ABORTION LEGISLATION REFORM BILL 2023

Second Reading

Resumed from an earlier stage of the sitting.

HON LORNA HARPER (East Metropolitan) [5.06 pm]: I rise again to continue the remarks I started very briefly before question time. I stand here today to fully support the Abortion Legislation Reform Bill 2023. It is a bill for which the Western Australian community has provided its overwhelming support. It will remove barriers to accessing health care that solely affects biological women.

I remember 1998 very clearly and the charging of the doctors. I clearly remember when Cheryl Davenport, a Labor member of this chamber, introduced a private members' bill, the Criminal Code Amendment (Abortion) Bill. I remember it because I discovered it during the time that I was pregnant. I discovered this when the bill that was then changed to the Acts Amendment (Abortion) Bill 1998 was progressing through this house. I discovered that the choice about whether or not I terminate that pregnancy was taken out of my hands. Under the laws of the time, it would have been an illegal act. Apparently, it was my body, but I could not make that choice.

There is a great difference between what Cheryl introduced and what we ended up with. Cheryl has been campaigning tirelessly over the last 25 years for her original vision. Thank you, Cheryl, for all your hard work and the continuous campaign.

After 25 years since discovering that I did not have a choice over my own body under the law of the land at the time, the laws of nature took over. As a woman going through menopause, my childbearing days are over. So why am I then standing here talking about abortion reform? I am not here representing only me and my views, but as a representative of the people in the East Metropolitan Region. As a representative, I have been speaking with a multitude of constituents and have received their feedback on this reform. I firstly spoke with young women. Their response was very clearly: "My body; my decision." I spoke with women past childbearing age. Again, their responses were: "Their bodies; their choice." I had conversations with people who are morally opposed to abortion, yet they stated, "Who am I to judge? It is the woman's choice." I even spoke with men; overwhelmingly, they responded, "Their bodies; their choice."

I would like to speak today about one young woman who found herself pregnant. Her reasons for not wishing to continue with her pregnancy are none of our business. They really are not. This young woman went to her doctor, whom she saw on a regular basis. She informed the doctor that she thought she was pregnant, and did the test. The doctor then counselled her on not having an abortion, although she had stated that was what she would like to do. The doctor asked her to return the following week. This young woman thought, "I will follow my doctor. I will do that." When she went back the next week, that doctor informed her that they did not believe in abortion, so she had to find another doctor; another doctor whom she had not met before, whom she had no relationship with at all. That doctor referred her to the clinic in Midland. When she went to the clinic, she found out that the abortion would cost her $600, but luckily she was still within the medical abortion time frame. She saw the doctor and was informed about mandatory counselling, and they set a date. On the day, she went into the clinic; she was given the tablet, and after a while she was sent home with another pill to take. She was given instructions to attend the emergency department if she began to bleed heavily. It was a traumatic event for this young woman, because the reasons a woman chooses to terminate a pregnancy are, again, none of our business—it is their own—but it was still a truly traumatic event. What this young woman found very traumatic was the action of the first doctor she went to, a doctor she thought she could trust, and then being forced to have somebody trying to counsel her as to why she was going for an abortion. This is a young woman. It was her choice, her body, her decision to make. Thankfully, both of these issues will be addressed by this reform, and she is very, very happy to hear it.

I am aware that some people in the community oppose the Abortion Legislation Reform Bill. They have raised concerns about the gestational age of the fetus, lack of mandatory counselling and the ability of mature minors to make decisions for themselves. I disagree with these concerns, not because I am an expert in this area, but because medical experts have been consulted and these are their recommendations. I believe that medical practitioners have the skills, knowledge, and expertise to guide us in this. I believe that members of the public of Western Australia have been consulted extensively around this. They have the knowledge about their own bodies and needs, and the ability to guide us as their representatives in Parliament. I wonder, however, if biological men were the ones in charge of procreation, whether they would have restrictions placed on them. Would they allow others to make the decision whether they could have a vasectomy, or even donate their sperm? Like abortion, both of these actions are legal. I do not see a rush to create a contraceptive pill for biological males, though. However, we do have Viagra, but that talks about society. At the end of the day, my feelings and belief are that by not supporting these reforms, we would be taking away the decision-making rights of biological women. It is their bodies; it is their choice. It is

up to them to make a decision whether they wish to have an abortion and terminate their pregnancy. It is not for us to judge them about why they do it. We are here to ensure that we have laws of the land that cater to the majority and the many, with safeguards for others. I commend this bill to the house, and I thank Hon Amber-Jade Sanderson for the delicacy and intent she has taken in bringing this reform bill to us.

HON DAN CADDY (North Metropolitan) [5.14 pm]: I rise to speak on the Abortion Legislation Reform Bill 2023. I say at the outset that I do not intend to talk for long. However, I wanted to ensure—as I am sure many in this chamber do—that my thoughts are on the record for this very important piece of legislation. I will not partake in any sort of intellectual dissection of the bill and why all of its constituent parts are necessary. The bill was very well explained in the second reading speech by the Leader of the House. Unlike some other members, I do not have a personal story to share as part of my contribution, although, like the member for Burns Beach, many years ago I found myself walking past a clinic—it was in Belmont, I think—and people were picketing outside it. There were some pretty vulgar and horrible signs, obviously directed mainly at young women. The signs were calling them murderers, with the words "baby killer" on one of the signs. Quite interestingly, I remember these being next to a sign that said, "God loves you and your baby." I found this very paradoxical.

That was a slight personal story, but where I was going with that introduction was that although I do not have a specific story to share, I wanted to recognise or reflect on the contributions of three of my colleagues in the other place, who shared some personal stories of their own and others. I will come back to that shortly. I want to put my view of this firmly on the record. I was recently in a meeting—it had nothing to do with this legislation—and in the closing conversations, I was asked how I intended to vote and how I came to that position. I answered very quickly, saying, at the simplest level, that I will take my lead on this from my female colleagues. That was a satisfactory answer for such a forum. However, for the sake of today's contribution, I note that I have also taken on board all that I have heard from medical professionals, both those who I know personally and those who I have been fortunate enough to hear from and interact with during the formation of this bill, and during the extensive consultation leading up to this bill. Fundamentally, my belief can be summed up this way: abortion and issues around it are a discussion that should take place between a woman and her medical practitioner. There is no role for a third party, especially the state, in the conversation at that table. This is my firm belief, and it is important for me to put this on the record today.

As I stated, many members have told personal stories, and I want to pick out three of them because I want to use each of these to demonstrate a specific component of the bill and why it is important. People have expressed concern about the minimum age and the mechanisms of abortion access without parental consent. I implore anyone with any concerns in that regard to watch the video or read *Hansard* for the contribution from the member for Burns Beach in the other place. He recounted the tragic details during his former life when he was a police officer with the Western Australia Police Force, of attending the suicide of a young woman who thought the only option left to her was to take her own life. To use his words, based on his investigation, I quote —

> … the behaviour of the males in her home, her father and uncles, had terrified her to such an extent that she felt it would be safer to be with her god than to be with her family.

Hopefully, if it does nothing else, this bill will go some way to mitigating any recurrence of that tragic circumstance. My good friend and colleague Dr Katrina Stratton, member for Nedlands, told the story of her friend and her friend's baby, Pippa. For anyone concerned about or asking why we are removing some of the constraints on obtaining late-term abortions, I implore you to watch the video or read *Hansard* for her contribution. It is both incredibly moving and incredibly pertinent to this debate. It is acknowledged that late-term abortions are very rare and are often the result of the detection of fetal abnormality in what is usually a wanted pregnancy, and this can be incredibly traumatic in the very best of circumstances. The state should have no role in adding to this trauma once the difficult decision to terminate such a pregnancy has been made.

The third contribution I found compelling was that of my friend the member for Riverton, Dr Jags Krishnan. Jags is a doctor of medicine and a politician. He is also a father and a husband. He told his story, which is very similar to the circumstances I outlined above and why I mention this. As a physician, father and husband, he acknowledges that the added trauma that current legislation would have forced him and his wife to endure, had they been here at the time, would have been unbearable. From the consultation that has been done, it appears that Jags is not alone.

Reading the public consultation summary report, I note that two-thirds of people voted to remove the provision for two medical practitioners to sign off on an abortion. In an answer to a separate question, referred to on a separate page, two-thirds of people voted to remove the requirement for a ministerial panel. As I have said before, the people of Western Australia recognise that the state and government have no place around the table when women are making these decisions and having these discussions with their doctors.

I will finish shortly. I said I would not speak for long, but I wanted to finish by showing my appreciation and admiration for the Minister for Health. Legislation of this nature—by that I mean legislation that is likely to evoke emotional responses by its very subject matter—is not always and, in fact, is very rarely the easiest legislation to navigate through Parliament. The Abortion Legislation Reform Bill 2023 is just such a bill. It seeks to update, improve and modernise Western Australia's current yet outdated abortion legislation. Legislation of this nature requires a minister or a sponsoring member of strength and principle. Minister Sanderson understands how important this legislation is for the women of Western Australia. I refer back to the community consultation on this; unsurprisingly, over 80 per cent of respondents to the community consultation were women. Such is her character that Minister Sanderson has chosen to do what is important, not necessarily what is easy. I thank her for her unwavering commitment to doing what is needed to make Western Australia a better place, and I also commend her for the way this has been done. Throughout the entire process, the consultation on this bill has been extraordinary and far-reaching.

I will probably miss some here, but for the benefit of the chamber, I note that briefings were provided for government caucus members and for the opposition joint party room. When I use the words "government" and "opposition", I note that the bill will be decided on a conscience vote when it comes before the house; there are those for and against it. Opposition members and the crossbench were all individually offered briefings. There was extensive community consultation and two clinical round tables with clinicians from across the state, including a wide range of clinicians drawn from the public and private sectors, and from general and specialist practitioners. The Australian Medical Association was represented. The Royal Australian College of General Practitioners was also represented. I particularly thank the practitioners who made themselves available in Parliament House to all members to speak to. Those practitioners included a maternal fetal medicine specialist, a regional obstetrician and gynaecologist, and a metropolitan-based GP, I think. The briefing they gave was one of the best briefings I have attended in my short tenure in this place. It was certainly the most powerful, and it was well attended by members from across this house. I say thank you to them. I say thank you again to the highly active minister and her staff.

This legislation is a significant step forward for the women of Western Australia. Consider this: if it can make the abortion process less traumatic for even one woman or family and if it results in one fewer illegal abortion being performed anywhere in Western Australia, it has served its purpose. I commend the bill to the house.

HON KLARA ANDRIC (South Metropolitan) [5.24 pm]: I rise today to make a contribution on the Abortion Legislation Reform Bill 2023. As my colleague Hon Dan Caddy has done, I want to put on record my position on abortion reform because it is something that I feel very strongly about. I will list my reasons as I talk through this today.

