ABORTION LEGISLATION REFORM BILL 2023

Committee

Resumed from an earlier stage of the sitting. The Deputy Chair of Committees (Hon Dr Sally Talbot) in the chair; Hon Sue Ellery (Leader of the House) in charge of the bill.

Clause 44: Section 110ZH amended —

Committee was interrupted after the clause had been partly considered.

Clause put and passed.

Clauses 45 to 49 put and passed.

Clause 50: Part 9D Division 2 Subdivision 3 inserted —

Hon NICK GOIRAN: Clause 50 deals with the Guardianship and Administration Act 1990. Why is the penalty for an unlawful abortion only two years' imprisonment under proposed section 110ZLB, whereas it is seven years elsewhere?

Hon Sue Ellery interjected.

Hon NICK GOIRAN: That is right.

Hon SUE ELLERY: The best advice I am given is that it is sitting there because it relates to the particular offences that are set out in proposed section 110ZLB(a) to (c). The same penalty is provided for in section 57(2) of the Guardianship and Administration Act for a person who knows that an application has been made for a guardianship order in respect of a person, but they carry out or take part in a sterilisation procedure of that person before the State Administrative Tribunal has made a determination.

Hon NICK GOIRAN: Earlier provisions of the bill attract a penalty of seven years' imprisonment for an unlawful abortion. I think we all agree that if an abortion is performed unlawfully, it is unacceptable. That is why the government imposed such a significant penalty of seven years earlier in the bill. In this instance, an unlawful abortion will be performed without consent. It is an abortion performed without an advance health directive and without the consent of the State Administrative Tribunal, yet a seemingly measly penalty of two years will be applied compared with the other provision. These are heinous circumstances in which there has been no consent, the person does not have capacity and there is no advance health directive. I am not excited, as the minister knows from the earlier discussion, about the idea of an abortion being performed on the basis of an advance health directive, but we do not even have one here. The State Administrative Tribunal has not provided its consent—in other words, a determination—yet the penalty will be only two years. Is there any other basis or rationale for this? Is this perhaps what happens in other jurisdictions?

Hon SUE ELLERY: In the first instance, I make the point that we are talking about matching the penalty with that which already exists for sterilisation procedures undertaken without consent under the guardianship provisions. I am also told that the same penalty applies in South Australia. In Queensland, it is an offence to carry out special health care when it is not authorised under the act, and reference is made to a number of penalty units, which unless we are all across the Queensland regime will mean nothing to us. As I said, in South Australia the penalty is $10 000 or two years' imprisonment. Victoria has two years' imprisonment or penalty units as well. In Tasmania it comes under the Criminal Code and it is 21 years' imprisonment for crimes for which a penalty is not otherwise provided, but I do not think that helps us.

Hon NICK GOIRAN: Perhaps the minister can assist at this point. What provision in the bill presently before us attracts a penalty of seven years' imprisonment for an unlawful abortion?

Hon SUE ELLERY: It is proposed section 202MN on page 19 of the bill.

Hon NICK GOIRAN: Page 19 of the bill deals with an unqualified person who must not perform an abortion. At clause 50, are we saying that the person is qualified to perform the abortion and that is why they will get only two years' in jail, whereas if a person is unqualified, they will get seven years?

Hon SUE ELLERY: The difference is that proposed section 202MN refers to an unqualified person. The person is not a registered health practitioner or someone who otherwise meets the definition of being qualified to perform an abortion. Clause 50 deals with changes to the Guardianship and Administration Act and refers to a person who is a registered health professional but acting outside the guardianship arrangements in respect of whether or not SAT has made a decision.

Hon NICK GOIRAN: Are there other provisions in the bill under which a medical practitioner or prescribing practitioner would get special treatment? If a person is not a medical practitioner or a prescribing practitioner and they perform an abortion unlawfully in Western Australia, as a result of this regime, they will be subject to a penalty

of up to seven years' jail. But if they have a qualification such as a pharmacist—I think we have talked about some other professions as well—but certainly a doctor of medicine, they will attract only a two-year penalty. Are there other provisions in the bill, aside from this one, that also give what I am describing as "special treatment" for medical practitioners?

