

**Submission  
No 37**

## **INQUIRY INTO REPRODUCTIVE HEALTH CARE REFORM BILL 2019**

**Organisation:** Newcastle Pregnancy Help Inc

**Date Received:** 13 August 2019

---

**SUBMISSION TO THE NSW STANDING COMMITTEE ON SOCIAL ISSUES  
INQUIRY INTO THE *REPRODUCTIVE HEALTH CARE REFORM BILL 2019***

**by**

**Newcastle Pregnancy Help Inc.**

**1. Background to our service**

Newcastle Pregnancy Help Inc. is a support agency for women, men and their families when they are concerned about a pregnancy. We have been operating continuously in the Newcastle region of NSW for 45 years. Our services are provided free of charge and we are a not-for-profit charity. Our basic premise is that women, their partners, and those who care for them, should have the support and information they need to be able to parent their child. We often liaise with other community agencies to enable us to do this work. Our agency has no pecuniary interest in what decisions are made by women or couples, as we only provide information and support as is requested. We work with sister organisations across NSW and Australia, to provide 24 hour support to those in need, in so far as is possible.

We are primarily a support service. We undertake our work with the long experience of having helped many in our community, some who have been impacted by homelessness, domestic violence and other issues. We do so without receiving any government funding. Other organisations that do similar work have informed us that they do not receive any government funding either for the work that they undertake. This is an issue which the State should be considering as part of any legislative response to unplanned pregnancy. The Bill includes nothing by way of practical support for women and their families or to organisations like ours, which are at the front line delivering practical assistance to those impacted by unplanned pregnancies.

When a woman presents at our service she is usually in a vulnerable state. In this state, she needs to be given space to carefully consider her options with a complete absence of pressure. This is a crucial time for her. The decisions that she makes at this time will influence her life, possibly quite profoundly. To allow her to reflect on her thoughts and feelings for as long as she needs, enables her, her partner and others to make a considered decision that aligns with her beliefs, ethics and morals.

Our belief is that pregnancy is a natural process and if it continues uninterrupted the result will be the birth of a baby. It is our experience that pregnant women, if given the opportunity to reflect on it, are generally delighted with the prospect of becoming a mother. When they state that they are considering an abortion, it is our experience that this decision is primarily based on their economic situation and/or the emotional and psychological pressure exerted by others on them (67% of our clients). It is of particular concern to Newcastle Pregnancy Help Inc. that in this country of such affluence, so many will consider abortion over parenting due to economic considerations.

There is evidence from our clientele that they often feel pressured to abort their baby as a quick, shot-term solution to their difficult circumstances. The circumstances of an unplanned pregnancy is usually an emotionally charged time for the woman and it is our experience that they always appreciate the space we provide for them to take the time to make a considered decision.

If a woman has experienced domestic violence, her needs may be much greater, and she will also generally be more susceptible to coercion. In fact, 95 per cent of the women who contact our centre for assistance and are seeking abortions, state that they do so because their partner is not supportive or is threatening to leave them if they do not have an abortion. We note that 100 per cent of the women contacting the 1300 helpline run by Sydney Pregnancy Help Inc. for post-abortion counselling state that they had no pre-abortion counselling; 95 per cent stated that they had been pressured into having an abortion.

The experience of Newcastle Pregnancy Help Inc. is that for a woman, to have an abortion is not a simple decision and that decision to abort if she decides to do so, weighs very heavily on her.

## **2. Concerns raised from our reading of the *Reproductive Health Care Reform Bill 2019***

On our initial reading of the “Reproductive Healthcare Reform Bill 2019 (Second Print)”, (from here on will be referred to as “the Bill”), concerns were raised by our membership as to the wide scope of the Bill, and implications for our clients ongoing health and wellbeing, from the same.

Within this framework, we are concerned that pressure has been placed to make the Bill a law, without proper consultation or careful consideration for all stakeholders.

***Our understanding of the issues presented by the Bill, and implications for the women, men and families in our care, are as follows:***

The Bill allows for young women, a very vulnerable group indeed, to have an abortion without their parent’s consent. As this is a major medical procedure, the removal of family support system, would adversely impact the clients we see greatly.

### ***Part 2: 5. (Page 3)***

***(1)A person who is a medical practitioner may perform a termination on a person who is not more than 22 weeks pregnant.***

The clients seen in our centre and centres across NSW, are generally trusting of the medical profession. Schedule 1 to the Bill defines a medical practitioner as “a person registered under the Health Practitioner Regulation National Law to practise in the medical profession other than as a student.” This definition does not require any specialisation in obstetrics, gynaecology or the provision of terminations. This part of the Bill could see any medical practitioner, even without relevant qualification or experience, being exempt from sanction or reprisals following mistreatment of a patient. This would be detrimental to those who are pregnant and concerned, and their supporters.

There is no requirement in the Bill for psychological assessment or counselling, even though in more than 95 per cent of cases, women name “psychological” reasons for abortion<sup>1</sup>. It is for this reason we advocate that women always have counselling with an appropriately qualified counsellor.

It is our recommendation that any proposed medical procedure on any person, would be performed by appropriately qualified medical staff, with adequate qualifications and experience to do so, and

that any vulnerable clients have compulsory counselling prior to any invasive procedure. This is as a minimum of duty of care.

