Under those circumstances we are paying out money but we are not getting any value for it, because the insurers take no risk. Whilst in the past the participating approved insurers have been very convenient to us, the Government should not continue with this policy. The Government has used these insurers for the purpose of setting up the Motor Vehicle Insurance Trust, but as there is no further need for them the policy should be discontinued.

It would also appear that the approved insurers have been receiving, or are entitled to receive, dividends for underwriting a risk which in fact is non-existent. The fact that no call has been made by the trust against any of the participating insurers to meet their respective proportions of any of the losses of the trust indicates that the trust was quite satisfied that any deficits would be cleared subsequently by means of increased premiums, as a consequence of action by the Premium Rates Committee.

I took out a few figures in regard to this aspect. The amount of $215,629 paid voluntarily by certain participants to meet their proportion of the losses, totalling $881,029 for the years 1957-58 to 1960-61, would be refundable to such participants immediately those losses had been liquidated. This might have been accomplished, as the present net deficit of $101,210 is presumably in respect of later years.

The dividends paid or payable to the participants are as follows:—

	$
5th Sept, 1960	59,153
2nd July, 1962	409,980
30th Sept, 1967	242,507

The actual payments therefore totalled $711,630. The amounts due to participants for the years 1957-58 to 1966-67, in accordance with the provisions of section 3P of the Act, totalled $1,962,596; that makes a progressive total of $2,674,226. The amount due for 1967-68, being 5 per cent. of the premium income of $8,680,050 received by the trust, is $434,000. That makes a grand total of $3,108,226 paid or payable to the insurers over the 19 years of the operations of the trust—and there has been absolutely no risk taken by the insurers at all.

Candidly I think it is time this was stopped. I cannot see why the State cannot operate the trust. There is not any need to continue a practice which was established, in the first instance, purely because the State had no knowledge of what was required. The State sought aid from the approved insurers, and as a consequence it had to pay 5 per cent. of the premiums to them. We now know what we are doing, and to my way of thinking it would be a misuse of public moneys if we carried on with this activity.

As the matter has been brought to the attention of the House I expect the Government to look into the question as to whether or not we can operate the Motor Vehicle Insurance Trust without having to pay out a percentage of the premiums. It is not necessary for us to pay out $434,000 in the 1967-68 period; this is a great sum of money which could be saved.

Mr. O'Neil: Why has the amount which is due not been paid in full?

Mr. LAPHAM: It is purely a matter of adjustment each year; it is a question of bookwork more than anything else.

Mr. O'Neil: Is it because the surpluses have not been sufficient to meet the amount due to the participating companies?

Mr. LAPHAM: That may be the reason, but why should we pay out 5 per cent. of the total premiums received to insurers whom we do not need?

Not only do I feel, but a number of insurers in this city with whom I have discussed this matter also feel, that it is high time the Government looked into this matter of the Motor Vehicle Insurance Trust and the participating approved insurers. I also recommend that members look into the question.

Debate adjourned, on motion by Mr. Burt.

House adjourned at 10.47 p.m.

Legislative Council

Wednesday, the 16th October, 1968

The PRESIDENT (The Hon. L. C. Diver) took the Chair at 4.30 p.m., and read prayers.

QUESTIONS (5): ON NOTICE

ELECTRICITY CHARGES

Reduction in Northern Areas

1. The Hon. H. C. STRICKLAND asked the Minister for Mines:

   Referring to my question on the 10th October, 1968, concerning the percentage of surplus trading results of certain north-west electricity undertakings operated by the Public Works Department, and although it is not my desire to argue with the person who produced different percentages in the reply, I draw the attention of the Minister to page 105 of the 1968 report of the Auditor-General where appears the figures used by me, and ask whose figures are members of Parliament supposed to believe?

The Hon. A. F. GRIFFITH replied:

The figures in the Auditor-General's Report, 1968, folio 105, show the cash transactions on the Consolidated Revenue Fund. These do not include—

(a) Revenue accrued but not collected;

(b) Expenditure not directly debited to the undertaking:

(1) Salaries and incidentals proportion;
(2) Audit and legal fees;
(3) Interest and depreciation charges.

A revenue account and balance sheet for each of the undertakings will be published in the annual report for the Public Works Department.

A summary of the revenue accounts is set out hereunder.

Electricity Undertaking	Earnings	Working Expenditure	Surplus on Working	Interest on Capital and Depreciation of Assets	Net Surplus	Net Loss
	$	$	$	$	$	$
Roebourne	38,674	29,802	8,872	14,990	....	6,118
Halls Creek	31,896	18,154	13,742	7,096	6,646	....
Kununurra	235,614	174,537	61,077	82,013	....	20,936
	306,184	222,493	83,691	104,099	6,646	27,154

SHEEP HOLDING YARDS

Retention at Parkeston

2. The Hon. J. J. GARRIGAN asked the Minister for Mines:

When the standard gauge line is completed, is it the intention of the Government to retain the sheep holding yards at Parkeston for the purpose of inspecting stock coming from the Eastern States?

The Hon. A. F. GRIFFITH replied:

Inspecting facilities will be retained in the area and may have to be relocated if marshalling yards are moved to the west of Kalgoorlie. This matter will be discussed in the near future with the Commissioner of Railways.

POTATOES

Diseases and Insect Pests

3. The Hon. V. J. FERRY asked the Minister for Mines:

Will he please ascertain from the Minister for Agriculture his views on the following questions:—

(1) Is he aware that potato growers in this State are concerned at the possibility of the rapid spread of diseases and insect pests in seed potatoes?

(2) Is he aware that in certain parts of the world the growing of potatoes has had to be abandoned because of the persistence of disease in the soils?

(3) What measures are standard practice in this State to safeguard against the use of substandard seed?

(4) What recommendations, if any, have been made by the Potato Industry Council to the State Government to provide added safeguards to protect the potato industry from these dangers?

(5) What is the Government's attitude to any such recommendations?

The Hon. A. F. GRIFFITH replied:

(1) Yes.

(2) Yes.

(3) The inspection of seed crops for freedom from disease and their approval or certification for sale. The inspection of seed potatoes on request from growers or their agents is also carried out.

(4) (a) Increased inspection of all potato crops including harvested seed.

(b) Better control of seed sales and the inspection of all seed prior to planting.

(c) Increased publicity to inform growers and to assist in the identification of the disease.

(d) The appointment of two additional inspectors to give effect to (a) and (b).

(5) The Government fully supported the recommendations subject to the industry meeting increased inspection fees to cover the costs of (4) (d).

TRAFFIC ACCIDENTS

Responsibility of Overtaking Driver

4. The Hon. G. E. D. BRAND asked the Minister for Justice:

In view of the recent court decision in the Eastern States placing the responsibility for an accident

on the driver of a vehicle for causing a dust cloud when overtaking and passing another vehicle on a gravel road, and thereby temporarily obscuring the vision of the other driver, would the Minister advise whether such a contingency is covered in the laws of this State?

The Hon. A. F. GRIFFITH replied:

There is no statutory provision in this State for the contingency mentioned by the honourable member and, without further particulars of the case, I am not qualified to comment on it.

BUSSELTON

Publicity in "Bunbury Hinterland"

5. The Hon. V. J. FERRY asked the Minister for Mines:

(1) Who was responsible for the compilation of the material used in the publication *Bunbury Hinterland* produced for the State Government?

(2) While it may be acknowledged that the publication is, in many respects, excellent for its purpose, does he not consider that the town and district of Busselton (with a population of approximately 4,500 and 7,000 people respectively) with its wealth of historical interest and prominent tourist attractions, deserves greater prominence in the publication?

(3) Will he indicate to the House that more consideration will be given to publicising Busselton in the next revised edition, with particular reference to at least one appropriate picture showing a feature of the town?

The Hon. A. F. GRIFFITH replied:

(1) The Premier's Department.

(2) Busselton receives reasonable prominence considering that it is one of 18 local authority areas covered in the booklet—all of them are important and historic.

(3) A tourist picture of Busselton will be included in the next edition, next December or January. Because of bushfire smoke haze over the area at the publication time of the last edition, an acceptable up-to-date picture was not available.

CLOSING DAYS OF SESSION: FIRST PERIOD

Standing Orders Suspension

THE HON. A. F. GRIFFITH (North Metropolitan—Minister for Mines) [4.42 p.m.]: I move—

That during the remainder of this first period of the current session, so much of the Standing Orders be suspended as is necessary to enable Bills to be passed through all stages in any one sitting, and all messages from the Legislative Assembly to be taken into consideration forthwith.

This is the motion which is customarily moved at approximately this stage—three weeks or a month before the close of the session. This year the position is a little different, because when we conclude the first part of the session at approximately the end of October we will seek an adjournment until some time in March next.

It may be that some of the items on the notice paper will not be disposed of by the end of October; but be that as it may, we cannot meet in March without any item appearing on the notice paper. It is intended that some carry-over of legislation will take place, and at least one Bill which I have placed on the notice paper—the Property Law Bill—will certainly be carried over; there could be others.

It is also customary at this stage of the session to move for the suspension of Standing Order 62, which takes away the prohibition that exists in respect of the commencement of new business after the hour of 11 o'clock at night. I do not propose to move for the suspension of this Standing Order at this point of time, because if we get on with the task ahead of us by sitting on Tuesday and Wednesday afternoons at 4.30 p.m., and on Thursday at 2.30 p.m., until about 11 p.m., we will be sitting for a reasonable period, bearing in mind that the days of Ministers—and I am sure the days of quite a number of members also—start a lot earlier than that.

It may be necessary, in the last week or the last 10 days of the first period of this session, for us to sit earlier on Wednesdays in order to complete all the business. Ministers do not propose to ask for the consideration of Bills in too hasty a manner, but we will exercise the discretion which has been used in the past.

The indications given by members on the opposite bench will decide whether the passage of a Bill will be quick, or whether the passage will be slowed down—depending on the type of legislation being dealt with from day to day.

THE HON. W. F. WILLESEE (North-East Metropolitan—Leader of the Opposition) [4.45 p.m.]: Normally I am prepared, and indeed enthusiastic, to give a complete assurance in respect of the motion just moved, because the moving of such a motion heralds the end of the session and therefore a responsibility is placed on us to assist the Government to get through its business as expeditiously as possible.

We on this side have co-operated very earnestly with the Government throughout this session in respect of the Bills

introduced in this House; and when a Minister has regarded a Bill as being important we have done everything possible to endeavour to pass it as quickly as we could. In the case of an important Bill dealt with recently, it was debated by all members in the one day. That is typical of the situation which applies in this House when a Minister says there is great urgency for the passage of a particular Bill.

However, we should speak with one voice on this matter. When we in this House assist the Minister to expedite the passage of a Bill, and it is transmitted to another place where it is delayed for one week, after the suspension of Standing Orders, then I am forced to this conclusion: What value is there in the suspension of Standing Orders? Or, alternatively, is the Government moving for the suspension of Standing Orders long before that is necessary?

In view of that situation, although I do not intend to oppose this motion, it certainly gives me food for thought. I do not feel inclined to call on members to assist me in urgent cases when one half of the Government does not agree with what the other half does. Furthermore, I feel that at this stage I could ask the Leader of the House for an assurance that no Bills of a substantial nature will be introduced from now until the end of the first period of this session, unless he is prepared to say that such Bills will be dealt with in the second period.

At the moment an indication has been given that only one Bill will be carried on to the second period. It would be a farce for us to meet in approximately March next year with only one Bill to be dealt with. I am prepared to give an assurance from this side of the House that I will assist the Minister in every way, but in view of what happened recently I have grave doubts as to the value of this motion.

THE HON. A. F. GRIFFITH (North Metropolitan—Minister for Mines) [4.48 p.m.]: I think I could be forgiven if I say that I am in somewhat of a quandary, because I have no control over what happens in another place; but I think I have got the message of the Leader of the Opposition.

I have led this House for 10 years, and motions similar to this have been moved at approximately this stage of each session during the time I have been here, and for many years before that. All I can say is that if the House agrees to the motion I will continue to use its provisions in exactly the same way as I and many of my colleagues in the past have used them; that is, not necessarily to force legislation through. If the majority of members decide that legislation is being pushed through too hastily all they need do is to put up their hands and ask the Government not to move so fast. I use the customary words that we will not ask for Bills to be dealt with in a manner which could be regarded by some as being too speedy.

I cannot give Mr. Willesee any undertaking that there will not be any long Bills introduced between now and the end of this period of the session. I might have to give notice of a Bill tomorrow, or next week, because something of an important nature has arisen.

However, the element of time this motion saves is that between the notice, the first reading, and the introduction of the second reading. Personally, that is the use I like to make of the motion, when the House agrees; and I do not think a great deal of harm is occasioned by using it for that purpose, as long as we do not proceed any further than that.

I will say no more. I think I understand the situation; and I appreciate, of course, the fact that Mr. Willesee has always been co-operative in these matters. However, we cannot control what occurs in another place. So, I will leave it at that.

Question put and passed.

DIVIDING FENCES ACT AMENDMENT BILL

Third Reading

THE HON. L. A. LOGAN (Upper West—Minister for Local Government) [4.51 p.m.]: I move—

That the Bill be now read a third time.

THE HON. W. F. WILLESEE (North-East Metropolitan—Leader of the Opposition) [4.52 p.m.]: Before this Bill is passed I feel the House should give it more consideration. It is not a political Bill; nor is it urgent, as the problem has been with us for a long time. Last night successive speakers drew attention to the fact that the word "repair" in this Bill could mean so many different things; and I feel it is not too late for those remarks to be given some consideration at least. I am not referring to my remarks in particular, but to everything that was said by all speakers.

This House has a great responsibility to ensure that when it initiates legislation, it does so thoroughly and well; and if those of us who give conscientious thought to legislation submit views which can be supported to some extent by other speakers, those views should at least receive some consideration by the Minister instead of adamantly insisting on what is in the Bill at present.

I do not intend to reiterate what was said last night; but I regret that I am a member of this House when such legislation is passed, because I believe my responsibility in Parliament is to simplify the laws and not to complicate them.

THE HON. L. A. LOGAN (Upper West—Minister for Local Government) [4.54 p.m.]: Like Mr. Willesee, I do not intend to reiterate what was said last night except to say that I have thought about the situation dealt with last night, and I have come to the same conclusion I reached before; that is, that the interpretation in the amending Bill is the correct one.

As I mentioned before, there are two separate situations which could apply and we must relate the legislation to both of them. It is not as if we are dealing with one; we are dealing with two situations.

This Bill has been before the House for some time. It has not been rushed through, and I assure Mr. Willesee that any time he submits suggestions, they are certainly considered. On this occasion I see no reason to depart from the Bill as it was presented. However, in the meantime, if the honourable member wants any other information, I can obtain it for him between now and the passing of the Bill in another place.

This legislation was introduced at the request of legal men. It was drafted by the parliamentary draftsmen who have been informed of the situation. Whilst they might not always be 100 per cent. correct, this time they have interpreted the situation to my satisfaction and, I think, the satisfaction of those who requested the amendments. I therefore commend the Bill to the House.

Question put and passed.

Bill read a third time and transmitted to the Assembly.

KEWDALE LANDS DEVELOPMENT ACT AMENDMENT BILL

Second Reading

THE HON. L. A. LOGAN (Upper West—Minister for Local Government) [4.56 p.m.]: I move—

> That the Bill be now read a second time.

A body known as the Kewdale Development Authority was established by the Kewdale Lands Development Act, 1966. In view of the significance of that general area in the industrial complex, particularly in its relationship to the marshalling yards and the freight terminal, it was considered necessary, at that time, because of a certain amount of disorder that had started to develop and had, in fact, developed substantially, in the area, to establish a statutory authority responsible for organised development at Kewdale.

The functions of this body, comprising, *ex officio*, the Town Planning Commissioner, the Director of the Department of Industrial Development, and the Under Secretary for Lands, were to acquire certain land specified in the schedules to the Act and in its discretion, develop this land and dispose of it. An area of about 280 acres of the specified land comprised land excised from the Kewdale marshalling yards and replaced for marshalling yard purposes by other land at Forrestfield.

The idea at the time was that the balance of the specified land, comprising about 500 acres, was to have been acquired by the Metropolitan Region Planning Authority, under the provisions of section 37A of the Metropoltian Region Town Planning Scheme Act of 1959, and sold to the development authority after consolidation with the land excised from the Kewdale marshalling yards.

The Kewdale Development Authority has prepared a plan of subdivision of the specified area and some 600 acres of industrial land are available after providing for drainage and an entirely new internal road system. The subdivision comprises some 220 individual lots ranging from three-quarters of an acre to six acres in area, with 12 lots from seven to 10 acres each with access to the railway system, and also, four special use lots of four, 13, 20, and 50 acres in area.

The 50-acre lot is to be reserved for future use for metropolitan markets, an alternative area of adjacent land being available for acquisition by the development authority by way of exchange. But this new site will not be required for a metropolitan market for many years to come, nor may it be required at all, and in the meantime, will be available for lease. But this is without losing the possible use of the land for its original purpose.

The 13-acre lot, which is centrally situated in the overall Kewdale industrial area, has been earmarked for business and commercial purposes, including a service station site, and will be subject to further subdivision as such use is clarified.

It is proposed the four-acre site be used as a hotel site and the 20-acre site may be used as a centrally located fuel depot or further subdivided if this use is not fulfilled.

The subdivisional design, generally, is in keeping with the experience of the pattern of demand for lot sizes encountered by the Department of Industrial Development over a period of years. It is still sufficiently flexible, however, to enable provision of lots of greater or lesser size without embarrassing the structure of the road or drainage pattern. Therefore, although these areas have been subdivided for the time being into the sizes which I have indicated, it would not be unexpected were there inquiries which would mean bringing two or three of these lots together. The design has been worked out to give the degree of flexibility necessary to meet particular cases.

It is provided in section 11 of the Act that the land described in part III of the schedule, being part of the land included

in improvement plan No. 1, shall—and I emphasise the word "shall"—be acquired by the authority, namely, the Metropolitan Region Planning Authority and, as earlier indicated, under the provisions of section 37A of the Metropolitan Region Town Planning Scheme Act of 1959.