I start by thanking the many brave women who spoke about their personal stories in the other house. Abortion is incredibly terrifying to have to go through, and I thank them for having the bravery to stand up in a very public place and put on record what is probably one of their most terrifying experiences.

I thank Hon Amber-Jade Sanderson, our Minister for Health. I congratulate her for introducing the bill and for her carriage of the legislation through the Legislative Assembly. I believe that this bill will modernise Western Australia's abortion legislation, and it will fully decriminalise abortion for the first time in our state's history.

It might have been a while ago for most of us, but some members might recall that WA was the first Australian jurisdiction to decriminalise abortion in 1998. I remember 1998 because it was the year I graduated from high school. When I think about that year, I do not feel that it was that long ago. It makes me think about the many women and the struggle, fear, anxiety and terror they had to go through under the laws that existed prior to 1998. In 1998, Cheryl Davenport introduced a bill in this house in response to two doctors being charged under the Criminal Code for performing an abortion. I feel that 1998 was not that long ago, and I am thankful for women like Cheryl Davenport, who made this health service available for women, like my daughters and me, so that generations of women since 1998 have been able to have safe abortions in our state. Unfortunately, our state's lead on many of these reforms in the late 1990s did not hold, and we simply did not keep up. I believe that abortion laws here in WA are outdated and not in line with many other jurisdictions across Australia.

I believe these legislative reforms will be a massive milestone for women in our state because women face so many barriers to accessing this healthcare service. As a woman and a mother of two girls, I want to make sure that my girls have access to a safe and compassionate healthcare system that does not have barriers and is in line with other jurisdictions across our country. I want them to have access to a modern healthcare system. I honestly and truly believe that no woman makes the decision to have an abortion easily. Some of the circumstances that many women choose to have an abortion are quite harrowing. This is probably not something that I will go through today, but I am sure that many members have heard the stories and know friends and family members who have had to make that very difficult decision.

Hon Dan Caddy spoke about the consultation. I, too, have read the consultation that was done on abortion reform. From what I understand, it was a four-week consultation period that began in November 2022 and was finalised and tabled in April 2023. Some of the key outcomes of that consultation are that of the 17 500 survey respondents, 91 per cent were Western Australian residents and 81 per cent, as Hon Dan Caddy mentioned, were women. I noticed from the consultation that the greatest number of respondents were between the ages of 25 and 34 years old. That age bracket represented 36.4 per cent of the respondents. I will list a few of the results of the consultation. Sixty-nine per cent of respondents were in favour of reducing the number of health practitioners required to be involved in care from two to one; 67 per cent were in favour of abolishing the ministerial panel requirement for later term abortions; 72 per cent were in favour of allowing health practitioners to conscientiously object but be required to refer patients to a clinician who is willing to provide care; 63 per cent were in favour of removing mandatory counselling provisions; and 65 per cent of those surveyed were in favour of removing the requirement under the current legislation for ministerial approval for a health service provider to perform late abortions. Under the current legislation, abortions after 20 weeks' gestation are authorised only when two medical practitioners who are members of the statutory panel of at least six medical practitioners appointed by the Minister for Health agree that either the pregnant person or the unborn baby has a severe medical condition that, in their clinical opinion, warrants the procedure. That is complicated just to say, let alone to have to go through that process. I believe that is incredibly outdated, which is why these reforms to the legislation are important. The feedback also supported the proposal to increase the gestational age at which additional requirements apply to better align with the gestational age across other jurisdictions. Sixty per cent of the respondents of reproductive age—I apologise; I have trouble with that word—were in favour. There was also very strong support by all stakeholders to remove the requirement of ministerial approval for a health service to perform late abortions. A significant amount of consultation was conducted on this bill. As I said earlier, 17 500 people were consulted in that process.

The minister stated in her second reading speech that the Western Australian community provided its overwhelming support for this government to make important reforms to abortion laws in circumstances that result in unwanted pregnancy and when an assault has occurred.

I will address a term that I have great difficulty with and I believe is somewhat misleading, which is the term "failed abortions". I refer to *Hansard* and my parliamentary colleague in the other house the member for Riverton's comments. I will outline a few things that Dr Jags stated in the other house. He said —

> I want to clarify a few things. There have been reports in the media relating to "failed abortions". As a clinician, I do not understand what a failed abortion means. Some groups are advocating for care of a baby who was born alive. Let me make it very simple.

I will not go into detail about Dr Jag's comments, a medical doctor and member of Parliament, but, essentially, he advises that at 23 weeks, there is a zero per cent chance of survival. I quote Dr Jags —

> The clinician knows that; the entire world knows that. What are the people talking about, advocating and asking us to do—to care for the baby?

I say this because Dr Jags, as a doctor, a GP and a clinician, explained very clearly exactly how the process works. We have seen some comments in the media and I want to reiterate what Dr Jags said about the 23 weeks' gestation, which is that there is no chance—zero per cent, as quoted by Dr Jags—of survival.

I will refer to another comment made by the member for Forrestfield, Stephen Price, MLA. He spoke about his background. He said —

> … I am a Catholic. I was brought up a Catholic and went to a Catholic school.

I same have some similarities with Hon Stephen Price in that I, too, am a Catholic. I was brought up a Catholic and I, too, went to a Catholic school. Much to my father's disappointment, I would not necessarily say that I still sit in the Catholic box. Certainly I am more in line with being a Christian; however, I will probably leave it there. Today I want to mention something Hon Stephen Price said because it plays a role in where I stand as someone who can be said is religious. I have very strong views that religion does not really have any relevance to these issues or abortion. Religion has a role in society. People have different religious views and they act on their religious views differently. I again quote Stephen Price —

> What is being debated today is a sensible piece of legislation. It is a sensible reform bill that will benefit the lives of … young women into the future.

I think he summarised that very well. I will conclude my remarks on the Abortion Legislation Reform Bill. I once again thank all members in the other house who made very personal contributions and I again thank the Minister

for Health, Hon Amber-Jade Sanderson, for her tireless work in ensuring that women will have access to safe health care in our state.

HON MARTIN PRITCHARD (North Metropolitan) [5.39 pm]: I will just make a brief statement on the Abortion Legislation Reform Bill 2023, as I understand other people wish to speak. For many in our community, abortion is a black and white issue. In some respects, I envy that simplicity. I find myself in that grey area in between, and maybe many in the community sit in that same space. I find myself in the illogical position of equating the degree of my concerns with the length of gestation, but that is not really the issue. I think that almost all would agree that it is a sad event, no matter the merits of the decision that is ultimately made. The truth is that there are many sad events in this world. As a man, I struggle with being in a position of having a say on this legislation, as men have always been held to a lower level of account for any unplanned or unwanted pregnancy. They can, and often do, just walk away. A woman has a much harder road to tread no matter what decision she makes, and I cannot find it in my heart to find issue with whatever decision she makes. For that reason, I will support the bill before us; however, that does not mean that I will not be listening to the debate and that leads to any reasonable amendments that might improve the legislation.

HON SANDRA CARR (Agricultural) [5.40 pm]: I rise to give my unequivocal support for the Abortion Legislation Reform Bill 2023 in all its current wording and form. I also take a moment to thank Hon Martin Pritchard for his contribution. I have great respect for his view and the way he shared it, so I thank him very much for that.

I note from the outset that the intention of this bill is to provide improved pathways for abortion care by removing unnecessary legislative barriers and aligning with other jurisdictions in the country, all focusing on the best interest of what Western Australians choose to do. In my earliest days in this place we passed the safe access zones legislation, and I felt particularly proud of that. It was particularly important legislation in terms of what should be underpinning all of our values—that is, what is in the best interests of Western Australians and allowing them to feel safe.

I imagine one of the unexpected benefits of legislation like this is removing some of the shame and indignity that some people feel when they access the right to care and make choices about their own body. I find myself in the unfortunate position of not wanting to share—but I will—my personal story. I fell pregnant when I was in an unsafe relationship. I did not want to be pregnant. I felt profoundly ashamed and scared. I did not know what to do. I was at university. I felt completely lost. I was isolated from my family on the other side of the country. I did not tell anybody. I went to a medical practitioner and a facility to, in my mind at the time, make the problem go away. I already had a daughter at the time. I did not have any time because my partner would not allow me much time to be out. If I was out of the house beyond a set time, the consequences for me were unbearable. So I did not tell anyone. I did not tell my partner at the time. I would not let myself be sedated or anything because I had to be lucid and get myself to and from that facility on my own and there was no-one to help me. It was highly traumatic. I am re-traumatising myself here, but I really want to share that story so people understand the situations people find themselves in and the decisions they make, and also to let people know that they do not need to be ashamed and there are people out there willing to provide safe spaces for them. They will care for them and understand the complex situations they find themselves in. The situations do not need to be as complex as the one I described, or they may be significantly worse, and I know there are such cases.

I really want to emphasise the importance of autonomy over body. I was really pleased to hear Hon Martin Pritchard talk about how we do not talk about male responsibility for pregnancy, and the role they have to play. Right or wrong, it is easier for men to extirpate themselves from responsibility. They can walk away from responsibility. They can avoid fiscal responsibility for children. I can tell members that that has been my experience in life as well. I still feel proud of myself that I solely supported my children throughout the majority of their lives, got them through to university and did all the things I needed to do. It is an interesting conundrum that men have full control over whether or not they cause a pregnancy. They choose when and where they ejaculate. They can decide where their sperm will go. It is a choice for them, so it is interesting that we do not talk about male responsibility in this situation and ways that men may be better provided opportunities to avoid pregnancies, or not think that they have proprietary rights or that they are the decision-makers or they do not need to be educated. I am not talking about responsibility in the sense of blame, I am talking about it in the sense of a social and cultural shift, in an educative form, by which we teach our young men to respect, talk about and appreciate people's rights, and really understand that the decision to engage in sex and the choice of where and when to ejaculate must be made with full consent and collaboratively between both parties. It is a really important consideration.

Another important consideration is that human bodies are unpredictable at times. A woman going through perimenopause or early menopause often finds that her cycles are irregular. Things become very unpredictable for them. Their contraceptive might not work. Other medications that they are taking might mean that contraception does not work. Pregnancies are not necessarily anybody's fault in some situations. It is really important to understand that pregnancies arise out of a whole range of human complexities. A world that makes it far more complex and

emotionally burdensome for someone to access an abortion in a reasonable, sensible and practical way is not one I want to be part of. That is not the way I want us to progress so I am really pleased to see this legislation before us.

