

**Submission
No 86**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND
REGIONAL COMMUNITIES**

Name: Cr Melanie McDonell

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Western NSW healthcare pathways for women seeking termination of a pregnancy are inconsistent, postcode-influenced and wholly inadequate.

Despite abortion no longer being a crime (unless in the case of gender selection), NSW healthcare services and providers do not have a formal referral and treatment pathway or policy in place nor an approach which is consistent across the State.

My community of Orange recently made local and national headlines for a decision made by Executives at Orange Health Service to stop all pregnancy terminations. This unilateral decision back in April 2024 has had profoundly traumatising effects on many many women who sought a termination in that time, as well as on the healthcare workers who were forced to turn these women away.

Despite this decision being reversed by the NSW Health Minister, the previous (and reinstated) level of care is still inadequate and far below the level of care available to women in metropolitan centres.

All women must have timely access to a unified, consistent referral pathway and treatment options regardless of where they live in the State.

At a minimum, there needs to be an immediate creation of a formalised referral and treatment pathway/policy for every public healthcare setting in NSW. This pathway needs to meet the challenges faced by women living remotely especially given the distances required to travel to access any healthcare.

Another issue which has come to light is that of individuals using the “conscientious objector” shield to refuse treating women who are seeking termination. Whilst the ability to call on the ‘conscientious objector’ reason is important for clinicians as individuals, and I do not seek to remove that option, there must be a clear, appropriate and timely alternative referral process or option for those particular practitioners so that they are meeting their legal obligations to provide timely healthcare to patients.

This means women in remote communities should not have to wait several weeks to be treated by a visiting medical practitioner because the practitioner currently on site is a conscientious objector. Waiting for any time in cases of pregnancy obviously results in the pregnancy progressing and increases the risks of complications and also increases the cost of providing any future healthcare.

Best practice would see NSW create a publicly funded, evidence-based, full-time abortion clinic servicing western NSW. Ideally in Orange or Dubbo, due to the significantly sized surrounding areas these cities service.

I thank you for your consideration of these issues.