***(2) The medical practitioner may perform the termination only if the person has given informed consent to the termination.***

The Bill does not require discussion with anyone other than the medical practitioner intending to perform the termination. This is a conflict of interest. As we have aforementioned a woman is usually in a delicate mental state and may require a great deal of time and help to assess her options and make any decisions. She should not be pressured or coerced and any counselling needs to be performed by an agency with no vested or pecuniary interest in abortion facilities.

It is our recommendation that any person seeking a termination of pregnancy have appropriate counselling by an entity not associated with the abortion provider so that they are fully aware of all risks and options.

***(3) However, subsection (2) does not apply if, in an emergency, it is not practicable to obtain the persons informed consent.***

For reasons previously stated, we are aware that clients we see are at risk of coercion and may not be able to give consent freely. This should never be taken from them and their autonomy diminished in any way.

Consent should be given freely and the wishes of the patient in question be respected. This is a minimum of a civilised society.

It is our recommendation that this section be removed from the Bill.

### ***Part 2: 6. (Page 3)***

#### ***Termination by a medical practitioner after 22 weeks.***

This section in its entirety takes away the autonomy of the woman in question. Circumstances around saving the life of a mother over her child have been a part of our law, and as such this section is not needed. In its current form this section leaves the way open for sex selection abortion and reducing the number of babies a woman is carrying, without her consent in some circumstances. This is not supportive of women and families and clients in our care would not benefit in any way from this being a part of the bill. It is completely inappropriate, that a Dr who is referring a woman for a procedure that may have long term repercussions would not see her or her patient notes. There is no penalty for the two Medical practitioners not consulting with each other, as such it is not a law, as it cannot be enforced.

**Our recommendation** is that this section is completely removed as it would adversely impact women and men in our communities and be detrimental to their mental health and wellbeing, and provides no added benefit to clients. It requires a great deal more thought.

### ***Part 2, No 8, (page 4) Registered health practitioners who may assist.***

In this section it states that assistance may be given to a medical practitioner by a range of people. It does not state the level of qualifications that are required by this person assisting. This is not supporting the health, mental health and wellbeing of clients in our care and needs to be amended.

***Part 2, No 9, (page 4) Registered health practitioner with conscientious objection.***

We have highlighted that our clients trust the medical profession as a general rule. We know many medical practitioners in our community who are thoughtful and considered in their dealings with their patients and with our service.

It is vital that the relationship between the medical practitioners and their patients, which has always been privy to protections, continue to be so. If a medical practitioner or other medical professional, who has spent some years training and working, is now required to act in a way that is counter to their whole practice and will perhaps force them to consider retirement. We would not impose this on any other profession so why are we doing so to those who have given their lives in service to their communities. We are not a police state, and this is a complete disregard for the medical profession; to tell them what they have to do morally and ethically.

It is our recommendation that a provision be added to specifically provide that those with a conscientious objection need not participate in any way in the termination of a pregnancy including by providing information to facilitate the same. This present section on conscientious objection for the medical profession should be removed. It negates support for our clients and their relationships with the medical profession.

***Part 3, (page 6) A person does not commit a criminal offence for termination on themselves.***

**Woman, men and families we assist are often those with issues around self harm, depression and lack of feelings of self worth.**

As previously stated, we are aware that women who utilise our service are in need of unequivocal, unreserved acceptance and support. This part of the Bill infers and encourages women to be able to abort by any means, with possible long term or lethal side effects. It also presumes a lack of support for those who are pregnant. There is no provision or explanation in this point and as such, it is completely inadequate and misleading. Any person requiring medical intervention should have suitably qualified medical personnel assisting them.

It is our recommendation this be removed from the Bill, so that no woman would be able to cause possible harm to herself by not being medically trained and experienced.

***Schedule 1: Dictionary : (pg 8)***

***Termination means an intentional termination of a pregnancy in any way, including for example, by-***

***(a) Administering a drug***

***(b) Using an instrument or other thing***

Any " instrument or other object" can be used to procure an abortion, by the woman or an medical practitioner or other medical personnel, which is so wide reaching it is unfathomable how this ended up in a Bill before our government. It is not specific enough and it is completely careless and negligent to use such a term when talking about such a serious matter.

Our recommendation is that there does not need to be a description in this way. It needs to be reconsidered and more thought and time taken, with the safety, health, both mental and physical of women in mind.

### **3. Conclusion**

This Bill in its current form, is completely inadequate regarding the proposed statutory regulation of abortion in NSW. It is over-simplified and does not give enough thought and concern, in its wording, as you would expect on such an important issue. It is not detailed enough to support the needs of clients such as ours. It has also been an incredibly short time frame for stakeholders to respond to this adequately with clarity and in completeness. The time period around when a woman finds out she is pregnant, is a time that she is incredibly vulnerable, even without all the challenges that come with other problems, like homelessness. It is our expectation that our government will take whatever time is needed to assess the needs of all stakeholders in this matter, to ensure that the highest standard of care is provided to those concerned by an unplanned pregnancy.

Newcastle Pregnancy Help Inc.

13 August 2019

#### References:

1.

<https://www.parliament.sa.gov.au/HouseofAssembly/BusinessoftheAssembly/RecordsandPapers/TabledPapersandPetitions/Pages/TabledPapersandPetitions.aspx?TPLoadDoc=true&TPDocType=0&TPP=54&TPS=1&TPItemID=324&TPDocName=South%2bAustralian%2bAbortion%2bReporting%2bCommittee%2bReport%2bfor%2bthe%2bYear%2b2016.pdf>