I will talk quite specifically to some of the things this legislation does. It enables two types of abortion—medical and surgical. Those things already exist. I will assume that most people know what those things mean. It is important to note that late-term abortions, those that occur after 20 weeks' gestation, account for less than one per cent of all procedures. They are often done in quite specific circumstances. It is also really important to note that this legislation did not emerge in a vacuum but as part of some really detailed and comprehensive consultation in which over 17 500 people participated, over 81 per cent of which were women. Sixty-nine per cent of respondents identified their support for reducing the number of health practitioners required to be involved in care from two to one. Sixty-seven per cent of respondents were in favour of the abolition of the requirement for a ministerial panel for later term abortions. Seventy-two per cent of respondents supported allowing health practitioners to conscientiously object but be required to refer patients to a clinician willing to provide care. Sixty-three per cent favoured removing mandatory counselling provisions. Feedback also supported the proposal to increase the gestational age at which additional requirements apply to better align with other jurisdictions. Sixty per cent of people of reproductive age were in favour of those changes. There is overwhelming community support and social licence showing that this legislation reflects the values of the community and that it wants to see our legislative procedures proceed in a way that enables people to make decisions about their bodies that are refined and less complex. From my perspective, the more complex requirements are, the more traumatising and significant the adverse emotional impact.

I briefly want to talk about a study done in the United States called the Turnaway study. Some members may have heard about it. It was conducted over about three years. It looked at 1 132 women from around 31 states in the US who were in the waiting rooms of abortion clinics.

Some of those women would go on to have abortions and others would be turned away because they missed the fetal gestation time limit set by the clinics. This study compared those women. It followed them for five years and met with them twice a year to determine the outcome on their lives—a bit of a *Sliding Doors* experiment, if members are fans of that film or concept. One might assume that the women who were turned away had messier, more complex lives and were perhaps less competent, less capable women, but most of the women were in similar places in their lives and often the ones who did access an abortion had just caught the deadline. The ones who missed the deadline were often from lower socio-economic backgrounds. For them, it was a case of trying to scratch together the resources to enable them to access that service and the possibility of an abortion. In general, the two groups—those who did access an abortion and those who did not—were remarkably similar. However, their lives were shown to diverge in ways that were directly attributable to whether they had received an abortion. In the short-term, the women who were denied abortions had worse mental health, higher anxiety and lower self-esteem. Those sorts of things were shown to level out in the end; however, there were some significant short-term impacts on their mental health and wellbeing. Most of the respondents who accessed an abortion reported that the emotion they felt was relief, which persisted but gradually dissipated over time. Despite the complexity of the story I related earlier, I can definitely concur with that emotion; it was a massive sense of relief from an issue that I was quite terrified of. Even though I did it in a way that was really complex and I look at it now and wonder how I managed to get through it, the overwhelming emotion I felt was relief because I had felt trapped and that I was in significant trouble. It removed what I saw as a big iron ball on my ankle.

Women in the study who had received abortions were later discovered to be more likely to be in healthy relationships or to report that their relationships were very good. They were also more likely to have had a baby within the next few years. The women who were turned away were more likely to be stuck in situations and to report less relationship satisfaction. The women who had been able to seek abortions were often able to report happier relationships because they had been able to escape physically abusive relationships because they did not have an ongoing connection to the perpetrator—it enabled them to extract themselves and reduce contact with that person. As I mentioned, women who got an abortion were more likely to become pregnant earlier, within five years; were less likely to receive public assistance; and were less likely to report that they did not have enough money to pay for food, housing and transportation, compared with the women who were not able to access abortion. When they had children at home already, those children were also less likely to be living in poverty. The study showed some really important outcomes for not just the individual person but also relationships and other children in those family situations.

I would like to touch on a couple of other things identified in the study that Hon Klara Andric perhaps touched on in her speech just a moment ago. I will talk about some of the misconceptions—this is perhaps a quick myth-busting moment. As Hon Klara Andric pointed out, there is no such thing as a failed abortion. That is a misuse of language. Clinicians will confirm that there is no evidence of babies being left to die—a term that people who refer to failed abortions like to use. Clinicians report that there is no evidence of that. As I mentioned earlier, fewer than one per cent of abortions occur after 20 weeks and generally involve pregnancies in which there has been an adverse fetal

diagnosis or mental health condition. Families in those situations need compassionate and appropriate support and care. They do not need judgement. They do not need legislation that prevents them from accessing the care that they need. Abortions after 20 weeks are carefully planned medical procedures that are performed in a hospital setting by a trained medical practitioner. The process is similar to an induction, with medication provided to induce contractions. In almost all cases, medication is first administered to the fetus. This means that there can be no signs of life after the procedure. The procedure does not fail; it is an ultrasound-guided injection that ensures that the medical practitioner can be certain of the outcome. Although the vast majority of women prefer this, a small number opt out of the injection. This may be for cultural or religious reasons. That is their right. Those women and their families are counselled about the possible outcomes. When this occurs, medical practitioners may provide palliative or comfort care if required, and the baby is held by the parents until it passes naturally. That is the family's decision and right. Medical practitioners should not be required to provide futile medical care, especially when those interventions would mean separating parents from their child in its final moments.

There is also some misconception about sex selection. As already noted, the vast majority of abortions occur in early pregnancy—over 99 per cent—when it is too early to determine the sex of the child. It becomes a bit of a nonsense argument to make. Amendments like that would have no practical application and just be a further barrier to access. Clinicians are telling us that there is no evidence to suggest that this is a concern in Western Australia. No argument is being made for this in Western Australia and there is no evidence of it occurring.

Mandating something like counselling has the potential to undermine patient autonomy and individual decision-making. Practitioners are trained to assess their patients' decision-making capacity and can recommend referrals and other providers, including pregnancy option counselling or social workers when appropriate. We have faith in our medical practitioners across a whole range of endeavours and health care, and this is another situation in which we are providing health care. Community and stakeholder consultation strongly supports the removal of mandatory counselling.

I will just turn to an organisation with which I have had some engagement over the last few years; I have sat on the board for quite some years. Desert Blue Connect in Geraldton provides care for women in situations of family and domestic violence or sexual assault. It also provides some support for men in the community through primary prevention programs. This organisation does some fantastic work across the midwest. Recently, to coincide with International Women's Day, Desert Blue Connect opened its women's wellness centre. I had the great pleasure of opening that centre with the member for Geraldton, Lara Dalton. It is an absolutely beautiful, warm, very supportive and safe space for women. The work this organisation is doing and the great care it provides to women in the community is to be highly commended. The centre is highly oversubscribed, which suggests the sheer volume of people who are seeking support in an environment that feels directly targeted to women, that feels safe and supportive, and where a whole suite of services is offered. It provides reproductive health care services, counselling, general health care and mums and babies programs—a whole suite of opportunities to support the wellbeing of women in a really safe, supportive and judgement-free environment. I am incredibly proud of Desert Blue Connect and the service it provides for women, as well as the way in which it is growing to provide increasing support for women right across the midwest. It also makes appointments available for women seeking guidance and support with unwanted pregnancies to ensure that they can access those things in a timely way.

Another crucial aspect of this legislation is the removal of the requirement to consult two medical practitioners. Regional, rural and remote women do not necessarily have those services available to them or the time frame in which to get to the next practitioner, if they are available at all. It is crucial for our regional, rural and remote women that we provide this change in this legislation to ensure that we are providing for them in a timely and respectful way. For that reason, I thank Cheryl Davenport for originating this process many years ago, and the Minister for Health, Amber-Jade Sanderson, for her amazing work.

Sitting suspended from 6.00 to 7.00 pm

Distinguished Visitor — Hon Cheryl Davenport

The DEPUTY PRESIDENT: We return to order of the day 14, the Abortion Legislation Reform Bill 2023. Before I give the call, I want to recognise Hon Cheryl Davenport, former member of this place, in the President's gallery this evening. Welcome.

Debate Resumed

Hon SANDRA CARR: My comments were almost wound up. I wanted to say only a couple of things. I got one of them out but it probably bears repeating given that we have the woman herself in the chamber. I was thanking Cheryl Davenport for all her wonderful work on the early abortion legislation reform. I also wanted to take the opportunity to thank our Minister for Health, Amber-Jade Sanderson, for all her work in modernising and improving

our legislation and helping it reach its true form—the form it should have appeared in at the time. I want to express my personal gratitude for her amazing work in this space.

HON JACKIE JARVIS (South West — Minister for Agriculture and Food) [7.01 pm]: I rise to support the Abortion Legislation Reform Bill 2023 for a number of reasons. Like many women in this place, I had an abortion in the early 1990s. It was an unwanted pregnancy but, more than unwanted, it was as a result of what we called "date rape" back in the day. These days, we would call it sexual assault. At the time, I did not report it for all the reasons women before me and women after me do not report these things. I did not report it because I had been out drinking. I did not report it because of what I was wearing; I had been at a nightclub. I did not report it because I had invited the perpetrator into my home. For all those reasons, I did not report it, but I did become pregnant. As I said, this was in the early 1990s. The morning-after pill was not a thing or, if it was a thing, it was certainly not readily available in Australia. I realised I was pregnant pretty early on. Within four weeks of conception, I realised I was pregnant after doing a home pregnancy test. I did not hesitate to seek an abortion. It was not even a consideration that I would not seek an abortion. I went to the doctor. Like many people in their early 20s, I did not have a regular GP. I went to the local medical practice and saw whichever doctor was on duty. I did not have a regular, trusted GP but I am forever grateful for the care and compassion I received from the male doctor I saw. He was understanding and pragmatic. He said, "Yes, we can refer you." There was no judgement; he was absolutely wonderful. However, I did not realise at the time that it was illegal to procure an abortion. I did not realise back then that it would take until 1998, when I was already a mother, for abortion to be decriminalised. I did not know and, as I said, I was entrusted to the care of a wonderful doctor who then referred me to a clinic. I went to the clinic and my experience was not overly traumatic. I had made a very clear decision in my mind. There were no protesters outside. I cannot even remember what suburb it was in. I had a trusted friend who was there to pick me up and look after me afterwards. When I look back now, I understand what I did not know then, which is that I needed to have a surgical abortion because that was all that was available; I did not know that medical abortion was a thing. For a medical abortion, I could have been given a prescription, taken it home, and had the abortion at home. Remember, I said that I was six weeks pregnant. It was four weeks from conception, but we count pregnancy from the last period, so I was classed as being six weeks pregnant. I could have naturally had a miscarriage and not needed any medical treatment. I could have naturally had a miscarriage and not even realised I had miscarried. Plenty of women have miscarriages. They think they have had a particularly heavy period and do not even realise they have miscarried, yet to have an abortion I had to go to a surgery and have what is called a surgical abortion. That is because the widely available drug in other countries, RU-486, which has other medical names, had been blocked in Australia for decades. It has been approved for use in France since 1988. If it had been permitted to be used in Australia, I could simply have got a prescription from my doctor and would not have had as much time off work and I would not have required medical surgery. The use of the drug RU-486 was not available in Australia until decades after my experience, despite that it had been used safely and its availability was widespread across the world.

