The Hon. John Elferink MLA
Minister for Health
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Darwin NT 0801
Email: Minister.elferink@nt.gov.au

3 March 2015

Dear Minister

Re: Termination of pregnancy law reform

The Public Health Association of Australia (PHAA) notes that you are working to reform the Medical Services Act Section 2 regarding the regulation of termination of pregnancy. We congratulate you on your efforts to reform this outdated legislation. In its current form it puts the Northern Territory (NT) behind other jurisdictions in Australia regarding access to health care.

PHAA is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a providing a close involvement in the development of policies. In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working
with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

PHAA’s NT Branch and Women’s Health Special Interest Group would like to offer our support to you in your efforts to reform termination of pregnancy legislation in the NT. We note that you were quoted by ABC media on 27 January 2015 as follows:

Mr Elferink says he would be guided by clinicians as to how changes may affect people’s safety and welfare, but ultimately any amendments would be decided by Cabinet.

“One of the issues that doubtlessly will come up is whether hospitals are the only place where terminations can be procured or performed,” he said.

“And that’s one of the things I’m sure the review will look at.

“I’ll take some advice on that, and then I’ll speak to my Cabinet colleagues and my party colleagues about the issue.”

PHAA’s NT Branch, based on research undertaken and policies developed by the PHAA Women’s Health Special Interest Group on termination of pregnancy, is pleased to be able to assist by providing the following advice:

1. The majority of Territorians want to have access to termination of pregnancy services that are accessible, affordable, culturally appropriate and good quality. They do not want to go interstate or order medications off the internet.

2. The primary health care services including clinics and GPs are the most cost-effective ways of providing termination of pregnancy services. Hospitals are expensive and access is limited.

3. De-criminalising termination of pregnancy means that the stigma of termination of pregnancy is reduced and recruiting health professionals will be easier.

4. One third of women in the NT experience an unwanted/unviable pregnancy and that they and their families are your constituents. Many women are already mothers or will be into the future. Women who seek termination of pregnancy are not different from other women.

5. Medical termination of pregnancy means that termination of pregnancy is performed at the very early stages (before 9 weeks) which is better physically and emotionally for the woman and staff.

6. NT has the highest rate of teenage pregnancy in Australia – see chart below. This does not mean that we promote abortions for teenagers but it does mean that there is a lack of sexual and reproductive health care and access to contraception.
PHAA is pleased to be able to assist in facilitating evidence-based decision-making by Cabinet in relation to termination of pregnancy in the NT. We believe that Professor de Costa also provided your Government with a report and recommendation to reform law in 2014. We understand that the NT Department of Health has also recommended changes.

There is now 25 years of experience showing that early medical termination of pregnancy is safe, effective, well-accepted, and economical. Local clinicians are developing standard medical guidelines to best deliver medical termination of pregnancy in the NT. You may be aware that no woman has died from an early miscarriage in the NT in the past decade. Early medical abortion is effectively a managed miscarriage – hence the risks are both minimal and manageable.

We would appreciate the opportunity to meet with you and/or your adviser in the near future to discuss this matter further.

Yours sincerely

Dr Rosalie Shultz
President
PHAA (NT Branch)

Dr Catherine Mackenzie
Co-Convenor
PHAA Women’s Health Special Interest Group

Source: Reproductive and Sexual Health in New South Wales and Australia, Family Planning NSW, 2011