



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis (Chair), Mr James Milligan MLA (Deputy Chair),
Mr Michael Petterson MLA

Submission Cover Sheet

Inquiry into abortion and reproductive choice in the ACT

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Legislative Assembly of the Australian Capital Territory
Standing Committee on Health and Community Wellbeing
Inquiry into Abortion and Reproductive Health in the ACT
Formal submission

Date: 4 August 2022

Details of submitter

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Submission made in my capacity as a private citizen

I do not represent any group or organisation

Text of submission

Summary

Calvary Hospital is the ACT's main public hospital.

It is operated by The Little Company of Mary, a Catholic organisation with an explicitly religious mission. As a Catholic organisation, it holds a religious objection to certain forms of healthcare, including termination of pregnancy and certain other reproductive healthcare.

I do not wish to cast aspersions on the humanity or professionalism of any health professional working at or alongside Calvary Hospital. Indeed, my personal interactions with Calvary have been generally marked by professionalism, human empathy, and a genuine desire to achieve the best health outcomes for all patients.

However, it is intensely problematic for the ACT to be reliant on a public hospital that will not provide termination of pregnancy services, and whose management (and no

doubt many staff) are opposed to providing it on religious grounds, and where those grounds come with an implicit moral judgement.

In a best case scenario, it creates unnecessary anxiety and fear in women who may require a termination, or who need care for complications arising from a termination. They may question whether they are genuinely receiving the best medical advice for their circumstances, and worry how they may be treated by professionals who they are forced to trust with essential procedures and intimate medical and sexual health information.

In a worst case scenario, it opens the door to a single bad-faith actor providing inappropriate care or not appropriately informing a patient of relevant (and potentially life-saving) medical options. Or, alternatively, a patient being stigmatised and traumatised during their medical care.

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Personal experience

I provided close support during a termination of pregnancy to X (name redacted), a woman who at the time of this writing is not comfortable personally sharing her experience with the committee.

X became pregnant, and chose to seek a termination, for reasons that are, first and foremost, nobody's business but her own, but which included concern that the practical and hormonal effects of carrying a child to term would interact with her mental health in potentially dangerous ways, including risk of suicide.

X obtained a medical termination by way of the Marie Stopes clinic. This involved appointment and assessment by doctors at the clinic, followed by consuming a pill at home. I supported her at the appointment, and during the taking of the pill.

During the course of the termination, complications arose, and we were forced to call an ambulance, which conveyed X to Calvary Hospital.

As soon as we learned where we were going, our first question was, "Will they treat us? Will they turn us away?" Later questions included, "Will they judge us? Will they provide honest and accurate advice? Will they talk about us behind our backs? Will they tell X it is her own fault for seeking a termination?"

X was absolutely terrified during her admittance. The process of a termination was already stressful and scary. The complications were very frightening. The experience she needed was one where she could be sure she was in the hands of professionals who would treat her condition with the same lack of moral shading as a broken bone or a kidney stone. Instead, the status of Calvary as a religious hospital gave her an extra reason to worry at an incredibly stressful time.

In the end result, the treatment we received at Calvary *was* fully professional, and I have nothing but praise for the individual health professionals we interacted with.

But while we had a good result, it doesn't take away the underlying reason why we were worried.

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Solutions

I do not have concrete solutions to this problem.

In an ideal world, the ACT's public hospital and northern emergency department would be government owned and operated. However, I note that the ACT Government has previously explored the option of buying out the Little Company of Mary, under the term of Katy Gallagher as Chief Minister, and met with resistance that made it overly costly or impossible.

The construction of the University of Canberra Public Hospital was a positive response to this, and while it helps solve some questions of ownership of expensive government-funded equipment and infrastructure, it does not do anything to resolve the situation in relation to abortions.

I would recommend the government explore something like the Health Legislation Amendment (Conscientious Objection) Bill 2022 recently introduced by Fiona Patten MP into the Victorian parliament, which aims to legislate the right for women to receive abortion and other reproductive care at all public hospitals.

I make no comment on the specific clauses of that bill, as it's clearly a complex area that would require significant legal thought and community consultation to implement in a best-practice manner, but I support the notion in principle, as a second-best option to seeing all public hospitals in public hands.

But ultimately, women in the ACT simply cannot have proper access to safe, trustworthy, stigma-free termination of pregnancy while our public hospital is operated in accordance with a religious mission.

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Other notes

I strongly support the existing legislation that provides protest-free safe zones around the entrance to providers of reproductive care. This legislation has been in place for many years now, and it has been effective, fair, and necessary, and it should continue.

I strongly support the ACT Government's recently announced decision to fund termination procedures for all ACT citizens, even those without Medicare. This is an example of excellent progressive leadership which I applaud.

While I hope that the committee will take this submission into consideration, and note that everyone in our community has (or should have) an interest in supporting the fundamental rights of anyone who may need a termination, I support that the primary voices to be heard on this topic should be those of women, and note that it is **extremely unfortunate** that at the time of this writing there are, to my knowledge, **no women on the Standing Committee on Health and Community Wellbeing**.

(The Assembly does well with gender balance overall, and I cast no aspersions on the individual committee members, but this is an unfortunate topic to fall to the deliberation of an all-male committee.)

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Specific response to terms of reference

I have no comment to make about any other aspect of the committee's terms of reference and leave those matters to people with more direct personal experience or expertise.

(END OF SUBMISSION)

Greg Tannahill

4 August 2022