On the literal interpretation, all the land described must be acquired. However, as some 56 acres are owned by some industrial concerns of importance, which have undertaken developments consistent with the objects of the scheme, it is unnecessary and beyond the financial resources of the Metropolitan Region Planning Authority to acquire these properties. It is submitted that the obligation to acquire should provide for discretion to be exercised to exclude such unnecessary acquisitions.

Quite obviously it would be futile and pointless were we to compel the authority to go through the cumbersome procedure of acquiring these industries, which are in their rightful location and fulfilling the purposes intended by the scheme, and then give the land back to them.

Yet, under the wording of the Statute, no discretion is permitted. We desire to be able to grant a discretion in the case of a concern which is established in a manner and in a location consistent with the overall scheme.

Several parcels of land, already in Crown ownership or agencies of the Crown in the right of State, are also included in the land described in the parent Act. About 145 acres of land owned by the State Housing Commission, and classified for industrial use in the region plan and which can no longer be used for housing commission purposes, are included. A 17-acre area controlled by the Metropolitan Water Supply, Sewerage and Drainage Board and about eight acres, subject to the Industrial Development (Resumption of Land) Act are involved. There is also a large area of closed roads, the fee of which is vested in the Crown.

Again, it is considered unnecessary for this land to be transferred to the Metropolitan Region Planning Authority, under the improvement scheme procedure, and then to the Kewdale Development Authority, when it could be transferred direct; and the Bill now before members provides for this.

Section 11 of the parent Act provides for consolidation of the lands described in schedules II and III prior to sale by the Metropolitan Region Planning Authority to the Kewdale Development Authority. In legal discussion of this matter, it became apparent that it was not clear in the implementation of the scheme, as to what the word "consolidation" meant. Consolidation in one title, under one ownership or in one lot, is extremely difficult, time-consuming, and not really necessary to define; whereas, frankly, it was thought that the Statute was quite clear in this respect. When using the word "consolidation," we desire to bring these several pieces of land together for the purpose of a sensible scheme. Now, there is conflict amongst our legal friends as to what the word does mean. Some say it means what Parliament and the Minister for Industrial Development think it means, but others believe it means bringing the land together in one title. Under an appropriate provision in the Bill, we are seeking to resolve the problem.

As effective consolidation is provided in the subdivisional plan and the Kewdale Development Authority will eventually apply the whole of the land involved, the present ambiguity is proposed to be removed by subdivisional consolidation.

Furthermore, there is also some land in Crown ownership or agencies in right of State, which is available and which it is desirable to include in the subdivision or otherwise to have vested in the development authority and which is not included in the description comprised in the schedules.

I seek permission of the House to table a plan which clarifies the situation and from which members will clearly see the pieces of land to which I refer. These adjoin the existing area and, quite obviously, they should be incorporated within the boundaries; but, because of the specific wording of the parent Act, they cannot logically be incorporated.

Such land includes the alternative area of adjacent land, to which I have previously referred as being available by way of exchange for the 50 acres to be reserved for future use for metropolitan markets. Members will see from the plan that there is an area to the south of the main marshalling yards which was originally set aside for the metropolitan markets. In the interests of better location, that has now been incorporated in the main authority area and this land therefore becomes available for industrial purposes. Also, there are certain small areas of surplus railway land; one small area of land acquired by the Metropolitan Region Planning Authority; with other land purchased for road purposes and a small area of State Housing Commission land required to complete a sensible subdivision.

It is proposed in the Bill that this additional land be specified by additions to the schedules and, more particularly described in relation to the land comprised in the parent Act, in a plan which I will again seek the permission of the House to table, when I have concluded my explanation of this measure. The plans are contained in a brochure, Mr. President.

The Kewdale Development Authority has been carrying out its functions of developing land for sale to industrial users

very actively and is co-ordinating the operations of the respective departments concerned with initial acquisition, design, road and drainage construction, and the provision of water supply. Liaison is being maintained with the State Electricity Commission in the matter of power supply and with the Postmaster-General's Department in the matter of telephone services.

The bulk of the land concerned is located in the Shire of Belmont and about 40 acres within the Shire of Canning. Both shires are being kept fully informed by the development authority and internal roads, which are the responsibility of the development authority as subdivider, are being constructed by the local authority to its own specification at cost to the development authority.

The policy, generally, of the development authority is to develop on a face consistent with demand for sites and funds available. This project will involve a total estimated expenditure of $6,500,000, which is to be repaid out of money resulting from sales of developed sites, so the magnitude of the operation and the necessity for a policy of progressive development are obvious.

Considerable interest is being shown by industrial users in land becoming available as a result of this undertaking. Applications are already in hand for approximately one-third of the land concerned and, indeed, inquiries have been received for a very much greater proportion than that.

This clearly indicates the attractive nature of the proposition and the advantages of the development of a well planned industrial estate by a body willing to help and encourage industry.

I might add that this land will not be cheap land based on the standards we are used to in this or in other States, but I think it fair to say that the land will be much cheaper in its subdivided and fully developed state, than it would have been had we not taken the legislative action which we did in 1966, when the matter was getting out of hand because speculators and others could see the obvious value of the land near the marshalling yards.

Members may be interested to know that, with the exception of one small factory covering 2 roods, 16.7 perches, the acquisition of all privately-owned land in this undertaking was completed with the gazettal of the resumptions of 10 properties on the 29th March, 1968—most was by negotiation. Land owned by the State Housing Commission and the Department of Industrial Development is being transferred to the development authority. The procedure for transferring the land, described in the second and third parts of the schedule to the Kewdale Lands Development Act, is being undertaken by the Crown Law Department and this will necessarily take some time as surveys and subdivisional procedures are involved. However, there will be no delay in development or sale on this score as the authority is entitled to be registered as the proprietor of the land by virtue of the provisions of the Kewdale Lands Development Act, and sales of developed land can be legally made by contract of sale.

Expenditure on the scheme to the 30th June last involved a total of $2,876,726 expended out of a Treasury advance of $3,000,000 provided for initial finance. This money has not been made available at the risk or expense of any other development. It was money made available outside the normal loan funds by the Treasurer on a short-term basis for the purpose of acquisition and development of the area. Proceeds will come in fairly quickly from sales which are now starting to take place.

Included in the expenditure, to which I have referred, was an amount of $848,562 for purchase of railway land; $1,760,412 for purchase of industrial land; $255,688 for provision of drainage and water supply; and $12,063 for payment of rates, taxes, and interest. Current estimates as at the 30th June, 1968, provide for an additional $1,630,000 to be expended on settlement for land resumptions, including $1,072,000 to the State Housing Commission; $600,000 on water supply and drainage; $630,000 on road construction; and $90,000 on land fill.

The only income from sales to this point is $65,000, but with the imminent completion of survey and drainage services in the first section of the area to be developed, some revenue will be available regularly from now on.

A survey of the 600-acre subdivision is in progress and is dependent on earth moving and drainage construction, much of which has been completed. Submission has been made for Town Planning Board approval and advice has been sought from the Nomenclature Advisory Committee with respect to street names.

As this is the first scheme of its kind attempted, members may be interested in some of the procedures. In view of the limitation of sums available for development, the provision of road, drainage, and water supply services, which are the obligation of the Kewdale Development Authority, as subdivider of the land, must necessarily be phased to suit the availability of funds and the demand for the land concerned. Another important factor is the requirement of the Railways Department for road access to the Kewdale freight terminal, where such access is partly or wholly the responsibility of the development authority.

To meet this situation and to take advantage of major contributions by the Main Roads Department, where regional

roads pass through or abut the land concerned, efforts have been concentrated on drainage and road construction in the area of land excised from the Kewdale marshalling yards and described in part II of the schedule to the Act. Construction of Kewdale Road from Welshpool Road to the intersection of Abernethy Road is well advanced, as also is a section of Abernethy Road and a short access road to suit the requirements of the department.

These roads are being constructed by the Main Roads Department with a proportion of the cost to be provided by the Kewdale Development Authority and the Canning Shire.

May Street, from Planet Street to Abernethy Road, will also be built by the Main Roads Department on completion of the Kewdale Road, and this will be followed by construction of internal roads linking May Street and Kewdale Road.

It is envisaged that internal roads will be constructed for the development authority by the Belmont Shire to the shire specifications.

Drainage of this first section is being undertaken at cost to the development authority by the Metropolitan Water Supply, Sewerage and Drainage Board and is almost completed. Laying of water mains will proceed with road construction on completion of drainage.

Although there were no actual sales to the 30th June, 1968, numerous inquiries have been made by interested parties and a total of 36 applications was registered at that time for 208 acres of land valued at $2,300,000. This is the one-third of the available land to which I made previous reference as indicating the attractive nature of the development to industries generally. At present, approximately 14 sales are being processed and over 30 firm applications are already held.

The sale price of the land to industry has been calculated on the basis of the total cost of acquisition and development and the number of acres available for sale. The resultant prices are $11,000 per acre for 489 acres, which do not have access to rail, and $12,500 per acre for 111 acres with access to rail.

The total sale value of the 600 acres of available industrial land at these prices aggregates $6,766,000, which approximates the overall costs, including interest, on the initial Treasury advance.

The objective is to recoup the Government for its cost of acquisition and to recoup the cost of development, thus making sure that the Treasury is not out of pocket for interest on the short-term money which has been made available for the scheme. It is only because of the short-term money being made available to enable ready settlement of acquisition prices and to undertake the development necessary, such as drainage, roads and the like, that it has been possible to bring these pieces of land together under this legislation and to consolidate what is considered to be a most desirable industrial complex.

The prices being asked are considered to be realistic when compared with prices for privately-owned land on the south side of the former marshalling yards area, where prices in excess of $10,000 per acre, at the time of the Kewdale Development Authority's 30th June report, were being asked for blocks without constructed road access or drainage. These were the normal prices offering then but the price is slightly more now. All the Kewdale Development Authority land will be fully serviced with roads on two frontages to lots in excess of one acre, and drained where necessary.

On the plan of the area, which is much easier to follow than the schedules in the Bill, the broken red line is the original outline, as defined in the 1966 parent Act. The key to the plan shows very clearly the areas from one to nine and divides off the land formerly acquired for the future metropolitan markets site, which is available to be vested in the Kewdale Development Authority.

It shows the Crown land required to be vested in the Kewdale Development Authority to complete the subdivision, the industrial establishments to be included in the Kewdale Development Authority, the State Housing Commission land to be transferred direct to the authority, the Department of Industrial Development land to be transferred to the authority, the Metropolitan Water Supply, Sewerage and Drainage land desired to be transferred direct to the authority; and the ninth key is for the metropolitan markets site reservation, which is the new site proposed in exchange for the original one shown on the map. The original one is outside the original boundaries of the authority and it is now desired to bring it within the official boundaries of the authority.

The brochure and plan were tabled.

Debate adjourned, on motion by The Hon. W. F. Willesee (Leader of the Opposition).

WESTERN AUSTRALIAN MARINE ACT AMENDMENT BILL

In Committee

Resumed from the previous day. The Deputy Chairman of Committees (The Hon. F. R. H. Lavery) in the Chair; The Hon. L. A. Logan (Minister for Local Government) in charge of the Bill.

Clause 13: Section 205 amended—

The DEPUTY CHAIRMAN: Progress was reported after the clause had been partly considered.

The Hon. L. A. LOGAN: I promised to contact the Minister for Works who handles this Act, and from the information I have received I can only repeat what I said last night. We are only trying to ensure safety. This is of paramount importance. The clause merely alters the definition of "vessel," after which we must refer to the regulations for its effect.

I do not think Mr. Ron Thompson would suggest that the inspectors of the Harbour and Light Department would unnecessarily harass people. It has been found, however, that at times when the inspectors have been outside the three-mile limit and have called on a motor boat to carry out an inspection they have found a rowing boat in the vicinity. This has placed them in an invidious position.

The provision will be difficult to police but that is no reason why we should not include it. The inspectors will use tolerance while doing their job. They will first issue a warning if they find someone without the necessary equipment getting out of his depth.

We are not only dealing with the safety of the owner and his passengers, but also with the safety of the people who go out to help. I am sure the people will appreciate that this provision is to their benefit and it will prompt them to use the equipment necessary under the regulations.

The Hon. R. THOMPSON: The Minister has proved that what I said last night is right—that the open sea means anywhere in the sea. Some people go out for several hundred yards; we see dozens of such people going out for relaxation. They are so close to the beach that they could float ashore. It would be ridiculous if they were compelled to equip themselves with a flare, particularly in a rowing boat. If anyone is outside the three-mile limit, I agree he should have the necessary safety equipment. But how will this be policed? It can only be policed if the boat is challenged while being rowed out of the harbour.

Some check could possibly be made in places like Albany, Bunbury, Fremantle, and Geraldton; but it would be ridiculous to insist on a person out from Carnarvon carrying flares if he were up the coast, because there would be nobody to see them. We should promulgate the necessary regulation to cover people venturing further than, say, a mile from the shore. The normal lifesaving gear would be sufficient if they were less than a mile from the shore.

I hope the Minister can tell us that a sensible regulation will be brought in to protect the small people from buying and maintaining expensive equipment, particularly when they only go out on a fine day —say from 6 o'clock till 9 o'clock in the morning. Numerous people go out fishing in the Swanbourne and even the Rockingham area in rowing boats, and though they are in sheltered water, this is still classed as the open sea. They will be penalised even though they are in water which is perhaps safer than Perth Water or Melville Water, which can be very rough and dangerous at times. I disagree with the principle contained in the clause.

Clause put and passed.

Clause 14 put and passed.

Title put and passed.

Report

Bill reported, without amendment, and the report adopted.

HEALTH ACT AMENDMENT BILL

Second Reading

Debate resumed from the 15th October.

THE HON. W. F. WILLESEE (North-East Metropolitan—Leader of the Opposition) [5.26 p.m.]: This Bill has been supported and I merely wish to make some observations, particularly in connection with clause 3 of the Bill which seeks to amend section 112A of the Act. Clause 3 states that—

> (4) Any occupier of premises who, whether with authority granted under subsection (2) of this section, or not—
>
> (a) disposes of any house or trade refuse or other rubbish on those premises; or
>
> (b) causes or permits any house or trade refuse or other rubbish to be disposed of on those premises,
>
> in such a manner as to cause a nuisance or to permit the discharge of smoke into the atmosphere in such quantities or of such a nature as to cause a nuisance to persons, commits an offence.

In reading the clause it might seem laudable, but its effect could be quite nebulous. I presume the intention of the legislation is that household rubbish will be disposed of in an incinerator; but nowhere in the Bill or in the Act can I find reference to an incinerator. However, I am left to presume that it will be disposed of in this fashion.

If we are to accept the assumption that such rubbish will be disposed of in an incineraor, there should also be some reference concerning its proximity to adjacent dwellings and its location in the backyard. Something definite should have been evolved in this direction to coincide with the presentation of this measure; something along the lines of the Bush Fires Act, which contains special reference to incinerators and clearly defines where they should be placed.

No penalty is provided in the clause, and it could be claimed that when the Bill becomes part of the parent Act

it will be subject to section 360 of that Act in which a general, all-embracing penalty section is provided.

I do feel, however, that the Bill should contain some redress for the person who is being offended against; he should not have to wait and depend on the good offices of the local authority to make periodical inspections, particularly if the nuisance in question is consistently occurring and affecting the person concerned.

It leads me to wonder whether the proving of the nuisance itself is sufficient to warrant action with regard to the application of the general provisions of section 360 as against the application of clause 3 of the Bill. So, to be brief in what I have to say, I think this Bill should stipulate the type of incinerator to be used. The measure should clarify where an incinerator should be situated, and it should be linked up with the Bush Fires Act and any other Act considered necessary—I have in mind the Local Government Act—so that in all cases where the disposal of household refuse is necessary, there will be a continuity under the existing laws in each case.

If it has been found necessary under the Bush Fires Act to define an incinerator—and under this Act the provision works quite well—surely it is essential in this Bill. If we look at the general clause and its application to section 112A we will find, as I have already said, that it is quite helpful in approach, in context, and in thought; but it will be nebulous in application to a very great degree.

I hope the Minister will give consideration to strengthening the legislation, particularly from the point of view of the person offended against so that he can initiate some action on his own behalf; and that we standardise all our laws in regard to incinerators. In addition, we should give local authorities a defined penalty power in the course of their actions.

THE HON. G. C. MacKINNON (Lower West—Minister for Health) [5.32 p.m.]: I thank Mr. Stubbs for his usual painstaking explanation of this Bill. It is quite understandable that he would raise the questions he did, because he would know more about the parent Act than I would.

I hope that I shall be able to satisfy Mr. Willesee with regard to the query he raised. It must be remembered that any person has recourse to action at civil law in respect of any nuisance committed against him; so he has the redress for which Mr. Willesee asked. Mr. Willesee asked whether a person whose privacy was infringed to some extent could take action. I understand that he can, but it is a tedious process at common law. He has to take out a writ; and this is using a sledge hammer to crack a nut, particularly in a case where a person has put some grass cuttings, a few bones, and some rotten meat into his incinerator and poured sump oil on the top and burned the rubbish for about half an hour or an hour. When this sort of thing is done, people usually complain to the local authority.

At the present time, under section 112, a local authority can control the disposal of the rubbish for which it contracts. This is usually household rubbish. Very few local authorities contract to get rid of garden cuttings and the like.

As Mr. Willesee has said in general terms, this provision has been put into the Act to give local authorities power to take some action. The very thing the Leader of the Opposition complains about was deliberately done in order to obtain flexibility. It may well be that the Shire at Halls Creek—if there is one there—would want to do something.

The Hon. L. A. Logan: There is a big one there.

The Hon. G. C. MacKINNON: I was not sure it was the headquarters. The local authority at Nedlands is in a highly built-up area, so it can adopt certain regulations if it wishes to do so and the local health inspector, upon the passage of this Bill, will have authority to move in and say, "Two or three of your neighbours have complained about the way you burn your rubbish. What about being reasonable and putting a longer chimney on your incinerator, and so on; and do not burn that type of rubbish? We have power to take action against you, but we do not want to do so."

