

# Policy Document

## Access to Safe Termination of Pregnancy policy

### Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's medical students. AMSA believes that all communities have the right to the best attainable health, including sexual and reproductive health and rights. Accordingly, AMSA actively seeks to advocate on issues that may impact health outcomes for people in Australia and around the world. Termination of pregnancy invokes a wide range of reactions, and remains a controversial health issue in Australia and globally. However, safe and equitable access to relevant services is important for public health; particularly in the case of termination of pregnancy where unsafe alternatives are frequently sought when safe ones are inaccessible. This policy predominantly seeks to explore this element of termination of pregnancy. Throughout the policy, we use the terms 'abortion' and 'termination of pregnancy' interchangeably.

WHO has identified unsafe abortion as a serious public health problem since the 1967 World Health Assembly [1]. WHO believes that within the lawful practices of individual nations, "safe abortion services should be readily available and affordable to all". The full extent of abortion services should extend beyond the methods of abortion, into pre-abortion care, primary-care, referral systems for higher-level care, follow-up care, and policy that emphasises equitable access to good-quality care [1].

WHO recommends that policies and services to improve abortion care should focus on health needs, human rights, and the social, cultural, political and economic contexts within the local service-delivery system [1]. According to WHO, the role of health systems is to ensure that evidence-based best practices are incorporated within policy development, and that standards and guidelines are updated regularly. Aspects of safe and accessible abortion services require: policy based on evidence-based practices, training of abortion providers to provide quality care, health system costs, individual affordability, and systematic planning and management of interventions [1].

Data on the number of terminations of pregnancy (TOP) performed in Australia are limited, due to multiple reasons including Medicare not having a specific 'termination of pregnancy' code. Despite this, estimates suggest between 70,000 to 80,000 terminations are completed annually [2]. Globally, around 42 million individuals choose to have an abortion each year, yet nearly half of these procedures are unsafe [2]. An estimated 68,000 people will die from complications due to these unsafe abortions [3].

A safe abortion should be performed by skilled providers, using correct and evidence-based medical techniques and drugs, under hygienic conditions, and with adequate pre- and post-termination care [2]. In these conditions, the case-fatality rate is estimated to be approximately 0.7 per 100,000, which is significantly lower than the maternal mortality

rate at 6.8 per 100,000. This means that denying a pregnant individual access to a termination multiplies their risk of mortality by approximately 10 [2,4].

Unsafe abortions account for 13% of maternal deaths globally, with a high rate of 223.8 deaths per 100,000 [2]. Most of these are performed in areas outside of Australia, namely Sub-Saharan Africa and South America. While by no means the only factor involved, a lack of accessibility to safe termination of pregnancy often leads to an increased risk of unsafe abortions and higher maternal mortality rate [2,5].

AMSA appreciates that there is a wide range of ethical and religious beliefs regarding termination of pregnancy around the world. However, it believes in evidence-based practice and policy, and promotes safe termination of pregnancy on public health, human rights and economic grounds. AMSA is emphatic in its belief that the decision to terminate a pregnancy is a personal matter for individual conscience and medical advice, but the aim should be on removing barriers to access, safe services, and harm minimisation.

### **Safe abortion: Pre- and post-abortion care**

WHO includes pre- and post-abortion care as an essential component of safe abortion care [2]. Pre-abortion care should initially include a thorough exploration with pregnant women (and relevant partners/family) of all the potential options in either moving forward with, or termination of, their pregnancy. It should also then include provision of accurate and comprehensible information regarding different methods of abortion [2]. Counselling regarding the decision to have an abortion (pregnancy counseling) should be provided on a voluntary, confidential, and non-directive basis [2]. The majority of people facing unplanned pregnancy have made a decision prior to seeking abortion services and should not be subjected to mandatory counselling [2].

Post-abortion care should include contraceptive information and provision, instructions on self-care post-abortion and how to recognise complications that require medical attention [2]. Whilst there is no unanimous consensus, the majority of recent evidence does not suggest that an abortion causes a higher risk of mental illness, particularly when compared to other resolutions of unplanned pregnancy, such as adoption [42]. Psychological studies reflect a positive impact on psychological well being post-termination with minimal short- or long-term adverse mental health consequences. Social isolation and stigma surrounding abortion can have negative mental health impacts [7].

### **Education, research, and training**

Social accountability in medical education refers to directing education and service activities towards addressing priority health concerns of the community [8]. There is a paucity of education and training surrounding pregnancy termination in Australian medical curricula, in both medical school and obstetrics and gynaecology training programs [9]. Thus, the majority of termination services fall to procedural general practitioners who are poorly supported in training and professional development [9]. The marginalisation of abortion services to predominantly private services impedes research and development in this field [9].

