

ABORTION IN VICTORIA

Where are we now? Where do we want to go?

The University of Melbourne, 30 November 2007

Conference hosted by **The Key Centre for Women's Health in Society (University of Melbourne), The Royal Women's Hospital, Family Planning Victoria and Women's Health Victoria.**

EXECUTIVE SUMMARY

Designed to consider both the current state-of-play and the future of abortion policy, services and research in Victoria, many of the key themes that arose during the conference were introduced by Dr Margaret Sparrow, President, Abortion Law Reform Association of New Zealand.

Her presentation: 'Abortion, The New Zealand Experience', traced the history of abortion in New Zealand from the often unsafe or unsuccessful do-it-yourself methods (coat-hangers, herbs or douching with soap solutions) through to the controversial opening of the first abortion clinic in Auckland in 1974, to the present. While abortion is the most common gynaecological procedure and one of the safest, it is still a crime and women are not trusted to make the decision themselves. All abortions must be approved by two specially appointed doctors known as "certifying consultants" (costing the New Zealand Government \$5.5 million in 2006). There is no upper gestational limit for a lawful abortion. Medical abortion was introduced in 2001, the delay in licensing due to the requirement that abortions be performed in licensed premises. Good statistics are kept on the numbers of abortions performed, and numbers have been steadily increasing in all age groups since the 1980s.

Senator Lyn Allison, then Leader, Australian Democrats, considered the political context of abortion. To illustrate the culture in which women are blamed for abortion, she quoted former Federal Liberal MP Alan Cadman who said he couldn't understand 'why women were going around willy nilly getting pregnant'. She summarised the key political turning points and players in the history of the politics of abortion in Australia. While acknowledging the gains that have been made, she warned against complacency in the battle with religious zealots to create a system that supports women facing an unwanted pregnancy. She called for decriminalisation of abortion, buffer zone legislation, improved access to contraception and emergency contraception, good sex education and real support for women bringing up children.

Dr Jo Wainer, Director, Gender and Medicine Research Unit, Monash University, stated the current abortion law must be abolished, because while the original law was passed to protect women's health, today it acts to criminalise 20,000 women a year, and threatens doctors and nurses and other providers with ten years' imprisonment. She argued the Victorian Parliament had left it to doctors, nurses, clinic administrators and women to shoulder the burden of the ambiguous legal status of abortion. She outlined the principles behind Candy Broad's Private Member's Bill on abortion: that women are competent to make their own decisions; that the Bill should be simple and transparent and avoid the temptation to get into detail so as not to interfere with the doctor-patient relationship.

Professor Jenny Morgan, Faculty of Law, The University of Melbourne, followed with further discussion on abortion law, asking: 'If law reform is driven by the social problem we want to address, how might that shape the law we want?'. She argued the criminalisation of abortion affects women's claims to full equality and that the right of women to gender equality should underpin abortion law reform. She introduced the idea of substantive equality, which involves incorporating "differences" between men and women, rather than distorting, appropriating, or rejecting these differences. The social as well as the biological implications of pregnancy and childbirth have overwhelmingly different impacts on women and men, and these differences must not be ignored.

Dr Maggie Kirkman, Key Centre for Women's Health in Society, The University of Melbourne, presented research findings from a research collaboration between the Key Centre for Women's Health in Society and the Royal Women's Hospital: 'Understanding women's experiences of unplanned pregnancy and abortion'. Almost four thousand women aged between 13 and 49 registered with the Pregnancy Advisory Service of the Women's over 12 months. The majority were between 4 and 11 weeks gestation and 42 per cent had at least one child. Analysis of in-depth interviews with 20 of these women revealed they were making considered decisions to abort or continue their pregnancies, based on multiple and contingent factors, like their own needs, desires and capacities, the wellbeing of potential children, and their responsibility for children and adults already in their lives. These women wanted ready access to information about options and services, non-directive counselling and non-judgmental abortion services.

Dr John Edington, Acting Chief Medical Officer, Director, Intensive Care, Bendigo Hospital, discussed the realities of developing an abortion service in central Victoria. With over 700 of the abortions conducted in Victoria in 2005/6 arising from the Loddon-Mallee region, there was a clear need for an abortion service for the region. He had been told the barriers to abortion in regional Victoria were gynaecologists who were opposed to performing abortions and a Catholic community who would not welcome an abortion service in their local area. He found, however, that the proportion of Catholics in the area was slightly lower than the national average, and identified a gynaecologist on staff who agreed to perform abortions. While acknowledging the challenges, John Edington clearly demonstrated there was no compelling reason for abortion not to be provided in Bendigo.

Ms Annarella Hardiman, Manager, Pregnancy Advisory Service, The Women's, discussed the impact of anti-choice groups determined to impose unproven and problematic restrictions, like mandatory counseling and cooling-off periods on the personal and individual experience of unwanted pregnancy. In 2005, the Federal Department of Health and Ageing provided \$300,000 in funding to three anti-choice groups to provide pregnancy support. This has not been matched by funding to other comprehensive and professional community-based pregnancy support services. She argued for women to be trusted to make their own decisions about their ability to continue a pregnancy or not, or to parent a child or another child. Therefore services must offer women respect by listening, talking and responding to each individual woman and offering her the best practice possible based on the best knowledge available.

Dr Chris Bayly, Associate Director, Women's Services, The Women's, summarised the minimum requirements of best practice in clinical care, and identified the two main areas in which Victorian practice falls short. As generally only surgical abortion is offered to women, there is a clear gap in practitioners' ability to provide women seeking abortion with a choice of all options. There is also very little data collection and reporting on abortion services, which has limited the planning and research that can be conducted in Victoria. She identified several other gaps, and presented a 'case study in excellence' based on observations from a visit to an abortion service in Scotland. She concluded that a legislative and policy framework which characterises abortion as a health issue is likely to support optimal teaching, training, research, staff recruitment and service improvement.

From the broad strokes of the principles underpinning law reform, to the details of what makes an abortion service first class, the speakers identified the strengths and weaknesses of abortion in Victoria, and provided clear direction for the future. The conference culminated in the endorsement of 14 statements (The Melbourne Declaration), providing a blueprint for the planning of future abortion services. The Declaration draws on the key principles agreed upon by the speakers; effort should be made to improve sexual health and reduce the need for abortion, abortion services should be accessible to all women, abortion services should conform to world's best practice and women having abortions and abortion providers should be free from harassment.

Louise Keogh

Chair of the Organising Committee

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For details are available at: www.kcwhs.unimelb.edu.au/news/conferences