I think Mr. Stubbs would agree that 99 per cent. of the health inspectors, 99 per cent. of the time would act in this manner and the result would be relatively successful. We deliberately made no mention of the Bush Fires Act because, as Mr. Willesee rightly said, that Act covers incinerators and it is believed to be better that these restrictions be in the one Act so that a person would know where to look for them.

From memory, I understand that if one has not got an incinerator one is not allowed to burn before sundown. All sorts of restrictions apply with regard to the type of flue, etc. In addition the incinerator must be six feet from a fence, and so on. These restrictions are contained in the Bush Fires Act and most people know where to look for them. At the present time most local authorities draw the attention of householders to the requirements in regard to the use of incinerators. There is a little note on my desk at the moment drawing my attention to these facts.

I am sure all of us have had experience of someone putting slow burning material into an inefficient incinerator, resulting in a cloud of smoke. I also think that most

of us at some time or other have been guilty of inadvertently doing the same thing.

I hope this explanation will satisfy Mr. Willesee on the point he raised. If it does not, I will naturally expect him to bring it up again in the Committee stage.

Question put and passed.

Bill read a second time.

In Committee, etc.

Bill passed through Committee without debate, reported without amendment, and the report adopted.

MEDICAL TERMINATION OF PREGNANCY BILL

Second Reading

Debate resumed from the 15th October.

THE HON. J. HEITMAN (Upper West) [5.41 p.m.]: I rise to support the second reading of this Bill. It is a pity we are not able to hear more women debate this measure so that we would know their feelings about such an important subject. It is, and should be, the prerogative of women to make a decision on this matter. It is a personal one; and I consider only those who are involved in these circumstances, with the aid of their doctor, should make the final decision.

I propose to quote from an article published in *The West Australian* of the 3rd September which sets out comments made by a Mrs. Faust, who has made a study of abortion in Australia and overseas and who, at the present time, is writing a thesis on the subject at the University of Western Australia. I do not altogether agree with her thoughts, but it is good to hear a woman's version of this matter. I quote—

> She was one of five members of a panel with two doctors, a hospital matron and a Roman Catholic priest on Syd Donovan's "Discussion" programme.
>
> She said that in W.A., when it came to abortion, there was one law for the rich and another for the less fortunate.
>
> She estimated that about 100,000 abortions were performed in Australia each year.
>
> Her estimate was based on the number of doctors she knew to be specialists in abortion and their capacity to perform them.
>
> Working from 9.30 a.m. to 4.30 p.m., an abortion doctor would do 50 so-called illegal operations a week. Most abortion practices worked the year round, employing a locum during holidays because they could not allow their patients to go for a crucial four-week period.
>
> These doctors were bigger teachers of contraception than any other medical group. All women who had had an operation would be given a prescription for contraceptives.
>
> Legalising abortion in W.A. could prevent police corruption, such as existed in the Eastern States, where policemen accepted money from abortionists to avoid prosecution.
>
> It could also prevent an ugly situation whereby honourable, qualified, but so-called criminal doctors, were being persecuted and women were being driven to backyard abortionists.
>
> In response to the Roman Catholic priest, the Rev. Dr. B. R. Adderley, who questioned the right of anyone to interfere with the life of an individual which was continuous from the moment of conception till death, Mrs. Faust said that the line drawn at the moment of conception was an arbitrary one.
>
> If a line had to be drawn, she asked, why not go beyond conception and preserve the sperm and the ovum which had almost the same potential? The rate of imperfect conceptions was very high.
>
> Abortion Bill
>
> With another panel member she called for a broadening of Dr. Gordon Hislop's proposed abortion Bill, with a collection of other social welfare Bills to protect pregnant women.
>
> Other panel members wanted improved social welfare Bills introduced and passed before liberalising the present abortion Bill.

That is only one lady's version of this Bill and I thought that, perhaps, it was well worth reading so that members could hear the views of one parent on the matter. It is our job to make sure that those who need the termination of a pregnancy should be allowed to use those doctors and specialists who are well qualified to perform the operation.

I would feel it very mean if my vote forced any woman to resort to a backyard abortionist, should the operation become necessary. Likewise, I would feel very upset if a doctor's or a specialist's name was in jeopardy because he performed the operation to save a woman's life, or to save her from mental or physical disability.

However, on hearing the Minister, and Mr. Medcalf, propounding the law as it affects this Bill, one must admit that section 259 of the Criminal Code does provide some legality for the operation to be performed under certain conditions. It has been suggested that the Criminal Code should be amended to cover not only surgical, but also medical treatment—to cover adequately the many ways of terminating a pregnancy.

Mr. Dolan said how proud married people are when they know they are going to be blessed with an infant. I go along with that thought, but one would have different thoughts if told that on medical advice the infant could be abnormal or that one's wife could lose her life over the pregnancy, or could be left with a mental or physical disability.

Whether the termination of pregnancy be permitted by an alteration to the Criminal Code, or by Dr. Hislop's Bill, is something which this Parliament should decide. I feel that women should have the opportunity to make this very personal and final decision.

THE HON. R. F. CLAUGHTON (North Metropolitan) [5.47 p.m.]: Mr. Heitman has gone over some of the ground I intended to cover so I will not be as long as I expected. A thought which struck me was: What would be the tenor of the debate in this House if, instead of having 29 men and one lady in the Chamber, we had 29 ladies and one gentleman. I think that if we could imagine ourselves in the position of women having to make this decision whether to carry on with a pregnacy or not, we would be discussing this Bill in an entirely different light.

It is very difficult to discover exactly what the situation is in this State in regard to abortion, so that we can have a firm basis on which to follow this discussion. Some figures have been given during public debate on TV programmes, which were referred to by Mr. Heitman. It was stated that the average doctor would have an average of 50 requests per week for an abortion.

It was published in the Press, on the 4th September, that there were 800 registered medical practitioners in our State. If that figure is multiplied by 50, it would mean that something like 40,000 people request abortions per week. Perhaps we could agree with the previous speaker that these figures are exaggerated. But even if we reduced the figures substantially we would still have a significant problem in our society with regard to the women who desire that this facility be available to them.

If we examine the argument against the Bill, we find that it is largely based on the interpretation of when life begins. This is taken to be the moment of conception. I am afraid that I cannot agree with this definition and, if we do not accept it, much of the argument against the Bill loses force. We are told that it is murder for a child to be aborted, even in the first 12 weeks of pregnancy. It has also been suggested that the Bill will lead to abortion on demand; and, here again, I find it very difficult to accept this postulation. This, I think, disregards the woman's natural feelings of maternity. She would need to have a very serious problem confronting her before she contemplated this action. It is also suggested that there will be a large increase in the facilities available, but surely no more than if the pregnancy was allowed to carry on to birth.

A pregnant women must make regular visits to her doctor during the pregnancy and eventually she must use the facilities at the hospital to give birth to the child. There has also been a suggestion that there would be a drop in the birthrate. We heard the same sort of argument when the pill was introduced into general use. I find, when looking at the statistics in our own State, that there was a significant drop in the birthrate for the State in 1965, when it was 19.85 per 1,000. However, in 1966 the birthrate rose to 20.31, and in 1967 it rose to 20.55. So we see there has been a gradual rise in the birthrate in the State.

If this Bill becomes law then perhaps there will be a slight drop in the birthrate again, but these things even themselves out. The argument against the Bill seems to assume that if people are allowed ready access to abortion facilties there will be no children at all. That would be a ridiculous argument.

The Hon. J. Dolan: Who said that?

The Hon. R. F. CLAUGHTON: I said that this seems to be the assumption; I did not say anyone said it.

The Hon. J. Dolan: Nobody said it.

The PRESIDENT: Order!

The Hon. R. F. CLAUGHTON: I repeat that this seems to be one of the assumptions, but I do not think it will follow at all. People will still want to have children just as much as they have done through the whole course of human history. People like to have children. The main provisions of this Bill will help those families who already have the planned number of children but who, through a miscalculation, find they are faced with a conception for which they did not plan, and with which they are unable to cope. The cases quoted by Mr. Dolan, illustrating the maternal feelings people have for their children, support this assertion as much as they support the opposite view.

It is also suggested that ready access to abortion will make people callous, and make them have less respect for human life. Here again, I think this ignores the natural feelings that people have for each other. I do not think this is likely to happen any more than if families were large and parents were unable to control conception, and the children became a burden to them.

I think that is a situation which is more likely to cause callousness among parents than the situation of being able to limit their families. I feel that the provisions of this Bill will help parents to plan their families more adequately. This

is already done by the majority of the population because most married people these days use contraceptives to space their family and keep the family to the size they desire.

At this stage I would like to quote from a copy of the *A.C.T.S. Publication*. I think the letters stand for the Australian Catholic Teaching Society. This publication is dated the 20th August, 1968, and is entitled, "What's Wrong with Abortion?" The following appears on page 4, and the article suggests that intercourse between married people has one end only. I quote—

> The end result of intercourse is pregnancy, which is regarded as the penalty for, rather than the reward of, sex. If pregnancy can be got rid of on request, no sexual restrictions will remain. The millennium will have arrived. But the success of the revolution will inevitably destroy innocent lives, break down marriages, lead to chaos and suffering in society, and foster violence.

Those are very emotional terms, and I suggest that the basis of this argument is not valid. Married people do not have intercourse only with the object of begetting children. The act is an expression of love and affection which people feel towards each other. If intercourse occurred only with the thought of begetting children then what a terrible situation would develop in our lives. Nobody would want to have that number of children, I am sure.

Women of today have expectations outside their own homes. They expect to be able to rear a family and then join the world outside the home. A woman no longer accepts the role of living her life entirely in the home. If, in her planning for a family, she finds that through some miscalculation, or some mistake in her planning, she is to have a child which she does not want, why should that woman be forced to carry on with the pregnancy and go without the other enjoyments she desires?

I feel that this causes distress and anxiety and leads to feelings of frustration between the two parties. This sort of thing is more likely to lead to suffering and breakdowns in marriages than would the provisions of the Bill we are debating. I do not mean to say that people who feel their home and their family is all they want should not have large families. The Bill will not prevent those people from having large families, but why should the rest of the women in our society be forced into the same pattern—a pattern which is no longer expected by society?

I support the contention that women in our society no longer accept their role as being only in the home. I refer again to the publication *The Australian Quarterly* of June, 1968, which has been quoted by other members. On pages 4 and 5 we are told that in the 16 to 25-age group, 63 per cent. of women approved a change in the legislation, and in the 26 to 45-age group, 71 per cent. of women approved a change. I refer also to an article published in *The Mercury*, Hobart, of the 19th September. That article states that the results of a Gallup poll among non-Catholics showed that only 2 per cent. did not want abortion under any circumstances, and 80 per cent. would prefer to have any method at any time. With the Catholic population, 53 per cent. were in favour of birth control, whereas only 7 per cent. would not permit it at any time. There are various other people who would support that view.

In *The West Australian* of the 16th September, 1968, under the heading, "Pill Question in Germany," appeared the following:—

> Some modern Roman Catholic theologians are urging use of contraceptives, despite the Pope's Encyclical on the subject.
>
> They say that limitless family growth is not the sole function of marriage.

Further on the article states—

> The main problem in Germany, therefore, is neither under nor over-population—but the matter of the unwanted child.

Although I have no figures for Western Australia, I think the opinions quoted suggest that the community feels reform is needed in our society. It has also been suggested that the legislation we have at present is adequate. However, we hear tales of how some doctors are able to charge high fees for performing abortions. Here again this is not in relation to Western Australia. In *The West Australian* of the 3rd September it was reported that in the Eastern States a doctor was charging up to $400 for this operation. Surely we do not want to have a situation in which, for the want of legislation, people can be forced to pay that sort of fee. The doctors involved would not be able to charge high fees if the present legislation was adequate.

There are various groups who have been quoted as being opposed to this Bill. I mention doctors and nurses. I have here a report which appeared in *The West Australian* from the secretary of the nurses federation. The federation's opposition to this measure is not directed so much against abortion, but against the fact that people—nurses and, perhaps, doctors—who conscientiously object to this operation would be placed in a position where they might have to make a decision. A doctor could have a patient demanding a pregnancy to be terminated, and he might be the only person available to perform the operation. That could place a doctor —or a nurse—in a very uneasy situation.

Sitting suspended from 6.8 to 7.30 p.m.

The Hon. R. F. CLAUGHTON: I may have given the House the impression that I know how doctors feel on this matter, and I want to correct this, because I do not know. However, on the 16th September, in *The West Australian*, appeared these lines—

> Problems like financial difficulties, inadequate housing and mental stress, quite often raised by the thought of another child, could be discussed at length.

This is referring to centres which would be staffed by nurses and social workers where patients could attend in conjunction with visits to their doctor. These discussions are not always possible in a busy medical practice. Attendance at these centres might help to change a woman's attitude towards abortion. The facilities would also be made available to unmarried women who were pregnant. I have paraphrased the last few words which appeared in the newspaper article.

From that article in the Press I took the view that nurses were not so much opposed to abortion as such, but, because of the conscience provisions, they would prefer to see some facility or counselling service made available to women who expressed a desire to obtain an abortion. I have here also a pamphlet produced by the Western Australian Council of Churches. On page 6 of this pamphlet appears the following:—

> There is a pressing need for better social and psychiatric services, providing to expectant mothers a readier access to that guidance and sympathetic support they may require. Ample evidence is available that with proper counselling many an unwanted pregnancy can become an enriching and meaningful experience for the mother.
>
> Finally, there would appear to be ample scope for both Government and voluntary agencies to give greater attention to the social and economic difficulties associated with bearing children, particularly in the context of the larger family.

In conclusion, this article states—

> It is the view of the Executive Committee of the W.A.C.C. that the existing law relating to abortion should be clarified so as to make it clear that a duly qualified medical practitioner, with the concurrence of an appropriate specialist, may lawfully terminate a pregnancy which if it were to continue would involve serious risk to the life or grave injury to the physical or mental health of the pregnant woman.

Both the bodies to which I have referred would, I suggest, favour legislation combined with the institution of counselling services, and I am inclined to this view as well.

Apart from the distressing circumstances outlined by Dr. Hislop, and reiterated by Mr. Griffith, surrounding the abnormalities that occur in a child, such as mongolism and other deformities, there is a greater need for a provision for women who would produce normal children in normal circumstances, but, because the conception has taken place at a time they have not planned, they are likely to suffer extreme mental distress. There is likely to be a build-up of unfavourable relationships between them, their husbands, and members of their families. Pregnancy does not happen in a short period. There is, firstly, the period of the pregnancy itself, together with the many years the mother is bound closely to her child.

If, for instance, the parents have completed their planned family unit and then a further conception takes place, this, I feel, could be a very distressing situation for them and a situation they would not be prepared to bear. That does not mean that the mother and father do not love their children and would not, in the same way love another child that may be born after their family had been planned. The mother, particularly, may expect to resume a career of some sort, or to take a greater part in community activities. In expecting another child she may find herself in a situation where she is tied for an indefinite number of years to her house and to raising another member of her family.

An essential part of the proposed legisation is clause 4 (1) (a) which reads—

> (a) the continuance of the pregnancy would involve risk to the life of the pregnant woman, or of injury to the physical or mental health of the pregnant woman or any existing child or children of her family, greater than if the pregnancy were terminated; or

I would not like members to feel I am not sympathetic towards the Roman Catholic community and the views they hold. In fact, I feel compassion for those people because they hold to the tenets of their religion very strongly. On the other hand, they are only one section of the community; there is a far greater section, substantiated by the figures I quoted earlier, which wants this legislation and which considers there is a real need for it. For these reasons, I must support the provisions in the Bill.

THE HON. G. C. MacKINNON (Lower West—Minister for Health) [7.40 p.m.]: The main body of my remarks will be addressed to the Bill itself. I suppose it is reasonable that, on a Bill of this nature, I should be expected more so than other members of the House, to make some comments. I will be speaking to the Bill as it is printed now, but addressing the bulk of my remarks to the way in which

I believe it requires amendment. In this connection, what I have to say would follow on the speeches made by Mr. Griffith and Mr. Medcalf. I believe, with Mr. Griffith, that what is required could have been accomplished by an amendment to the Criminal Code. However, we do not have an amendment to the Criminal Code before us but a Bill for the termination of pregnancy.

Before touching on the main burden of my speech I would like to say a few words with regard to abortion itself. I think we should be very clear that, medically speaking, the temination of pregnancy always has been—and I rather suspect it always will be—a legitimate procedure for the saving of life, or the relief of suffering. At this point I would add that I disagree to a small extent with the remarks made by Mr. Dolan yesterday evening. That is, I believe all doctors have a responsibility towards the relief of suffering as well as the saving of life.

Abortion, or termination of pregnancy—whatever term is used—is practised now, and allowance is made for it under the law. A Bill for the termination of pregnancy is not new, nor is it revolutionary. I repeat it is allowed for now; it is a normal procedure and is, in fact, used. I think it also should be stated that, along with all other medical procedures, it is not compulsory in the same way that no-one has to undergo an operation of any kind. The termination of pregnancy is an operation, as such, and I would hope it would remain on the same basis as all other medical treatment; that is, a contract between the patient and the medical practitioner; this being the basis of treatment, operations, and the like in all other medical spheres. I should imagine that this would remain the basis of medical termination of pregnancy. There is no compulsion on anybody to have this operation, any more than there is compulsion in regard to any other medical procedure or operation carried out upon a patient by a medical practitioner.

Like the Minister for Justice and most other speakers to date, I believe there is room for clarification of the present law. I consider the clarification is necessary for the protection of medical practitioners, nurses, and the patients themselves, and I also think that such clarification would probably be welcomed by the legal fraternity. It is true to say—and it has been stated during this debate already—that many people who find it necessary to terminate a pregnancy, probably at some risk, have very good reasons for doing so. By this I mean some legal risk, and in regard to this aspect I would agree with the comments made by Mr. Medcalf.

In order to make the points which I wish to make it will be necessary for me to go through the Bill in some detail, for I do agree with the interpretation of Mr. Medcalf that although Dr. Hislop's desires were probably to bring the Bill into line with what is at the present time the accepted practice, he has, in fact, widened the scope. There is, of course, room for differences of opinion on this, but I believe quite implicitly that he has widened the scope.

