



# SPHERE

NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

## Women's Sexual and Reproductive Health COVID-19 Coalition

### A consensus statement on publicly funded abortion service provision: a duty of care

*Inequalities in access to abortion care persist across Australia with scarce availability and inconsistent access to publicly funded medical and surgical abortions across the country. Obtaining an abortion is especially difficult for women<sup>1</sup> living in rural and remote areas where services are not available or are expensive, leaving many women without autonomy over their reproductive health. Abortion is a safe, routine procedure that will be experienced by nearly one in five Australian women by the age of 34 (1). Moreover, abortion is an essential health service (a service which must remain available, even when non-urgent or elective services are suspended (2)). This makes the management of abortion an integral public health issue.*

*All services that receive public funding (including hospital services, primary care and community-based services) have a duty of care to ensure that they meet their community's needs and uphold the rights of individuals to access affordable abortion care. They should do this by providing universal, publicly funded abortion procedures and services.*

*The Coalition makes the following recommendations:*

- *That abortion services are recognised by both federal and state governments as an essential health care service requiring Category 1 status<sup>2</sup>*
- *That publicly funded abortion services are accessible, affordable and available*
- *That where complications arise in the provision of abortion services in community settings, accessible and equitable treatment is available in publicly funded hospital services*
- *That services which receive public funding or engage in training future health professionals are mandated to provide medical and surgical abortion services to ensure the needs of their local health district are met*
- *That state-wide information and referral centres are available for all women requesting an abortion which includes a choice of medical and surgical abortion as appropriate*
- *That as part of the National Women's Health Strategy 2020-2030 the Minister of Health reports on the proportion, location and names of services that are engaged in publicly funded abortion services*

<sup>1</sup> The Coalition uses *women* as an inclusive and broad term that refers to and acknowledges the diversity in needs and experiences of all people who may access and use abortion and women's sexual and reproductive health services including other people who do not identify as women but can experience pregnancy and abortion and may need to access these services

<sup>2</sup> The highest priority health care service



## Barriers to abortion care in Australia

Access to abortion is a reproductive right and thus should be readily accessible and affordable to all women. It is also a key objective of the National Women's Health Strategy which seeks to ensure pathways to care are strengthened particularly for women in rural and remote areas (3). Expanding access to government-funded health services that offer SRH care is important (3). At present, however, there are a range of barriers to equitable access to abortion care in Australia:

- A lack of abortion providers, particularly in rural and remote areas,
- Patient concerns regarding confidentiality,
- Lack of affordable or no cost services (4-9),
- Inconsistency of abortion laws across the jurisdictions,
- Conscientious objection by health care practitioners and pharmacists impeding timely care
- Inconsistencies in public hospital provision including lack of access or very limited availability in many parts of Australia (10)
- Extensive travel time and large out-of-pocket fees where access is limited to private services, often located in metropolitan centres (5, 10),
- Very limited community provision of early medical abortion with only 2,317 GPs currently registered as medical abortion prescribers (as of August 2020; 11)
- Lack of a publicly visible list of abortion care providers in most jurisdictions (12,13),
- Abortion stigma acting as a barrier to women seeking an abortion and to health practitioners providing care (14).
- Shortage of trained abortion care health service providers, and limited access to training opportunities

## Supporting choice through public hospital abortion provision and where public services are provided

Publicly funded services, whether in the community, primary care or hospital setting, have a duty of care to provide appropriate and equitable abortion care to all women requiring these services. Offering a choice of abortion method is an important component of high-quality abortion care (15, 16), and many women when given the option will state a preference for either surgical abortion or medical abortion (17-19). Decisions are influenced by issues of costs and side effects (17,19,20) and it is therefore essential to ensure patients are aware of these considerations in addition to ensuring that cost and accessibility issues do not constrain choice.

Access to surgical abortion in a hospital should be available to all who choose it and are the only option for women who present over 9 weeks' gestation or who have medical contraindications to a medical abortion. Many public hospitals do not provide abortion services as it is not an explicit expectation under their service agreement, and many faith-based private hospitals prohibit abortion provision (22). Hospitals have also been known to turn away women presenting for medical assistance following early medical abortion (21), or selectively referring patients to community-based services where the person may not receive publicly funded care.

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## Ensuring training opportunities for our future workforce

The lack of abortion provision in publicly funded settings has implications for health care professional training for nurses, pharmacists, medical students and doctors, including future GPs and gynaecologists who may never be exposed to this area of medicine (23). There is now a shortage in skilled practitioners, particularly to manage complex cases (22). This means that the future delivery of abortion services and the capacity of the health care workforce to meet demand is precarious. It is vital therefore that abortion care be provided in publicly funded settings where health care practitioners train and that it is integrated into training programs for health practitioners (eg into the RANZCOG Fellowship and Diplomate curriculum, RACGP training program as well as pharmacy and nursing training).

## Holding publicly funded services to account

The National Women's Health Strategy 2020-2030 explicitly aims to enable women and girls to have access to services that meet their health care needs. A key outcome of this must be public provision of abortion services ensuring that women are able to access abortion care within their local communities. Each local health/hospital region should therefore be mandated to both provide public hospital abortion services and report on their availability in order to deliver equity of access for all women in Australia.

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<sup>2</sup> The highest priority health care service



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