Hon SUE ELLERY: The other reference is again part of the Guardianship and Administration Act. Clause 54 on page 51 of the bill goes to somebody performing an abortion for research, and it also has a two-year penalty.

Hon NICK GOIRAN: The minister has drawn to our attention clause 54(2) that inserts proposed section 110ZT(4) —

> A person must not, for the purposes of medical research, perform or assist in the performance of an abortion on a research candidate.

I recall that a research candidate is somebody who, again, as we know from other debates we have had, is without capacity. They have been enrolled as a research candidate. The penalty here will be imprisonment for two years or a fine of $10 000. Why would the fine there be $10 000 whereas the provision before us at the moment has a fine of $4 000? I cannot understand why the penalty is so light here. Again, a person does not have to have necessarily strong views about this particular topic in general, but as a legislator one would have thought that we would want to have some level of consistency. Why is it that doctors, if they unlawfully perform an abortion in Western Australia, will only be subject to imprisonment of up to two years, whereas for any other person it will be up to seven years? Why is it that if they do this without the consent of the person, without an advance health directive or without the State Administrative Tribunal making a determination, the penalty will be not only not imprisonment, but—again, I use the word quite deliberately here—a measly fine of up to $4 000? If the person performs the unlawful abortion when the person has been enrolled as a research candidate, suddenly the penalty goes up to $10 000. Is there an explanation for this seemingly inconsistent approach to penalties in the bill?

Hon SUE ELLERY: I understand the point that the honourable member is making. The penalties in this section are aligned with the penalties that apply for other procedures performed in breach of these provisions within that act. This is the reason. I understand the point that the member is making that essentially, if I can paraphrase, there is a hierarchy, if you like. I guess it goes back to the fact that in the first instance—the member will disagree with me about who the harm is done to—we are talking about a person who is not qualified to perform a medical procedure performing a medical procedure. The consequences of that are pretty dire. I understand that we are going to have a different point of view on the consequences in respect of guardianship. I understand that point of difference, but if the member is looking for a rationale for the difference, that is it. There are two things. There is consistency within the guardian provisions and then there is recognising that an unqualified person performing a medical procedure on somebody can have pretty dire consequences.

Hon NICK GOIRAN: I agree with the minister on that point, but there is a big difference here, because an unqualified person performing an abortion will potentially attract a penalty of up to seven years' jail, which I think, frankly, is light. As we discussed during debate on clause 8, I think the penalty should be 20 years' jail, as is the case under the other provision in the Criminal Code that we discussed. Nevertheless, in this bill, it will be seven years' jail. But that is in circumstances in which the unqualified person may well have the consent of the person upon whom the abortion is being performed. The provision that we are now dealing with, late in the bill, has nothing to do with consent. There is no capacity by the person. There is no advance health directive. There is nothing by the State Administrative Tribunal, yet this medical practitioner has still proceeded and performed an abortion without any consent, when there was no capacity by the person and no substitute decision-maker. We could argue that that is even worse than an unqualified person performing an abortion on a person who actually requested that the person assist them, yet the penalty here is only going to be two years.

Noting the time now and the length of time that both the minister and I have been at this legislation, it is unrealistic to expect that anything is going to be done about this at this late stage, but may I request that this particular point be expressly considered after the consideration of this bill to see whether this is something that warrants further review?

Hon SUE ELLERY: I can certainly give the member an undertaking that I will raise this issue with the minister.

Clause put and passed.

Clauses 51 to 56 put and passed.

Clause 57: Section 332 inserted —

Hon NICK GOIRAN: We are at the last three clauses of the bill. Clause 57 appears to be carving out the application of WA law. Why are we doing that?

Hon SUE ELLERY: We are removing those parts of the Health (Miscellaneous Provisions) Act that apply to abortion and putting them into a separate piece of legislation, the Public Health Act, which is consistent with what the service is, as opposed to something that is a repository regulatory framework, I am told.

