PARLIAMENT OF VICTORIA

PARLIAMENTARY DEBATES (HANSARD)

LEGISLATIVE ASSEMBLY

FIFTY-SIXTH PARLIAMENT

FIRST SESSION

Tuesday, 9 September 2008

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FIFTY-SIXTH PARLIAMENT — FIRST SESSION

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Lim, Mr Muy Hong	Clayton	ALP			

[1] Resigned 6 August 2007
[2] Elected 15 September 2007
[3] Resigned 2 June 2008
[4] Elected 28 June 2008
[5] Elected 15 September 2007
[6] Resigned 6 August 2007

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Tuesday, 9 September 2008

The SPEAKER (Hon. Jenny Lindell) took the chair at 2.04 p.m. and read the prayer.

ACTING OMBUDSMAN

The SPEAKER — Order! I wish to advise the house that I have this day administered to John Taylor, the Acting Ombudsman, the oath required by section 10 of the Ombudsman Act 1973.

QUESTIONS WITHOUT NOTICE

Minister for Industry and Trade: performance

Mr BAILLIEU (Leader of the Opposition) — My question is to the Premier. Does the Premier have full confidence in the Minister for Industry and Trade, or does he agree with his union colleagues that the minister is a dud?

Mr BRUMBY (Premier) — In regard to the first part of the Leader of the Opposition's question, the answer is yes.

Economy: growth

Mr CRUTCHFIELD (South Barwon) — My question is to the Premier. I refer to the government's commitment to securing economic growth for Victoria, and I ask the Premier to outline to the house recent economic data that delivers on that commitment in the face of the global economic downturn.

Mr BRUMBY (Premier) — I thank the member for his question. As members will be aware from the recent release of statistics from the Australian Bureau of Statistics, the Victorian economy has been performing more strongly than the Australian economy as a whole. As I have consistently said to the Parliament and publicly, the Victorian government has the economic fundamentals right. We have been busy cutting business costs in the last budget. We cut payroll tax, we cut land tax, we cut stamp duty and we cut WorkCover premiums by a further 5 per cent, bringing those cuts to 45 per cent over the last five budgets. All of that has created, amidst what are the most difficult international conditions in 15 years, the right fundamentals, the right framework, for growth in Victoria.

This morning's Warrnambool *Standard* ran the headline 'Regional job rush; unemployment plunges'. The *Standard* did not bother to go to the member for South-West Coast for comment, because he hates good news.

Mr Wells interjected.

The SPEAKER — Order! The member for Scoresby! The Premier will not debate the question.

Mr BRUMBY — The local council welcomed the figures, and in fact it put out a call for more skilled workers to meet demand for jobs. This is happening across regional Victoria. In the July quarter the unemployment rate decreased 0.3 percentage points to 4.4 per cent. To put that in perspective, that is the lowest on record.

The mayor of Ararat recently welcomed construction of the new Ararat prison, which will create 150 more local jobs. Ararat mayor Fay Hull told the *Wimmera Mail-Times* that it was all good news. Recently in Ballarat I announced that IBM's new $10.8 million IT services centre will be built there, which will create 300 new jobs. Also we have strongly supported the Ballarat Technology Park since we have been in government, and there are now nearly 1500 jobs there — that is, there are 1000 more jobs in that technology park than existed when we came to government in 1999. All of those projects have progressed because of support from our government.

Mr R. Smith interjected.

The SPEAKER — Order! I warn the member for Warrandyte.

Mr BRUMBY — This morning, with the Minister for Roads and Ports, at the port of Melbourne I announced that we would be investing, in partnership with the federal government, $50 million to improve rail efficiency at the port. The direct construction there will lead to 100 new jobs. The duplication of the rail gauge going into the port will mean that we can take freight trains of 1.8 kilometres in length straight into the port, which will also take 400 trucks off suburban streets.

Yesterday, with the Minister for the Arts, I released the designs for the St Kilda Road arts precinct, for the renovation of Hamer Hall. It is a great project, to cost $128.5 million, that will create up to 400 new jobs in the construction stage. In building the creative industries in this state and building the best sports and arts precinct in the world, this will create new jobs. These are all positive announcements for our state.

