

## Best care and how to extend it

Abortion should be a woman's decision, be affordable to all, and accessible regardless of a woman's location. It should be provided by well trained and committed practitioners utilising the most up to date, evidence-based methods suited to the particular woman's circumstances. Abortion should be regulated like other health care. It should not be in the criminal law.

### **Metropolitan abortion services**

Adelaide has excellent public sector abortion services. Provision of these services is generally free of charge, and therefore a patient's income or socioeconomic status is not a constraint upon access; this is unique in Australia. Nearly all abortions in South Australia are performed in metropolitan public hospitals, and the majority are performed at the Pregnancy Advisory Centre, which operates as part of the Queen Elizabeth Hospital.

The Pregnancy Advisory Centre (PAC) is a free-standing specialist clinic which has maintained global best practice standards of abortion provision since 1992. The PAC has been collecting data on the outcomes of abortion procedures since its inception. These data show that the PAC has improved its performance across this period. The effectiveness of the PAC's quality improvement approach is illustrated by its extremely low rate of adverse events.<sup>1</sup>

### **Abortion services are not readily accessible in regional and rural areas**

However, abortion services are not as readily accessible to women in regional and rural South Australia, nor in areas across state borders where people regularly rely upon and are referred to SA health services (eg Broken Hill, Alice Springs). A legislative requirement that women must hold SA residency in order to access abortion services results in access being denied to interstate patients.

### **Medication and surgical methods of abortion**

Since 2008, the PAC (and, subsequently, some public hospitals in SA) have been providing abortion using both medication and surgical methods. About one third of women treated by the PAC choose early medication abortion, which is available to women up to nine weeks into their pregnancy. Data collected internationally and at the PAC shows that early medication abortion is as safe as surgical abortion<sup>2 3</sup> and does not need to be provided in a hospital clinic. Early medication abortion has the potential to improve access for women, particularly those in rural and remote areas.

### **South Australian law obstructs widespread availability of Early Medication Abortion (EMA) and late gestation abortion**

But the SA law, which was developed to provide excellent hospital or clinic based care for surgical abortion, has become an obstruction to the widespread availability of early medication abortion. The requirement that abortions be performed in a hospital compromises wider access to early medication abortion.

Abortion is available in SA only up to 24 weeks gestation (although the law sets a limit of 28 weeks). This creates an arbitrary gestational limit, not guided by medical evidence and is out of step with patient centred health care. The need for late gestation abortion is relatively rare, arising from exceptional circumstances including serious health risks and foetal abnormality or death.

### **Safe access zone legislation is needed to protect patients and staff**

The PAC is regularly frequented by protesters who oppose abortion. In many countries, the provision of abortion is (uniquely among medical services) heavily affected by protests. This interference is distressing for patients and staff, and at its most extreme compromises the safety of those accessing and/or providing abortion services. Currently, four Australian jurisdictions, as well as numerous international territories, have introduced safe access zone legislation, which creates a physical space around a clinic or hospital where protesters may not enter and/or where their speech and action is restricted.

### **The two doctor requirement is unnecessary**

The law in SA currently states that in order for a woman to have an abortion two doctors must form the opinion that she meets criteria set out in the criminal law. This requirement—made nearly fifty years ago—is completely out of step with consent processes for all other medical procedures in SA and demeans women's decision making authority. The two doctor requirement is an unnecessary use of doctors' human resource.

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- 1 Mulligan E, 2006, 'Striving for excellence in abortion services', *Australian Health Review*, 30.4, 468-473.
  - 2 Kulier R, Kapp N, Gülmezoglu AM, Hofmeyr GJ, Cheng L, Campana A. *Medical methods for first trimester abortion*. Cochrane Database of Systematic Reviews 2011, Issue 11. Art No: CD002855. DOI: 10.1002/14651858.CD002855.pub4.
  - 3 Mulligan E and Messenger H, 2011, 'Mifepristone in South Australia: the first 1343 tablets', *Australian Family Physician*, 40.5, 342-345.