Hon NICK GOIRAN: I am looking at the provision before us and I am talking about clause 57. It states —

(1) Regulations made under section 333 —

It is referring to the Health (Miscellaneous Provisions) Act 1977 —

cannot make provision in relation to —

(a) the performance of abortions; or

(b) any matter related to or connected with the performance of abortions (including births, still-births or neonatal deaths that result from the performance of abortions).

Are regulations currently made under section 333?

Hon SUE ELLERY: I think the advice that I have been given is the same as the answer that I gave before, but I think the honourable member asked me a different question.

Hon Nick Goiran: I am just asking whether any regulations have been made under section 333, because they are not going to be able to moving forward.

Hon SUE ELLERY: Yes, honourable member. Thanks.

Hon NICK GOIRAN: What will the regulations that are being made at the moment under section 333 do?

Hon SUE ELLERY: I am told that section 333 is the head of power that is currently used to make regulations on abortion; for example, the form 1 document that we have referred to before is made under the head of power that is generally granted under section 333.

Hon NICK GOIRAN: I understand that. My question is: what regulations are currently being made under this power that will no longer be able to be applied because of clause 57? The form 1 is one example. Are there any other regulations that are being made under section 333 that will no longer be able to be made?

Hon SUE ELLERY: I am advised that it will also include the Health (Notifications by Midwives) Regulations 1994 and the Health (Section 335(5)(D) Abortion Notice) Regulations 1998, which goes to what medical practitioners report, and that is the form 1 that I just referred to.

Hon NICK GOIRAN: Therefore, two regulations are being made at present. One seems to be—for shorthand—the midwives one of 1994 and the medical practitioner one of 1998, which is the form 1. There is no need to provide any elaboration on the second one; I am well versed in the form 1. It is clear that that will no longer be the way that reporting will be done into the future. This is something that is to be considered by the Chief Health Officer and there is a direction that can be made. What is the regulation about in the Health (Notifications by Midwives) Regulations 1994?

Hon SUE ELLERY: It is about notifications by midwives involved in the provision of abortion care. It is about the range of notifications that midwives are currently and will continue to be required to provide, but under a different regulation-making power, about births, whether premature, full-term, stillbirth or abortion. That regulation will no longer be able to be provided under section 333 and will be provided via the Chief Health Officer's direction.

Hon NICK GOIRAN: Is this just a housekeeping matter?

Hon SUE ELLERY: Essentially, it is saying that for that bit of information and those notifications, the head of power to do that —

Hon Nick Goiran: May be somewhere else.

Hon SUE ELLERY: Correct, honourable member.

Hon NICK GOIRAN: That being so, clause 57 will also do another thing. Proposed section 332(2) says —

Despite anything in sections 335 and 336A, no person is required under those provisions to give any report or notification to the Chief Health Officer or to any other person in relation to —

(a) the performance of an abortion on a person; or

(b) any birth, still-birth or neonatal death that results from the performance of the abortion.

On the face of it, that is concerning, but I am less concerned if people will still have to provide some form of report or notification to the Chief Health Officer for those things by a different mechanism.

Hon SUE ELLERY: Yes. To confirm what I have said before, we are taking out the head of power that provides certain notifications. We are replacing that with the Chief Health Officer's power to collect certain information, report certain information and be notified of certain information, in accordance with the directive power that we are giving the Chief Health Officer.

Hon NICK GOIRAN: My last point on clause 57 is that proposed section 332(3) says —

> If a person dies as a result of the performance of an abortion on the person, or as a result of any complications arising from or following upon the performance of an abortion on the person, the death is to be treated as the result of pregnancy for the purposes of section 336 and that section applies accordingly.

Why are we doing that?

Hon SUE ELLERY: The reason is that although an abortion is a closely planned medical procedure, the death of a person is something that would fall outside of this planned process and thus should be subject to the investigation and reporting mechanisms that will continue to exist under the Health (Miscellaneous Provisions) Act. The death arising during the course of that process will still be captured for the purposes of any analysis or whatever has to be done, not under these provisions but under the provisions that will remain in place in the Health (Miscellaneous Provisions) Act.