One other point which I would like to make before I commence to deal with the Bill is that whilst I agree in principle with the proposals I am putting forward, they are not my proposals in full and they have emanated from the medical profession.

As regards the title, I believe that the short title should in fact be shortened a little further. I would suggest, therefore, that the short title be further shortened by the omission of the word "medical" as distinct from "surgical" and so on. The Bill would then be the "Termination of Pregnancy Bill."

I am given to understand that termination of pregnancy to save the life or health of the mother would, with extreme rarity, be required for gynaecological reasons. The reasons would be either mental or medical.

I would point out that the gynaecologist is introduced into this Bill, not for the purpose of terminating the pregnancy by his own surgical activities, but merely as a person recommending termination for the sake of the woman's health. In clause 4 (1), therefore, a gynaecologist is introduced to perform the professional service of a physician; and in clause 4 (2) the physician is compensated by being given the function of a psychiatrist.

There are also several objections to the definitions of "gynaecologist" and "physician," as given in the Bill. I will not go into these as I suggest that all reference to specialists should be removed from the Bill. Briefly, there is some difficulty of definition. I do not see why we should determine by law what type of medical practitioner is best suited to a particular patient. I would rather we stuck to the term "medical practitioner," which is easily defined, and leave it to the practitioners to consult the right specialists. In this regard I would remind members that the medical profession, like a number of other professions, has a disciplinary body which watches the actions of its members very jealously.

I would point out that clause 4 (1) (a) virtually legalises abortion on demand, and I think that possibly this is too big a step to take at present, when in this State we cannot claim to be overpopulated. Risk to life and injury is probably less in an abortion properly carried out, than in pregnancy allowed to proceed to full term. I would therefore exclude the comparison between these two events that is incorporated in this clause.

Despite Dr. Hislop's explanation, I can see little sound reason for including the point about existing children, as it would seem to me that no-one could in all conscience certify that an unborn child was in the future going to be a risk to the life or health of other children. I would suggest, moreover, that any fear in this direction is already covered by clause 4 (1) (b) and by the thought and care given to the mother's health under clause 4 (1) (a). There might be an argument as to the interpretation of this clause, but, I find from a reading of this provision, the interpretation which I have enunciated is a feasible one.

I also feel that the word "injury" in clause 4 (1) (a), being unqualified, is probably too great a liberalisation; and that the word "serious" should qualify the word "injury."

Clause 4 (2), under which the physician functions as a psychiatrist, I consider to be wholly unnecessary if we provide for adequate safeguards in regard to the original tribunal that is to authorise the termination of pregnancy; and to this end I would recommend that the words "a gynaecologist" in clause 4 (1) be replaced by the words "two other practitioners." If two medical practitioners, in addition to the practitioner terminating the pregnancy, are satisfied that the interests of the patient are served and the law is complied with, I think we should be satisfied. I would, therefore, delete subclause (2) of clause 4. I think on examination members who represent country areas will see some additional force in such an amendment.

Subclause (5) of clause 4 now becomes redundant, as a gynaecologist is not required, and the Criminal Code already protects a doctor who terminates a pregnancy to protect the life of a patient. Therefore, it should be deleted.

I consider that subclause (2) of clause 6 is unnecessary, and to many people it would be objectionable; it should also be deleted. This is the provision in relation to the burden of proof. Subclause (3) of the same clause is also unnecessary, and its function should be left to the law which deals with neglect or criminal negligence.

In respect of paragraphs (a) and (b) of clause 8 (2), I am concerned that a woman who has a pregnancy terminated will be subjected to certification and notification, so that presumably a record is to be kept of her activity in this direction. I am sure that this would be deeply resented by any women, and would be objectionable to her doctors as being an unethical disclosure of their patient's affairs. I would therefore suggest that the certificate mentioned in clause 8 (2) (a) be submitted to the doctor terminating the pregnancy, and be retained by him as evidence of the *bona fide* nature of the operation.

In regard to clause 8 (2) (b), there should be an instruction that the notification retains the anonymity of the patient. An examination of the measure as proposed will, I believe, prove that this would in fact clarify the law. It would leave the situation as a number of doctors now believe it to be. In this belief I agree with Mr. Medcalf that they are probably in error, but nevertheless this would be the situation.

I believe, after a careful analysis of Dr. Hislop's present Bill, that it would show it to be too much of an advance or change —whichever word is preferred—at the present time. However, I would suggest that Dr. Hislop might examine the proposals that have been suggested and might indicate his attitude towards them. On the basis of their acceptance I would be prepared to support the second reading of the Bill.

THE HON. J. J. GARRIGAN (South-East) [7.54 p.m.]: I will not take up much of the time of the House in speaking to this measure. I have listened with interests to the various speakers in this debate. Some have made up their minds as to how they will vote; some have not; and some have had a dollar each way. I want to say that I have made up my mind, and I am opposing the measure for the reasons I will give.

Last night I listened with great interest to the speech of the Minister for Mines who spoke on behalf of himself and not of his party. That was a very good guide to members on this side of the House, when the Minister spoke along those lines.

We should not look at the legal aspect, but at the moral aspect of this Bill. The laws of this country were made by God for man, and we just cannot put them down on a piece of paper and say we will kill some innocent being before it has reached its infancy. With all due respect to Dr. Hislop, and to his learning, I feel in my heart that he is trying to do something for the community of this State who are perhaps less fortunate than we are.

If this Bill is passed it will make provision for those who are not frightened of the bull, but who are frightened of the calf, and we will be catering for bodgies, widgies, and others who cannot look after themselves. I thought a telegram which was sent to the bride's parents and read out by the master of ceremonies at a wedding reception was very apt. It was worded along these lines: Australia needs more lambs stop Australia needs more beef stop Australia needs more babies don't stop. That is the very angle which I am endeavouring to put forward.

At the present time doctors have the power to terminate pregnancy when such pregnancy affects the health of the mother. I do not know what this Bill will

achieve to make the position any clearer than it is. There are many ways in which a pregnancy can be terminated long before the foetus is regarded as a pregnancy, as Dr. Hislop well knows. I do not see why any woman should have to wait until that late stage before she decides to have an abortion performed.

Before we talk about the termination of pregnancy we should talk about the building of more homes, schools, and amenities for those who will rear young families and bring children up in a good environment which the people of Western Australia so justly deserve. With those remarks I oppose the Bill.

THE HON. N. McNEILL (Lower West) [7.57 p.m.]: I think first of all I should make my acknowledgment of the fact that a very great public service has been rendered to the people of this country by Dr. Hislop in the preparation and the introduction of a Bill of this nature. I say that in all seriousness, because it has been quite apparent from this debate, and from the great deal of publicity that has been devoted to the subject over a very lengthy period, that the subject is one which people will not touch, and that it is a barred subject which cannot be discussed. Certainly it is one in respect of which people will most judiciously refrain from legislating. In that context we do owe a debt to Dr. Hislop, in that he has been prepared to put on paper and into a Bill his expressions of opinion as to how the law might be clarified in order to cope with a certain situation.

In saying that, I do not wish to convey the impression that I am necessarily supporting this Bill. There are many features in the Bill with which I cannot in my heart agree; but nevertheless the Bill is before us, and I certainly find myself in the position of being faced with something of a problem. I think this problem will be quite apparent to all members of this chamber in that, firstly, in a debate of this nature it would be expected—and I am sure you, Mr. President, would expect it—of members to devote a great deal of consideration to it. However, there is a far greater problem; that is, we are called upon in the consideration of this Bill for the medical termination of pregnancy to consider a much broader view altogether —the subject of abortion.

This, I suggest, is the matter which has taken up the greatest amount of the time of those who have made a contribution—and I would say some of them have been very valuable contributions—to the debate. This brings me back to the point at which I commenced when I said I considered a valuable public service has been rendered by the introduction of the Bill, because not only has the Bill been introduced, but we have had some clarification of many aspects of this question. In this respect I feel that some acknowledgment should be made of the contribution of those members who have assisted very greatly—assisted me very greatly, anyway—in regard to knowledge of this subject. I am referring to the technical and legal aspects.

I ask myself: What is the problem? I say this in all seriousness because I must admit that, as a member of this House, and one who is called upon to express some view and possibly even cast a vote on whether this Bill shall become law, I have received no evidence at all that a problem exists. Not one approach of any nature has been made to me suggesting there is a problem. Certainly we are told and have read—I have certainly read over a very long period—that problems do exist and that the law needs clarification. I submit again that I have been afforded no actual evidence in terms of representations outside this House.

I must qualify that because in this House it has been claimed, and statements have been made, that certain problems exist; but I want to qualify to this further extent: I am not certain in my mind, regarding this Bill, of the aspect of abortion or the termination of pregnancy about which we are most concerned.

The Hon. A. F. Griffith: It is still an academic exercise.

The Hon. N. McNEILL: Perhaps this might be so. It might well be an academic exercise, because it has already been said, despite the protestations of those who have thought with justification that this Bill should be opposed and abortion should be opposed, that the law at present provides for the termination of pregnancy in certain cases and by certain means.

The Hon. G. C. MacKinnon: It is a little obscure.

The Hon N. McNEILL: I think the Minister for Health made the point most recently when he said that perhaps we should have concerned ourselves with an amendment to the Criminal Code; but the Criminal Code is not before us for amendment. Perhaps this is the action which could well have been taken. However, this in itself is not necessarily the answer. The subject has been discussed in a wide sense; but have people really got it fixed in their minds, and is it absolutely certain, on whatever grounds we might approach the subject, that the act of abortion or the termination of pregnancy is, in fact, criminal?

I see a further distinction. There may be circumstances under which an abortion may be considered a criminal act; and there are other circumstances under which, I am sure, some of us would consider abortion is by no means a criminal act. This is a further complication in the consideration of this subject.

Therefore I say that in considering this Bill we are faced with the whole question which I might put under certain headings. The first one is the moral aspect. I submit that this is not infrequently confused with a religious aspect; and these I do not believe are necessarily synonymous. The moral aspect is, put into other words, one of conscience. What is a conscience? This could create a good deal of academic discussion too; but very simply and, perhaps, very inadequately, I could suggest a conscience might well be the outcome of a person's disciplinary training—the product of the past. This is what, of course, helps one to determine one's moral code and attitude.

But is the termination of pregnancy really a moral question? Might one not be more concerned about how that pregnancy was commenced in the first place and the nature of the process by which it came about? Was it a moral act? One could develop this to some considerable extent, but I do not wish to do so other than to refer to some statements which have already been made in this House and which perhaps might be thought to conflict—I submit they do not necessarily do so—with certain thought-to-be religious views. Pregnancy commences with conception, but this is not the beginning of life. It may be the beginning of the life of that child yet to be born, certainly; but it is not necessarily the beginning of life. There are two living cells which play the important part in the actual conception of this unborn child. I will go no further with that.

There are two sides of the moral aspect of the termination of pregnancy which I think must be somewhere in the back of the minds of people. There is the moral aspect of the termination of pregnancy of married women for various reasons, and there is the termination of pregnancy of the unmarried women. It appears to me, from the great deal that has been written on this subject, that the question has arisen mostly because of the problem of the unmarried mothers and the termination of those pregnancies.

That leads me to the second heading, following the moral aspect, which is the social or, I submit, the sociological aspect. While the social and sociological aspects might appear to be similar, I suggest there are some very considerable differences to be found in a deep examination of this subject of the termination of pregnancy.

The social aspect can be applied equally to the married mother who has a wish, for good reason, to terminate her pregnancy, and there is also the sociological aspect. This can best be explained by referring to a statement made by Mr. Claughton. He referred to the married woman who, after a period of childbearing and raising a family, may wish to make some greater contribution in some field outside the home. Part of this problem is social and part is very definitely sociological. This same aspect has arisen in the consideration of the termination of pregnancy of the unmarried mother.

It can be in some instances that the termination is of a pregnancy which is inconvenient; or, in other words, it is an abortion of convenience. This is what so often is the case and it is very difficult to try to make an impartial judgment on this whole question when these are the sorts of complexities which are so likely to cloud the whole issue.

Next I would like to pass very fleetingly to the legal aspects, and these have, of course, been dealt with very fully. In this respect I make acknowledgment to the Leader of the House, the Minister, and Mr. Medcalf particularly, for their clarification, as far as I am concerned anyhow, of the legal aspects.

It is this legal aspect which leads me again to refer to the point which has been mentioned before; that is, so many of the doubts appear to have arisen because of the varied interpretations which have been placed—and which may at some time in the future be placed—on section 259 of the Criminal Code. Members will be well aware of what I am referring to—the result of the examinations given in this House last night.

I think it is in this context that it is most significant the Minister for Health made a contribution to the debate. In the event of this Bill being passed, it is not unlikely that its administration would pass from the Minister for Justice to the Minister for Health and, therefore, I agree it is so right that he should be most concerned. I suggest, with great respect, that the fact the Minister for Health came into the debate at that stage and foreshadowed some possible amendments, conveyed that at least the thought is that the Bill will pass.

The Hon. G. C. MacKinnon: I suggested that the mover might make some amendments.

The Hon. N. McNEILL: I thank the Minister for his comment. However, I think the implication is clear in this context.

The Hon. A. F. Griffith: I find sometimes that when the indication is clear, the result can be different.

The Hon. N. McNEILL: That leads me to wonder what the purpose was in this case.

The Hon. A. F. Griffith: The purpose was plain.

The Hon. N. McNEILL: Having dealt with the moral, social and sociological, and legal aspects, I would pass now to the medical aspect, and this was referred to by the Minister for Health. After all, this Bill concerns the medical termination of pregnancy. I think that is quite right, but I will not be so dogmatic;

I will at least agree that the termination of pregnancy is a medical matter. It is essentially a medical question. Despite this, one cannot get away from the question: How did it ever arise that we have provisions in our Criminal Code which were derived from laws made many generations ago? In those days the termination of pregnancy was some sort of an offensive act, and certainly in our State, a criminal act when carried out under certain circumstances.

The Hon. S. T. J. Thompson: It came from British law.

The Hon. N. McNEILL: That is right. It has operated for generations. When a statement is made, as it has been on many occasions, that these laws, if passed, will offend against God's laws, it is also true, of course, that so many of our laws have been derived from those laws which have apparently been laid down in the beginning by the Almighty.

Mr. Heitman made reference to and emphasised the fact that we are placed in a somewhat peculiar position in that we are being called upon to decide a question which is essentially one for women—or for a woman—to decide. This whole question should, in fact, be regarded in respect of how the conscience is involved. Even though it must be recognised that a decision as to the termination of a pregnancy should quite rightly, belong to the woman in question, the fact still remains that the law relating to this matter has to be made by us. The decision with respect to termination is not ours, but the decision with respect to law certainly remains the responsibility of this place. Consequently this gives us full justification to completely examine the subject.

I prefaced my address by saying that I did not necessarily support the Bill, because there are many features about it which I would find most unwelcome. Nevertheless I believe it is necessary for members to give that consideration to it which probably can only come about in the committee stage.

I have noted the remarks made by the Minister for Health, but I will make no attempt to examine them in greater detail. This could be best left to another occasion, should the Bill get that far. However, I agree with many of the points which have been made in the consideration of the Bill itself.

Clause 4 of the Bill states that there should be a termination of pregnancy if there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped. I do not claim to have any great medical knowledge; in fact, I have no medical knowledge. However, my own thoughts are that if there is a risk it may be only a calculated risk. How certain can one be in using this qualification as a basis for the termination of a certain pregnancy?

Following on from this, subclause (3) of clause 4 states—

> In determining whether the continuance of a pregnancy would involve such risk of injury to health as is mentioned in paragraph (a) of subsection (1) of this section, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

This is a situation which I could not really accept, for very much the same reason.

The Hon. G. C. MacKinnon: Did you say "could" or "could not"?

The Hon. N. McNEILL: I said, "could not."

The Hon. J. G. Hislop: Which one is it? Is it clause 4 (1)?

The Hon. N. McNEILL: I am referring to clause 4 (3). I do not wish to go into detail but simply to make reference to it. It would be so very difficult for a doctor to make some estimation or assessment of what a woman's actual or foreseeable environment might be. In what way could this be interpreted? Would this be a ground for the non-termination of a pregnancy or a ground for the termination of a pregnancy? It is assuming something which I believe no person has a right to assume. As we are all aware—and, indeed, as we have been told during this debate—there are so many instances where people have been born into environments which are anything but favourable but they have derived great satisfaction from their own life and have made great contributions to the world at large. I believe this is a power which no group of persons can reasonably take unto themselves.

Another aspect of this which has come in for some comment concerns clause 6, subclause (2), which reads—

> In any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

I think the Minister for Health indicated that this is a situation which we should not be prepared to accept.

The Hon. G. C. MacKinnon: It should be deleted.

The Hon. N. McNEILL: I find it is rather abhorrent. It says in effect that a person who conscientiously objects to doing a certain thing, by declining to carry out a certain function, shall then be required to give such burden of proof as is necessary. This only accentuates an already difficult angle of this whole procedure.

Those are the particular items in the Bill itself to which I wish to refer at this stage. In conclusion I would like to say

that it is very, very easy to become confused in one's mind as to the real purpose and intention of the Bill. Perhaps there is one point to which I have not referred. It might well be claimed that one of the purposes of a Bill of this nature is not necessarily to make it any easier to terminate a pregnancy, whether it is a pregnancy of a married or an unmarried person and irrespective of the social or sociological aspects. At the same time it could be claimed that the purpose of such a Bill is to clarify the law by reducing the difficulties and removing some of the onus from members of the medical profession who may be called upon to perform such acts. It is understood that in the interpretation of section 259 of the Criminal Code there is reasonable doubt which might cause medical practitioners a good deal of anxiety, even though it may appear that they are acting with the greatest faith.

It might well be claimed that we must concern ourselves with the law. I have concerned myself with so many of the issues involved in this whole question. Perhaps when it is all boiled down, one of the essential purposes of the Bill is to clarify the law and simply to make the position clearer with regard to the actions which members of the medical profession may take in certain circumstances. Perhaps this is one purpose of the Bill other than—and I emphasise this—all the other reasons which have been so well debated with regard to moral questions and the like.