### **Rights**

Access to safe termination of pregnancy is recognised as a fundamental human right and an important public health priority by several global health leaders including, but not limited to, the Australian Medical Association (AMA) [10], Royal Australian and New

Zealand College of Obstetricians and Gynaecologists (RANZCOG) [11], the World Health Organisation (WHO) [2], the International Federation of Gynaecologists' and Obstetricians (IFGO) [12], the International Federation of Medical Students' Associations (IFMSA) [13] and the Public Health Association of Australia (PHAA) [14].

The Universal Declaration of Human Rights describes health as a core human right, and that an intrinsic principle of health is autonomy [15]. Reproductive health is an essential component of an individual's overall health and wellbeing, and that all people, regardless of gender, are entitled to exercise autonomy over matters of personal reproductive health. This involves decisions relating to when and how many children to have, and the decision to take a pregnancy to term or not. Failure to provide access to services such as a safe termination of pregnancy is a violation of an individual's right to healthcare as defined in international human rights treaties [16].

Additionally, advancing reproductive health and rights, including the access to the safe termination of pregnancy, has been identified as a significant global health priority in the Sustainable Development Goals. [17] It is specifically addressed in Target 3.7, which ensures universal access to sexual and reproductive health-care services, including family planning, in order to ensure good health and wellbeing; and Target 5.6, which ensures universal access to sexual and reproductive health and reproductive rights in order to achieve gender equality [17].

## Legalities

In Australia, termination of pregnancy legislation falls under the jurisdiction of States and Territories. As a result, laws regulating termination of pregnancy across the country are inconsistent and difficult to decipher not only for the general public, but also for many health professionals [14]. Although some states and territories including Victoria, the ACT and Tasmania have decriminalised termination of pregnancy, other states, including Queensland and New South Wales, still refer to the termination of pregnancy in their criminal codes [18]. Furthermore, the criteria for legal termination of pregnancy varies considerably between states, from the upper limit of gestational age, to the degree of consensus required by medical practitioners [18]. The current criminal legislation concerning termination of pregnancy contributes to the lack of reliable, well-planned termination of pregnancy services and successful policy development [14]. Moreover, legal uncertainties regarding termination of pregnancy result in inequitable service provision, an under-supplied public sector, a lack of accurate data on termination of pregnancy services [18], and breaches an individual's right to sexual and reproductive healthcare [15].

## Stigma

Stigma is conceptualised by Goffman as the provision of an 'attribute that is deeply discrediting' [29]. Stigma is pervasive around abortion and arises from numerous factors - law, historical attitudes, and religion, and it is occasionally perpetuated, purposefully or otherwise, by "pro-life" groups and similar entities. This stigma affects both the individuals partaking in services and the individuals or groups providing services. The fundamental issue that arises from this stigma is a barrier and deterrent to safe access. It is difficult to accurately quantify the impact of stigma due to limited research [30], however, research has shown that the presence of abortion stigma manifests and contributes to delays in care-seeking behaviours, self induction, feelings of isolation, and the use of unqualified providers. All of these culminate in decreased rates of safe abortions [30, 31].

## Gender Inequities

People of all genders have the right to the highest attainable standard of physical and mental health, inclusive of sexual and reproductive health [14]. AMSA upholds gender equity to be one of its primary pillars for health advocacy.

Violence against women in Australia reduces the use of safe termination of pregnancy services. It is still one of the main violations of human rights in Australia [18], with 1 in 3 women experiencing violence in their lifetime, and 1 in 5 women experiencing sexual violence [19]. Gender-based violence is both a cause and consequence of gender inequity and discrimination, and seriously hinders an individual's ability to exercise both their human and sexual and reproductive rights [20]. Intimate partner and sexual violence is related to an increase in the rates of unplanned pregnancy and unsafe abortions [21, 22, 23]. The lack of reliable reporting means that there is limited data about violence and the access of abortion services in Australia [24], however one service provider in Queensland reported that 30.5% of their patients disclosed an association of violence to their unplanned pregnancy in 2014-2015 [25]. This had significantly increased from 6% in 2009-2010 [25], highlighting a growing prevalence of gender-based violence in Australia. This also emphasises the need to address the current gender inequalities and discrimination still present in Australia's cultural and social norms to ensure a greater access to safe termination of pregnancy and more broadly to ensure that this breach of human rights is addressed.