Hon NICK GOIRAN: I am comforted by the theme that is emerging here, even if the mechanism and why it is necessary to have proposed section 332(3) in this bill are not necessarily clear. If that provision were not there, what would be the material effect of not having proposed section 332(3)? If, as I understand it, they report at the moment and they will have to continue to report anyway, why is it necessary to have proposed section 332(3)?

Hon SUE ELLERY: I am advised that the Chief Health Officer specifically wanted to be able to collect this information, so the provisions in proposed subsection (3) will ensure that that information can be provided to the Chief Health Officer because it can form part of his direction. That is the purpose of it. Otherwise, the information would be collected—we have discussed this before—and captured in the clinical events procedures the hospital has in place. The Chief Health Officer specifically wants this to be reported.

Clause put and passed.

Clause 58: Section 334 deleted —

Hon NICK GOIRAN: This very simple clause will delete section 334 of the Health (Miscellaneous Provisions) Act 1911. In part, will the removal of this section remove the requirement that late-term abortions occur only if the mother or unborn child has a severe medical condition?

Hon SUE ELLERY: I am advised that it will remove all references to abortion, not just references to the specific elements the member has identified in his question.

Hon NICK GOIRAN: That is why I ask whether, in part, it will do that. Will the deletion of section 334 remove the requirement that late-term abortions occur only if the mother or unborn child has a severe medical condition?

Hon SUE ELLERY: So we understand the honourable member's question and make sure that we give him an accurate answer, he is asking: will the removal of section 334 remove, in part, that reference to "mother, or the unborn child, has a severe medical condition" et cetera in section 334(7)? Is that what he is asking?

Hon Nick Goiran: Yes.

Hon SUE ELLERY: Yes, it will.

Clause put and passed.

Clause 59: Section 335 amended —

Hon NICK GOIRAN: Clause 59 is the final clause in the bill. Does the Perinatal and Infant Mortality Committee report on abortion data at the moment, and will it continue to moving forward?

Hon SUE ELLERY: It does not currently report on those.

Clause put and passed.

Title put and passed.

Report

Bill reported, without amendment, and the report adopted.

Third Reading

HON SUE ELLERY (South Metropolitan — Leader of the House) [5.42 pm]: I move —

> That the bill be now read a third time.

I do not normally do this, but I want to place on the record my thanks to members in the house. I know that for some, for different reasons, this has been a difficult debate to participate in. I can genuinely say that for the most part, with a couple of little exceptions, debate on the bill has been conducted respectfully and calmly, despite people's very strong feelings about it. This is fundamentally different from the way the debate was conducted in this place 25 years ago. I was an observer from the outside, and this was done in a very different way. I also want to place on the record

my thanks to the Minister for Health for her leadership in this area, the former Minister for Women's Interests and the Attorney General for their role as well, and in particular I thank the team at the table for their assistance.

HON NICK GOIRAN (South Metropolitan) [5.43 pm]: I rise as we consider the Abortion Legislation Reform Bill 2023 and whether it should be third read. The bill presently before us is a 59-clause bill that covers some 54 pages; however, one clause in this bill, clause 8, is 20 pages alone. It required substantial scrutiny by the Committee of the Whole House over the course of the last two parliamentary sitting days and in fact all three parliamentary sitting days last week. One might ask: what was achieved by the Legislative Council, the house of review, spending that time considering the 59 clauses of this bill, in particular clause 8, which covers some 20 pages? In my view, as we now consider the third reading, three things were achieved. It clarified matters, it corrected misinformation and legislative enhancements were considered.