One of the things that I am particularly keen on in this incarnation of the reform bill in front of us is that it will introduce proposed section 202MD into the Public Health Act that will allow other registered health practitioners to perform a medical abortion. That means prescribing, supplying or administering an abortion drug to the patient. That is consistent with recent changes at the commonwealth level that will allow nurse practitioners and endorsed midwives to prescribe the medication. That would have made my journey a whole lot easier.

As I said, my decision was clear and I did not need counselling. I find the idea that we should have mandatory counselling insulting to women, quite frankly. I remember being given brochures about pregnancy support services. Presumably, that was part of the requirement for counselling. I neither wanted nor needed counselling. I was an intelligent young woman in my 20s who had made a decision. I have never regretted that decision and I have never felt guilty about the decision I made. I know that decision is not for everyone. I absolutely recognise that. I have three daughters and if one of them found themselves in the same situation and said they wanted to keep that baby, I would absolutely support them 100 per cent. It was my personal decision. I did not require counselling and the idea that any woman should be forced to have counselling other than by a medical professional to outlay her options is, quite frankly, insulting.

I now move to some of the other provisions in the bill. I want to talk about my experience. I have three daughters. My first daughter was born in January 1998. I was a busy young mum when I first heard about the case of two doctors who were charged under the Criminal Code for conducting an abortion. I also want to recognise Cheryl Davenport, AM, for the hard work that she did. For those who have never read the debate in *Hansard*, I urge them to read what Cheryl Davenport did. It is amazing. She introduced a private member's bill from opposition and had to sit there and deal with members from both sides of the chamber in a very, I guess, unsavoury and unedifying display that showed a lack of respect for her position. I urge all members to get out *Hansard* and read what happened when she finally got that legislation through. If the bill that Cheryl Davenport put through in 1998 was not perfect, I know

it is because she had to make concessions to get it through. But on behalf of all women of Western Australia, I certainly thank her.

I know there is some concern around the provision of abortions past 20 weeks. I want to talk to members about it from a regional experience. Clinically, we know that doctors like to perform an ultrasound at 20 weeks. They do not like doing it too much earlier than that because they cannot see everything they need to see. I am not a medical professional. I am sure Hon Dr Brian Walker can provide more details about that. But I know that 20 weeks is the optimum time. I also know from a regional experience that a radiographer is not always in town when a woman needs the 20-week scan. Sometimes women need to travel to a radiographer. During my first pregnancy, the radiographer came to town on a certain day of the week and I would try to get an appointment on that day, otherwise I would have to travel. I live in Margaret River, so it is not too onerous to travel to Busselton or Bunbury, but in other places women would certainly have to travel much further to get an ultrasound. The idea that someone would not get an ultrasound in the twentieth week is not unusual in regional WA. It is also certainly not unusual if someone is a working mother or has more than one child. I remember that by the time I was pregnant with my third child, I had one child in full-time school and another child in half-day kindy. My husband worked full-time, and we had a farm as well. Trying to coordinate all of that to have an ultrasound right on 20 weeks, in that one-week period, was incredibly difficult. Yes, women have ultrasounds later than 20 weeks; sometimes, it is at 21 weeks, and sometimes it is at 22 weeks for a whole range of reasons.

As we heard Hon Sandra Carr mention, when people choose to have late-term abortions, which account for less than one per cent of abortions, it is usually a highly difficult decision to do with their medical care or the medical care of a fetus or baby who may not be viable past birth. It is an incredibly difficult decision. Hon Sandra Carr went through all the reasons it is important that we still have access to late-term abortions.

Over the last few weeks, we have had questions in this place about the survival rate of premature babies. I have not had a premature baby, but I have been at risk of having a premature baby. When I was pregnant with my second child, I started having contractions at about 26 weeks, and I was put into the Royal Flying Doctor Service and flown from Margaret River to Perth. Fortunately, that pregnancy was able to proceed right through to about 38 weeks, but I had a troubled pregnancy and was at risk of having a premature baby. People have premature babies who are much loved and much wanted; parents really want those babies to fight for survival. I have a friend in similar circumstances. She went to Perth to have an ultrasound at 20 weeks and did not come back to Margaret River for 10 months. When she went to Perth, an issue with her pregnancy was found. She was put into hospital and kept flat on her back for many, many months to try to get that pregnancy to last as long as possible. She had a premature baby and then had another six months in Perth with that premature baby. I know that when babies are born early, parents and families fight really hard to keep those babies alive.

That is an entirely different circumstance from a termination that happens for a range of reasons. It is usually a highly heart-wrenching decision to have a late-term abortion. I have another friend who had to make that really terrible decision about a late-term abortion due to a severe abnormality. She was pregnant with twins, and she had to have a selective termination of a single twin for medical reasons. It broke her heart and the hearts of her family, but she had to do it. As a result, the surviving twin is a healthy child, and she has since had another child. Babies being born prematurely is very different from someone needing to have a medical or surgical late-term abortion. I will not go over the reasons again because Hon Sandra Carr raised them all.

Very quickly, I will talk about the concerns about medical minors. I have three daughters. They are no longer minors; the youngest is 19 and the eldest is 25, so I do not have to face this decision. I can tell members that as the mother of teenagers, I actively encouraged them to have their own doctor with whom they felt comfortable. I remember from the time that they were about 14 or 15 years old, I would offer to stay in the waiting room when they had a medical appointment, saying, “You go see the doctor. You need to have a doctor you trust and know, and with whom you can have these discussions.”

In medicine, the idea of a mature minor is well accepted and well practised throughout Western Australia, Australia and the world. It is the idea that if a person under 18 years can comprehend the nature, consequences and risks of proposed actions, they can do so without parental consent. I know that it is a bone of contention for some people. In this state, we have young people under the age of 16 years who live independently of their families. We have young people under the age of 16 years who live in really troubling circumstances in which revealing a pregnancy could put them at risk of physical harm. In this state, we have young people who are mature enough to make lots of medical decisions about lots of medical things, and we have doctors and medical practitioners who are really adept at ensuring that these young people are considered mature minors and can make such decisions under law. The idea that a woman who is aged 15 years and 10 months would have to apply to the Children’s Court to have an abortion if she did not want to tell her parents is simply appalling. I really am thrilled that the Abortion Legislation

Reform Bill 2023 will actually change that and recognise that young people make medical decisions all the time, in consultation with their trusted medical practitioner, and that the law should not stop that.

I do not have much more to say; I think my colleagues have said a lot about why the government is supporting this bill. I want to again acknowledge the great work of the women who have gone before us, all the amazing speakers we heard in the Legislative Assembly and the speakers we have heard in this chamber tonight. With that, I commend the bill to the house.

HON DR BRIAN WALKER (East Metropolitan) [7.15 pm]: I was earlier sitting in the chair but left it early because I was surprised that so few people had spoken to this debate initially. There was no great enthusiasm from this side of the chamber for speaking to the Abortion Legislation Reform Bill 2023, and I wondered whether that might have something to do with the fact that there are not many uteruses present on this side. I would assume so.

I thank the Minister for Health for bringing this legislation forward, because it is entirely timely, appropriate and right. Tonight I will be speaking as not only a politician but also a practical doctor—someone who has actually dealt with this issue at the sharp end. I thank those who have given searing testimony of their own experiences and what they have gone through. I feel humbled that, despite all that, we males are not despised for all that we have done to make life worse for a good half of our population and, in some cases, continue to do. I thank you for your mercy.

I must say that I have a vested interest in this conversation because, apart from not having a uterus, I am an active GP who deals with women who come to me with quite serious problems—amongst them, of course, the question of coming in and saying, in a gentle voice, "I have missed my period", and there is a pause and a silence. In that moment I have to divine whether it is a planned or unplanned pregnancy or whether it is a wanted or unwanted pregnancy. It is very difficult for someone coming in to broach this subject with a strange man. I may have been her doctor for some considerable time, but I am not her partner and I am not a relation. The relationship I have is as someone who gives health advice and counselling, but I do not share a house with them. The personal insights I have from my own life and my own experiences, my practical experiences, actually count for little at that very moment, when they are basically asking themselves, "Can I trust this man to help me?" I find it sad that that is still the case in this day and age. I want to reassure members that I am speaking from my practical experience. This is not theory; this is what I deal with on a regular basis, even now.

Abortion is legal, and I thank Hon Cheryl Davenport for what has been done, and express my respect for all who have campaigned on this vital issue. I recall in my early days as a young doctor the distress involved in getting an abortion because at that time it was illegal. There were women who had terrible troubles; I recall from when I was in obstetrics and gynaecology that there were women who had actually tried to procure their own abortion and the terrible troubles they had just in staying alive.

Abortion is legal now, but is it also equitable? Do we have a situation in which women can walk in and feel comfortable at all times in dealing with a doctor, male or female? We need to recognise that it is not as easy as we would have hoped. I have, of course, worked in remote and rural communities where we do not have anything much in the way of specialist support and where it may require a long flight to get someone who can actually help in such cases. The conditions at remote sites where there are cultural issues, religious issues and moral and personal judgements make it difficult for women to board a Royal Flying Doctor Service flight to go and get the help they need. Every hurdle that we put in their way is a slap in the face of all female existence. In my experience, I cannot count how many women I have dealt with who have been in this situation. I can probably count on the fingers of one hand the number of women who have come in and not cared that they were pregnant and just wanted an abortion because that was their alternative to contraception. Over 40 years, almost every woman I have dealt with has seen this as a major problem or concern. It is not undertaken lightly at all, ever.

Hurdles are in place and that is totally unacceptable. These could be self-imposed hurdles. I feel somehow that a woman might say it is her fault because people who are oppressed often try to blame themselves for things that are happening because of an outside source. This is again unacceptable. It might be imposed by society. One thing I find particularly difficult to deal with is the idea that someone's moral values could be applied to someone else. Your moral values apply to you and to no-one else but you. For example, the idea that she has been engaged in premarital sex and therefore this is her punishment from God is an intolerable thing to hear in this day and age, but that might be applied in certain conditions in our society. It is totally unacceptable. My view is that this is a woman's choice and a woman's choice alone—but not alone. It should be happening with a good partner.

One of the problems is they may not have a good partner. A woman may have someone who has been abusing them, violating them and oppressing them. Domestic violence and terrible things could be happening at home about which they have not yet communicated because they are trying to keep things together, trying to protect themselves, trying to keep safe and trying not to rock the boat. They cannot tell the doctor in case he tells their partner. Yes, I have experienced that. They need a good partner to support them. This is vital because being alone and going through this,

difficult as it is, alone and unsupported is really hard. They need a good general practitioner who listens and cares. I am desperately sad to say that not every GP is of that calibre. Of course, they need a good specialist to help them through the final stages of accessing an abortion.

Apart from their partner, their GP and their specialist, nobody else ought to be involved, and that goes for every aspect of government. Government has no place in your bedroom or in a consultation with your doctor. The government has no place at all in describing what someone may or may not do when consulting with a health professional. It is not your business, government. It is not your business, other people. It is not your business, neighbours. It is no-one's business but the woman's, and she takes that step in coordination with, hopefully, a good partner; hopefully, a good general practitioner; and, certainly, with a good specialist. These self-imposed hurdles can be addressed. We need to discuss early pregnancy and what happens at that moment when a woman comes in and says, "I have missed my period."

