

The Australian Medical Association (WA) is Western Australia's peak medical representative body, and the only independent organisation acting on behalf of Western Australian doctors. We represent the views of WA's medical profession to the government and community and seek the resolution of major social and community health issues from a moral, ethical and medical perspective representing the interests of patients and the people at the core of our engagement.

In the spirit of reconciliation, the AMA (WA) acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Abortion Legislation Reform Bill 2023

Clause 202ME – Specialist skills required to perform post-23 week abortions, should be prescribed in the Bill.

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 be amended to expressly refer to 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.

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.

Despite the Bill's Explanatory Memorandum being silent, the AMA (WA) understands that the justification for Clause 202ME(4)(a) is to cater for situations where a patient's interstate doctor has an opinion relevant to delivery of abortion healthcare. The AMA (WA) does not agree with or support this justification.

It is critical that two WA-based doctors are involved in supporting the appropriate provision on abortion healthcare in WA. This provides safer access to abortion services by:

- ensuring two doctors who are familiar with the patient, WA's health system and capabilities, will be able to advise and support the safest and most appropriate provision of post 23-week gestation abortion healthcare; and
- **does not prevent** those WA doctors' seeking the opinion of any other health professional (either interstate or overseas) involved in the delivery of care to the patient and whose opinion may support determining whether an abortion is appropriate, which may in fact be required by virtue of optimal patient care.

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.

The AMA (WA)'s view is that Clause 202ME(4)(a) should be removed from the Bill to ensure that two WA doctors can determine, in conjunction with the patient, whether performing an abortion is appropriate.

Clause 202MD – Allowing Health Practitioners to perform medical abortions up to 24 weeks

The AMA (WA) expressed concern by the use of the term '*Health Practitioner*' in the Abortion Legislation Reform Discussion Paper, in relation to proposed regulatory options regarding the current requirement for two Medical Practitioners to be involved before a patient can have an abortion.

The Discussion Paper gave respondents two options:

- Option 1 - Retain the existing provisions requiring two medical practitioners to be involved before a woman can have an abortion.
- Option 2 - Amend provisions to allow only one health practitioner to be involved (excludes late abortions)

The Discussion Paper did not outline an evidence basis, justification or preceding consideration regarding the expansion to include non-medically trained AHPRA registered Health Practitioners.

The AMA (WA) objected to the binary option as presented, instead expressing our support to allow only one Medical Practitioner to be involved (excluding late abortion).

The Bill's Explanatory Memorandum provides little justification for WA becoming the only state where a medical abortion may be performed by someone other than a Medical Practitioner, stating that this will "future proof WA's statutory framework" and facilitate greater access to abortion services for regional, remote and rural WA.

The AMA (WA)'s view is:

- There was no meaningful community consultation on the issue of whether Health Practitioners, other than qualified Medical Practitioners, could perform medical abortions. Such reform should only occur following actual consideration of expansion of involvement to other appropriately trained and qualified Health Practitioners. Such consideration should include whether this is appropriate, provide evidence-based justification, outline training and supervision requirements and follow meaningful consultation with stakeholders (including relevant medical colleges) on that issue.
- 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.

In the absence of removing Clause 202MD, to minimise patient safety risks without reducing access to safe abortion services, we believe that it 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.

Division 2 - Clause 20

The AMA (WA) understands that the purpose of the coroner is to determine the cause and manner of a 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.

The AMA (WA) acknowledges and supports the reasons behind the proposed changes to the definition of a *reportable death* in the Abortion Legislation Reform Bill, and therefore the coroner's involvement in any attempted feticide that resulted in a live birth. However, it remains critically important that there is a process with the required investigative powers to support learnings and improvements in the delivery of abortion 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 and those supporting the investigations should enjoy legal privilege. The Perinatal and Infant Mortality Committee of Western Australia or similar, may be suited to assume this responsibility.