

Submission No. 845
Received 30 June 2016



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**

Excellence in Women's Health

College House
254–260 Albert Street
East Melbourne Victoria 3002
Australia
telephone: +61 3 9417 1699
facsimile: +61 3 9419 0672
email: ranzcog@ranzcog.edu.au
www.ranzcog.edu.au
ABN 34 100 268 969

30 June 2016

Inquiry Secretary, HCDSDFVP Committee
Parliament House
BRISBANE QLD 4000

By email: abortionlawreform@parliament.qld.gov.au

Dear Committee Members

RE: RANZCOG Submission – Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016

I write to provide the submission of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to the Queensland Parliament's Inquiry into Abortion Law Reform (Women's Right to Choose) Amendment Bill 2016.

Thank you for the opportunity to comment on this important matter. On behalf of RANZCOG, we submit the attached for your consideration. This submission has been approved by the RANZCOG Board.

Should you have any questions regarding in relation to this submission or require any additional information, I would ask that you please contact the RANZCOG Chief Executive Officer, [REDACTED]

Yours sincerely,

Michael Permezel
President

RecFind: 16/0523

[REDACTED]



Queensland Parliament

Health, Communities, Disabilities Services and Domestic and Family Violence Prevention Committee

Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) welcomes the opportunity to provide this submission to the Health, Communities, Disabilities Services and Domestic and Family Violence Prevention Committee in relation to the Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016.

General Comments

RANZCOG is the leading standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

The College is committed to improving the health and wellbeing of all women, and to the advancement of knowledge of the health effects of pregnancy and pregnancy termination. RANZCOG acknowledges that people may have strong personal beliefs about termination of pregnancy.(1)

The prevention of unintended pregnancy should be a priority. RANZCOG supports broad community education (including in schools), with regard to sexual and reproductive health including relationships, safe sex and contraception. RANZCOG specifically supports ready access to a wide a range of safe and reliable contraceptive measures.(1)

The non-availability of termination of pregnancy services has been shown to increase maternal morbidity and mortality in population studies.(2) Criminalising abortion does not prevent abortion but instead drives women to seek illegal services or methods.(2, 3)

The College strongly supports the decriminalisation of abortion in Queensland, through the Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016, and particularly supports the removal of sections 224, 225 and 226 from the Criminal Code. Adoption of this Bill will show respect for the important principle of providing women with choice when they find themselves in a situation where termination of pregnancy is an option they would consider.

Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016

Recommendation

RANZCOG strongly supports the adoption of Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 and particularly removal of sections 224, 225 and 226 from the Criminal Code.

Rationale

RANZCOG supports the adoption of Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 and the regulation of termination of pregnancy under health laws rather than as a crime or an exception to a crime under criminal legislation.

In particular, the College supports the need for a range of circumstances to be considered in the course of counselling and decision-making with regard to termination of pregnancy.

Gestational Period Over Which Termination of Pregnancy is Applicable

Recommendation

The College strongly believes that there should not be a specified gestation range and that late termination of pregnancy must be an option available to women.

Rationale

Decisions around timing of termination of pregnancy may become more complex in the presence of some specific fetal conditions, multiple pregnancy, late recognition of pregnancy, advancing gestational age and pre-existing maternal disease. The College supports the availability of late termination of pregnancy in rare situations where both managing clinicians and the patient believe it to be the most suitable option, as well as supporting a multidisciplinary approach in assisting women in such complex circumstances. The non-availability of late termination of pregnancy may place these women in an untenable position of having to make decisions at times when information is not available or a healthy co-twin is potentially endangered.(4)

Gestational limits vary across the States and Territories where abortion is decriminalised but all have the capability of late termination of pregnancy. Uniformity and clarity of legislation would benefit both health practitioners and the women for whom they care.

Decision-making with Respect to Termination of Pregnancy

Recommendation

RANZCOG strongly recommends that a "committee" or "panel" not be introduced for decisions around termination of pregnancy. Decisions should be made by the Patient in consultation with her caring Medical Practitioner(s). There is no place for a Committee or Panel in such decision-making.

Rationale

RANZCOG notes that there are instances where a panel (state or hospital) is convened to make decisions affecting an individual woman in respect of the adequacy (or not) of grounds for termination of pregnancy. While the College recognises that some individual hospitals or health services might choose to form such panels, RANZCOG does not support that there be a legislative requirement for such a panel. These panels restrict the rights of women in two respects:

- Firstly, a panel is a gross infringement of privacy in this the most sensitive of all health matters. It is the view of the College that a minimum number of individuals should be involved in accessing the information and making decisions for a woman in this most private and personal of matters.
- Secondly, experience elsewhere has shown that panels are frequently dysfunctional in that as the numbers of clinicians empowered to make decisions expand, there is an increasing likelihood that individuals with varying degrees of prejudice against termination of pregnancy come to influence the decision making around the needs of individual women.

Woman Under 18 Years Seeking Termination of Pregnancy

Recommendation

RANZCOG recommends that the concept of “Gillick Competence” (5) apply to younger women seeking termination of pregnancy.

Rationale

The College was concerned to hear of the recent case of a 12 year old girl “Q” seeking termination of pregnancy in Queensland which was subject to determination in the Queensland Supreme Court. It appears that her age compounded a difficult scenario with access to termination of pregnancy in the area in which she lived. The College is concerned that this case sets a precedent for definitions of “properly informed consent” and will further restrict access to termination of pregnancy for those under 18 years of age.

Indications for Termination of Pregnancy

Recommendation

RANZCOG recommends that the indications for termination of pregnancy are a matter for the woman and her caring medical practitioner.

Rationale

No specific clinical circumstance should qualify or not qualify a woman for termination of pregnancy. The impact of any particular condition is highly individual and often complex. No list can be complete and becomes highly restrictive in the most complex of circumstances. A list may also be seen as offensive to those affected with specific disabilities.

Summary Key Points

RANZCOG:

- Commends Mr Pyne and the Queensland legislature for their consideration of the decriminalisation of termination of pregnancy and is supportive of the proposed changes to legislation.
- Strongly supports the adoption of Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 and particularly removal of sections 224, 225 and 226 from the Criminal Code.
- The College strongly believes that there should consistent legislation across Australian jurisdictions with regard to termination of pregnancy.
- The College strongly believes that any gestational threshold discriminates against the most vulnerable of women and women in the most difficult of clinical circumstances.
- The College strongly recommends that a “panel” not be introduced as obligatory under the legislation for decisions around termination of pregnancy including those at late gestations.
- The College recommends that “Gillick Competence” be applied throughout Australia with respect to younger women seeking termination of pregnancy.

References

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Termination of Pregnancy (C-Gyn 17). Available at: http://www.ranzcog.edu.au/documents/doc_download/926-c-gyn-17-termination-of-pregnancy.html. 2013.
2. World Health Organization. Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2000. Available at: <http://whqlibdoc.who.int/publications/2004/9241591803.pdf> Geneva: 2004.
3. Sedgh G, Bearak J, Singh S, et al. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. The Lancet. Published Online: 11 May 2016.
4. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Late Termination of Pregnancy (C-Gyn 17a) Available at: <https://www.ranzcog.edu.au/document-library/late-termination-of-pregnancy.html>. 2016.
5. Gillick v West Norfolk & Wisbech AHA & DHSS [1983] 3 WLR (QBD).