It is true that one in 10 pregnancies fail to progress. There may be a missed abortion or a miscarriage. I vividly recall the Leader of the House asking where haven't I worked. I have worked in an early pregnancy loss unit. We might think that is fairly okay. It is just an early pregnancy loss unit. I had a woman coming in who had hoped for and desired a much loved pregnancy but now had vaginal bleeding and was at risk of losing that dearly loved pregnancy. When they had to go to a surgical completion of a miscarriage, the utter devastation they experienced was a bereavement. They had lost someone in their lives. It was the equivalent of losing a partner or a parent. That sense of bereavement and grief was just as vivid and just as valid as if we had lost someone close to us or a close family member. The only problem was that nobody else understood that, not even a partner, because for us seeing our partner, our loved one, going through that, we think, "Okay. We will fix you through this. It is all sorted; there is no bleeding. There's no retained products of conception. You're all good now. Let's go home now and rest and take it easy." We do not appreciate bereavement, the experience of grief. This is how important it is when a woman comes to me saying that she needs to have a termination. She might well experience that grief or she might not, but it is important that she be allowed to express it and have the appropriate treatment. Losing a baby is hard. Choosing to lose a baby is hard, no matter what someone is going through, and I admire those who can manage that without needing help. I have not seen a lady yet who takes that step easily, and there is nothing we can do about the small number who do. It is a very, very small number. Like I said, over 40 years I can count them on the fingers of one hand.

Complicating this, of course, are personal religious views. This has to be taken seriously. We cannot say that someone's views are not valid. When someone comes to me, as a doctor, they can say the most outrageous things. They can criticise me by saying I am not a believer and that therefore I will go to hell. I have had people try to proselytise in the practice, telling me how to turn to Jesus to save my eternal soul as I am trying to get their blood pressure sorted because they firmly believe that any soul unclaimed by their brand of Christianity is doomed to a horrible eternity. I understand and respect that. My personal opinion is that a god who does that to other people is not a loving god, so when people talk about a loving god, I beg to differ. Their idea is not my idea. I will not criticise them; I will keep my mouth shut because I will not impose my views on them even if they impose their views on me. The same thing should be true of every woman who comes to me asking for help, whatever that help may be. I do not impose my moral views. I have heard of doctors, colleagues of mine—this is some years back, mind you—who, when, let us say, a 14-year-old girl comes and says she needs contraception, the doctor says, "My dear, you should not be having sex at 14 years old. I've got to tell your parents. It's all wrong. You can't have contraception." How dare they. How dare they condemn a sexually active young woman to the possibility of pregnancy because of their own moral views they are imposing on someone else. They do not belong in that practice; they should get out. They are not fit to be a practitioner. It is not their job to proselytise, it is their job to care for this human being. We have enough of that in this country. I have seen enough of that. Yes, I hate it. It is unacceptable. Any evidence of that should be called out and the perpetrator removed. I hope this law will give power to those who wish to stand up for the rights of women to have the treatment they need without hurdles being imposed by me or government.

We have societal, religious, moral and ethical hurdles. They apply to the individual, not to anybody else. If somebody has a religious view that says they cannot have an abortion, I will work with that. There is plenty we can do to help them through that difficult time. If on the other hand they say it is despite that, and they will be hated by their community but they still need to have an abortion, I will help them, and so should every conscientious doctor, because it is not about the others, it is about the individual. My advice should be for the individual, not for their community. This is true of every doctor. We should be caring for the individual, no matter their backgrounds or personal views—or my personal views. My job is to give the best medical advice I can, not to impose my beliefs. That is the first port of call for someone coming to see me. I need to help them, not impose my views.

I confess right now that my personal view is that I do not like abortion; I do not know of any doctors who do like abortion. It is just not something I am comfortable doing. But it is not my life. I would far prefer to have the option

of having a child and bringing it into a caring, loving family. That is the ideal, but the ideal is not always possible. The last death I saw was of a young mother of 14 years of age who bled to death at an airport in the remote regions here. That breaks my heart. This should not happen. We do not need more hurdles.

An abortion might be sought due to failed contraception. There are plenty of ways for contraception to fail. One is to forget to take the pill. Antibiotics is a very good way of preventing contraception from working. Other medications can also be taken that reduce the uptake of the pill.

It could be due to a failed relationship. A woman might have had a loving relationship, but when their partner discovers that they are pregnant, all of a sudden a tidal wave of responsibility might come upon the man, who might say, "I can't take this. I'm out of here. I'm going to leave you." She is then alone; unsupported; abandoned. The woman is left bereft; what should she do? She has lost not only her partner but also her future. She will have the child to care for, but with no job and no prospects. She might think, "What am I going to do?" She might feel panic, fear and also guilt.

It could be due to an assault. That is very, very common. Something that we men fail to recognise is how often women are assaulted—physically and mentally. It happens all the time. Most often, it is not mentioned—they keep their heads down, pretend it has not happened and carry on. I do not know of a single woman who has not been assaulted in some way or another.

Then, of course, it could be due to an unplanned pregnancy. Having a child is a huge responsibility. I do not know of a single parent in this world who has not at one time or another wanted to kill their child. Children are very difficult to raise. Doing that in very difficult social circumstances, with an unwanted, unplanned pregnancy, is asking a lot. Can we give support in the community? Yes, we can. Is that the only option? No. If a young woman carries on with an unwanted pregnancy, it may put her relationship at risk. It will put her personal health at risk. It is never easy to carry on with a pregnancy, even if it is desperately wanted. But people do, because it is desperately wanted.

The abortion procedure is either medical or surgical. The medical one, as described, is actually very simple. What irritates me boundlessly is the facility with which a government can prevent a healthy treatment from being given—for how many decades? Why were we not following the example of France? We see this with not just abortion but also a lot of other medicines. I will divert to cannabis. How is it that we are unable to see the science of the United States, Canada or Germany? We have to ask the same questions again and again. We are deferring our ability to allow a medicine into our society because we need to be certain about it, so we will not take on board someone else's experience. This happened with mifepristone—a very safe, healthy approach to terminating a pregnancy. Why did we forbid it? Why did we prevent it? Why did women allow it? I will digress to look at the United States, where we are now seeing a social catastrophe from the reversal of Roe v Wade and the assault on women. What irritates me boundlessly and makes me amazed is how women—a large part of that society—allow it to happen. I thank the women of Australia that it is not allowed here. Show the way!

As pointed out before, in certain places in the USA, abortion cannot occur after six weeks. I have yet to find a woman who knew she was pregnant before six weeks. Women need that much time to find out that their period has stopped. It might be just abnormal changes in their menstrual cycle. All of a sudden, their period has gone and there is a bit of tenderness in their breasts and a bit of nausea—"Oh, I might be pregnant." The pregnancy test comes back and it is positive. Six weeks have usually long gone by then. Nine weeks is probably a good time to safely use mifepristone for an early termination. I have forgotten the number for it; I do not use that number. It should be more easily available. It will be more easily available. This is what the legislation is going to allow. "Health practitioner" includes not just doctors, but also nurse practitioners and midwives. The bill will assist in making this easier for all women to access. That can only be good.

With the surgical approach, it could be a suction termination in early pregnancy, but for later pregnancies, it is going to be an induction of delivery. Let us get into a bit of graphic detail about this. An abortion at 23 weeks will produce something that looks like a baby. It is formed. After 24 weeks, we might begin to consider that the pregnancy is viable outside the womb, but in my experience, and again I am speaking just as a general practitioner, those children born very, very preterm, if they do survive, very often have significant health issues that persist with them throughout their lives. For a dearly loved pregnancy, that would be acceptable, if they are prepared to look after their child. At 23 weeks, that is not a viable child. It simply is not.

I give members an example of a child who was born from an embryo that was 23 years old. If we took a 23-week-old pregnancy and froze that, as we would an embryo, that would die, because we cannot survive, but an embryo can. We are looking at the difference between an early pregnancy and a later pregnancy and understanding that there is a kind of grey zone in which there may be the possibility of a very disturbed life, and that is after 24 to 25 weeks. I think 26 weeks is where I would place that. That is a lot of effort. I think the concept of 23 weeks is very appropriate.

We could even say 24 weeks, but 23 weeks has been agreed as a sensible time. We are now going to be delivering what looks like a baby. That child, if it is not given that injection beforehand, will be born, possibly alive, but not able to live.

I, like members, have had numerous emails from people who have demanded that we then give all help to that 23-week-old recently born child who cannot survive. The implication is that I or my medical colleagues are somehow going to happily let a human life expire without treating it. Seldom have I been so insulted by the public. Seldom have I been accused of not caring for human life. That can only come from a place of ignorance. Those who choose not to have the injection to actually terminate that child before it is passed then have the opportunity of caring for that possibly dearly loved, possibly malformed child. A person would only want to terminate at 23 weeks if there is a major problem, like, for example anencephaly, absent kidneys or major malformations that would make it incompatible with life, and is probably the only reason why they would want to terminate that child. It is not because they want to choose the sex. It is not because they have decided they are not going to have this child anymore. It is because there is a problem with that pregnancy. Forcing women to then carry that child to term is an assault against their very humanity. Maybe I am being too graphic for members, but this they have to hear from the doctors who do this type of procedure. That is an assault on humanity and should not be tolerated. What I see happening in the United States of America shall not happen here. Members can maybe sense my anger. The anger that I experience because we have women being subjected to non-uterine decisions—I have just coined that word have I not—that determine how they are going to manage their body is an insult to all women and should be rejected immediately. I am sure that this bill will be very helpful in allowing women to plan and manage their own wellness. I support every single aspect of this bill.

I could talk for a long time about this. Termination of pregnancy remains a huge stress for all. The plea I would make is: do not make it worse. The decision should always remain between a woman and her specialists and medical practitioners, whether it be a doctor, midwife or nurse practitioner. It is their business and no-one else's.

We have heard the example of conscientious objectors. I have already spoken about this. The idea that I could determine what someone else should do based on my morals and my ideas is wrong. What I need to do if I disagree with something is say, "I'm terribly sorry. I'm unable to help you, but I know someone who can." That is the way to do this. That is what we have just seen. I gave the same example about the oral contraceptive pill. If someone is not prepared to prescribe, they should tell the girl but then send her to someone who does. It is not their business what someone does with their life. The medical practitioner must help or pass on to the relevant person who can help. At the same time, we also have legislation so that someone cannot be forced to do something with which they disagree. This is entirely right and proper. There is freedom on both sides.

