeks, with an average cost of $2000 - $3950.[9]

Victims of domestic violence often present later in their pregnancy, therefore facing greater barriers in accessing termination services. Due to reduced access to health services women from regional, rural and remote areas find out about their pregnancies later, experience delays in accessing testing and have a lack of termination services in their local communities.

Another group of concern are young women under 14, who face tremendous difficulty in Queensland accessing safe and affordable services in a timely manner. A recent Queensland case of a 12-year-old girl who had to seek an order from the Supreme Court to have an abortion highlights this issue, particularly the precedent that it set for future cases. This situation is further complicated by the criminalisation of abortion. In that case, McMeekin J questioned the illegality of abortion in Queensland and allowed the abortion to go ahead.[10]

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[8] Children by Choice (2016), 'How much will an abortion cost?'. Available at http://www.childrenbychoice.org.au/if-youre-pregnant/im-considering-an-abortion/termination-costs-in-queensland

[9] Children by Choice (2016), 'How much will an abortion cost?'. Available at http://www.childrenbychoice.org.au/if-youre-pregnant/im-considering-an-abortion/termination-costs-in-queensland

[10] Jorge, Branco (26 April 2016), 'Pregnant 12-year-old given permission for abortion by Supreme Court, *Brisbane Times* (online). Available at http://www.brisbanetimes.com.au/queensland/pregnant-12yearold-given-permission-for-abortion-by-supreme-court-20160426-gofe4a.html

It is unacceptable that the most vulnerable women in our state experience the most barriers to accessing non-biased pregnancy counselling and termination services.

Community expectations for autonomy, legal protection and support for women

We are aware some women find it difficult to access information about their reproductive choices, the services available to them and the legal issues surrounding their decision. They report that often doctors or counselling services do not correctly advise them of all their options or, alternatively provide them inaccurate information about the risks of termination. While there are many 'pregnancy options' counselling services available, many of these are religiously affiliated and do not provide genuine, independent advice and referrals to services.

Conversely, other women whose GP provides them with non-judgemental information and a referral to a private clinic, often do so without realising their risk of criminal liability, nor that the only legal protections that exist under the current Act are for the doctor providing the service. These laws must be removed to ensure women are not treated as criminals for exercising their rights to bodily autonomy and practitioners for acting in accordance with their duty to provide patient care.

Solutions: Guidelines, regulation and funding

In the context of our outdated laws, Queensland has guidelines[11] [12] in place to support decision making around pregnancy termination sitting in its rightful place: between a woman, her doctor and supportive counselling services if she wishes to access them. However there is an unacceptable inconsistency in how the Clinical Guideline is applied across Queensland's sixteen Hospital and Health Services (HHSs). Anecdotally this is due to continued fear of legal repercussions against health professionals as well as personal/religious beliefs of health professionals.

Regardless of a change in law, doctors (including GPs and obstetricians) whose personal beliefs are not in alignment with women's choices should follow the QH Clinical Guideline and comply with

[11] Queensland Maternity and Neonatal Clinical Guideline on Therapeutic Termination of Pregnancy (*https://www.health.qld.gov.au/qcg/documents/g-ttop.pdf)*

[12] Clinical Services Capability Framework (*Queensland Government, Centre for Health Care Improvement. Maternity services. In: Clinical services capability framework for public and licensed private health facilities v3.0. Brisbane: Queensland Government Department of Health; 2011*).

their duty to refer women on to someone who doesn't conscientiously object. Although outside the remit of this inquiry, this duty of care to refer should also pertain to contraceptive services (we are aware of regional Queensland towns where women cannot access the contraceptive pill because the one pharmacist refuses to stock it).

In order to support consistent state-wide implementation of the Clinical Guideline, Queensland Health needs to provide adequate resources for HHS staff training and funds for service delivery through public hospitals (as recommended in the supplement document to the Guideline[13]).

The cost of surgical terminations are currently met by women through private clinics or by one of the few public health services in Queensland who do provide terminations of pregnancy. These service delivery costs could be met by the Commonwealth if there was a new Medicare item number for surgical terminations, not just medical terminations as it currently stands.

In order to track the consistency of HHS application of the Clinical Guideline, Queensland Health must ensure an accurate data collection system is in place and regularly reported to the Patient Safety and Quality Improvement Service.

Government funding should immediately cease for pregnancy counselling services who are currently giving women biased and non-evidence based information. Those who continue their activities without public funding should still be required to meet consumer protection regulations which prohibit any pregnancy counselling service to operate with bias, deception or judgement. Funding needs to be prioritised for services which provide women with factual information around all of their options.

With the welcomed proposed removal of these archaic laws, our organisation is concerned about the potential unintended consequences that would arise from these decisions lying with anyone but a woman and her doctor. Reform must not further restrict access to termination services. Queensland should not go down the path of Western Australia where a decision post 20 weeks is referred to a committee. This takes the decision out of women's hands and puts interminable time pressure and unimaginable stress upon a woman and her partner who may have only found out at her 18 or 19 week scan about their baby having a foetal abnormality that is incompatible with life.

[13] Therapeutic termination of pregnancy, Queensland Maternity and Neonatal Clinical Guideline https://www.health.qld.gov.au/qcg/documents/s-ttop.pdf

In addition to decision-making provisions in the QH Guideline, we suggest the Queensland Government consider adopting the Victorian model, where access to termination services are unrestricted up to 24 weeks, and after this point, a woman makes a decision with information and support from two doctors post 24 weeks.

Conclusion

In conclusion, Queensland must remove these outdated laws. Women and health professionals deserve this respect and certainty. In line with the United Nations Sustainable Development Goals[14] which strive to ensure universal access to sexual and reproductive health-care services, Queensland women must have access to safe, legal abortion.

[14] United Nations Sustainable Development Goals 2015
http://www.undp.org/content/undp/en/home/sdgoverview/post-2015-development-agenda.html