With regard to moral considerations, it would not matter whether I spoke from now until tomorrow morning, or whether every member in this Chamber did likewise. These questions would never be resolved to the complete and entire satisfaction of everybody; because these considerations are bound up with the individual's own thinking and, to use the words again, one's own conscience. Perhaps no two consciences are the same.

Individual consciences allow for many varied interpretations of what, in its simplest form, can be a most complicated and complex subject on which to legislate. This is the nature of the problem. I am not in any sense looking for the easy way out, but I believe the safest way to approach the problem is to limit the law and the activities within the law.

It is laid down in the document prepared by the Western Australian Council of Churches that medical termination of pregnancy may be allowed where there is a grave risk to the life of the mother and/or a very great risk to the permanent physical or mental health of the mother. This is the essential basis. If we were to depart widely from this, it would lead to certain abuses. In fact I have no doubt it would lead to some abuses. Whilst to my mind, the opportunity should be given to allow termination of pregnancy in certain circumstances, how far should one go in a statutory nature in this respect?

I said that I did not necessarily believe that the moment of conception was the beginning of life and that, after all, living cells contribute to the conception of a child. One could go one step further back and ask whether there is really much difference fundamentally between family planning when exercised through the channels of contraception and family planning as exercised through the termination of pregnancy? Perhaps I may use the expression which the Minister for Mines used earlier by way of interjection and say that perhaps this distinction may seem academic.

Once again this would be refuted by those who, according to their own mind, conscience, and interpretation of the moral law, found this distinction most unacceptable. I myself would have the greatest respect for the beliefs which gave rise to their inability to accept such an hypothesis.

Personally I am prepared to see this Bill go to a second reading; but, as I have indicated, I would be most unwilling to accept certain clauses or subclauses in the way in which they have been printed in Dr. Hislop's Bill.

THE HON. V. J. FERRY (South-West) [8.27 p.m.]: Firstly I desire to congratulate Dr. Hislop for having the courage to introduce this subject in the form of a Bill. We all realise this is indeed a topical social issue. It does not only apply to this State but I would suggest that it applies to any country in the world. I believe the Bill is an attempt to bring before the Parliament of this State a problem which needs to be tackled.

We are agreed that there is provision at this point of time to handle certain aspects in the legal sense as they affect the medical termination of pregnancy. I believe that by bringing the Bill to the House and having it debated in a very full manner we will very likely crystallise many of the thoughts expressed until we reach the point of being able to improve the legislation on this subject as it affects us in this State.

I want to say right away that I believe we would be doing a service to the community if we were to grant the Bill a second reading. Then, of course, we would carry it to the Committee stage and I have no doubt that the various clauses contained in the Bill would receive the same close scrutiny as any other measure which comes before the House.

By adopting this procedure I believe we will go a little further along the road towards crystallising, as I said before, some of the thoughts which have been expressed with a view to arriving at what we believe is an improvement to the present situation.

I believe the prime objective should be to provide practical guidance for the possible application of new legislation as it applies to our community. We may recognise the fact that there are occasions when abortion is sought, and there are occasions when, in some respects, abortion may be considered necessary. I believe our personal attitudes towards induced abortion reflect our feelings towards the origin and the nature of life itself; and the subject that is now before us is indeed a most complicated one.

I have great regard for the personal feelings and beliefs that certain members of the community may hold. I realise, of course, that in our community there are many people with different beliefs, and many of those beliefs are held very dearly by well-respected people. However, the fact remains that we are human beings and in this Parliament, to the best of our ability, we have to legislate for the benefit of all those who come under our jurisdiction and we cannot have a regard only for a certain set of circumstances.

The fact that at the moment there is provision under our existing Statutes to cover certain aspects of abortion leads me to believe that we should re-examine the whole situation with a view possibly to improving them. So, as I said before, I believe the Bill should pass the second reading stage.

Let me ask a question: How do present-day attitudes measure up to the social and civic attitudes of the past? I have endeavoured, in my own humble way, and to the best of my ability, to undertake certain research on this subject, and I have come to realise that the problem of abortion is one which has been of continuing concern throughout the whole period of human life on this earth. I believe social morality is experiencing a period of acute investigation and reassessment in many countries of the world— and that includes Australia. Many social reform measures are being tackled throughout different countries quite apart from the question of abortion. Subjects such as homosexuality, marriage, adult and juvenile crime, and others, relate to human relationship, either individually or collectively.

In some fields positive action is being taken to express new attitudes in the form of legislation. This is a continuing process, and in these circumstances Parliament, as we know it, is being asked to consider making the practice of abortion legal in some restricted respects. As I remarked before, it would seem that abortion has been a problem over the centuries, and it has been practised in savage, semi-civilised, and what may be termed sophisticated countries or by sophisticated races of people, if some members prefer it to be put that way.

I realise that the ancient Greeks legislated for the very situation that we have with us today. It was handled in a political form. It will be realised that at one period of their existence the Greek community was indeed limited geographically, and it was found necessary to enact legislation for the benefit of the community as a whole. This was done in a restricted sense but I for one am not suggesting we should apply it in Western Australia in the same restricted sense. In this instance the Greeks used abortion for the advantage of their community and so they could preserve the resources of their country to maintain a reasonable balance of people. I do not believe we should view the Bill before us in that light.

The important distinction between a foetus having life and a foetus not having life was adopted by the Romans, and abortion was not uncommon in that country. So it can be seen that the Romans did in fact take measures to tackle the problem.

I wish quickly to refer to what has been done in other countries of the world on the question of abortion, and I refer to such places as Sweden, Norway, Finland, the Soviet Union, Bulgaria, Czechoslovakia, Hungary, Poland, Rumania, Yugoslavia, Japan, the United Kingdom, and there are other countries as well. It is interesting to realise that Swedish law in this respect was first enacted in 1938; and since then it has been repeatedly amended and, in fact, broadened in the light of their experience in applying the law as it affects abortion. Norway introduced legislation in 1960, while Finland introduced similar legislation 10 years earlier—in 1950.

At this stage I would like to refer to a book entitled *Abortion*, which was written by Lawrence Lader. This book has a bearing on our whole thinking on this subject, and I think Lader is worth listening to in this regard because he has endeavoured to study the subject and factually report it. Without wearying the House, I would like to quote from page 118 of this book, where he states—

> Despite the common misconception that Scandinavian abortion is legal on demand, legality remains strictly limited. The most common indication is medical: a serious threat to life or to physical and mental health, arising from disease, a bodily defect, or exhaustion. Since a 1946 amendment in Sweden, the last category has been extended to "anticipated exhaustion," so that even if there is no danger at the moment, the woman's total environment after childbirth may be weighed against a possible threat to her health and stability. If "her physical and mental strength will be seriously reduced by the birth and care of the child," abortion may be approved.
>
> While the majority of Swedish and Danish abortions fall within medical categories, Norwegian law favours

social indications. Abortion is permitted "when the birth of a child would be a misfortune because of serious or chronic illness of husband or children, alcoholism, criminality, lack of housing, or other specially unfavourable circumstances."

Another legal category in Scandinavia can be described as "eugenic": abortions granted for hereditary transmission of mental deficiency or disease, or other severe defects; for cases of fetal damage resulting from German measles or thalidomide poisoning; for case of fetal damage or disease acquired in intra-uterine life.

A third category, a humanitarian one, applies to pregnancies resulting from offences against the penal code, such as rape, incest, or impregnation in girls under fifteen or sixteen.

While the breadth of these categories appears sweeping at first glance, the actual number of abortions granted has been strongly controlled. In Sweden in 1964, for example, over 1,200 of about 4,500 applications to the Medical Board were refused. Although the "anticipated exhaustion" amendment would seem to provide an ample loophope for dubious cases, the medical history of each woman is minutely examined, so that in a typical recent year only 11 per cent. of all approvals came under this category.

I took the trouble to quote from that book because I felt it was an interesting discourse on what is happening in Scandanavian countries in respect of this matter. We are not alone in the problem and it is as well that we should see if we can benefit from the experience of others.

I would just like to refer briefly to the Bill as it affects a mother carrying a child. I believe that this Bill, or any measure which deals with the abortion problem, should provide for a priority for the mother rather than an unborn child—that is, as a general rule. I believe I must weigh my thoughts in favour of the mother rather than the unborn infant, although I realise there is a tremendous area of difference and variation in different cases. However, I am also aware that with the advancement made in medical knowledge and the improved application of medical science we should review the situation as we are doing with a view to putting forward some enlightened thinking and providing guidelines to meet the problem.

I could speak at length on the matter but I feel it would serve no real purpose to do so. However, I would like to repeat what I said earlier: This Bill merits being read a second time and being given closer scrutiny in the Committee stage.

THE HON. N. E. BAXTER (Central) [8.44 p.m.]: I believe Dr. Hislop has given this matter deep consideration and a great deal of thought over a long period. I do not need to remind members that the honourable member introduced a similar Bill some years ago but at that stage he preferred to leave the matter rest, and the Bill was not proceeded with in that session. The honourable member said he preferred to leave the Bill on the notice paper and he would reintroduce it during the next session after different organisations and people had given the matter consideration. That was done so that not only Dr. Hislop but also all other members of both Houses of Parliament could get the reaction of the public to the subject matter of the Bill before he proceeded with it.

This year the honourable member has introduced the measure that is now before us, and I congratulate him because I believe he has done so not only because he believes he is right, but also because he has had many years of experience in the medical profession—not just from the medical point of view but from the point of view of human problems. I feel sure that Dr. Hislop has been confronted with thousands of human problems in the course of his professional life. It is possible that other sections of the medical profession may not support his views, due to the fact that they have not experienced the same human problems.

Let us consider the Bill and see what it seeks to do, particularly from the humane angle. It contains a provision similar to that contained in section 259 of the Criminal Code. It provides that a medical practitioner may terminate a pregnancy if there is any risk involving the life of the pregnant woman. Section 259 of the Criminal Code merely states that this shall not be a crimnal offence, if it is reasonably justified that the termination of a pregnancy is carried out because the life of the mother is at stake.

That is as far as the Code goes. The same provision is incorporated in this Bill and it is perhaps couched in better terms than is the Criminal Code. The Bill also provides for the termination of pregnancy where the mental health of the mother is likely to be affected. I think this is a good provision, because most medicos are aware of the fact that in certain circumstances —both during pregnancy and afterwards— it is possible for the mental health of the mother to reach such a stage that in some cases she becomes literally quite mental. For that reason I think this provision is a good one.

I do not believe that any number of medical practitioners would hesitate to terminate a pregnancy if they were convinced that by doing so they would either save the mother's life or prevent her from becoming a mental case.

After all is said and done, the medical profession demands that doctors should be human in their approach; that they should take a humane view of people's troubles. Accordingly I support this provision in the Bill.

The measure also makes provision for the termination of pregnancy if there is any risk to an existing child in the family, and I am convinced that there is room for such a provision in this type of legislation. There are circumstances where this can arise, and again the act that is proposed is a humane one and it is fully justified.

A further provision in the Bill deals with the termination of pregnancy where there is a substantial risk of the child suffering physical or mental abnormalities in such a way as to be handicapped. I am sure members have seen children who have been mentally retarded and also those who are completely abnormal. Such children are a tremendous drag not only on their mothers, but also on the other children of the family and on the husband. There was such a case a few years ago in this State and we find that today the man is having to pay a very great penalty.

Such cases are apt to prey not only on the mother's mind but also on the husband's mind; very often it affects them to the point of desperation. Surely we do not want this sort of thing to occur in our State! Surely we do not want to say to a mother that, irrespective of the circumstances, she must have the child; that her husband must rear the child; and that they must bear this burden during their lifetime!

Mr. McNeill referred to clause 4, subclause (3), which relates to the termination of pregnancy if there is a risk as a result of a foreseeable environment. I think we should consider what this actually means. Dr. Hislop has outlined the intention of this subclause, and I thoroughly agree with him that there are circumstances where such an act could be a reasonable and humane one.

There could be a case of a couple with five, six, or more children, living in mediocre circumstances, where the mother was expecting another child, where the husband was killed, and where no compensation was payable on his death and the mother found it necessary to rear this large family by relying only on the pension and the assistance she received for the children.

Do we want a mother to carry such a burden? Is it right that she should be expected to go through with her pregnancy and rear this large family? The chances of her remarrying would be very remote—though there are men who are prepared to take on a large family. The chances are that the mother would have to rear these children until they grew up and at the same time she would have to bear the burden of another child which would make her position almost intolerable. I feel there is every reason for this provision.

I am convinced that the medical profession would not depart from the purpose of the Bill or from what it contains. What the measure seeks to do has been taking place for many years. It is not something new; this is being done now by the medical profession in all parts of the world, particularly when it relates to humane action.

It is possible that those who oppose the legislation have not studied it or given it deep thought. If one considers the legislation one will see not only its intentions but the feeling of humanity which pervades its provisions.

After all is said and done, is not that the code of our democratic way of life? Should not we assist people who are placed in circumstances which are beyond their control?—particularly those who need such assistance.

There may be something in the amendments suggested by the Minister for Health, though one cannot make a decision on them without comparing them with the Bill.

Quite apart from the foregoing, the measure also provides for conscientious objection which, I think, is a good provision. If anybody conscientiously objects to the termination of pregnancy it will be for that person to accept the responsibility and make the decision. Surely we should be able to say to a married couple, "These are the circumstances; it is up to you to say whether you as a husband, or you as a prospective mother, want the pregnancy terminated or not." Surely the parents should have the choice as is provided in the Bill.

I am sure the Bill will not increase the number of pregnancies that are terminated at the moment. It leaves no scope for backyard abortion as some people imagine. For that reason alone I feel the provisions in the Bill are excellent and that they should pass.

I would, perhaps, agree with the Minister for Health in his suggested amendment in regard to the requirement which may be prescribed by regulation as it concerns the medical practitioner having to give notice of termination of pregnancy, and such other information that may be necessary.

I feel this should be a matter which is confidential between the patient, the husband, and the doctor concerned. I think the suggestion made by the Minister for Health of a certificate being held by a particular medical practitioner is a good one, and notification of termination of pregnancy could be made to the Public Health Department without any detail being given. If a check is necessary the doctor could be asked to produce a certificate.

At this stage I am prepared to support the Bill except for giving consideration to any prescribed regulation that may be made. I am prepared to consider any reasonable amendment that would leave the Bill with its expressed intentions.

It is possible that some people will oppose the measure on religious grounds, and that is their business. I have received several letters—only short letters—suggesting that I oppose the Bill. The letters have not said what was wrong with it; they merely ask me to oppose the entire Bill. These letters came from organisations and I feel that had they studied the Bill they would have understood its intentions.

I propose to send back certain questions for the organisations to consider, and after they have considered the questions I have posed they may have a different view of the legislation.

I hope that the House agrees to give the Bill a second reading. We can then give the measure full attention clause by clause, and if necessary, insert provisions which may make it more workable and acceptable to the people of the State, while at the same time providing those who require their pregnancies to be terminated the opportunity to have this done, so that their lives might continue normally and not be affected by the ensuing complications.

THE HON. J. M. THOMSON (South) [9 p.m.]: The basic principle embodied in this Bill is that the decision to seek the termination of a pregnancy rests with the woman concerned. I am prepared to concede that a woman should have the lawful right to some effective say as to what she may wish to have done should the question of the termination of a pregnancy arise.

Various speakers to this Bill have given quite a lot of consideration and study to the moral, social, and legal aspects of the circumstances surrounding this problem, which is of great interest at the present time. It is a matter which is concerning the minds of many people who, by virtue of their beliefs, cannot see any justification for the Bill.

Like other members, I have received numerous letters, some of which have been sound in their approach, while others have bordered on impertinence. I do not think that sort of thing is good in a democracy. Everybody is entitled to express his views, but perhaps some people get carried away by being over-zealous in the cause they are endeavouring to champion. However, be that as it may, I do not deny the right of anybody to express an opinion. Nevertheless, I have been amazed and dismayed at the tone of some of the letters I have received.

As I see it, the provisions of the Bill are designed to adequately protect the medico, who, on consultation and agreement with a gynaecologist, may perform such an operation. This protection has not hitherto been so clearly defined as it is in the measure before the House. I have no forebodings in regard to this Bill. There is dual protection for the doctor and the patient. I cannot accept the assertions that the Bill will enable abortions to be carried out on demand. I cannot and will not accept that as a true statement of fact. As far as I am concerned, such is not the case.

Abortion is by no means a pleasant subject for discussion at any time. However, strong views have been expressed in opposition to the introduction of this legislation. There are those who are opposed to its introduction, while there are others who see merit and justification for it; so it is now for Parliament to decide whether it be approved or not.

It has been said to me by those who are concerned about this legislation that it will afford various avenues of abuse to persons not mentioned within the contents of the measure. In this regard I feel we must place reliance upon the integrity of the professional men and women—we must rely on clause 3 of the Bill. I feel sure these people will exhibit a sense of duty in their approach to the matter if the measure becomes law. Therefore I do not feel inclined to vote against the second reading of the Bill because of the possible abuses that have been suggested to me.

Clause 6 concerns conscientious objectors who may not wish to participate in treatment. I noted with much interest the comments made by Miss Broadway who, I understand, is the executive secretary of the Western Australian Branch of the Royal Australian Nursing Federation. She expressed her concern on behalf of many members of her organisation inasmuch as no provision is included in the Bill which will cater for those members of the nursing profession who, like their opposite numbers, the doctors, might have conscientious objections to participating in such operations and treatment. When we reach the Committee stage, I think provision should be made in this regard.

Provision is included in the measure for the making of regulations, and this will be a safeguard against any abuses that might occur. If the legislation is passed and does not prove to be successful, and is not worthy of our support, it can either be amended or repealed. Parliament has that right; and it is obliged to exercise that right on behalf of the people of the State. For the reasons I have expressed I propose to support the second reading of the Bill and await the Committee stage.