A question was made in this place about maturity. Again, I get very angry about this. The concept that someone may not be mature enough to make a decision about termination but they are mature enough to carry a child to pregnancy is stupid. Who is going to say that an 11-year-old does not need to carry the baby to pregnancy because she is not mature enough to accept the termination? On what planet do people with those views exist? How dare we assume that a child can give birth, become a mother and then go back to grade 7 because they were not mature enough to have a termination after her parents decided that she would have the baby and suffer the consequences of having unplanned sex, and therefore she is going to become a mother. That is very irresponsible.

That leads me to another problem I have—the last one I wish to mention. The idea of sexual activity seems to be a major problem for those who have some moral ideas. I will tell members a story about a pastor in a church many years ago. The pastor was caught having illicit sex with one of his parishioners. There was a debate about whether we should sack the pastor and send him home—send him packing—because he had illicit sex. All those conversations were had. I asked each member of the male congregation to look once to the left and once to the right. They did that. I said to them, "Each one of you has seen at least one person who has had the same sin. Would you rather have someone who is a sinner and can lead you on the path of righteousness or not?" They would rather have had a murderer as a pastor than someone who had illicit sex with a parishioner. I found that so mind-boggling that it caused me to reframe entirely how I looked at that community. I still bear that thought—that those who stand with moral ideals really are the ones who have the most problems. I can think of all these pictures of drag queens who are said to have assaulted our children. Actually, we ought to be more careful about the pastors, the scoutmasters and the ones who seek to be the most moral.

The whole idea of us judging other people's activity in their bedrooms and what happens after that really has no place in anybody's consideration; it is just the people with the health practitioners. For that, this bill absolutely fits the needs of the community. I cannot support it more, and I will do so. If anyone wishes to discuss it with me in private over a gin, I will happily say why I am so thankful that the bill has been brought forward. My apologies to all womanhood that this has come this far. I wish the bill well and thank all who helped create it.

HON NICK GOIRAN (South Metropolitan) [7.43 pm]: One character said to another in one of C.S. Lewis's books, "You can lean on me all the way. I can't absolutely carry you, but you need have almost no weight on your own feet: it will hurt less at every step." This beautifully sets out the aspiration that I wish we had in our state when a woman has an unexpected pregnancy. It strikes me, as an observer of these types of debates for a very long time, that all of the focus has been and continues to be on the state of the law, with next to no focus on the state of our support and our care. To make it very plain at the beginning of this contribution, my aspiration is that in Western Australia a woman who finds herself in an unexpected pregnancy is surrounded by so much support that the idea of an abortion is unthinkable for her.

Choice is the dominant theme in these debates, but what really emerges are the important principles that distinguish between a generic choice and real choice—important principles like informed consent, but there cannot be informed consent if no information has been provided; capacity; and the absence of duress or undue influence. How many women are placed in a situation in which they are left to make an agonising decision on their own without support? How many are left to make an agonising decision under duress? How many make a decision coerced? How many make a decision because nobody said to them, "You can lean on me all the way"?

I would encourage members to get a copy of a book by Australian Melinda Tankard Reist entitled *Defiant Birth: Women Who Resist Medical Eugenics*. It is a very raw and powerful collection of short stories—real stories—of women and their pregnancy experiences. I will quote briefly from the author's own words —

> This is a book about women who have resisted the ideology of quality control and the paradigm of perfection …
>
> *Defiant Birth* confronts the widespread medical, and often-times social, aversion to less-than-perfect pregnancies or genetically different babies. Some women who contacted me were confronted with extraordinary objections to their desire to proceed with their pregnancies. One … woman, pregnant at 46 with triplets, was rejected for care by twelve doctors. Others were abandoned by medical practitioners when they declined 'the standard of care' on offer: termination. Still more were disparaged and treated as pariahs for departing from accepted medical wisdom about becoming pregnant at all.
>
> A disturbing number of women in this book (and others whose stories don't appear here) were given grave diagnoses for their babies—regaled with a litany of abnormalities and 'life-threatening' conditions. But their babies were born without the predicted problems or with lesser difficulties. This raises questions about the accuracy of screening procedures and the clearly ill-placed faith in their veracity. How many women are being forced to make agonising decisions on the basis of inadequate—even inaccurate—information?

I want to honour the women who tell their stories, while acknowledging those who are not yet ready to do so. One thing that stands out in this book is how each woman's experience was very dependent on the type of prenatal care, compassion and understanding they received. The quality of care and the agency these women felt they had was in no way equal. Some were made to feel that they had no choice by practitioners and partners. Melinda Tankard Reist highlights in this book the coercive power of testing and how some would have made a different decision had they been given the entire picture, not one viewed through someone else's lens. Abortion laws undermine the inherent right to life and pose a moral dilemma that challenges the very fabric of who we are as a society. These laws send a message that life is disposable and that we can pick and choose who deserves to live and who does not. Even a poor student of history would know of the consequences that occur when people in power start deciding who is worthy of life and who is not. In this book *Defiant Birth: Women Who Resist Medical Eugenics*, Melinda Tankard Reist writes —

> Diversity is upheld as a value, yet great efforts are made to ensure that certain mothers don't have children, and that certain children are never to be allowed to contribute to this diversity. In a sense, at least, humanity is becoming increasingly homogenous. Babies born outside a standard view of what is normative are viewed as muddying the gene pool and costing the 'normal' citizens of society too much money …
>
> Kathy Evans, who won an award for 'Tuesday's child', a magazine article about her third child who was born with Down syndrome, reflects:
>
> > Perhaps mine are the misshapen memories of youth, but as a child I saw more people with Down syndrome than I do today. I worry that by the time Caoimhe emerges into adulthood children like her will be gone forever …

For this reason, I think it is worthwhile us looking back at the intention of our state's abortion regime by revisiting the parliamentary debates in 1998. It struck me when reading *Hansard* from that time how considered the debate was. There was plainly a genuine struggle amongst the members who sincerely grappled with the very weighty decision placed before them. Having scanned the debate of the bill from the other place, I only wish the struggle

would have been evident. In 1998, there was certainly no headline boasting "WA abortion laws sail through Legislative Assembly unopposed".

In 1998, the record reflects that in February it was announced that two Perth doctors were to be prosecuted under our state's laws that make abortion a crime. These were the first charges laid against medical practitioners under those laws in over 30 years. The political events that followed that decision ultimately culminated in the passage by the Parliament of legislation introducing what was in many respects the most permissive abortion law in Australia at the time. The legislation originated as a private member's bill introduced in this place, as remarked by some of the previous speakers today. The legislation passed with some amendments on 20 May 1998. There were members from both parties who supported the Acts Amendment Abortion Bill. There were also members from major parties who opposed the bill.

My predecessor Hon Barbara Scott, who I consider it a great honour to follow in her footsteps, said this during the committee stage on 1 April 1998 —

> It is important to see the abortion debate in 1998 in the context of our historical place in western civilisation. The language in this debate in depersonalising the foetus has been heard many times in many historical settings which we look back on as the darkest moments of our heritage. The human, or non-person, or more of a person or less of a person distinction is a rhetorical feature of the political processes we associated with slavery, with repression, with the genocide of our Aborigines, with the oppression of workers, with the subjugation of women, with Nazism and with Pol Pot. I, for one, cannot stand by and see two classes of humans being declared in this legislation - one, the oppressed; the other, the oppressor.
>
> To me, the unborn child is a child. This debate is about human rights. The child does have rights. We are here to defend human rights and the dignity and the sanctity of life.

During the third reading speech on the bill on 7 May 1998, Hon John Kobelke, a Labor MLA, said —

> This Bill will not directly destroy our society, but it is both a signal of the direction in which we are going and a mechanism to speed up the process of creating disregard for the value of human life, starting with the life of the unborn child, and from there growing to a total disrespect for the value of all human life.
>
> I imagine that members would, through Robert Bolt's play *A Man for all Seasons*, and perhaps their knowledge of history, have heard of Sir Thomas More, who was the Chancellor of England, which is perhaps equivalent to today's Prime Minister. Sir Thomas More stated in that famous and very meaningful play that "when statesman forsake their own private conscience for the sake of public duties, they lead their country by a short route to chaos."

The most recent state in the country to debate and legislate on abortion was South Australia. I note that Hon Kate Doust has placed amendments on the supplementary notice paper to bring this legislation somewhat in line with South Australia and its reforms of abortion law. These amendments uphold the most modern standard of practice. I should add and draw to the attention of members that at the present time, there is one amendment on the supplementary notice paper standing in my name. It is identical to the amendment that the Leader of the Liberal Party, Libby Mettam, MLA, moved in the other place, which has the support of the Australian Medical Association.

Earlier this month, the Minister for Health, Amber-Jade Sanderson, was reported as saying —

> "There's no such thing as babies born alive after an abortion.

Ironically, at this time she described this information as "misinformation". In a different context, as members would know, my approach to unpacking this ironic description of misinformation would be far more robust. However, this evening I have chosen a different approach. I ask members just to test what they hear from me and the health minister. Her statement was, "There's no such thing as babies born alive after an abortion." Well, perhaps members may take the word of former Labor MLC Hon Ed Dermer or former Liberal MLC Hon Helen Morton.

In 2011, those two former members had an exchange during question time. The question that was provided by Hon Ed Dermer was in respect of the number of instances of a live child having been born as a result of an abortion procedure since the enactment of the legislation in 1998, to which we referred earlier. The answer provided was that there had been 14 instances. Were Hon Ed Dermer and Hon Helen Morton wrong? The current health minister said that there is no such thing as babies born alive after an abortion, and yet Hon Helen Morton told Hon Ed Dermer in 2011 that there had been 14 such cases.

I very vividly recall that particular exchange, because no sooner than it happened, I approached Hon Ed Dermer and said to him, "I am very troubled to hear of the answer, because not only did the answer indicate that there had been 14 of these instances, but that there had also been no medical care provided in those instances." At the time,

he indicated to me behind the chair that he was retiring and this was a matter that somebody else would have to take up. It is an issue I have taken up every year since, partly in order to fulfil the undertaking I gave him when I said I would take it up, but also because I passionately believe it is the right thing to do.

Perhaps members may not wish to provide too much weight to the response by Hon Helen Morton to Hon Ed Dermer. Then maybe they might provide greater weight to an answer provided by the current President of the Legislative Council, Hon Alanna Clohesy. In 2017, in response to a question I asked, she indicated there had been 27 of these cases. The current Minister for Health says there is no such thing as babies born alive after an abortion. Why did Hon Helen Morton say there were 14 and why did Hon Alanna Clohesy, in her capacity at the time as a representative of government with the information at her disposal, six years later, say the number had increased to 27? Again, if members are not sufficiently persuaded by those facts on the parliamentary record rather than a line provided to the media that there is no such thing as babies born alive after an abortion, I ask them to consider the information provided by Hon Roger Cook in 2018. He was the health minister at the time. He was responding to the Standing Committee on Environment and Public Affairs, which was inquiring into a petition I had tabled. This is what Hon Roger Cook said at the time. He was asked by Hon Matthew Swinbourn, who was the chair of that committee, how many late-term abortions resulted in live births since 2013? The response from Hon Roger Cook was —

> From 2013 to 2017 (inclusive) there were 8 abortions at 20 weeks gestation or greater that resulted in a live birth.