The first of those three things is the clarification of matters. Helpfully, the Committee of the Whole House, having done its work and now reported this bill to the house, addressed the clarification of matters particularly regarding mandatory counselling. There is a special statutory definition of "informed consent" under the current law of Western Australia, and that will continue to apply for what we understand will be the next six months until such time as the bill before us becomes law. It will be replaced, but with the common-law definition of informed consent. This was an important clarification by the Committee of the Whole House, because there has been a misunderstanding in the community that there is a form of forced counselling that goes on in Western Australia. No-one is being forced to have counselling and moving forward everyone will still need to be informed of the risks of having an abortion. It was very worthwhile that during the Committee of the Whole House, the government tabled a document that helpfully sets out those risks of mortality, morbidity, haemorrhage, infection, what is referred to in this document that was tabled by the Department of Health as retained products of conception, failure of abortion, bleeding and cramping, uterine perforation, cervical trauma, increased risk of subsequent pre-term birth, and psychological wellbeing, which will require time to improve. People will need to be informed about and provided with communication on those risks moving forward. There has been no such thing as forced counselling until this time.

It was also useful that the Committee of the Whole House was able to correct misinformation. The Committee of the Whole House was able to deal with whether the bill will fully decriminalise abortion. The Minister for Health wrongly said that Western Australia will fully decriminalise abortion, but when the Committee of the Whole House considered clause 4 of the bill, it proved that that is untrue. The Minister for Health has also wrongly said that there is no such thing as a failed abortion, yet during the committee stage a document was tabled by the government that confirms that in fact failure of abortion is one of the risks that health practitioners in Western Australia are expected to communicate to a person who is considering an abortion. At page 20, that document, entitled *Abortion care: Information and legal obligations for medical practitioners*, reads —

> Both medical and surgical abortion carry a small risk of failure to end the pregnancy (1 or 2 in 100), resulting in a further procedure. The risk of failure is higher in very early pregnancy. For terminations performed by suction curettage, there is a three-fold higher failure rate for those performed before seven weeks gestation compared with those performed at seven to 12 weeks gestation. There is some research to suggest that failure of medical abortion increased with the woman's age and gestation.

That document was tabled during the Committee of the Whole House, and I thank the government for providing it to correct the misinformation.

The Minister for Health also wrongly said that there is no such thing as a baby born alive after an abortion, yet the committee was told by the Leader of the House that there have been 28 cases, and they are presently with the coroner. The Committee of the Whole House also heard that Hon Roger Cook gave evidence to a parliamentary inquiry that eight late-term cases occurred between 2013 and 2017 alone. Indeed, in that evidence, babies without a severe abnormality were born alive at 23 to 25 weeks.

I turn to the third of the perceived benefits of the Committee of the Whole House stage as it has now presented the bill to the house for its third reading, and that is the legislative enhancements that were considered. A number of enhancements were considered, including an amendment by Hon Ben Dawkins to retain 20 weeks instead of 23 weeks as the late-term threshold. This particular amendment was lost. Sadly, in my view, complex cases at 20, 21 and 22 weeks will no longer now involve two doctors. Sadly, viable cases at 22 weeks will no longer involve two doctors. An amendment I moved, an enhancement, would require that one of the two doctors be an obstetrician and gynaecologist for any late-term abortion. This was recommended by the Australian Medical Association. Regrettably, that enhancement was lost. The Committee of the Whole House also considered an amendment moved by Hon Kate Doust to insert mandatory considerations before a doctor can perform a late-term abortion, consistent with the South Australian legislation and the petition with some 5 394 signatures that the honourable member tabled on 29 August. Regrettably, that amendment was lost. I moved an amendment to require that both doctors involved in a late-term abortion be from Western Australia, as recommended by the Australian Medical Association, and we considered that enhancement. Regrettably, that amendment was lost. We also considered an amendment that

would have prohibited abortions for the particular reason of diagnosed or suspected Down syndrome. This was moved by me in accordance with a petition that I had the honour of tabling on 8 August this year and as requested by some 3 023 petitioners. Regrettably, that amendment was lost. An amendment was also moved by Hon Kate Doust to amend the bill to prohibit abortions for the reason of sex selection, consistent with the South Australian legislation. Regrettably, that enhancement was lost. A further amendment was moved by the honourable member mandating that doctors must offer information about counselling, consistent with the South Australian legislation. Regrettably, that amendment was lost. Hon Kate Doust also moved an amendment to affirm the duty to provide medical care and treatment to a baby born alive after an abortion, consistent with the South Australian legislation. President, I report back to you after the Committee of the Whole House process that, regrettably, that amendment was lost. That particularly troubles me, having pursued this matter since 2011 when Hon Ed Dermer first uncovered the problem.

