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# Seeking reproductive health rights and equity in Australia

## Does law protect or hinder women's health in the NT?

Termination of pregnancy is a common event in women's lives. In the Northern Territory (NT) around 1000 terminations occur annually and by way of comparison nearly 4000 babies are born each year. About 200 of those abortions are for Indigenous patients. According to the Public Health Association policy, providing termination of pregnancy (TOP) services within the public health system is essential. Offering women and their partners, pregnancy options and providing evidence-based quality of care should be possible across Australia. However TOP services are difficult to access in the NT, they are inequitably provided, and the options available are dated. Moreover, finding published data is difficult; the last data on the abortion rate in the NT is from 2006. This is due in part to the non-prioritising of women's health by various governments and also to the limitations of the Medical Services Act 2011 (Part II, Section 11); the law that regulates and criminalises TOP.

In the NT, there are few doctors who provide TOP services. Nurses, midwives and general practitioners and non-government services provide counselling and referrals. The NT legislation states that TOP can only be performed in hospital by an obstetrician-gynaecologist up to fourteen weeks gestation, or later, in cases where it will prevent grave injury to physical or mental health, or to preserve a woman's life. In practice only surgical terminations of pregnancy are offered in the first trimester in Darwin and Alice Springs; women are sent interstate for later terminations. As the service has become more unstable, there are discussions regarding sending women and girls to Queensland for TOP services. Services are provided in two public hospitals in Darwin and Alice Springs and one private hospital in Darwin. This concentration of services in only two urban areas, thousands of kilometres apart, gives pause for thought about accessibility. Due to the vast landscape and stretched remote health service of the NT, women need to travel very long distances to access services, as they do for any type of pregnancy and birth care, which comes with the potential for associated poor health outcomes. The distances women need to travel impact on affordability but no data exist on out-of-pocket costs incurred or the impact on pregnancy choices. Furthermore, the NT has a transient population and it is likely that unknown numbers of women return to their home state for elective abortions.

While workforce issues and geographical access are challenging, the NT is to be commended for providing over ninety per cent of TOPs in the public health system. This is unusual as in most states and territories TOP services are largely privatised. This model of health care discriminates against economically and socially disadvantaged people: younger, poorer, Indigenous, rural and remote living women find it hard to afford the costs of travel, accommodation and services.

Early medical abortion has been available in Europe since 1988, in the US since 2000 and in other jurisdictions in Australia since 2006. This puts the NT twenty-six years behind evidence-based reproductive health care. Medical TOP is the provision of doses of mifepristone and misoprostol orally before nine weeks gestation. It is efficacious and well-accepted by women as a method of terminating an accidental, mistimed, unwanted or unviable pregnancy. Less than five per cent of medical termination of pregnancies require follow-up due to complications such as excessive bleeding or continued pregnancy. In South Australia, twenty-two per cent of terminations are performed as a medical TOP as the preferred method. And eighty per cent of terminations of pregnancy are performed by general practitioners. It is cost-effective as it reduces the surgical resources required by curette termination of pregnancy. It is a game changer in access to pregnancy choices and possibly as revolutionary as the oral contraceptive pill.

Early medical TOP is not offered as an out-patient service in hospitals in the NT and cannot be offered in GP practices or health clinics due to the limitations in the Medical Services Act which stipulate that the location is restricted to hospitals and that an obstetrician/gynaecologist be involved. The NT Department of Health reviewed the provision of TOP pregnancy services and in April 2014 commissioned a report from Professor De Costa. The unpublished report to the Department of Health recommended changes and suggested law reforms. The Minister of Health is reviewing the legislation and women's health hangs in the balance waiting for law reform within a democratic process, but should it?

Before TOP was legalised in Australia in the 1970s, women used the services of health professionals and quacks. As Jo Wainer's work chronicled it led to women being shamed, maimed, financially exploited and in some cases their deaths; the system was corrupt. Legislation was the instrument that began the process of providing terminations in hygienic, caring, and honest ways. Since 1973, Medicare included the possibility for women to claim their reproductive health needs within the public health system. However it seems that now the law is an impediment to women's health and obstructs the public health system. The law is not working as it was intended, which was to protect women's health and doctors.

What would happen if there were no abortion law such as in Canada? Canadian abortion law was struck down in the 1980s due to it being unconstitutional. In 1988 the Canadian law was found to violate the Charter of Rights and Freedoms because it infringed upon a woman's right to life, liberty and security of person. After some court deliberation, Canadian women were informed that abortion was like any other medical procedure, a matter of privacy between herself and her doctor.

Canada is an example that abortion law can be repealed when it infringes on the integrity of the person and access to health care. The Medical Services Act, specifically the section that regulates TOP, should be repealed not reformed. TOP would then be managed in the same way as other procedures; a combination of patient choice, medical expertise, clinical judgement, personal ethics, evidence and health policy. There are numerous technical guidelines that are endorsed by reputable health leaders including the World Health Organization. In the case of TOP, the law is a barrier to good public health practice and policy in the NT and possibly other jurisdictions.

Is the debate over law reform a moot point for women? One look into the internet shows that information regarding TOP is available and the mechanism of how to 'self-abort' with medication a computer-click away. 'Women on Waves' and similar websites inform women about TOP and provide access to medicines. In the past three years, fifty-nine Australian women have contacted Women on Waves for assistance with TOP. The internet is likely to be a well-used resource, especially for women with restricted access to formal health services. The internet may make health professionals redundant and this is not ideal.

In summary, the provision of TOP services in the NT is inadequate and inequitable and out of date. We need to know why women seek TOPs and their social and health status, we need to know about men and women's contraceptive decisions and use; we need to understand the links between violence, drugs, alcohol and unwanted pregnancies. We need to abolish laws on TOP. TOP laws do not uphold reproductive health rights; they are an antiquated idea from another century that hinder the provision of evidence-based public health.

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