But the current health minister says there is no such thing as babies born alive after an abortion. Who is right? I give great weight to the response that was provided by Hon Helen Morton. I give great weight to the response provided by Hon Alanna Clohesy and I give great weight to the response provided by Hon Roger Cook to the Parliament of Western Australia where there are sanctions if you mislead the Parliament. Yet, the current health minister says there is no such thing as babies born alive after an abortion. I know that fair-minded members of this chamber will concede that there is such a thing as babies born alive after an abortion because the evidence is clear. However, one of the other things that is said is, "Well, when it happens that a Western Australian baby is born alive after an abortion, it's for only a few minutes." It deeply troubles me that that response has been provided, as if a few minutes would make it okay to treat them as was once done in the days of the Roman Empire, when a baby was left at the city wall. It is not okay. It has never been okay. More to the point, it is plainly false to say this happens for only a few minutes. This is what Hon Roger Cook said to Hon Matthew Swinbourn in that same inquiry. The committee asks —

> What is the range of survival duration for live births following late term abortions since 2013?

Hon Roger Cook replies —

> The range of survival duration is 9 minutes to 2 hours and 10 minutes.

But the current Minister for Health says that there is no such thing as babies being born alive after an abortion. On 18 September 2018, it was revealed in this chamber that advice from the State Solicitor's Office had stated that these deaths—that is, the death of a baby born alive after an abortion—were reportable deaths and that they had not been reported to the Western Australian State Coroner. I remember it vividly because I was asking questions of the Leader of the House in her representative capacity for the Attorney General at the time on the Coroners Amendment Bill. The outcome of that was it became clear that it was possible for any Western Australian to report those deaths to the coroner, and I did so the next day. Those cases currently remain to be investigated by the coroner. If there is no such thing, why did Hon Helen Morton say that there were 14? Why did Hon Alanna Clohesy say there were 27? Why did Hon Roger Cook indicate that the duration of life was somewhere between nine minutes and two hours? Why has the coroner taken on 27 cases, or, as Hon Matthew Swinbourn has more recently informed the house, 28 cases, that have been reportable deaths to the coroner in these circumstances?

If members are yet to be convinced that there is indeed such a thing as babies being born alive after an abortion, I ask them to consider the 2018 peer-reviewed study in the *Australian and New Zealand journal of obstetrics and gynaecology*, which reviewed 241 abortions without feticide on babies between 20 weeks and 24 weeks' gestation. Some 50.6 per cent of babies were born alive. That is the fetal survival rate between 20 weeks and 24 weeks. The median survival time for the babies was 32 minutes. One baby survived for four hours. Sadly, in Western Australia, feticide was introduced into our Western Australian hospital system in 2017. Perhaps the result of my persistence in asking questions about these matters and about how many cases there were of babies being born alive tragically led to the introduction of feticide in 2017.

I also think it is important to hear some stories on this matter about what else has happened around Australia. I want to thank the Northern Territory and the New South Wales coroners in these cases. I will start by saying that I wish there were more coroners and deputy coroners who value life and investigate with a thoroughness that brings dignity

and respect to the individual no matter the babies' age or how wanted they were. I will begin with the case of Jessica Jane. I have spoken about baby Jessica Jane in this chamber for years. She was delivered alive on 14 July 1998 at Darwin Private Hospital following an attempted abortion between 20 to 23 weeks' gestation. Remember, we have been told—I have heard it already in the debate over the course of today—that apparently at 23 weeks' gestation the survival rate is zero. That is what we have been told. It is on the record today. Yet baby Jessica Jane was left to lie dying in a cold kidney dish. She survived for 80 minutes. Obviously, the survival rate is not zero. But I suppose if you are left in a cold kidney dish, it would be. Her death was reported to and investigated by the coroner, with the findings released on 10 April 2000. These were the final comments of the coroner, Mr Greg Cavanagh. He said —

> In my view, the fact that her birth was unexpected and not the desired outcome of the medical procedure, should not result in her, and babies like her, being perceived as anything less than a complete human being. Similarly, the fact that her death was inevitable should also not have the same result. The old, the infirm, the sick, the terminally ill are all entitled to proper medical and palliative care and attention. In my view, newly born unwanted and premature babies should have the same rights. The fact that her death was inevitable should not effect her entitlement to such care and attention.

The Northern Territory Coroner provided three recommendations: firstly, that protocols be put in place to ensure that children who survive termination procedures are assessed for gestation age and viability by a medical practitioner or paediatrician; secondly, that the management and staff of all hospitals and clinics in the Northern Territory and medical practitioners should be made aware of their legal obligations to report the deaths of such children to the coroner; and, thirdly, that the protocols should apply to all hospitals and clinics.

The next case I bring to members' attention is of a rescued aborted baby who was zipped in a medical bag while still alive and breathing at Sydney's Westmead Hospital. The New South Wales Deputy State Coroner, Janet Stevenson, produced a chambers report into the death, and her words are damning. She said —

> There is a serious issue which arose as to the way in which the … —

The child —

> was treated after signs of life were detected. Not the least of these being the non-acceptance by medical staff that they had a duty to treat the situation in a manner different than they did … There appears to have been a total abrogation of responsibility, let alone common humanity, on the part of those who should have born the burden of dealing with the child.

I hear Hon Dr Brian Walker when earlier he said that he felt offended when people raise these cases with him. I have absolute confidence that, if he were the practitioner, he would provide care and attention, but this has plainly not been the case in every instance.

I turn now to baby Xanthe in Queensland. This is a story from just this month, exposed by *The Courier Mail* in Queensland. Immediately after the birth, Mr Morris's wife spent 10 months as a private mental health patient, and she has been in and out of hospital since. Why might that be the case? This story states —

> It was Christmas 2020 when the tragic sequence of events began.
>
> When the couple found out that their unborn daughter had Down syndrome, they were referred to the RBWH's maternal foetal medicine unit.

The article quotes them as saying —

> "We sought out second opinions, carried out tests and ultrasounds and did everything to make sure we were making the right medical decision and, at 19 weeks, we decided on a medical termination," he said.
>
> However, baby Xanthe was born alive—but Mr Morris claims they were not told. He said they only found out via an offhand comment made by a staff member.
>
> "We would have been with her when she passed, if we had known," Mr Morris said.
>
> "The procedure was already difficult, but this made it deeply devastating and traumatic. Why weren't we informed?
>
> "Then I was told that I would have to get a birth certificate and we wouldn't be able to go with our original funeral plan to bury Xanthe's ashes with other babies in the Royal Garden of Peace at the hospital."
>
> Xanthe is now in a family' grave in a Brisbane cemetery.

This is about giving Western Australian babies the legal right to health care that any other baby born in Western Australia would receive. Although I believe that life should be protected from conception to natural death, if abortions are to occur in our state, I support them being made procedurally safer for women. In my view, this

could be done, through the Australian Medical Association's recommendation, with both the primary practitioner and the consulting practitioner being from Western Australia. This could be done in accordance with the AMA's recommendation that at least one specialist obstetrician and gynaecologist be involved in a late-term abortion. This could be done in accordance with the AMA's position that the gestational limit should be 22 weeks, not 23 weeks.

On that note, I draw to members' attention that over the course of this month I have asked the Minister for Health a number of questions on the survival rate at different gestational ages. I heard what the honourable member said earlier. We were told that the member for Riverton had indicated that the survival rate at 23 weeks is zero. I understand that that is what the member said in the other place, but just because he said it does not make it true. Earlier this month during question time I asked the Minister for Health, through her representative in this place, whether any Western Australian baby had survived at 25 weeks. The answer was yes. Had any survived at 24 weeks? Yes. Had any survived at 23 weeks? Yes. Had any survived at 22 weeks? Yes. Had any survived at 21 weeks? No. As I say, I do not agree with that at all, but if there is going to be a limit for late-term abortion, it needs to be objectively measurable. If the Australian Medical Association is saying it should be 22 weeks and the Minister for Health's own response to me during question time is that they survive at 22 weeks, can someone please explain to me why we are making it 23 weeks?

I also support best practice in data collection. Currently, South Australia is an example of best practice in data collection, being the only Australian state to collect fulsome data about abortion procedures. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists recommends the collection of data on pregnancy termination. It has stated, with regard to monitoring and research —

> In order to better understand the individual and public health impacts of termination of pregnancy, the College supports the monitoring and collection of statistics relating to termination of pregnancy, including the occurrence of complications of these procedures.

Make no mistake: the data that needs to be collected need not be identifiable. I know of no person who thinks it should be identifiable data, but we need to apply a high standard of data collection.

I will bring my remarks to a close, but not without first mentioning that I believe we should be protecting babies with Down syndrome from disability discrimination. Earlier this month I had the honour of tabling a petition on behalf of a courageous Western Australian mother—Lisa is her name—who not only, in her words, considers it a great privilege and honour to be the mum of a daughter with Down syndrome, but also will tell you her story about all the so-called expert medical advice she was given at the time about what she should do.

I must say, it was quite difficult this year at the annual Rally For Life—the largest and most peaceful annual rally held on the steps of Parliament every year, in May or June—to have Lisa telling her story to a very quiet and peaceful group of more than 1 000 people in attendance, while there was chanting going on from others who held very different views on this matter. That is a view that they are entitled to, of course, because we believe in freedom of speech, but how sad it was for this mum, who was telling her story of care and compassion for her daughter with Down syndrome, to have abuse hurled at her while she told her testimony.

I hope that one day we will move on from abortion in our society to a state where abortion is unthinkable. I hope that, but it can only possibly be done if we are prepared to do the work to help every woman with an unexpected pregnancy and to say to them, in the words of a character in a book by C.S. Lewis —

> You can lean on me all the way. I can't absolutely carry you, but you need have almost no weight on your own feet: and it will hurt less at every step.

HON SOPHIA MOERMOND (South West) [8.20 pm]: I rise to make a contribution to the Abortion Legislation Reform Bill 2023. I very much appreciate everyone's contribution here today and also the effort to which the Minister for Health, Amber-Jade Sanderson, has gone to make sure that we are well informed around this. The legislation before us today is probably one of the most important pieces of legislation affecting the human rights of women and girls during this parliamentary term. The right to self-determination, the ability to decide the path of our lives and to live our lives as we wish should be seen as normal. For a pregnancy to be carried on without the consent of the woman or girl is a violation of her body autonomy.

This debate is always divisive and emotive and I understand that. I have certainly received many emails from my constituents and from people outside of my constituency as well. I appreciate the engagement that I have had and it has all been very respectful, which I also appreciate.