Last week the ABS (Australian Bureau of Statistics) released its national accounts figures. What they

showed was state final demand growth in Victoria of 1.8 per cent in the June quarter and 4.9 per cent over the last year. The quarterly growth was twice that for Australia as a whole, and our growth over the year was 4.9 per cent for Victoria and 4.3 per cent for Australia as a whole. What I was most pleased about in these statistics is that Victorian business investment was up 14.2 per cent in the last year — higher than Western Australia, which was 13.9 per cent; higher than Queensland, which was 12.7 per cent; higher than New South Wales, 6.9 per cent; and higher than the Australian average.

Last week the ABS also released its building approvals figures for Australia for the financial year 2007–08. I am pleased to advise the house that the state with the highest building approvals was Victoria, with $21 billion of building approvals. The week before that, the ABS announced that Victoria had a 7 per cent jump in private capital investment in the June quarter, with $4.3 billion invested in three months.

I have here a *Herald Sun* story from last week, which is headed 'State defies decline'; and on the front page of the *Age* last week an article by Peter Martin, the economics correspondent, is headed 'Victoria the nation's economic engine'. It is, as I have said, a difficult international environment. Victoria is not a resource state, but in the period we have been in government we have consistently outperformed the other non-resource states in Australia.

I believe we have got the framework right. I believe that the infrastructure investments we are making, which are the biggest in the state's history — more than $4 billion of state budget sector works this year, compared with just a billion dollars a year under the former Kennett government — are investments in economic infrastructure which give our state the best opportunities to push through what is a difficult international economic environment.

I think the statistics that I have mentioned today for the house — the strong jobs growth that we are seeing in parts of regional Victoria, the recent announcements of capital works and the 300 jobs in Ballarat — are positive announcements for our state. It is a pity that, amidst all of these statistics, announcements and positive initiatives for our state there has not been one single word of support, encouragement or endorsement from the state opposition.

Questions interrupted.

DISTINGUISHED VISITORS

The SPEAKER — Order! Before calling the Leader of the Opposition for a question, I acknowledge in the gallery today a former minister in the Legislative Assembly, Kay Setches, and a former member of the Legislative Assembly, Margaret Ray.

Questions resumed.

Manufacturing: government performance

Mr BAILLIEU (Leader of the Opposition) — My question is for the Premier. I refer the Premier to comments by the secretary of the Victorian Trades Hall Council, Mr Brian Boyd, that the Brumby government has missed the boat, let us down and dropped the ball on protecting Victorian jobs, and further to the comments of Michele O'Neil from the Textile, Clothing and Footwear Union of Australia:

> I don't think that the government has done enough … I don't think that shows the right commitment to manufacturing in this state.

I ask: why has the Minister for Industry and Trade failed to deliver a manufacturing strategy that he promised 620 days ago?

Mr BRUMBY (Premier) — I thank the Leader of the Opposition for his question. As I just indicated in the answer to the question from the member for South Barwon, I believe we have put in place in this state the right fundamentals to give us the best opportunities for growth. For example, look at the motor vehicle industry and each of the major manufacturers. Think of Toyota and the recent announcement with the federal government that hybrid manufacturing will be brought to our state. That would not have happened without the direction, support and leadership of the Victorian government. There are only four places in the world in which Toyota is making hybrid vehicles — the fifth will be the state of Victoria in Australia.

Mr Ryan — On a point of order, Speaker, the Premier is debating the question. He has been asked a specific question about the manufacturing policy. I ask you to have him answer that question.

The SPEAKER — Order! I do not uphold the point of order.

Mr BRUMBY — It is an amazing thing. I have been asked a question about manufacturing, and I am talking about manufacturing — —

Honourable members interjecting.

The SPEAKER — Order! I remind members of the opposition that when the Chair stands it is time to be quiet. I ask the Premier not to enter into discussion across the table with the Leader of The Nationals.