Termination of pregnancy for the purposes of sex-selection in Australia is prohibited and legislated against in three states - Victoria, South Australia and Western Australia. This is supported by an Australian National Health and Medical Research Council (NHMRC) review recommending a national ban of sex-selection termination based on moral and ethical grounds [26], and evidence that shows criminalising the termination of pregnancy has a negligible effect on resolving entrenched gender inequalities [15].

AMSA also recognises that people of diverse genders may need to access abortion services. The criminality and stigmatisation of abortion highlights and perpetuates sexism and gender inequities, as stigma is exacerbated by intersectional layers of discrimination and the Crimes Act explicitly criminalises a "woman with child" [27, 28], despite many transgender men, gender non-conforming, and non-binary people requiring access to reproductive healthcare, including abortion services.

Transgender people already face difficulties in accessing healthcare services, especially in relation to their sexual and reproductive health. For many people, accessing an abortion clinic can be distressing, and this can be compounded if an individual is prohibited from identifying with their recognised gender [30]. This can also be made worse by the potential presence of anti-abortion or 'pro-life' groups outside of the clinic, as these groups are also often associated with an anti-LGBTIQ+ agenda [30].

## Universal access

Ease of access is a core tenant in that rests on four pillars all of which work to ensuring that access to termination of pregnancy is undertaken in a safe manner. Access is not merely supply and ease of access relates to availability of services and an absence of financial, social and cultural barriers [32].

When accessing termination of pregnancy services, some are confronted and deterred by the presence of protesters and picketers. This issue has been given legal recognition in both Victoria and Tasmania through the enactment of Safe Access Zones [33]. The

government in these states recognises that this protesting and picketing meant that staff and patients are not necessarily able to access legal health services in a safe and confidential manner, thereby dissuading them from care [33]. Abortion services in Australia can vary greatly in expense based on gestational age, state and health care card status, this cost can be quite prohibitive. This is consistent with cost acting as barrier to accessing first-trimester abortion in other developed countries [34]. The median cost incurred for a surgical termination was \$470 compared with a medical abortion of cost \$560 [35]. 41% also incurred additional costs of accommodation, travel, referrals, medical tests, childcare and lost wages surmounting to a median of an additional \$150. [34] Costs rapidly increase with increasing gestational age multiplying 3 fold between weeks 13 - 19 and 16 fold beyond 19 weeks [35].

The lack of abortion services in rural Australia generally reflects the disparities in health outcomes for people living in rural and remote areas. Logistical difficulties in accessing abortion included distance, financial burden and obtaining support either for childcare or an accompanying person [36]. Stigma of abortion is particularly significant in regional, rural and remote towns, exacerbated by protesters and attitudes of conservative rural health providers [37]. The use of telemedicine to provide medical termination services is significant in rural and regional areas [38]. However the use of telemedicine is still limited to those who live within 60 minutes from a medical facility, and not available in South Australia and the Northern Territory [38]. Therefore, more affordable services in rural and regional areas, and, as outlined above, decriminalisation are required to ensure universal access of safe abortion in Australia [37].

### Prevention

Whilst safe access to termination of pregnancy is vital, there is an obvious benefit in preventing unwanted pregnancies before conception. In many nations there has been a large shift in recent years towards family planning and utilising modern methods of contraception. By providing easy access to contraceptive options, particularly in primary healthcare facilities, the number of unplanned pregnancies, terminations, and their potential ongoing psychological and physical impacts, can be minimised [39]. All contraceptive options have a failure rate and are ineffective for some individuals, and therefore create a permanent need for accessible, safe, abortions as prevention is unfortunately not always possible.

## Position Statement

AMSA believes that:

1. Health is a core human right, and reproductive and sexual health are inviolable components to the universal right to health. Access to safe and legalised termination of pregnancy is central in enacting this right;
2. The decision to take a pregnancy to full term, or not, belongs to the pregnant individual, in consultation with the treating physician, and AMSA respects an individual's personal beliefs on termination of pregnancy;
3. Everyone should have access to safe and legal termination of pregnancy, free of discrimination and stigma as this can have detrimental effects on those involved in their physical and mental health;
4. All reference to termination of pregnancy should be removed from the criminal laws and codes of all Australian states and territories, and all nation states.

Termination of pregnancy should be legislated and regulated, as with all other medical procedures, under the relevant healthcare legislation;

5. Effective family planning services reduce the number of unintended pregnancies and terminations of pregnancy, and deserve investment and prioritisation.

