

Health professionals' opinion on abortion

As advocates for patient welfare and rights, the majority of Australian health professionals are in support of access to abortion services. However, they admit that restrictive laws impact upon their ability to provide the best standard of care for their patients.

Health professionals are bound to act in the best interest of their patients' health, autonomy and rights, and this includes the provision of, and referral on to, safe abortion services. Despite the overwhelming support for providing access to abortion services, the presence of abortion in the South Australian criminal law negatively impacts upon health professionals' willingness and ability to provide the best standard of care for women.¹

In their formal position on Ethical Issues in Reproductive Medicine in 2013, the Australian Medical Association (AMA) emphasised the role of abortion services in providing holistic healthcare: *'to regulate and control fertility should be regarded as a principal component of the physical, mental, and social well-being of women of reproductive age.'*²

In examining the opinions of health practitioners on abortion, it is particularly important to consider the professional opinion of those practitioners who are in a position to actually provide abortion services—obstetricians/gynaecologists and general practitioners.

The Royal Australian College of Obstetricians and Gynaecologists (RANZCOG) has issued a formal statement in support of access to abortion services. RANZCOG cites the potential dangers arising from restricted access. *'Non-availability of termination of pregnancy services has been shown to increase maternal morbidity and mortality in population studies.'* They make note of equity issues. *'Access to termination services should be on the basis of health care need and should not be limited by age, socioeconomic disadvantage, or geographic isolation.'*³

A large peer-reviewed study of practicing obstetricians/gynaecologists (OBGYNs) demonstrated that 89% supported the availability of abortion within the public health system, and 73% provided abortion services as part of their practice.⁴ Of those who reported religious/conscientious objection to abortion, 32% still provided abortions in certain circumstances.⁵ Several respondents reported not accepting a fee for provision of abortion services, stating that it is a 'needed procedure'.

General practitioners (GPs) are the majority of abortion-providing doctors in Australia and GPs as a professional group overwhelmingly support access to abortion services. A large Australia-wide survey found that 84% of Australian GPs believed all women should have access to abortion services.⁶ However, more than a third (37%) reported that they do not feel they fully understand the abortion laws in their state or territory.⁷ Health professionals are cautious of the laws that govern their practice; in the case of abortion, these laws impede best practice.

The impact of South Australian laws on practice

In SA, abortion is currently defined as an offence in the criminal law, but there are circumstances in which abortion is deemed lawful. Nonetheless, the presence of a vital medical procedure in the criminal law impacts upon practitioners providing this service.

Australian research has demonstrated that the continued status of abortion as a potential criminal offence in some jurisdictions (as is the case in SA) *affects the willingness of medical practitioners to provide abortion services*, and the manner in which abortion services are provided.⁸ Sustainable service provision is undermined by laws that discourage otherwise willing practitioners.

Researchers have shown that abortion providers in NSW and Queensland adopt *restrictive practices to manage the perceived risk of prosecution*, even though these practices are neither medically indicated nor explicitly required by the law. This occurs even where medical practitioners indicate that these restrictions are 'usually unnecessary, time consuming, emotionally distressing for the woman concerned and often detrimental to her physical and/or mental health'.⁹ Complete removal of abortion from the criminal law would mean that practitioners need not be restricted by fear of prosecution and uncertain legal interpretations, but rather guided by current medical evidence regarding safe and best practice for abortion provision.

Research has demonstrated that the majority of Australian OBGYNs and GPs support ready and free access to abortion services for women, and are willing to provide this essential service. By repealing the laws that restrict best practice in South Australia, we would allow health professionals to continue to advocate for their patients and provide best quality care.

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- 1 Quantum Market Research, Marie Stopes International. 2004. 'General Practitioners: Attitudes to Abortion', May 27, 2010. https://issuu.com/mariestopes/docs/gps_attitudes_to_abortion_research/7.
 - 2 Australian Medical Association, 2013, Ethical Issues in Reproductive Medicine. Position statement. <https://ama.com.au/position-statement/ethical-issues-reproductive-medicine-2013>.
 - 3 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 2016, Termination of Pregnancy. [https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-\(C-Gyn-17\)-Review-July-2016.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf).
 - 4 De Costa CM, Russell DB and Carrette M, 2010 'Views and practices of induced abortion among Australian Fellows and specialist trainees of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Medical Journal of Australia*, 2010; 193:1, 13–16. <https://www.mja.com.au/journal/2010/193/1/views-and-practices-induced-abortion-among-australian-fellows-and-specialist>.
 - 5 *ibid.*
 - 6 Quantum Market Research, Marie Stopes International, 2004. *Op cit.*
 - 7 *ibid.*
 - 8 De Costa CM, Russell DB, Carrette M, 2010, *Op cit.*
 - 9 *ibid.*