THE HON. C. E. GRIFFITHS (South-East Metropolitan) [9.10 p.m.]: There appears to be quite a diversity of opinion between the medical authorities as well

as the legal experts on many aspects of this subject. We, as legislators, are asked to make up our minds after giving conscientious consideration to all the aspects of this Bill, together with the various expert opinions which we have had given to us and which have been expressed by way of papers written on the subject. We are to make up our minds whether or not there should be some reform in the law in respect of abortion in Western Australia.

I have found it difficult indeed to reach a decision in regard to this matter. On the one hand we have Dr. Hislop who has a sincere belief from his own point of view as a medical man that it is a warranted and necessary piece of legislation. On the other hand, we have heard Mr. Dolan express an equally sincere opinion that the Bill is unnecessary. We have heard other speakers who have either supported the Bill in whole or in part for many and varied reasons.

I tried first of all to look at the moral aspect of this proposition and I have come to the conclusion that legislators in the past have made the decision, as far as I am concerned, as to the time—and this was the part that concerned me—at which a child becomes a living human being. It would appear that legislation has already established this for us. Therefore I would say that the only thing I have to consider is the legal aspect.

Various opinions have been given to us; and the Minister for Mines gave us a very comprehensive breakdown of the existing laws in relation to abortion; and he was supported by Mr. Medcalf. All of this leads us to the conclusion that there is a great deal of doubt as to what the precise legal situation is. I feel that if this Bill does nothing else but establish once and for all what the legal position is, then it will have served a great purpose.

Like other members, I am concerned about clause 4 of the Bill and the wide application that can apparently be read into it. It was because of this I was indeed pleased to hear the Minister for Health suggest some amendments and I am hoping Dr. Hislop will take heed of some of these suggestions, because I certainly could not be a party to the wholesale use of abortion by people in Western Australia.

I do not believe for one moment that the Bill, in its present form, does, in fact, go that far. I certainly do not believe the Bill will go as far as was suggested by Mr. Claughton. Whilst he supported the measure, I do not believe we should support a Bill that would virtually allow abortion on demand. I am not entirely sure that this Bill does that. However, I am concerned that it goes a great deal further than I had originally thought, and I am hoping that Dr. Hislop will give consideration to the suggestions put forward by the Minister for Health and others.

The varying opinions expressed by people who are well qualified seem very strange indeed to me. I read with interest the speech made by Dr. Hislop, and last night I took notice of what Mr. Dolan said. I find that when Dr. Hislop quoted a certain Mr. A. J. C. Hoggott, who was the Lecturer in Law at a University of Manchester, he read out some statements which gave many medical reasons why this type of legislation is necessary.

Last night, Mr. Dolan read out some quotations from a Professor Ian Donald, head of the Department of Obstetrics and Gynaecology at the University of Glasgow, and he gave many legal reasons to indicate that the measure was not necessary. I thought this was rather strange: that the gentleman who was an expert in law gave medical reasons why such a Bill should be introduced; and the professor of obstetrics and gynaecology gave legal reasons why it was not necessary. This is what one finds all the way through. One can read an article in a publication, and one can read an equally convincing article in a different publication, and get two separate and different opinions as to what the situation should be.

The moral aspect of this legislation really concerned me but that has now been cleared up. I was worried as to when life started; whether it was at conception, at 12 weeks, or at 28 weeks. However, the article by Professor Ian Donald as quoted by Mr. Dolan, sorted this out for me. Professor Donald established that the law, at the moment, permitted abortions to take place, and he went on to say something about the fact that the medical profession was quite within the law to carry out an abortion in certain circumstances. He at least established that a doctor, performing an abortion, was not committing murder as was suggested by some of the people who have written to me. That gentleman finally convinced me that it was only a matter of clarification of what we were endeavouring to put forward in this Bill.

I will not prolong my speech on the subject. I make it clear that I support the second reading and I hope Dr. Hislop will take notice of the suggestions put forward by the Minister for Health, and at least curtail some of the provisions contained in clause 4 of the Bill.

THE HON. G. E. D. BRAND (Lower North) [9.20 p.m.]: I too would like to congratulate Dr. Hislop on bringing this Bill forward. Ever since the Bill has been introduced I have had all sorts of thoughts about whether it was right or wrong, and whether it would please my constituents or not. Suffice to say I have not had any of the usual letters from people saying whether they liked the Bill or not. I refer to the people in my province. It has

been an interesting debate and, once again, I congratulate Dr. Hislop for the introduction of the Bill. It has been suggested that it took a long time, but, as Dr. Hislop said, he gave the public plenty of time to consider the measure.

I have one objection to some of the words contained in the Bill. My main objection is to the word "abortion"—probably the ugliest word we have. It is heard in all sorts of places and it is related to all sorts of things. However, it is right for a man whose wife would be in danger if her child was born—who would be in danger of losing her life or suffering certain disabilities—to agree to an abortion. Once an abortion had been performed the man and his wife, would not, under those circumstances, care what it was called.

A little story has just come to my mind which I think, is quite typical. It appears that a little boy at school was asked to define the word "pregnant." He defined the word as meaning "beautiful," and when the teacher asked him from where he had got the definition he replied that that morning, while he was having breakfast, his mother had come down the stairs and told his father that she was pregnant. The little boy said that his father replied, "That's beautiful, that is!" or words to that effect.

When the Minister for Health spoke to this Bill I found his suggested amendments quite interesting. I have no doubt that Dr. Hislop will study them and give them consideration. Dr. Hislop explained thoroughly his reasons for bringing the Bill forward. Clause 4 is the most important part of the Bill and indicates what the honourable member hopes the Bill will achieve.

Mr. Dolan quoted a case where a couple were very concerned about their expected child; and we were pleased to note from Mr. Dolan's remarks that in that instance no complications occurred, the birth being quite normal and the child perfect. However, we must remember that doctors are not clairvoyant, even though they act to the best of their ability. We could find that a woman, wishing to avail herself of this service under discussion, and being dissuaded by certain persons on, say, religious grounds, would find herself facing a life of hard work attending to the needs of a deformed child. It will be seen that those who are prepared to criticise will not be quick to rush in to help that child for the rest of its life, if the so-called murder of the unborn child does not eventuate. I do not think that the person who objects would rush over to adopt or take over the child.

It is interesting to note that when Dr. Hislop informed us of his intention to bring this Bill forward quite a few articles appeared in the Press. I will quote, at random, a few of the headings and remarks from the Press: "U.K. Abortion Bill is Nearly Law." This article mentions the position in Western Australia, and the final paragraph in the article reads as follows:—

> He felt so strongly about the matter that he would not risk the failure of the Bill by introducing it too soon.

That reference was to Dr. Hislop, of course. On the 4th July, 1967, an article appeared in the Press under the heading, "Abortions—On Condition." This article gave the story of New Delhi where it was stated that women would be able to have legal abortions, but they would have to be sterilised at the same time. The article stated that sterilisation was a prerequisite of abortion. That is something we have not heard about tonight. There were also differences of opinion in New Delhi on the reasons for abortion.

One article is headed "Singapore May Legalise Abortions." Another is headed "Abortion Rate Said to Exceed 90,000 Yearly." This particular article reads as follows:—

> Recent estimates had shown that there were between 90,000 and 156,000 abortions a year in Australia—most of them illegal, Mr. Leon Blank said last night.

Mr. Blank was the director of the W.A. Marriage Guidance Council, and was speaking at the Western Australian University in the Adult Education Board's lecture series, "Abortions: Facts and Fallacies."

Another article, dated the 25th October, 1967, carries the heading "Bill Given Approval," and refers to the Bill to liberalise Britain's abortion laws. Still another article is headed "Opinion Sought Over Abortions," and reads as follows:—

> America is almost certain to follow Britain's lead and recommend legalised abortion in special circumstances.

The article gives the usual reasons, and the last paragraph reads—

> Dr. Meares said today that bureaus to give advice to women seeking an abortion should be established in every State of Australia.

Returning to the London scene, I have an article headed "U.K. Liberalises Abortion Laws." In this article it is stated that abortions will be obtainable under the National Health Service without charge. Another newspaper article is headed "Many Women Found To Prefer Abortion To Pill." I thought that was quite interesting. This matter has been debated in the United States also.

I received one interesting letter from a lady who belongs to a party with which we do not have much truck. The writer's name was Mrs. B. Smith—and that might be her

right name. There were a couple of items in the letter which I found of great interest and the first one reads as follows:—

> It is significant that the Bill is being introduced by a member of the medical profession. At present doctors have power to act when there is a threat to life, but not when there is a grave threat of happiness. What is best for the patient should be paramount.

Another paragraph of the letter reads as follows:—

> Women are at a disadvantage when legislation, vitally affecting them, is to be decided. We would like to see, because Parliament is all male, serious attention given to the opinions of women.

All members have received a letter from the Western Australian Council of Churches, and have no doubt studied it so I will not refer to it further. As a matter of fact, I think most of the ground has been covered. I lean towards the right of the mother, under the circumstances which we are discussing, to say whether she wants an abortion for any reason—ill-health, mental health, or because of any other illness. We have had those reasons outlined to us several times this evening. Abortion is fairly well covered by the Bill, and I do not think there will be an open slather in regard to it. Therefore I would recommend that we should agree to the second reading of this measure.

THE HON. R. THOMPSON (South Metropolitan) [9.31 p.m.]: I make my position quite clear; I do not intend to support this Bill. However, I think it should also be made clear that when the Minister for Mines spoke he said that the members of his party were free to vote on the Bill in any way they desired. Perhaps the House has come to the conclusion that members of my party have had no decision made for them; each member can vote on the Bill on its merits and in any way he so desires.

I feel indebted to some of the members who have spoken to the debate on this measure. I have listened intently to every word spoken by Mr. Medcalf, the Minister for Mines, and the Minister for Health and I think everyone will agree we have learnt a great deal about this subject which would not have been the case had we not listened to this debate.

Therefore, although I oppose the Bill, I compliment Dr. Hislop for giving us the opportunity to debate the measure and acquire a greater awareness of some of the features of the law in regard to which, although I was not completely ignorant, I did not have a clear understanding. In view of this I will support a clarification of the law as suggested by the Minister for Mines and the Minister for Health. I am of the opinion it is necessary that this law, which is 150 years old, should be clarified to protect doctors who are placed in the position where the life of the mother is at stake should an operation for an abortion have to take place.

If the Bill, as presented to us by Dr. Hislop, was supported by the members of this House it would be the thin edge of the wedge which one can see being used in other parts of the world, and I am sure that further expansion of such a principle would follow. I think Australia can ill-afford to have what was termed by the last speaker as an open slather in regard to abortion.

Later, in the course of my remarks, I intend to read a question which was asked in the Commonwealth Parliament and which indicates that in other States of Australia abortions are performed quite freely, and even condoned by members of the medical profession. Instead of trying to make abortions legal, we should examine the social structure in which we live. We should ask ourselves why a woman will submit herself to a legal abortion. On this aspect, an article appeared in *The Sunday Times*, dated the 21st May, 1967, which reads as follows—

> The reader in law at the University of Western Australia, Dr. Eric Edwards, is on record as saying that there are up to 400 legal abortions a year at the King Edward Memorial Hospital.
>
> Married women account for about 85 per cent. of the overall total, and almost one-quarter of married women aged 45 have at least one illegal abortion in their lives.

I do not know where Dr. Edwards obtained his figures, but I think, being a man of repute, he possibly would have made some research. Nevertheless, his statement that 400 legal abortions a year take place at King Edward Memorial Hospital may still be open to question.

What concerns me is that one-quarter of married women aged 45 have illegal abortions. This means they must resort to the backyard abortionists. I think we should examine what causes these women to be driven to the backyard abortionists. We should strive to ensure that a person is adequately housed and has sufficient money on which to live and raise a family. I think this is what is wrong with our society; that is, women are now virtually forced to go out to work to meet the financial commitments of themselves and the members of their families, including commitments for education, housing, hospitalisation, and other amenities. This is the reason that women are being driven to these backyard abortionists; they are faced with the position they cannot afford to have more children.

Possibly the argument could be advanced that there are many contraceptives available to women which enable them to avoid having children. This may be so, but I am not an expert, and I would not know. Nevertheless contraceptives may work satisfactorily on some women, but not on others. Also, because of religious beliefs some women will not resort to contraceptives. When we realise that these social problems are in our midst, Parliament would spend its time to better advantage by taking steps to improve the conditions and status of women in our community immediately, because it is not good for the community when children are left unattended whilst their mothers go out to work. It is when the family is faced with financial difficulty that the mother has to resort to an illegal abortion.

In some parts of the world abortion is looked upon as being a remedy for the problem of over-population, but in Australia we are screaming out for additional population, and I consider we should do everything possible to ensure that abortions are kept to a minimum. Nevertheless I would not like to see the life of any woman endangered by her continuing to bear her child after a doctor has advised her that her life would be in danger unless she submitted to a medical termination of pregnancy.

As stated earlier, I now intend to refer to a debate that took place in the Commonwealth Parliament in October, 1966. The Speaker was Mr. James, the member for Hunter, and the following is what he had to say:—

> What I am about to say I do not say recklessly, because I realise the danger of acting under the privilege of Parliament, but I want to refer to a woman at Bondi. I am going to name her because I am conscious of the positiveness of my information. A woman named Matron Colburne, the owner and occupier of Heatherbrae Clinic at 124 Curlewis Street, Bondi, is operating extensively as an abortionist and has been under observation by investigation officers. It is anticipated that 10 unfortunate women a day are involved. Her telephone would be practically exclusively used to carry out this nefarious practice. This woman defies investigation officers when they go there and threatens to make allegations against them which I am assured are unfounded. She has two doctors who are in constant contact and have been questioned. They were questioned recently by senior investigation officers when they were looking for a missing girl whose parents were gravely concerned about her whereabouts. This woman, in a most arrogant manner, defied investigation officers.
>
> Mr. Hulme.—These are not investigation officers from the Post Office about whom the honorable member is speaking?
>
> Mr. JAMES.—No, not from the Postmaster-General's Department, from the Criminal Investigation Branch. Her place has been under observation and it is positive that she is conducting an extensive business of the type I have referred to. The Minister should draw comparisons with what one woman can get away with because of the lucrative income which would be derived from practising this increasing moral depravity, if I may so term it, with two prominent doctors.
>
> I feel inclined, due to the positiveness of my information, to mention their names. They are prominent doctors, one of whom has been questioned at the premises.

Mr. James then went on to name the doctors. So it appears that in New South Wales the authorities are not as strict with their abortion laws as we are in Western Australia. I can recall that, when I was a youth, in South Fremantle there was a hospital which was, to all intents and purposes, a maternity hospital. It was the talk of the town, because it was used by people from all over Western Australia, but very few babies were born in that hospital. I think the Public Health Department eventually discovered what was going on and it was closed down.

In the framing of this Bill I think we are reaching the stage where abortion can, and will be, obtained on demand. I have no doubt about that from my reading of the measure, because obstetricians and doctors, under the Bill, could determine that, in certain circumstances, it was necessary to terminate a pregnancy because the mother was in ill-health and her life was in danger if the operation was not performed. If under other circumstances the termination of pregnancy was desired by the woman this could probably be achieved because not all doctors are as completely ethical as we would like them to be. The article I have just read to the House refers to two doctors by name; one from the Medical Centre at Bondi Junction, and another one from Queen Street, Woollahra.

So it can be seen that not all doctors work with integrity and observe the ethics one would expect them to observe. There would be no need for a clinic such as the one mentioned in that article to be established in Western Australia. Although it is provided in the Bill that a clinic would be at an approved hospital—that is, approved by the Public Health Department —it does not necessarily mean it would be a public hospital. In fact, there may be some towns in which the hospital would not admit women for an abortion in any case.

It could be a hospital which is set up for the specific purpose of performing abortions, and it could not be refused permission by the Public Health Department if it complied with the health regulations. Such a hospital could be run on the lines of a "C"-class hospital. The Public Health Department would be hard-pressed to refuse permission for this hospital to provide facilities for these operations.

When Professor Saint was in Western Australia I invited him to Parliament House on one occasion to address members. I have a lot of faith in him. In June, 1967, he gave an address at the University, and a report of it appeared in the newspapers as follows:—

> Value of New Law Queried
>
> People must consider seriously and objectively whether a new law on abortion would solve the problems that worried society today, Professor Eric G. Saint said last night.
>
> Professor Saint, head of the W.A. University's department of medicine, was speaking at the university at the first of a series of seven lectures arranged by the Adult Education Board on "Abortions: Facts and Fallacies."
>
> He said people would also have to ask themselves whether a new law would be practical and whether it could be enforced.
>
> If society moved towards a more permissive attitude on the question of abortion, it might think this was a good thing.
>
> But it must consider the long-term effect of such an attitude on human behaviour.
>
> In taking a more permissive attitude, society could be in danger of robbing human beings of their basic responsibilities and the meaning of their existence.
>
> Responsibility
>
> He questioned whether it might not lead to a general collapse of moral responsibility in society.
>
> Professor Saint said rape and the humanitarian aspects of women who already had big families were often quoted as legitimate reasons for relaxing the existing law on abortion.
>
> He questioned whether a perfect law could be devised.
>
> "When is rape truly rape?" he asked. "Will we accept the evidence as given in court?
>
> "I am in sympathy with the mother of a big family who again finds herself pregnant. But there are shades of suffering and shades of neurotic illness.
>
> "Where will we draw the dividing line? One may have sympathy but it is difficult to translate it into law."
>
> Professor Saint said there was global concern about the problem of over-population.

I consider that Professor Saint summed this up correctly.

Where do we draw the line? I think our law has stood the test of time, but if the medical profession wants more coverage then it should be provided, as was suggested by the Minister for Health in no uncertain terms. The Bill before us is not positive in any way. I give credit and pay due respect to Mr. Medcalf who drew his conclusions, and who interrelated the Bill with the relevant sections of the Criminal Code. His suggestions and solution to the problem were good. I think the Minister for Health came up with something in line with what has been suggested by Mr. Medcalf. Therefore I trust the Bill will not be proceeded with.

I want to see something more positive in the Bill before I would support it. Whether or not the Bill is amended, I will not be happy until the members of the medical profession and the lawyers from the Crown Law Department get together to express their points of view and bring down a clear definition to give protection to the doctors who cater for the existing circumstances which we have tolerated in regard to abortion.

