

Health Consumers Queensland submission

Queensland Parliament

Health, Communities, Disability Services and Family Violence Prevention Committee

Termination of Pregnancy Bill 2018

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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.

Introduction

Our organisation welcomes the opportunity to provide an organisational response addressing this Bill to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the committee).

As always, our submissions are focused on these consumer-focused principles of person-centred, integrated health care:

- **Accessibility** - safe, affordable and high quality services, treatments, preventative care and health promotion activities.
- **Respect** - healthcare that meets consumers' unique needs, preferences and values
- **Choice** – a responsive health system which ensures consumer choices in treatment and management options
- **Participation** - patient involvement in health policy to ensure that they are designed with the patient at the centre¹.

Our interest in law reform on this issue are because it falls clearly into three of our areas of focus:

- **Healthcare Rights:** Breaches of healthcare rights which prevent fair, just and affordable access to healthcare;
- **Quality & Safety:** Where quality and safety and/or consumer experiences are of concern; and
- **Systemic Issues:** Complex, difficult or contentious systemic issues.



Please refer to our organisation's previous two submissions to the Queensland Parliament's Health, Communities, Disability Services and Family Violence Prevention Committee's:

- Inquiry into Abortion Law Reform (2016);
- Health (Abortion Law Reform) Amendment Bill (2016);

And our submission to the Queensland Law Reform Commission (2018).

¹ International Alliance of Patients' Organizations (2006) Declaration on Patient-Centred Healthcare (IAPO: London) <https://www.iapo.org.uk/sites/default/files/files/IAPO%20Declaration%20on%20Patient-Centred%20Healthcare%20Poster.pdf>

Recommendations

That the Committee recommends the Termination of Pregnancy Bill 2018 be passed without amendments to the gestational limit after 22 weeks.

That the Committee amend Clauses 15 and 16 of the Bill in order to expressly prohibit specific behaviours and actions, consistent with safe access zone clauses in New South Wales and Victoria.

Consultation questions

Q1. Do you agree terminations should be lawful on request up to 22 weeks?

YES.

Principles of dignity, equal access to reproductive healthcare, adherence to our international legal obligations and nationally consistent legislation must be upheld in our state to ensure a pregnant woman or person is never liable to be criminally charged for a termination of pregnancy that they consented to.

We do not have Queensland legislation that covers every aspect of medical care and decision making in our health system – that is the role of clinical guidelines, professional codes of conduct and professional scope of practice documents.

Queensland has guidelines^{2 3} 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. We understand it is already current practice that two (or more) doctors consult and document the decision making process for terminations after 24 weeks.

We would not support any amendments to the Bill that would lower this below 22 weeks eg. 18 or 20 weeks. This is especially important, given that screening generally occurs between 18-20 weeks.

² Queensland Maternity and Neonatal Clinical Guideline on Therapeutic Termination of Pregnancy (<https://www.health.qld.gov.au/qcg/documents/g-ttop.pdf>)

³ 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).

A reduction in the lawful gestation period below 22 weeks would likely mean barriers to women being able to have the time to make a difficult, informed decision with their provider without feeling rushed and further traumatised. This is especially important for women whose circumstances may have already contributed to them experiencing a delay in accessing healthcare.

Q2. Do you agree that terminations should be lawful beyond 22 weeks with the agreement of two medical practitioners?

YES.

Terminations of pregnancy after 22 weeks gestation are sought for complex reasons and already under existing clinical guidelines are seriously considered from all angles by doctors and pregnant women.

We agree that legislation mandate consultation by the treating medical practitioner with another medical practitioner after 22 weeks as per current clinical practice in Queensland, under the Queensland Maternity and Neonatal Clinical Guideline on Therapeutic Termination of Pregnancy.

We would not support amendments that would require that a woman have a face to face consultation with this second practitioner.

Q3. Do you agree that terminations beyond 22 weeks should be allowed in an emergency?

YES.

It is our understanding this is legal under current legislation, at any gestation. This should continue.

Q4. Do you agree with allowing a health practitioner to conscientiously object to the performance of a termination, except in emergencies?

YES.

The Queensland Maternity and Neonatal Clinical Guideline on Therapeutic Termination of Pregnancy makes provision for health professionals whose personal beliefs are not in alignment with women's choices, to refer women on to a health professional who doesn't conscientiously object.

Legislation should mandate both 1) a clinician's right to decline their involvement in termination of pregnancy (except in a life threatening emergency or to prevent serious physical injury) and 2) their responsibility to refer a woman or pregnant person to an appropriate, named service provider and patient travel subsidy services if required.

This provision should not be applicable to those not directly involved in assessing for or providing a termination procedure ie. administrative staff, services, facilities, organisations, or corporate entities.

Q5. Do you agree with the establishment of safe access zones within 150m of the entrance of termination service premises and associated penalties for prohibited conduct or restricted recording?

YES.

We support the legislation of a 150m safe exclusion zone and unimpeded access at all times around facilities providing abortion services, including penalties for harassment or intimidation and recording/publishing images of a person entering or leaving an abortion facility.

Q6. Do you agree with the proposed offences for unqualified persons who perform or assist with a termination?

YES.

Q7. Other issues

We recommend that there be mandatory reporting of anonymised data about terminations of pregnancy in Queensland. Timely and accurate collection of data of all health service provision in Queensland is vital in order to be able to plan, design, deliver, monitor and evaluate health services. This is especially important when access to termination services in our state is so inequitable.

Once law reform is achieved, Queensland Health must act upon its responsibility to provide statewide access to reproductive services, as per international human rights obligations. Without mandatory, publicly available data on termination of pregnancy in Queensland these inequities cannot be effectively addressed.

We would not agree with amendments that women undertake mandatory counselling. As stated in current QH guidelines, decision making around pregnancy termination sits in its rightful place: between a pregnant person, their doctor and supportive counselling services if they wish to access them.