Mr BRUMBY — As I said, there are only four other locations in the world in which hybrid vehicles are being manufactured, and Victoria will now join this very select international list.

Mr Hodgett interjected.

The SPEAKER — Order! The member for Kilsyth will stop interjecting in that manner.

Mr BRUMBY — I met two weeks ago with the world president of Ford, Mr Mullaly. Ford is positive about its medium-term prospects. Look at the new models of Falcon and Territory — both those vehicles were produced with Victorian government support. Next year Ford will for the first time in 20 years begin small car manufacture in Australia. It will do that because of the support provided by the Victorian government.

Then you come to General Motors, which has set up its design centre here. It was described by the former president of GM as the best design centre in the world. It was supported by the Victorian government — in fact it would not have been established without the support provided by the Victorian government.

In all these areas the Victorian government, beyond the normal brief required of state governments, has supported the manufacturing industry.

Mr Baillieu — On a point of order, Speaker, the Premier is debating the question. The question was about the fate of the minister's manufacturing strategy. If the fate of the strategy is the same as the fate of the minister, all the Premier has to do is say so.

The SPEAKER — Order! I do not uphold the point of order. I do, however, point out to the Premier that he has been speaking for 4 minutes.

Mr BRUMBY — I mentioned the motor vehicle industry because it is the area of manufacturing industry that is particularly challenged by the national and international conditions prevailing at the moment and by high petrol prices. I think that will be self-evident to anybody who looks at new car sales. We have supported this industry to the very best of our ability, and the initiatives I have mentioned would not have occurred without the support of the Victorian government.

We have also made a submission to the federal government in relation to the review of the automotive industry chaired by the former Premier, Steve Bracks. We made it very clear in our submission that we want the green car fund brought forward. We also want to see the increased assistance under the automotive competitiveness and investment scheme and we want to see a 10 per cent tariff maintained into the future. I have no doubt that if our view on that industry were adopted by the federal government, it would lead to significant further new investment in the automotive industry. As I said, I believe if you look at the plans we have in place across a range of industries and particularly in the motor vehicle industry, you will see that we have put in place the fundamentals that are necessary to grow investment and jobs in this state.

Regional and rural Victoria: government initiatives

Mr EREN (Lara) — My question is to the Minister for Regional and Rural Development. I refer to the government's commitment to make Victoria the best place to live, work and raise a family, and I ask: can the minister outline to the house how the Brumby government is investing in regional and rural infrastructure and how this is boosting the regional economy?

Ms ALLAN (Minister for Regional and Rural Development) — I thank the member for Lara for his question. As the member for Lara knows, and as indeed all members of this house know, since the very first day this Labor government was elected it has worked hard on supporting regional infrastructure and job-creating regional investment. As the member for Lara said, that has helped to make regional and rural Victoria one of the best places to live, work and raise a family, but it has also helped make it a great place to invest. It is such a great place to invest that government-assisted investment in regional and rural Victoria since 1999 has hit a massive $9.36 billion and has helped create over 16 850 new jobs.

It is no surprise, when we have had a Labor government with a deliberate focus on boosting jobs right across the state, that there has been a significant drop in the unemployment rate — a drop today to 4.4 per cent. This is a 3.3 per cent — —

Honourable members interjecting.

The SPEAKER — Order! The member for Benalla will not interject in that manner.

An honourable member interjected.

The SPEAKER — Order! I warn the member for Geelong.

Ms ALLAN — It is worth repeating those unemployment figures. Unemployment in our regional areas is at 4.4 per cent — a 3.3 per cent drop from the dark days of the previous Liberal-Nationals coalition, which did not place a premium on regional jobs. What does this mean for regional communities? As the Premier has already told the house, the Warrnambool *Standard* certainly knows what it means for its community. It means 'Regional job rush' — —

The SPEAKER — Order! The minister will not use the newspaper as a prop.