I moved an amendment during the Committee of the Whole House to delete the bill's new ban on the Chief Health Officer being able to collect data on reasons for abortions, as he can do under current WA law. Regrettably, that enhancement was lost. The last one that I draw to the President's attention is an amendment I moved to require that the Chief Health Officer publish an annual report with de-identified information on abortions, as is the practice in South Australia. Regrettably, that enhancement was lost.

I draw members' and the President's attention to the consideration by the whole house of clause 20. In my view, this is the most repugnant clause in the bill. People inside and outside Parliament have strong views on whether abortions should occur and in what circumstances. In my view, it is difficult to see that ever changing. That is not what this clause is about. People inside and outside Parliament have strong views on whether abortions should occur because of a diagnosis of Down syndrome. That is not what this clause is about. People inside and outside Parliament have strong views on whether abortion should occur because of sex selection. That is not what this clause is about. People inside and outside Parliament have strong views on whether it is necessary to insert a statutory provision to confirm the existing duty to provide medical care and treatment to a baby born alive after an abortion. That is not what this clause is about. Clause 20 says that the death of a Western Australian child born alive after an abortion, which is currently a reportable death pursuant to section 3 of the Coroners Act, is to no longer be a reportable death. My translation of that is that the WA State Coroner is no longer to be notified about these cases. In an extraordinary admission during the Committee of the Whole House, we were told by the government that this is not the case in any other Australian jurisdiction. We will be the only state that prevents these reports about the death of a Western Australian child from going to the coroner. This surely must be the darkest provision on our statute book.

I have raised the plight of Western Australian babies born alive after an abortion in no less than 18 parliamentary speeches since 2011. This bill will not change the legal duty to provide the necessaries of life to these youngest Western Australians. Neither this bill nor any bill can ever change the ethical duty to care for these babies, who are objectively the most vulnerable Western Australians by far. This bill attempts to make sure that the WA coroner will never investigate these cases, unlike New South Wales, unlike the Northern Territory and unlike every other jurisdiction. This is darkness clothing itself in darkness. I will never stop speaking up for our most vulnerable Western Australians, and that is why I will be opposing the bill.

HON NEIL THOMSON (Mining and Pastoral) [5.55 pm]: I rise to speak very briefly in the third reading debate on the Abortion Legislation Reform Bill 2023, to put my views on the record. I said in my second reading contribution that I think it is important that members bring themselves to his place in an authentic way, and that is why I am speaking on this matter. In good conscience, I do not believe I can support this bill. If reform in this space were to be presented, I would always take an open mind, notwithstanding my private views versus my views as a legislator, and I make that very clear. As a legislator, I support the right for a woman to choose and make that very difficult decision on whether they should carry a child full term. That does not change or alter my personal views on that matter, but I am not a person who will ever have to make that choice. That is why I stand here as a legislator, on behalf of my constituents. However, I believe that there was an opportunity in this place for consideration of a number of very thoughtful amendments moved by people who may have different views from others in this place. I thought that many of the amendments were thoughtful. As my colleague Hon Nick Goiran has said—I ask to be excused for paraphrasing—there is no doubt that there is a hierarchy of importance of these matters, and that was certainly expressed in a very heartfelt way by Hon Nick Goiran.

