

ABORTION LEGISLATION REFORM BILL 2023

418. Ms R.S. STEPHENS to the Minister for Health:

I refer to the WA Labor government's commitment to modernising Western Australian abortion laws. Can the minister outline to the house how the Abortion Legislation Reform Bill 2023 that was introduced into the house today will strengthen protections for Western Australians seeking lawful health care, and can the minister advise the house how this bill has been shaped by Western Australian medical practitioners?

Ms A. SANDERSON replied:

I thank the member for Albany for her question. As many members have seen today, a bill was introduced a couple of hours ago that will modernise abortion laws in Western Australia. Essentially, it will streamline the process for women of Western Australia. It will remove clinically unnecessary barriers for women in Western Australia. It will provide a more compassionate approach to late-term abortion, providing more time for women to make what is often a very, very difficult decision for them and their families.

Women will be able to self-refer up to 23 weeks with no referral required. After 23 weeks, two medical practitioners will need to be satisfied. Mandatory counselling will be removed, the ministerial panel will be removed and all these processes will be brought into line with best practice in medicine and informed consent. Medical practitioners are well educated on how to obtain informed consent from their patients. They do not need to go through another process of so-called counselling or tutoring, if you like. This will provide earlier access for women who are seeking a termination, whether medical or surgical, and better access for women seeking a termination over 23 weeks, hopefully limiting the need for women to travel.

Importantly, this bill has been shaped by the community, largely women, and by medical practitioners who will have to operate under this framework. It is important that clinicians have a clear legal framework under which they are operating in health care, but particularly in this area. Part of the consultation involved two clinical round tables with representatives from the Australian Medical Association, the Royal Australian College of General Practitioners, senior midwives, experienced clinicians who work in this area, and clinicians from other jurisdictions—one from the Northern Territory and one from Victoria. There were two round tables at which we really worked through what works and what does not work in other jurisdictions. By and large, all these policy principles were agreed by consensus by those clinicians around the table. Of course, not every clinician will want to be involved, and there is the opportunity for clinicians to exempt themselves from the process, similar to the one in place for voluntary assisted dying. They have to declare their objection and either refer to a clinician who will support a woman or provide prescribed information to them. This is an important bill for women in Western Australia and for those who operate in this area, such as obstetrics and gynaecology, and support women in this field. I am certainly committed to a very constructive and respectful debate in both chambers and look forward to the outcome of the bill.