Ms ALLAN — The Premier may already have referred to it, but it is certainly important news for Warrnambool and regional Victoria. Today's edition of the Warrnambool *Standard* tells us that unemployment in some areas of the south-west has fallen to almost 1 per cent. When the member for the South-West Coast was the government MP, unemployment in Warrnambool was 9.6 per cent. Today — —

Dr Napthine interjected.

The SPEAKER — Order! The member for South West Coast! The member for Lara is warned.

Ms ALLAN — For the record, the unemployment rate in Warrnambool is less than half of that. The Brumby government has also backed vital infrastructure for our regions. We were the first government in Australia to establish the very successful Regional Infrastructure Development Fund (RIDF) — and what a success this fund has been. To date we have announced grants of more than $420 million across 201 projects, which has seen a total value of infrastructure delivered through this fund of over $1.2 billion. There are a couple of good recent examples, one that the Premier has also referred to, being $5 million for the new IBM IT services centre that has been established at Ballarat, creating a further 300 jobs. There is also the recent funding of $2 million towards the Goulburn Valley freight and logistics centre at Mooroopna.

The RIDF has recently been independently evaluated by PricewaterhouseCoopers. This report has shown that projects completed under the fund between 2001 and 2007 have created nearly 4000 jobs annually. It goes on to show that over 10 years these completed projects are going to add an extra $116 million every single year to the Victorian economy; significantly, 65 per cent of these projects would not have proceeded if it had not been for the support of the Regional Infrastructure Development Fund. These projects certainly would not have proceeded if the Liberal Party and The Nationals had their way when they tried to stop the establishment of the RIDF — —

The SPEAKER — Order! The minister will not debate the question.

Ms ALLAN — This shows that it is the Brumby government that is investing in regional infrastructure and creating regional jobs. It is the Brumby government that has gone in to bat, and will continue to do so, for regional and rural Victoria. It is interesting to compare that. The West Australian Nationals certainly know how to go in to bat for their communities, putting them first, not selling them out at the first opportunity to jump into a Liberal coalition.

The Brumby government will continue to take the action that is necessary — the action to bring jobs, the action to bring investment, the action to deliver infrastructure — and which will continue to see our regions flourish and thrive.

Essendon Airport: future

Mr RYAN (Leader of The Nationals) — My question is to the Premier. Does the government support the Minister for Industry and Trade's submission to the federal aviation review which, states that Essendon Airport should be closed as an airport?

Mr BRUMBY (Premier) — What the submission to the federal review does is repeat almost verbatim the wording in Melbourne 2030.

An honourable member interjected.

Mr BRUMBY — It is the government's policy. It repeats almost verbatim that the government's policy is that in the medium to long term Essendon Airport should be closed, and that has been the consistent view of the government. As for the short and immediate future, Speaker, as you know we have recently announced expanded air ambulance services that operate from Essendon, but in the medium and long term, and particularly with that long-term focus, that has always been our policy, and the expression used in the submission is consistent with everything we have said previously.

Transport: infrastructure

Mr CARLI (Brunswick) — My question is to the Minister for Roads and Ports. I refer to the government's commitment to make Victoria the best place to live, work and raise a family, and I ask: can the

minister inform the house how roads and ports projects are contributing to building Victoria's economy?

Mr PALLAS (Minister for Roads and Ports) — I thank the member for Brunswick for his question and for his continuing interest in transport infrastructure and its delivery. The Brumby government is taking action to improve the efficiency of our transport infrastructure, because efficient transport infrastructure is a critical precondition to being able to ensure that our economy remains strong and continues to be boosted and to create jobs.

In the face of worldwide economic pressures we have seen that Victoria is rising to the challenge, and the latest national accounts figures demonstrate this quite dramatically. Victoria was home to about half of Australia's economic growth in the June 2008 quarter. Our contribution was larger than those of the resource-rich states of Western Australia and Queensland and significantly better than that of New South Wales. A key factor for this growth has been and continues to be our infrastructure program, which is manifest right across the state, particularly when it comes to transport infrastructure. We are currently delivering or are in the process of planning to deliver $3.2 billion worth of projects. These projects are significant, but it is critically important that we get an appreciation of the context in which they are delivered.