I noticed that, specifically, the controversy around this bill is late-term abortions. My understanding is that these are fairly rare and mostly related to genetic issues. When that is not the case, a lack of understanding of one's own physiology can be a contributing factor. Menstruation is still a taboo for young girls and girls are being teased

about this at school, for instance. I think it would be great to see education around women's fertility and bodily functions to be the norm in schools and go into much more depth about what it means for someone's body when they are fertile. We need to reduce the stigma, increase awareness and teach young women and girls to know when they are fertile. I think that would be really useful and empower us all to make good decisions in regard to our sex life and reproductive life. We also need to normalise conversations between consenting sexual partners to ensure that both are clear that if there is a pregnancy as a result of sexual intercourse, it is a wanted pregnancy and not an unwanted one. The responsibility lies with both people.

One of the fallacies around abortion is that it is a traumatising experience for all women. It is not. Many women are simply relieved that they have the option to have an abortion. I know I was. I was too young. I have too many health problems. I do not want to pass any of those things onto a child whom I may have. Many of my friends felt the same and felt relieved after their abortion to be given back their body autonomy and choice about how they want to live their life. The GP that I saw initially for referral around the abortion judged me, made me feel very uncomfortable and did not want to refer me. It was later when I was more mature that I could say it was not his place to do so. It was not his life. It was not his body and how I wanted to live my life or whether I wanted to be pregnant simply was not his business.

I have been assured by the health minister that the bill will give healthcare practitioners the freedom to use best practice strategies, including analgesia if indicated. I know most doctors come to this issue with compassion, and would certainly want to avoid making anyone suffer on purpose. They would want to avoid any suffering.

In the end, I would like to see zero abortions, not because I am against abortion but because it would indicate true reproductive empowerment and parity for women.

HON AYOR MAKUR CHUOT (North Metropolitan) [8.25 pm]: We have had great contributions to the debate on the Abortion Legislation Reform Bill 2023 from the other side. I particularly acknowledge Hon Dr Brian Walker for his great contribution earlier. I also acknowledge the two women who spoke. I just listened to my honourable colleague and earlier I listened to Minister Jarvis.

As a woman and a mother, I think the Abortion Legislation Reform Bill is very important for women. I am a Christian; who am I to judge another woman? It is a question I have been asking all week, since I have been getting a lot of emails from my constituents—who am I to judge another woman?

I do not think I have been as emotional since I have been in this chamber, but I listened to Hon Nick Goiran and he sounded like a woman—as if he had been a woman before. You have gone through it and it was the worst decision you made in your life. The reason I made that remark is that some women have no choice. Some of the women who have gone through what they have gone through did not have a choice. They were not in their right mind. They had their own struggles in their own homes. As a mother of three kids, I know that having abortion is not an easy decision. For a woman to sit down and say she wants to have an abortion is not a decision she takes lightly. As a Christian, as a multicultural member, I know it is not easy for that woman to make that decision.

I acknowledge the famous Cheryl May Davenport for being a door-opener and standing up for women by starting this legislative process many years ago. I also acknowledge my dear friend Minister Amber-Jade Sanderson for bringing this legislation to life.

I will talk about my position as a woman of culturally and linguistically diverse background, as a migrant woman, and some of the challenges that were touched on by Hon Dr Brian Walker. We have a lot of issues in our communities whereby a woman does not have a choice, even in Australia. A woman may not have a choice to have private access to medical consultation if her husband does not allow her to have an abortion. Their home might be a broken home and she has to stay there for that reason. As a multicultural woman, I feel there should be safety for women in the community, and this legislation will provide that for them if we pass it. They will be able to have that one consultation; they will not have to tell their partners. If they go for two medical appointments, there will not be a question about why they are going for two appointments.

There is also the need for them to have privacy when they go to a clinic or hospital, so that they do not have someone there trying to preach the word of God to them. They have made that decision. That is what they want at that particular time, and they should be supported. I am a very open member of Parliament and so I asked Minister Sanderson whether there are many places around where people can get consultations. Actually, there are services where women can ask for advice before they decide to have an abortion. They can ask for that, if they want someone to give them that support. It is already there, but we can improve on that.

I agree with what the honourable member on the other side said earlier about having ways for women to protect themselves from getting pregnant. For example, within the culturally and linguistically diverse community in which I was brought up, we were not taught about contraception. In my community, you have to be a virgin to get married

to a man. Contraception is not acceptable in our community. Coming here as a young person from a multicultural background, I had not been exposed to the good health system that we have here or an environment where I could be educated about how to prevent getting pregnant. We did not have that. Where is that information? It was not at the airport. I do not think that we learnt it at school when I studied English as a second language; we were not told how to prevent pregnancy and protect ourselves. I got pregnant when I was really young. It was an unplanned pregnancy. I did not tell my mum, because if I had told my mum that I was pregnant, I do not know what decision she would have made for me, but it was a disaster in my own community. If I had been another person in that moment and I had made the decision not to have my son at that time, I do not think I would have blamed myself, because it is a struggle to be a teenage mum. Not everybody is born to be a mother at that early age. For me, I had the privilege of being an African. I was able to step up because I was brought up in a home in which I had to look after my siblings. Imagine if my 16-year-old son had a child now; he would not be able to look after that child. I was very privileged; I had my mother and my family.

After I had the baby, they forgave me and supported me. I am telling members this because I am a strong person, but it is a taboo to get pregnant in some of our communities even now. It is a big problem. Imagine a young person who is not mentally strong enough to handle that pressure of the community; they will not feel supported. If a young person sat down with me now who had made the decision to have an abortion, I would not stop them, because they will have made that decision for themselves. That decision might be right for them because they are not capable of being a parent at that point in their life. I made the decision to look after my son, but bringing up my son as a teenager was not easy.

Another issue for teenagers within the CALD community is that I do not think many community members would allow their children, especially teenagers, to go and have an abortion. It would be very difficult for them. That is the truth. I know that many community members would not like what I am doing today, but the reason I am standing here is for me to be honest as a Christian. When a prostitute came and held the legs of the son of God, did he kick her away and say, "You are a prostitute; do not hold my leg"? No. The point I am trying to make is this: we humans are all sinners in our own way. Nobody is perfect in this world.

A woman could say to herself in whatever situation she is in, "This is the issue I am going through; I am going to have a broken home." We do not know her reasons. We are describing and talking on her behalf, yet we do not know her reasons. We heard from Minister Jarvis who told us her reason. We do not know another woman's reason. The fact that we do not know her reason means that we should not be here trying to make ourselves superior, because we do not know what that woman is going through. Especially tonight, someone might be thinking, "This is the situation that I am in and I am going to have an abortion." I would not say to someone, "Go and have an abortion", but I will not judge someone who wants to have a safe space to do so.

We are the government and of course we have the opposition and the backbenchers. I can see that many members are supporting this bill. I am really pleased with that. Most people are supporting this bill. I appreciate that because we are the government and our job is to be a voice for the voiceless. A lot of consultation was done by Minister Sanderson. She did not decide to come here and say, "I am making up legislation based on my personal needs." She is a mother. She is giving women in the community who do not have a voice legislation that will protect them. For us to come here and point fingers at the Premier or at Minister Sanderson is not fair. It is not fair on us as mothers to sit down and read those horrible emails. To be honest, they are horrible emails.

Like Hon Nick Goiran said earlier, maybe an organisation could be established first for people who are ready. He is saying that children under 23 weeks can be born alive; yes, I have been hearing it all week. Of course, other members are saying that. Maybe he could have an organisation that could advise that it is not easy to bring up a premature baby. As was mentioned earlier, it is not easy to bring up a premature baby.

I know this bill will go through. My question to the member is: Do you have the capacity? Would she have the capacity to look after those kids? Will the member give up his job to go support them, because that particular parent might not have the capacity to actually look after that child? I think it would be very difficult for those doctors. Are they going to adopt the kids and nurture them? Yes, we have the hospital system to do that, but will those kids have a parent who will give them the love they need? We already have so many problems with our youth who are coming from homes, but imagine what would happen to them. I do not know what you guys already have in place, if that was the case.

I have said a lot and I think I have upset people, and that is fine, but I feel like it is important for women to be given their own choice about how they can live their life and not be made to feel bad as parents. I have two beautiful kids at home. I made a choice. I get asked every day, "How do you manage being a mum in Parliament?" It is my choice. I chose to have my children and I am taking care of them, and my family is taking care of them. If a woman made a choice and they are not able to look after children, I cannot judge them in any way.

Once again, thank you, Cheryl and Minister Sanderson for bringing this wonderful legislation to give women their own freedom of choice.

HON WILSON TUCKER (Mining and Pastoral) [8.38 pm]: I have to admit that I have been caught rather flat-footed and surprised by the passage of the Abortion Legislation Reform Bill 2023 in this Parliament. The workers compensation legislation, which we dealt with prior to the abortion bill, took around two weeks to reach its near conclusion. It looks like we will probably head into Committee of the Whole in the space of a couple of hours on that very important piece of legislation on a very divisive topic that will likely affect more people—just over 50 per cent of the population—as opposed to the workers compensation bill, which will affect a smaller subset of the population.

With the first conscience vote that we will have since I have been a member in this place, I thought we would hear some more divisive opinions and more fulsome contributions on the topic of abortion. I get the sense that perhaps when we are talking about a conscience vote for this bill, it is a conscience vote in name only. Perhaps we will tease it out in subsequent phases of the bill.

I will state from the outset that I am pro-choice. I also feel a level of embarrassment as a man. I stand here without any experience on the topic of abortion, speaking on a bill that will affect decisions that women can make related to their own bodies. I feel it is only appropriate that there is a level of self-determination for women in the personal decisions they can make about their body autonomy and the process in which they can make those decisions, which is what we are debating here tonight. That being said, I am here, and members could certainly question the potentially questionable mandate that afforded me a seat at the table, but nonetheless I do feel a sense of responsibility to speak on this bill, probably more so than most bills before this place because members will have a conscience vote. Hopefully, it is not necessarily a foregone conclusion when we talk about the passage of this bill relative to other pieces of legislation in this place.

I have decided to take a representative approach to this bill. I am really trying to reflect the will of the majority of women in Western Australia, and certainly the majority of the women in the electorate that I represent in the Mining and Pastoral Region. That is a responsibility that I certainly take seriously. I have also tried to take a lens of interrogating the date-driven approach and the evidence-based approach that has informed the legislation that we are dealing with today. That is a methodology that I certainly fall back on from time to time.

In saying all that, I support the bill. I certainly support the intention of this legislation. However, I have some concerns and reservations about some of the outcomes and the decisions that are contained within the clauses of this bill. I think these concerns are best left for Committee of the Whole. I certainly look forward to Committee of the Whole when we can really examine this important piece of legislation. In saying all that, I conclude my remarks. I look forward to the committee stage of this bill.

Debate adjourned, pursuant to standing orders.