## Policy

AMSA calls upon:

1. The Australian State and Territory Governments in their respective roles to:
  - a) Create national legislation around the provision and regulation of autonomous, safe, affordable, medically-supervised termination of pregnancy. This legislation should:
    - i) Guarantee and protect the autonomy of reproductive health rights for everyone living in Australia;
    - ii) Support safe and affordable access to termination of pregnancy procedures as a core reproductive right, and demonstrate leadership in ensuring the provision of legalised, de-stigmatised and safe reproductive health services both within the Australian context and in the global community;
  - b) Regulate termination of pregnancy, as with any other medical service, under health care legislation and to ensure the provision of skilled and multidisciplinary pre- and post-termination of pregnancy care;
  - c) Provide safe, legal, financially and socially accessible termination of pregnancy and family planning services in order to minimise unintended pregnancies and unsafe terminations of pregnancy, with its accompanying detrimental physiological, financial and mental health consequences;
  - d) Recognise the role that stigma plays in initiating, exacerbating and prolonging long-term mental and physical health issues, communicate the acceptance and availability of termination of pregnancy services, and implement support programs and initiatives to promote the de-stigmatisation and awareness of termination of pregnancy;
  - e) Improve data collection, including the number and nature of terminations of pregnancy, associated complications, and provider availability;
2. Medical Schools to:
  - a) Acknowledge that termination of pregnancy is a common and essential medical procedure to maintaining overall reproductive health and wellbeing;
  - b) Ensure all students are taught a patient-centered, health-focused and evidence-based approach to reproductive health services, including termination of pregnancy and family planning services;
  - c) Inform students on the availability of termination of pregnancy services, as well as all current treatment options and facilities, including supporting psychological and social facilities available;
  - d) Provide opportunities for students to discuss and develop personal and professional views with regards to complex ethical issues, such as the provision of safe access to termination of pregnancy;
  - e) Sensitively addresses the biological, psychological and socioeconomic aspects regarding a termination of pregnancy;

- f) Provide opportunities for students to engage in professional scenarios involving core reproductive health services, including safe termination of pregnancy;
- 3. Medical and health students to appreciate the importance of:
  - a) Everyone having full access and autonomy over the range of their reproductive and sexual rights, including safe abortion services. These services should be affordable, legal and free of stigma and discrimination;
  - b) Providing access to clear, evidence-based and unbiased information regarding all issues surrounding abortion and contraception in order to preserve patient autonomy, reduce stigma and importantly, optimise global health outcomes;
- 4. Health workers to:
  - a) Respect, protect and fulfil all human rights, including the autonomy to make reproductive decisions;
  - b) Acknowledge abortion as a highly safe procedure when performed by persons with the necessary skills and in an environment that conforms to minimal medical standards;
  - c) Provide appropriate medical advice, including pre and post-abortion care;
  - d) Advocate for the reduction of stigma associated with abortion amongst the health community, promoting an environment where providers are able to practice without fear of discrimination and prosecution;
  - e) Practice in a health-focused and evidence-based manner in an environment that conforms to minimal medical standards;
  - f) Ensure that in the incidence where a health-worker has the legal right to conscientious objection and chooses to exercise this, a referral is made to another safe, available and accessible service provider who does not conscientiously object;
  - g) Engage in the research and development of newer, safer and more effective contraceptive and abortion methods;
- 5. AMA, RANZCOG, and other medical and health organisations undertaking work in this field to:
  - a) Publicly support and collaborate with organisations and initiatives that work to improve access to reproductive health services, including the safe termination of pregnancy;
  - b) Support safe and affordable access for the termination of pregnancy procedures as a core reproductive right, and demonstrate leadership in ensuring the provision of legalised, de-stigmatised and safe reproductive health services both within Australia and in the global community.

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## Appendix

### Definitions:

Termination of pregnancy (abortion)	"Termination of pregnancy" as defined by the The Royal Australian and New Zealand College of Obstetricians and Gynaecologists is the act of "deliberately ending a pregnancy so it does not progress to birth" (7).
Unsafe abortion	The World Health Organisation (WHO) defines unsafe abortion as a "procedure for terminating pregnancy carried out by either persons lacking the necessary skills or an environment that does not conform to minimal medical standards or both (40)." This includes the nature of circumstances before, during and after an termination of pregnancy.
Safe abortion	A safe abortion is the termination of pregnancy that safeguards the health and wellbeing of the pregnant individual.
Medical methods of abortion (medical abortion)	Termination of pregnancy can be performed through the use of pharmacological drugs (2).
Surgical methods of abortion (surgical abortion)	Termination of pregnancy can be performed by the use of transcervical procedures, including vacuum aspiration and dilatation and evacuation (D&E) (2).

## Policy Details

Name: Access to Safe Termination of Pregnancy policy

Category: G – Global Health policies

History: Adopted, Council 1 2014

Reviewed, Council 2 2017

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