It is not so long ago that the previous government stated that over six years — between July 1993 and 20 April 1999 — its great achievement in terms of road contributions through the Better Roads Victoria Trust Fund was slightly more than $1 billion. The Honourable Geoff Craige, a former Minister for Roads and Ports, informed members of the Legislative Council of that monumental contribution. Compare that — —

The SPEAKER — Order! I believe the minister is debating the question.

Mr PALLAS — This government has made a contribution of $5.8 billion in terms of infrastructure investment and maintenance of our arterial roads. Why is that? The development of infrastructure provides for activity, opportunity and, ultimately, employment. There is no greater demonstration of this than EastLink. During the construction of that project 7500 people were employed. Businesses along the EastLink corridor reaped something like $500 million worth of construction employment activities. In the long term the project is scheduled to provide something like 6500 extra jobs and something like a $15 billion boost to the Victorian economy. We have seen median house prices right along the EastLink corridor increase by an average of 40 per cent over the period since this project was announced.

However, let us not look just at what is happening right across the state or with EastLink. Let us look at the Monash-West Gate upgrade. We are delivering this project, which will increase road capacity along that route, which is the busiest and most important of our arterial road networks. It will produce in the construction phase alone something like 2000 jobs. It will save business time and money in the delivery of the project and will deliver something like $14.5 billion worth of economic benefit to Victoria in effectively providing more efficient travel time. We are on track to open sections of this project early, which will result in a community benefit of something like $600 million.

But let us not forget that our economic infrastructure is not just about roads: it is about ports and accessibility to ports. Activity and jobs around the port of Melbourne will ensure that something like 14 000 jobs are directly affected by the vitality of Australia's most important economic port, the port of Melbourne — the port that was recently ranked in the top 50 ports in the world. A further 2200 jobs will be generated as a result of the channel deepening project, which will contribute $2.2 billion over 30 years to the Australian economy.

I was pleased to be present with the Premier today when we talked about the $50 million contribution to the port of Melbourne rail access improvement project, because it is all about accessibility and access to the port. It is about securing our economic future and it is about jobs. In the future there will be direct access by rail freight into the port, married with the Dynon Port rail link project, a project that will grade separate at Footscray Road, Enterprize Way and Appleton Dock Road and provide direct access into the port of Melbourne. What will that mean? That will mean that freight trains 1.8 kilometres in length, the equivalent of 400 freight movements, will be able to make their way directly into the port.

That is about vitality. It is about growth, and it is about demonstrating our vision for jobs through economic infrastructure.

While we make investments to help protect and grow our economy, opposition members will try to score cheap political headlines. When it comes to infrastructure, they stand for nothing and they support nothing. Our infrastructure program is helping to drive our economic growth, which is leading the nation. We will continue to drive jobs — —

Honourable members interjecting.

The SPEAKER — Order! I ask the minister to conclude his answer.

Mr PALLAS — As you wish, Speaker. The story is so much more profound than that, and I would like to keep going. We will continue to drive jobs and we will continue to drive growth right across the state of Victoria because we are committed to ensuring that Victoria remains the best place to live, work and raise a family.

Trams: rolling stock

Mr MULDER (Polwarth) — My question is to the Premier. I refer the Premier to claims made on Sunday by the Minister for Public Transport that the government had ordered 100 new low-floor trams to be delivered from 2010, and I ask: when was the contract signed and which Victorian manufacturer is building these trams?

Mr BRUMBY (Premier) — I haven't seen that quote.

Honourable members interjecting.

Mr BRUMBY — I am trying to find the quote — where is it? There is no quote there from the minister!

Mr Mulder — It is a statement from the minister.

Honourable members interjecting.

The SPEAKER — Order! I ask for the cooperation of the member for Polwarth so that question time can continue.

Rail: regional and rural freight lines

Mr HARDMAN (Seymour) — My question is to the Minister for Public Transport. I refer to the government's commitment to make Victoria the best place to live, work and raise a family, and I ask: can the minister inform the house of recent announcements regarding rail freight and how these relate to initiatives of the Victorian government in supporting regional rail freight?