There was a complete lack of ability to consider the detail thoughtfully and considerately, and look at opportunities for improvement. I particularly agree with Hon Nick Goiran's point about the coroner. I do not hold the view that somehow the involvement of the coroner will result in some sort of harm. The coroner deals with very difficult and sensitive matters, and I have the greatest faith in the coroner to consider those matters. It is an issue of transparency and of consideration of the most basic and fundamental issue. If we were to take the view that the efforts or work of the coroner somehow causes emotional harm or adds harm to the situation, logically, we could apply that view to every single consideration of the coroner, and that is not the case. I think the coroner deserves more respect than that; I think this place deserves more respect than that. I am putting my views on the record today in my authentic

way, and I hope that people understand that. That is why I also will not be supporting this bill, as much as I thought I might support it if there had been some movement in the consideration of those amendments.

HON KATE DOUST (South Metropolitan) [5.58 pm]: I want to put my view on the record in the third reading debate on the Abortion Legislation Reform Bill 2023. I said at the beginning of this process that I would make my mind up as we went through the debate, depending upon where we went with the amendments. Firstly, I thank the 5 000-plus petitioners, who very keenly encouraged the government to give consideration to the primary amendments that I moved that were similar to the safeguards that were put in place in South Australia when changes to the legislation were made in that state. I had hoped that the government might have given consideration to applying similar safeguards or, in some cases, guidance in our state. But that is not the case at all. I hark back to the words of Hon John Kobelke, which have been cited a couple of times during this debate. Back in 1998, he commented —

> 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.

My private view is that when this bill is passed, the fact that we pushed out the boundary from 20 to 23 weeks for an abortion without reason will further erode the value we place on human life, and that is one of the reasons that I will not be supporting this bill.

In my final comments, I want to thank people like Professor Joanna Howe, who has provided substantial information and support for the work that has been done around this bill. I know that members are keen to get this through, so I indicate that I will be opposing this bill in policy and detail.

HON BEN DAWKINS (South West) [6.01 pm]: I want to say probably three things about the Abortion Legislation Reform Bill 2023. I will not be supporting the bill. I listened to Hon Kate Doust about the move from 20 to 23 weeks. As I said before, the case for that has never been made out. As a new member of this place, I was horrified at having to sit through at various stages, including during the briefings, discussions about aborted babies being born alive. It was a terrible thing to listen to. Obviously, someone can have a phase 2 abortion after 20 weeks, but in the first instance, if we encourage people to operate within the 20-week time frame, by its very nature, no aborted babies will be born alive. That is why it needs to stay at 20 weeks.

On the whole gender selection thing, I found it mystifying that the justification for not outlawing the termination of baby girls because they are baby girls was "We do not really want to change our bill". That is not a justification not to outlaw something that is completely abhorrent. I am very disappointed that that is how it played out. Professor Joanna Howe, who was mentioned by Hon Kate Doust, is only one lobbyist and expert, we might say, but she has all the data and a lot of it has just been denied in this place. The data on gender selection shows that it is happening. The data on aborted babies being born alive shows that it is happening. We can reduce the frequency of those terrible things by keeping it at 20 weeks.

For what it is worth, I will not be supporting this bill.

Division

Question put and a division taken with the following result —

Ayes (25)

Hon Martin Aldridge	Hon Donna Faragher	Hon Dr Brad Pettitt	Hon Dr Brian Walker
Hon Klara Andric	Hon Lorna Harper	Hon Stephen Pratt	Hon Darren West
Hon Dan Caddy	Hon Jackie Jarvis	Hon Martin Pritchard	Hon Pierre Yang
Hon Sandra Carr	Hon Ayor Makur Chuot	Hon Samantha Rowe	Hon Peter Foster *(Teller)*
Hon Peter Collier	Hon Kyle McGinn	Hon Rosie Sahanna	
Hon Stephen Dawson	Hon Sophia Moermond	Hon Matthew Swinbourn	
Hon Sue Ellery	Hon Shelley Payne	Hon Dr Sally Talbot	

Noes (6)

Hon Ben Dawkins	Hon Steve Martin	Hon Neil Thomson
Hon Kate Doust	Hon Tjorn Sibma	Hon Nick Goiran *(Teller)*

Question thus passed.

Bill read a third time and passed.