

Submission
No 45

INQUIRY INTO REPRODUCTIVE HEALTH CARE REFORM BILL 2019

Organisation: Australian Medical Association (NSW)

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*From the Vice President's Office
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13th August 2019

Hon Shayne Mallard MLC
Committee Chair
Upper House Committees, Legislative Council
Parliament of New South Wales

Email: committee.socialissues@parliament.nsw.gov.au

Re: Inquiry into The Reproductive Health Reform Bill

AMA (NSW) welcomes the opportunity to make a submission to the Inquiry into the Reproductive Health Care Reform Bill 2019.

AMA (NSW) strongly supports the Reproductive Health Care Reform Bill. We believe the Bill reflects current professional practice while removing the stigma associated with abortion being included in the Crimes Act.

In determining our position on the Bill, AMA (NSW) referred to the Federal AMA Position Statements [Conscientious Objection 2019](#) and [and Women's Health 2014](#). AMA (NSW) also considered the common law obligations of medical practitioners in regard to their duty of care and also the Medical Board of Australia Guide to Good Medical Practice.

The heart of AMA policy is that abortion is a healthcare service and should be treated as such by legislators, doctors and the community.

The Bill reflects the experience of all other states in legislating around abortion law reform.

AMA (NSW) also notes the amendments included to the Bill – specifically:

- Part 2, 6 (1) (c) the medical practitioner has obtained the person's informed consent to the termination
- Part 2, 7 Requirement for information about counselling

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It is our view that both amendments are unnecessary and that they do not serve the interests of doctors, patients or the community. However, we do not believe that the amendments should prevent the legislation from proceeding.

Further amendments risk deviating from the original intent of the Bill. We would therefore encourage passing the Bill without any further amendments. However, if the bill is further amended, including amendments surrounding gender selection, AMA (NSW) will likely reconsider our support. We reaffirm our strong view that regulatory frameworks already exist governing the safe and ethical practice of medicine. The issue of gender selection is important for discussion but not within the framework of abortion legislation.

As technologies advance, the sex of a foetus can be identified earlier (currently 9-10 weeks). If prohibitions on gender selection are built into NSW law, it would make any request for an abortion after that point suspect.

This would, in the best-case scenario, lead to delays and, in the worst-case scenario, to no treatment at all. Laws banning abortion for gender selection would not guarantee this would not happen but they would guarantee greater difficulty for women to access healthcare services and a fraught legal framework for doctors.

As we have noted previously, having abortion on the Crimes Act is not appropriate for women or doctors. However, if gender selection prohibition is built into NSW law, it would perversely lead to a situation that is worse for both women and doctors, even though abortion would no longer be on the Crimes Act.

It's important to note that under current arrangements and, indeed, under the Bill, a doctor would be within their rights to refuse an abortion requested specifically on the grounds of gender selection.

The Bill, prior to these amendments, was very similar to legislation in Queensland and Victoria and we should be aiming to have consistent legislation with other states.

We know it works in those jurisdictions and any further discussions about issues such as gender selection in connection with abortion should be held at a national level.

Dr. Danielle McMullen
Vice President, AMA (NSW)

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