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4 August 2023

The Honourable Amber-Jade Sanderson
5th Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

By email: Minister.sanderson@dpc.wa.gov.au

Dear Minister

Thank you for the Abortion Reform Bill briefing your office provided to myself, Dr Katharine Noonan (AMA (WA) Vice President) and Dr Celine Baber (AMA (WA) Council Anaesthetics Representative).

The Australian Medical Association (WA) continues to have concerns about a number of areas that do not reflect clinical realities and fail to adequately safeguard Western Australian patients seeking abortion services. We believe that addressing these would improve safety, without reducing safe access to abortion.

Clause 202MD

I reiterate the concern expressed by the AMA (WA) in our submission to the *Abortion Legislation – Proposal for Reform in WA,* permitting the performance of medical abortion by certain other registered Health Practitioners at not more than 23 weeks.

The *Proposal for Reform* did not outline an evidence basis, justification or preceding consideration regarding the expansion of regulatory options to include other AHPRA registered health practitioners. Further, we know that respondents supported this option, without realising the intention behind use of the term 'health practitioner'.

Likewise, the Bill's Explanatory Memorandum provides little justification for the expansion, noting that the AMA (WA)'s view is that regional, remote and rural patients seeking to access abortion services have the right to access the highest standard of medical care as patients in metropolitan WA.

To minimise patient safety risks without reducing access to safe abortion services, we believe that Clause 202MD should stipulate that prescription of medications for abortion by a '*prescribing practitioner'* must be in accordance with the Therapeutic Goods Administration-approved product information for that medication.

Specifically, this will protect against the possibility of off-label prescription of medications, at a later gestational age than that for which they are approved. Such off-label use in regional areas with limited access to medical care, could have severe consequences, due to the exponentially increasing risk of retained products of conception as the pregnancy advances beyond nine weeks.

Clause 202ME
Abortion after 23 weeks gestation is a highly specialised procedure which, if performed without adequate expertise, can be dangerous and traumatic. It should always involve at least one specialist obstetrician and gynaecologist, and the Bill should expressly stipulate this.

Clause 202ME (4)(a)
There is no sound clinical justification for permitting the medical practitioner with whom the primary practitioner consults for the purposes of Clause 202ME (1)(b), to have a principal place of practice outside Western Australia. It also raises the possibility of interstate doctors having to navigate two legislative regimes, each with different requirements in relation to abortions during later gestational timeframes, in order to provide advice.

There is no situation in which an abortion after 23 weeks gestation can be safely performed without the direct, local involvement of more than one medical practitioner. The justification for this clause provided at the briefing and in subsequent correspondence from Ministerial staff, noting that the Bill's Explanatory Memorandum is silent, was by reference to a hypothetical example whereby a rare genetic mutation was identified by a specialist medical practitioner, not practicing in Western Australia and this information was used to influence the decision to perform an abortion.

Such a case would only ever be managed in a tertiary/quaternary, multidisciplinary care setting, involving many medical practitioners. An interstate "arbiter" is never required, even if they provide pivotal information influencing the local decision-making. In fact, this notion diminishes the world-class expertise that we are fortunate to have in our State.

Division 2 - Clause 20
I note that the purpose of the coroner is to determine the cause and manner of death and any contributing factors, and that an important component of the investigative process, is the identification of strategies to improve public health and/or safety; ultimately to prevent the reoccurrence of similar situations when possible.

While the AMA (WA) acknowledges the reasons behind the proposed changes to the definition of a reportable death and therefore the coroner's involvement in any attempted feticide that resulted in a live birth, it remains critically important that there is a process with the required investigative powers, to support learnings and improvements in the delivery of healthcare where feticide has resulted in a live birth.

The AMA (WA) believes that an investigative pathway, expressly for the purposes of education and improving abortion healthcare services and not to apportion blame, should be established under the Bill and those supporting the investigations should enjoy legal privilege. The Perinatal and Infant Mortality Committee of Western Australia may be suited to assume this responsibility.
I am available to discuss these concerns further and hope that amendments to the Bill will result in safer access to abortion and reproductive health services in WA.

Yours sincerely

Dr Michael Page MBBS(Hons) FRCPA
President