Although Mr. Clive Griffiths was a little critical of what one professor of medicine said, as compared with what some legal man said, I should point out that the legal man was expressing medical views and the medical man was expressing legal views. That is very desirable and is what we want. We want these people to get together so that both sides will know what the law means on the one hand, and what is the protection offered to the doctors on the other hand, when the law is written.

I would commend, rather than criticise, the statements of Professor Donald and the other professor who was mentioned. Most of the other aspects of this matter have been mentioned by previous speakers in the debate. I am sure that members gave this matter considerable thought before they spoke, because most of us knew our position weeks ago. I declared myself quite openly to the people who wrote to me that I would not support this measure in Parliament; therefore I oppose the Bill.

THE HON. E. C. HOUSE (South) [9.52 p.m.]: It has been most interesting to me to listen to the various speakers and their lines of thought. One could aptly say that most members have been cautious in their approach to this Bill. This is a good thing, because it shows quite clearly that they have exhibited a great deal of responsibility and have given the matter much thought. This matter has been proved on a world-wide scale to be a very contentious one, and a member speaking

on a wrong line of thought could raise a great deal of resentment among the community, especially among the religious bodies.

I could not support the Bill *in toto*. If we consider what happened in some countries where termination of pregnancy was obtainable on demand we will find that the birthrate fell. I do not think that is desirable from a moral aspect. I am not sure of the figures, but other members might know: When abortion on demand was legalised in Japan I believe the population fell by 1,000,000 in the first year. That country is very densely populated, and proportionately the decline in population might not be as bad as it seems.

I am quite convinced that in Australia, and particularly in this State, we are still far too Victorian in our outlook, probably more so than is Great Britain, to tolerate any general relaxation of what might be termed abortion or the termination of pregnancy.

I do not know whether some confusion exists in regard to this subject. The letters that I have received—they are not very many, and total in all five—all took the line of requesting me not to support abortion as such; they referred to it as murder, and so on. I agree the writers have a case, but if they can see our point of view in wishing to clarify and tidy up the existing law then they might have a different outlook.

I, too, would congratulate Mr. Medcalf on the lead he gave. I think he changed the whole line of thought in this Chamber, because up to the time he spoke everyone was more or less hedging or trying to find some means to hide the way in which he would vote. Many of our laws are outdated. Today we still imprison people; for instance, alcoholics who are medical cases are thrown into gaol time and time again, but we do not seem to do anything about alcoholism. Many terms of imprisonment have been imposed, because that was thought to be the right thing to do. Yet we have only to visit the Fremantle gaol to realise that many of the inmates have turned into hardened criminals, and any suggestion of correction is erroneous.

I am trying to draw some parallel with an Act that goes back almost 150 years. There is nothing wrong with trying to bring the laws up to date. After all, medicine has advanced tremendously, especially in the past few years. It is only reasonable that Dr. Hislop in introducing the second reading of the Bill should outline what he knew about the unborn child and about the various methods used to determine whether the child would be born defective, or whether the health of the mother would be endangered. These are the matters we have to consider to bring the law up to date.

There is no doubt about the mother's maternal attitude, because all the time one witnesses this throughout the community from the number of adoptions that take place; from the distress suffered by families that cannot have children; and from the families which have four or more children. They want these children, although there are ways and means by which they can prevent pregnancy. That is the general attitude and it is not an isolated attitude. Ninety-nine per cent. of the wives and husbands who desire to have children and who derive a great deal of joy from having children hold that view. Who are the ones who do not miss having children?

Abortions have been performed for quite a long time. Even during the depression it was a very common practice and was probably frowned on even more then than it is today. I think during the depression the cost was about $60 and probably the price has not increased proportionately with the devaluation of currency. Anyone who wants an abortion—and I will call it that because that is what it is if done under these circumstances—will have it. We will not prevent it by law any more than we will prevent prostitution.

This does not mean we must condone it; but let us be sensible and realise that it will go on and if we can protect the doctors against the two angles raised—against public opinion and when, medically, a termination is desirable—we should do so. This is the crux of the whole situation.

Clause 4 (1) (b), which has come under a great deal of discussion tonight, reads—

> (b) there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalites as to be seriously handicapped.

I think this is a very acceptable clause and it is most desirable that it be included. I think it was you, Mr. Deputy President, who mentioned a case which occurred not very long ago. The father shot the child concerned and he is now in prison as a consequence of which the whole family life has been wrecked. However, if that pregnancy could have been terminated, the mother might have had another healthy child and the family life would have been saved.

With regard to clause 4 (1) (b) I would like to refer to one case which was reported in the paper a few days ago. I think it was on the 10th October, although I am not sure. In the United States a court awarded $98,000 damages against the Long Island Hospital, Brooklyn, over a doctor's refusal to carry out an abortion. The award was made by a jury which included five Roman Catholics, and is thought to be the first of its kind in America.

The woman was five weeks pregnant when she contracted German measles, became worried, and asked for an abortion; and it was agreed it should be done. However when she was on the operating table the doctor in charge refused the abortion and ordered that she be removed from the operating theatre.

The result was that the child was born on the 4th January, 1965, totally deaf, partially blind, spastic, and mentally retarded. The family sued the hospital and was awarded the $98,000.

I think that case proves that some people do wish to be able to go to hospital and have a pregnancy terminated because of a fear that the child concerned might if born be afflicted. After all, the woman concerned can subsequently have many more children. There is nothing to prevent this once she is over the measles. I think this is far preferable to perhaps being denied any more children because so much time is required to rear the abnormal one.

There is no doubt that no compulsion exists in regard to this Bill. Any woman, who does not want a pregnancy terminated is not compelled to have it terminated and she can bear a deformed child and any number of future children she desires. I do not think the public in general has the right to dictate on a broad basis what another person should do. As Mr. Medcalf suggested, however, it is necessary to clarify the position of a doctor when a termination is necessary.

With those few remarks I want to make it clear that I would not be prepared to vote for the Bill as it is at present. However, if it is amended along the lines I suggested, I believe it would be a definite advancement in the medical field and would be a desirable piece of legislation from the point of view of the public as well. As long as the amendments are made, I will support it.

THE HON. L. A. LOGAN (Upper West—Minister for Local Government) [10.6 p.m.]: I do not know whether other members have had some trouble in making up their minds on this subject. I think some have said they have. I have had no difficulty, as far as the principle is concerned, since Dr. Hislop presented such a fair and reasonable case when he introduced the second reading of the Bill. I have had no hesitation in making my opinion known wherever this has been possible, despite the letters and petitions which have been received.

Many arguments have been raised, but let us deal with the legal aspect first. I think we are indebted to the Minister for Mines for submitting the opinion of the officer from the Crown Law Department. I would suggest that it was Dr. Hislop's egal problem which prompted him to submit this Bill. Otherwise, I do not think it would be here. Mr. Thompson, from the department says—

> However, it would seem that not only has the law remained unchanged throughout this period of medical advance but that it has been considered necessary to widen the scope of its prohibition to the extent that there is at present no certainty what particular result of gynaecological or obstetrical practice is to be considered lawful.

This is a Crown Law Department officer questioning what is lawful and what is not. He goes on to deal with section 259. He talks about its uncertain protection, and certainly throws doubt upon the legal side of the present law.

I agree with Mr. Medcalf when he said that if the medical profession of today is relying on the judgment in the 1938 case, then it is not on very safe ground. I agree, because if we go back to that case and study it, we will find that a judge and jury were dealing with a doctor who was charged with aborting a 14-year old girl—not a 15-year old—who had been raped. I think it would be easy enough for us to realise what was in the minds of the judge and jury of the day when they were dealing with that 14-year old who had been raped and the doctor who had terminated the pregnancy.

In my opinion it would have been an entirely different matter had the case concerned the abortion of a girl—whether 14, 15, 16, or 17—who had not been raped. I think the attitude of mind would have been entirely different, so I do agree with Mr. Medcalf that if the medical profession were to base any reliance on that judgment of 1938, under present-day circumstances, it could be in trouble.

Clause 4 seems to have been the subject of some controversy, but if members read it they will see it very clearly defines what can be done and what cannot be done. Whether the last part of paragraph (a) goes too far, is a matter of opinion, and mine is that it does not go far enough in many instances because too many cases, which could easily come under its provisions are not classified in the Bill.

I will give one of these instances right now. I know this for a fact. Two girls, somewhat mentally retarded, were in an institution but were allowed out at a weekend to go home to their father, one at a time. Both girls finished up pregnant to the father. Does anyone tell me that we have not the right, or the medical profession has not the right, to terminate those pregnancies?

The Hon. F. R. H. Lavery: Do you think anyone would stop it?

The Hon. L. A. LOGAN: No; but the doctor, under our present law, would be taking a risk if he did so; and that is the

situation we must face and which the medical profession is facing. That is why the Bill has been submitted, and for no other reason. Then we come to these people who write to us and send petitions.

The Hon. J. Dolan: They have a perfect right to do so!

The Hon. L. A. LOGAN: I have not said they have not.

The Hon. J. Dolan: You are insinuating it!

The Hon. L. A. LOGAN: No I am not; but I do take them to task to a certain extent, or at least ask them what authority they have to classify a foetus of even a day old as an individual. That is what they imply in the petition as the honourable member would realise if he would read it.

The Hon. J. Dolan: I have read it.

The Hon. L. A. LOGAN: So have I, and that is what the petitioners say. They say that the foetus of one day is an individual and that this individual should have more protection than the mother. They give no thought or make no mention of the mother—none whatever. They speak of the individual and that we must look after the innocent individual, which, as I have said, can be a one-day-old foetus which might never develop. If we go back through medical history, we find that many a foetus is rejected before it reaches the third month. Yet this is the foetus which the petition wants us to look after.

I doubt the right of these people to ask us to do this. In effect they are saying to us, "You must, under all circumstances, allow the pregnancy to continue from the very first day, even though the medical profession and the mother know that the continuation of the pregnancy could kill both." I do not think they have any right to ask us to do this. I do not think they have any right to ask the mother to consider such a thing when she is suffering the condition described in clause 4.

I believe it is the mother's right to make the decision. When the mother has some doubt about her mental capacity or otherwise, and she asks her medical practitioner what he thinks about it, and he takes all the necessary steps set out in the Bill—he has to do this or he is legally liable—and then agrees to what she wants, I believe no-one else has the right to tell her she is taking the wrong course. What religion has any right to say the pregnancy should not be terminated under those circumstances?

I think I am just about as religious as most members in this House, but as far as I am concerned religion does not come into this, and I would not allow it to do so. I do not think any moral issue is involved. I do not think morals have anything whatsoever to do with it. It is purely a medical matter and nothing else.

If our law denies the medical practitioner the right to carry out an abortion if he has complied with the conditions set out in the Bill—he must do this or he is liable—then it is time we changed the law.

We come now to the second phase when the child is born mentally abnormal. I said earlier that this Bill did not go far enough. I said that because in the position I hold I have, in recent years, committed many babies of unmarried mothers to the care of the State. Because these mothers have had to go through the complete pregnancy under the stress and strain and everything which goes with the bearing of a child by an unmarried mother, the babies suffer. As soon as the child is born the mother concerned writes out a certificate for adoption, or approval for adoption, but the accompanying medical certificate stipulates that the child is not medically fit for adoption. Why? Because of the worry, distress, and everything else the mother has had to endure during the nine months of her pregnancy.

Is it right that such a child should be brought into the world? No-one wants it and it cannot be adopted. As a consequence I must commit it to the care of the State and some hospital must keep it for a while. This is the situation which exists and this is the situation to which we should call a halt, and I do not think anyone has the right to stop us.

I have here a book called *Abortion*, by Lawrence Lader. I have only just picked it up, but it does go into the situation pretty well. On the fly leaf is the following:—

> In order to untangle the inhuman myths and hypocrisies from the tragic realities, Lawrence Lader has interviewed doctors, clergymen, lawyers and judges, legislators, and women who have had experience with abortion. He has examined the history of the practice and the laws against it, and studied the situation in other countries—many of which have few or no restrictions.

The author leaves no doubt as to what he would do, following the investigations he has made.

Referring to when a foetus has life, and dealing with abortion cases, Mr. Thompson from the Crown Law Department said—

> An abortion is defined as the separation or expulsion of the conceptus before the 28th week of pregnancy. After this time the foetus is regarded as viable . . .

This is supported by the fact that, medically speaking, the foetus is a child after 28 weeks gestation. It does not become a child until 28 weeks gestation.

Regulation 10 made under the Registration of Births, Deaths and Marriages Act, 1961, requires the registration of a birth of any child recorded as a foetus of 28 weeks gestation. The Registration of Births, Deaths and Marriages Act, 1893, defined a stillborn child as one delivered

dead after 28 weeks of pregnancy. We made amendments to the Cremation Act to make provision for the same thing. It is fair to say that, as far as pregnancy is concerned, life begins when the foetus has reached the 28th week of pregnancy. To talk about something being an individual when two sperms join together at a certain time does not make sense to me.

Mention has been made of conscientious objections. I do not have quite the same views as some members. I believe that is used for a very good purpose. If a person's conscience makes him believe that this is not the right thing to do, except in an emergency case to save life, he has the right to contract out. It could be a nurse, an anaesthetist, or any person connected with the operation, who because of his own beliefs wants to contract out; and he contracts out knowing full well that he cannot get the sack or be demoted, or anything else like that. That is the reason for its inclusion, and that is my interpretation of it.

I do not know how the last part of clause 4 (a), which mentions a risk with regard to the existing child or children of a family, could be put into practice. It would certainly be difficult to interpret. Here again, if members refer to subclause (2) of clause 4 they will find an examination has to be made and those responsible would have to make sure that everything stated in the Bill—if it becomes the law—is complied with. I do not think a medical practitioner, a gynaecologist, or anybody else would make a recommendation that pregnancy ought to be terminated unless he was satisfied that the provisions laid down in the legislation had been complied with. After doing that, and having come to the conclusion that this was the best thing for everybody concerned, I say nobody else would have the right to decide what ought or ought not to take place.

Mr. McNeill started off by asking whether there was a problem. Undoubtedly there are two problems. The first is the one I have already mentioned; namely, the legal problem, and the second concerns the backroom cases which we hear so much about. I do not believe there are as many as some members have stated tonight. However, if only 100 backroom abortions were carried out in the conditions in which they are carried out, surely this should be enough to make us decide that the practice ought to be stopped and abortions should be allowed to be carried out in the right way and in a respectable place—that is, in an approved hospital subject to the Public Health Department—by a qualified medical practitioner.

The Hon. J. J. Garrigan: Would they stop?

The Hon. L. A. LOGAN: I do not think they would stop completely, but the Bill would stop many of them. If we only succeeded in preventing one backroom death by introducing this measure we would have done some good. There was a case not so long ago where a mother put her daughter into a hot bath and gave her gin to drink in order to try to create a miscarriage, and the daughter died. Would it not have been much better for the mother and the daughter under those circumstances to have gone to a regular recognised hospital where the daughter could have been treated in the right way by a member of the medical profession and still be alive today? Would not that be better for the community than the mother being charged with the murder of her daughter? I think it would be much better.

We could go on recounting these cases day after day, and night after night. However, if members stop and think about the legislation they must decide whether some of it wants tightening up. This, of course, is a matter of opinion but, as far as I am concerned, after listening to the first-class explanation of the Bill and the reasons brought forward by Dr. Hislop, I certainly support the second reading and I do so in no uncertain terms.

THE HON. F. R. WHITE (West) [10.22 p.m.]: In rising to speak to the Bill, firstly I should like to congratulate Dr. Hislop for his courage in introducing the measure into this House. I feel there has been quite a deal of aversion towards facing the problem and dealing with the legislation covering abortion. I should also like to commend the Minister for Mines on his speech in which he requested and encouraged members to participate in the debate. As a result we have had a very lengthy and educational discussion.

When Dr. Hislop first introduced his Bill my immediate reaction was one of support for it. My reaction was that the Bill would legalise existing practice which was now being undertaken by medical practitioners in recognised hospitals. We are all aware of the fact that abortions are carried out in hospitals, not only under the provisions of section 259 of the Criminal Code, which allows abortion if the mother's life is in danger, but distinguished doctors also carry out abortions if the health of the mother, and particularly her mental health, is in danger.

I have been surprised at the lack of response from the general public in respect of this Bill. We hear of a lot of agitation on moral grounds, but I, myself, have received only 10 letters—nine letter opposing the Bill and one supporting it. In looking around the gallery here this evening we see a poor attendance. If there were such an interest in the abortion Bill I imagine the gallery would be filled.

Mr. President, I have an inborn horror of the destruction of human life in any form whatsoever. I agree with the Minister for Local Government, Town Planning,

and Child Welfare when he said it is very difficult to decide just when an infant becomes an individual. I consider it is only after 28 weeks gestation that this is the case. Prior to this period of time there is considerable doubt as to whether we should consider the foetus as a living being.

In my opinion it was necessary that this Bill should be introduced in order to try to reverse some of the actions of man and society. Society has perpetrated many crimes against nature. We had the instance of genocide which was carried out by the Nazis during the last war. That was deliberate, but we have seen other actions by man when he perpetrates crimes in a very innocent manner almost every day.

We have the example of many farmers who, by over-cultivating, and over-stocking land, produce erosion and thereby destroy the balance of nature in the area. They destroy the natural flora and the natural fauna, until ultimately—as happened in the mallee country of South Australia—we find that vast areas of land have become completely denuded of topsoil; in fact, denuded of life in its entirety. Only when man has created this destruction against nature does he decide that some remedial action must be taken. He then endeavours to speed up the ecological succession in order to restore the land to its original fertile condition whereby it will support life in both plant and animal forms.

We have many other instances of perpetrations against nature. We have the use of X-rays. It was not so many years ago that it was compulsory at the University for a student to have an annual X-ray at the beginning of each and every year of enrolment. However, the medical profession found this could be dangerous to human life. They discovered there was a very high correlation between the use of X-rays and the incidence of leukemia, which is commonly called cancer of the blood. Now we find that the practice of taking X-rays every 12 months has been dispensed with. Once again man took remedial action.

