

Submission  
No 3

## INQUIRY INTO REPRODUCTIVE HEALTH CARE REFORM BILL 2019

**Organisation:** Institute for Ethics and Society, University of Notre Dame  
Australia

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Standing Committee on Social Issues

*NSW Parliament House*  
*6 Macquarie Street Sydney NSW 2000*  
28 May, 2019

To whom it may concern,

I write to you in my capacity as Convener of the Bioethics and Healthcare Ethics Research Program at the Institute for Ethics & Society, The University of Notre Dame Australia (Sydney). The New South Wales Legislative Council will shortly debate the Reproductive Health Care Reform Bill 2019. Yet there are several matters of concern that deserve serious consideration before this bill progresses. In this letter we will focus on three issues in particular: conscientious objection, abortion coercion, and the collection of data on pregnancy terminations in New South Wales.

First, the Institute is concerned that doctors with a conscientious objection to abortion are obliged under the current bill to provide patients with information about other practitioners or facilities who will provide a termination. This provision violates doctors' freedom of conscience, and also seems unnecessary considering the ready availability of information about abortions on the internet. The current legislation states that practitioners must:

“give information to the person on how to locate or contact a medical practitioner who, in the first practitioner’s reasonable belief, does not have a conscientious objection to the performance of the termination” (Sect 9(3))

This clause of the bill requires clarification. At most, a clinician should be required to refer patients to government information about reproductive services.

Many parliamentarians have noted that the referral requirements of the current bill are consistent with abortion legislation in other states and territories. Yet legislators would do well to consider the conscientious objection provisions in the recently enacted Voluntary Assisted Dying Act 2017 (VIC). Section 7 of the Act states that health practitioners are under no obligation to provide information about voluntary assisted dying or to participate in the request and assessment process. We believe that this is a better model for regulating conscientious objection than what is being proposed in the bill under consideration.

If the State wishes to ensure that women have ready access to abortion, then it should ensure that appropriate facilities are available in rural areas. Lawmakers cannot offload responsibility for providing abortion coverage to doctors who conscientiously object to abortion. This would be a gross dereliction of duty.

Second, we believe that the Reproductive Health Care Reform Bill 2019 should include a criminal penalty for any partner or family member who is shown to have coerced a woman into having an abortion. Currently, the bill contains no such provision. Yet abortion coercion is a well-documented phenomenon. We believe that a major criminal penalty for persons who have engaged in abortion coercion would be an effective deterrent for those who would otherwise pressure women into seeking a termination.



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Third, we believe that the bill should include a provision to collect accurate data on terminations of pregnancy in New South Wales. Currently, only South Australia and Western Australia collect and publish data on abortion. Yet we believe that accurate data on terminations would only be of benefit to the public interest. It would allow policymakers to identify the reasons why women feel that they must solicit an abortion. This will facilitate policy solutions that help to give women meaningful choices when they are experiencing difficulties during pregnancy.

Kind regards,

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