We have other instances where society, in its desire to allow a control of sickness during pregnancy introduced thalidomide. Thalidomide, as we know, was used for some period of time before is was discovered that it produced a tremendous amount of damage within the chromosomes of the nucleus of the human cell, thus producing many grotesque infants.

I am sure, in my own mind, Sir, that there have been many instances of infanticide carried out by doctors where an infant has been born grotesque and misshapen and obviously a liability to society. I feel in my own mind, even though I have no proof or anything to substantiate my statements, that infanticide has occurred. Many farmers here, in the delivery of stock, have come across instances where offspring have been produced by poor breeding. In the delivery of piglets, I myself have had the occasion to see one born which did not have two eyes, but one grotesque eye in the centre of its head; which did not have a mouth; but which did have a nose. The rest of the body was perfectly normal. Out of pity I had to take the necessary steps to destroy this monstrosity.

I have referred to the effects of thalidomide, and we have heard of the effects which are produced by other drugs, such as L.S.D. which some teenagers take in order to go on a trip. These drugs are rather harmful.

Before I pursue that aspect I should refer to a portion of Dr. Hislop's reference to human cells and to chromosomes. Each human cell has a living mass of protoplasm in the centre of which there is a nucleus. This nucleus contains a liquid cytoplasm, in which the chromosomes swim. Chromosomes contain genes which pass on the distinctive features of the parents to their offspring. These chromosomes appear in pairs, so that for each distinctive feature there is one pair; for example, two genes determine the colour of the eyes, two genes determine the shape of the nose and two genes determine the colour of the hair, and so on. Dr. Hislop made reference to the fact that chromosomes can become broken, and when they are broken abnormalities occur in the infants. Apparently L.S.D. has this effect, and so have many other drugs.

We find that very often children born to parents of middle age have similar defects. Often there is a high incidence of mongolism among such children—children with yellow skins, straight hair, slit eyes, and of idiotic I.Q. If the doctor is able to determine definitely during the early stage of development that there is a possibility of an offspring being produced—one which will be deformed and will be a liability to the human race in general—then there should be some means to bring about an abortion in such cases.

Originally I gained the impression that the Bill would receive support. That was the impression I formed when I listened to the introduction of the second reading by Dr. Hislop. However, at a later stage I studied the Bill very carefully. Generally the objective of the Bill is to achieve the purpose mentioned by Dr. Hislop, but unfortunately as it now stands I find I cannot agree with in *in toto*.

I would support the Bill if all words in clause 1 (a) after the word "woman," in line 23 on page 2 were deleted. I would insist on the deletion of those words before I would support the Bill. I would insist on the deletion of the words "or any existing child or children of her family," after the word "woman," in line 34 on page 2

in clause 4 (2). I would insist on the deletion of the words "or of the child or children as the case may be," in line 1 on page 3. I would insist also on the deletion of the whole of subclause (5) of clause 4 on page 3. These are the minimum amendments which I consider are required before I can support the Bill. I support the second reading, but I give notice of the type of amendments I expect.

THE HON. F. R. H. LAVERY (South Metropolitan) [10.37 p.m.]: I rise to speak to this Bill perhaps for reasons different from those given by other speakers. I feel that a Bill of this nature could have great consequences on a very wide set of circumstances which might arise from time to time in the medical care field. At times there seems to be the need for the medical termination of pregnancy. Under the very strict code of the medical profession I think that that type of termination of pregnancy would take effect, irrespective of whether other doctors might be against it, in view of the code of the profession.

I am concerned with one or two matters that have been raised in the debate. When a Bill of great importance, such as this one, is introduced, and members are called upon to make a decision, very often after hearing the pros and cons they feel that they are entitled to change the views they held originally. I think that the opportunity to debate a matter such as this should be given to members when the Bill is introduced in Parliament. The people outside Parliament who are affected by this measure are the womenfolk. So far as the men are concerned we—I am using this in the most general term—the people who can impose a burden on the womenfolk, often walk off and leave them to carry the burden irrespective of the social or financial position in which such women are placed.

Many people are very vocal on this subject, and have suggested to members of Parliament that they should oppose this legislation. In my opinion such people are not competent to suggest to the medical profession or to members of Parliament the action that should be taken, because they have not had the experience as fathers or mothers to be able to impose their wishes. During my period in this Parliament I have always taken the attitude that if I did not know something about a certain subject, or if I was not sufficiently informed on it, then the *status quo* should remain. In a number of instances this can be proved quite easily. For instance, on the question of fluoridation I voted against the measure because I was not in a position to argue against the medical opinions of the world—and those opinions were divided. Therefore I voted against that measure, because I considered that the *status quo* should remain. On the other hand, I have supported the pressure exerted by a group of people who sought State aid for schools. Even before I was elected to Parliament I was in favour of such a proposal.

In this instance I wonder whether the pressure on members of Parliament from people outside does not actually infringe section 8 of the Parliamentary Privileges Act, a part of which reads as follows:—

> The sending to a member any threatening letter on account of his behaviour in Parliament.

Because this is a national matter which has aroused a great deal of debate in this Chamber and created much public interest over the last couple of years—I was in England when the matter was the subject of great discussion—I feel that I would have to be much better informed than I am before I could make a decision.

Irrespective of the arguments for and against the legal, the moral, and the medical aspects of the Bill, and irrespective of the reasons for the Bill being before us, the people who are so vociferous in opposition to it should at least show some respect to Parliament by attending in significant numbers to fill the galleries. We were honoured from the religious side by the attendance of Canon Eyers of the Society of the Sacred Mission who sat in the President's Gallery when Dr. Hislop introduced the second reading of the Bill. After the introduction of the second reading I spoke to this gentleman in the foyer of this Chamber. I did not know him or what church he represented.

He was in fact the padre at the Mount Hospital. In the course of my conversation with him he did say that only a week before a situation arose in the hospital which left him no alternative but to agree that he was faced with a case in which an abortion should be carried out. I would like to quote something which appeared in *The West Australian* of the 19th September, 1968. The heading of the article reads as follows:—

> The Anglican attitude to abortion is given below. The statement was compiled by a working party under Canon Laurence Eyers, of the Society of the Sacred Mission. It was issued for the Anglican Church by the Right Rev. T. B. Macdonald, acting metropolitan of the province of W.A. and administrator of the Perth diocese.

I have attended all the sittings of this House while the Bill has been under discussion, and he is the only member of the clergy whom I have seen present. There has also been a noticeable lack of attendance at Parliament by the general public, and yet I am asked to accept a proposition that has been put forward in a petition which was signed by nearly 28,000 people. I do this with considerable reservation; which I think I am entitled to do.

I would also point out that I received

from my constituency only 10 letters, nine of which were opposed to the Bill, and two of them said quite accusingly that if I were supporting the measure I would be supporting murder. If these people continue with that sort of talk I will certainly do something about invoking the privilege of Parliament.

The other section which opposed the Bill comprises those who organised the petition. The people who signed that petition, of course, were in the position of having been requested to do so under pressure. I have taken petitions around myself asking people to do something about the education of natives in Australia, and I know what is involved. Accordingly I feel we are being pressurised to a certain extent.

I have quite a number of documents in front of me, and I spent a great many hours reading them over the long weekend. I do not propose to quote from them, but I do wish to express my disapproval of the attitude of certain people who demand that I do something in Parliament and yet are not prepared to extend to us the courtesy of attending Parliament.

I would like to congratulate Dr. Hislop on the Bill he has introduced. He has given people two years to consider the matter, and that is fair enough. I would also like to congratulate the Minister for Mines for his thought in having produced for us that splendid document which contains so much legal advice. My congratulations also go to Mr. Medcalf who provided us with further information on the matter.

I did state a few months ago that I was not in favour of the Bill, and I want the people who are trying to bring pressure to bear on me to know that they are not influencing me at all in the decision I have now taken. I oppose the Bill.

THE HON. S. T. J. THOMPSON (Lower Central) [10.53 p.m.]: I do not propose to delay the House very long on this Bill, because there are not many aspects of it which have not already been covered. To those who have written to me—and, of course, they are entitled to do so—I wish to indicate how I intend to vote.

I do not think there is any need for me to go into the Bill clause by clause, because from the remarks made by various members it is apparent that we will have a fairly lengthy debate on this measure in the Committee stage, when several amendments are likely to be moved.

I would, however, like to touch on one aspect which has not been mentioned. Mr. Dolan said he could understand the mental turmoil of a mother when she became pregnant. This is possibly so; but I venture to suggest that there is also a great deal of mental turmoil experienced by a woman who considers the prospect of abortion.

Mr. Dolan also referred to the maternal instinct. I contend the maternal instinct today is as strong as it ever was. It is a safeguard. If it were not there then any legislation we brought forward would not save the situation.

I can only talk about incidents that are taking place in my own district, but I can say without fear of contradiction that we repeatedly see mothers attending hospital in an effort to avoid a miscarriage. It is the mother instinct which makes them do this.

The Hon. J. G. Hislop: It is brought on by their taking the wrong tablets.

The Hon. S. T. J. THOMPSON: I am not really concerned at the present time about the moral aspects of the situation. I was rather alarmed at Mr. Claughton's interpretation of this Bill, which was somewhat wider than I had in mind. With those few remarks, I express my intention of supporting the second reading of the measure and reserve any further remarks I might make until the Committee stage.

THE HON. F. D. WILLMOTT (South-West) [10.55 p.m.]: Dr. Hislop has done a very courageous thing in bringing this Bill before Parliament. I for one respect his motives for doing so in trying to deal with a very difficult subject, one which I think most people have avoided. It has been suggested that this matter could have been better dealt with by amendments to the Criminal Code. This may or may not be correct; but the simple fact is that no-one has attempted to do anything about this matter by way of an amendment to the Criminal Code. All we have had presented to us for our consideration is this Bill, which was brought to the House by Dr. Hislop.

I will not attempt to deal with the moral side, the religious side, and other matters, because they have been debated at great length; but I do feel I must support the second reading for the reason that although abortion is legally allowed—or claimed to be so—under the provisions of the Criminal Code at the present time, I think the protection that is afforded to any medical practitioner who performs this operation is very doubtful indeed.

Furthermore, I believe the very fact that this Bill has been so widely debated in this Chamber, and so widely debated by the public, will mean that the spotlight will be on any existing legislation dealing with the matter. I feel that this will place members of the medical profession in greater jeopardy than they have been in the past. For that reason this Bill is worthy of support.

Like Mr. Syd Thompson, I do not intend to deal with the provisions of the Bill; I prefer to wait for the Committee stage because it is then that we can deal with

the various matters which have been mentioned. I would only be delaying the House at this stage if I dealt with anything contentious in the Bill. I do not completely agree with the measure as printed, but I am prepared to listen to the debate in the Committee stage and then make up my mind. I support the second reading.

THE HON. R. H. C. STUBBS (South-East) [10.57 p.m.]: My comments on this Bill will be very brief. I do not intend to speak for long because after about 27 or 28 members have spoken there is very little left for one to say.

Some countries adopt the termination of pregnancy as the solution to a social problem—feeding the population. We find that in our affluent society the necessity stems from some other reason.

I have tried to obtain the reaction of people in my electorate and find out what their thoughts are, but everyone seems to be indifferent. There is not much enthusiasm; and this concerns me greatly. We have not heard from any of the women's organisations—and there are many of them. This is a problem for them to consider, and I think they should have some say in it. I have not received one word from any women's organisation, but I have received some letters. I would say that 12 are against and one is for the measure.

The men seem to be indifferent and have a could-not-care-less attitude. So I am nonplussed as to what to think about it. There is one aspect that does occur to me in that if the measure does become law we could have a problem in our hospitals: beds would be short in number, because I presume patients would be taking up beds that could be used for sickness and accident cases. Hospital personnel, such as doctors, nurses, and so on, would be doing this work instead of attending to the sick. That is a problem which has me a little worried.

I also have to comment at the lack of interest in this measure. There is no-one in the gallery; no-one seems to be interested enough. Might I recall, Mr. President, that when the fluoridation Bill was before the House the gallery was crowded. People took an interest in that measure. When the Barracks Archway was being debated in another place, the gallery was crowded; but in the case of this Bill to terminate pregnancies, no-one is interested at all. There is general apathy on the part of the public.

The Hon. A. F. Griffith: There were a few here for the bank holidays Bill, too.

The Hon. R. H. C. STUBBS: I was not in the House then. I am speaking of my own experience. I have spoken to some women and their views are very diverse. I do not seem to be able to obtain any idea at all of what is wanted.

My own views are these: I abhor the thought of taking life, whether it be that of an unborn child or as a result of sending a 20-year-old to Vietnam. Therefore, I intend to vote against this measure.

THE HON. J. G. HISLOP (Metropolitan) [11 p.m.]: I must thank all those who have spoken to this measure. It has been very interesting to me. One or two questions have been rather baffling but they will all be done away with in the final issue of this Bill.

I do not think I need to waste time in a lengthy discussion at the moment, because most of the opinions that have been expressed have already been examined, and will be brought before the House on Tuesday evening next. Everybody has been generous to me in their debating of the Bill, and they have made it so much easier for me to know their views.

The two Bills that I have introduced were practically copied from the English Act. I think that, properly expanded, this Bill will be accepted by members. I am quite content to carry on in this way. When I say, "in this way," I mean that I have had discussions with the Minister for Health (Mr. MacKinnon) who has suggested quite a number of changes to some matters which I thought would be in the Bill for many a day.

A very interesting feature is that in the two years that I have been working on this measure I did not get any satisfaction by asking some of my colleagues to discuss it with me. Yet, I know that some of them were performing these operations. Again, in other sections of medicine, I called up some of my friends but they just did not have any real plans or opinions. It has been suggested that the titles of the members of the profession who have possibly reached the specialist stage, should be eliminated. A practitioner is meant to cover all of the divisions of medicine.

If the suggested amendments to my Bill will function well, I will have no hesitation in accepting them. I will do my best to work out the Bill with the Minister for Health and it is possible that we will bring something to this House which will be welcomed by all—or by nearly all members. I understand that the Bill will be discussed on Tuesday next and in the two or three days available I will study it again so that we can devise something which will be acceptable.

The Hon. A. F. Griffith: Is the honourable member prepared to put the suggested amendments on the notice paper?

The Hon. J. G. HISLOP: There are too many amendments to go on tomorrow's notice paper.

The Hon. A. F. Griffith: But are you prepared to put them on the notice paper?

The Hon. J. G. HISLOP: Yes; I have

them with me and ready to place on the notice paper. We may even have time for a conference before then. There is no discord in the arrangements at all. I therefore commend the Bill to the House.

Question put and passed.

Bill read a second time.

TRAFFIC ACT AMENDMENT BILL

Receipt and First Reading

Bill received from the Assembly; and, on motion by The Hon. A. F. Griffith (Minister for Mines), read a first time.

House adjourned at 11.8 p.m.

Legislative Assembly

Wednesday, the 16th October, 1968.

The SPEAKER (Mr. Guthrie) took the Chair at 4.30 p.m., and read prayers.

BILLS (2): INTRODUCTION AND FIRST READING

1. Kwinana Loop Railway Bill.
2. Mangles Bay Railway Bill.

Bills introduced, on motions by Mr. O'Connor (Minister for Railways), and read a first time.

QUESTIONS (21): ON NOTICE

LAND AT TOODYAY

Map

1. Mr. JAMIESON asked the Minister for Lands:

   (1) Is there available a map of a larger scale showing more clearly the topography of the land at Toodyay transferred from the Defence Department to the Lands Department than plan 2028/80 tabled in the House on the 3rd October, 1968?

   (2) If so, would he table same?

   Mr. BOVELL replied:

   (1) and (2) There are a series of 40 chains to the inch lithographs available, but the topography is very similar to that drawn on plan 28/80 and the area in question is shown over four different sheets.
   A print of an Army 80-chain map showing topographical features of the area bordered red and in more detail has been prepared and is submitted for tabling.

   The map was tabled.

MILK

Plastic Containers

2. Mr. JAMIESON asked the Minister for Agriculture:

   In view of the more economic way used in Denmark for retailing milk in plastic disposable containers, has the Milk Board given any consideration to pioneering this system in Australia?

   Mr. NALDER replied:

   The subject of containers for milk is under constant review by milk boards throughout Australia, but the returnable bottle is still proving the most economic.

POWER STATIONS

Percentage of Power Produced

3. Mr. JONES asked the Minister for Electricity:

   What percentage of power was generated by the undermentioned power houses on a weekly basis since the 1st June, 1968—

   (a) Bunbury;
   (b) Muja;
   (c) South Fremantle;
   (d) East Perth;
   (e) Collie?

   Mr. NALDER replied:

Week ending	East Perth Per cent.	South Fremantle Per cent.	Bunbury Per cent.	Muja Per cent.	Collie Per cent.	Wellington Dam Per cent.
8th June	1.88	13.03	15.72	67.62	1.75	....
15th June	1.34	14.01	18.1	64.93	1.61	0.01
22nd June	4.38	13.93	19.61	60.61	1.47	....
29th June	1.49	13.77	19.46	63.71	1.57	....
6th July	2.19	15.51	25.34	55.41	1.55	....
13th July	2.58	16.6	22.99	56.2	1.62	0.01
20th July	1.35	15.06	19.57	62.47	1.55	....
27th July	1.14	16.76	19.98	60.55	1.57	....
3rd August	1.67	16.75	20.54	58.9	1.53	0.61
10th August	1.73	16.22	21.72	58.02	1.47	0.84
17th August	0.58	17.35	15.82	63.84	1.47	0.94
24th August	1.82	20.93	14.12	60.92	1.36	0.85
31st August	2.44	22.54	10.85	61.98	1.44	0.75
7th September	1.41	21.66	8.38	65.95	1.52	1.08
14th September	0.75	21.85	12.6	62.36	1.5	0.94
21st September	2.06	29.45	17.5	48.4	1.6	0.99
28th September	1.62	29.4	16.36	50.15	1.54	0.93
5th October	1.09	25.72	8.19	62.49	1.54	0.97
12th October	2.16	21.24	3.46	70.55	1.62	0.97