Ms KOSKY (Minister for Public Transport) — I thank the member for Seymour for his question and for his interest — and the interest of this side of the house — in public transport and regional rail freight. That interest has been backed by investment.

There is absolutely no doubt that there is a new sense of confidence in the rail freight industry in Victoria as a direct result of investment and support by the Brumby government. Despite the constant complaints from the members on the other side, this is in stark contrast to what happened during their period in government, when they sold off the system. They ripped it off and shut it down.

The SPEAKER — Order! The minister must not debate the question.

Ms KOSKY — We had to fix up the mess that was left by the previous government.

The SPEAKER — Order! I ask the minister not to debate the question.

Ms KOSKY — We in fact believe very much in regional rail freight, and we are supportive in terms of investment and talking it up — unlike the Liberal-Nationals, who talk it down constantly. They said that the sky would fall in in relation to regional rail. Guess what? It has not.

As everyone in this house knows, we bought back the track from Pacific National for $133 million — a mess that was left by the previous government. We are investing $25 million in urgent upgrades and over $50 million in upgrading the Mildura line, and with the Australian Rail Track Corporation (ARTC) and the federal government we are investing more than $500 million in standardising the north-east rail corridor — which I know is a project that some in this house and everyone on this side of the house absolutely support — that will grow the crucial Melbourne–Sydney line.

We have also reached agreement with the ARTC for the $15 million upgrade of the Maroona–Portland line, and as a result of the Tim Fischer review commissioned by this government following the buyback of the regional rail track we have invested in the gold lines identified in that report. That has certainly led to a revitalisation of regional rail freight. We have also provided $20 million through the rail freight support project, which has invested in issues around rail access.

All of this has meant that we have made an investment and others are now making an investment in regional rail in this state. Our commitment, our investment, is paying dividends, as the private sector is now putting its money where its mouth is and making long-term commitments to the network. Last year Pacific National shored up its grain operations with a new agreement with GrainCorp for the haulage of grain, and despite what the member for Polwarth has said on numerous occasions — that the sky was going to fall in and that no-one would invest in regional rail freight — only a

week ago AWB Ltd signed a historic agreement with new operator El Zorro for the provision of four new trains and $10 million for 84 brand-new wagons for this year's harvest.

I note that the member for Swan Hill is not taking any notice of the investment the private sector is making — because it is about good news! That is a $10 million vote of confidence in the rail freight network. As the managing director of AWB, Gordon Davis, said, this massive investment is its commitment to the grain growers of Victoria. It is making a commitment to the grain growers of Victoria, and we are making a commitment to the grain growers of Victoria. It is only the Liberal-Nationals who are making absolutely no commitment to regional rail freight in this state.

Human Services: child protection case

Ms WOOLDRIDGE (Doncaster) — My question is to the Minister for Community Services. I refer the minister to ongoing concerns raised with the Department of Human Services over the suitability of the drug-addicted parents who were involved in last week's car accident during which their four-year-old girl was tragically injured, and I ask: why did the minister decide to remove one child from these parents but leave this second child in their care, with tragic consequences?

Ms NEVILLE (Minister for Community Services) — I thank the member for Doncaster for her question. Of course I was deeply saddened by the news of last week's accident, and I am sure the house shares my concern for the little girl's health and hopes she makes a quick recovery. The details of this case were very concerning, and that is why I have asked my department to commence an investigation into the handling of the specific case.

Under the Children, Youth and Families Act, decisions about children remaining with or being removed from families are decisions for courts and fall under the responsibility of the secretary of the department. Given the need in this particular case to protect the privacy of the little girl, it is not appropriate for me to go into the specific details of the case. I can say that child protection workers are in regular contact with the family members. I am advised that she is doing very well given the circumstances, and I will continue to be advised of her condition.

Child protection is never easy. It is a complex area of work. Victoria has some very dedicated child protection workers and family support service workers who are supporting and responding to the needs of hundreds of Victorian children and families every single day. To support this work the government has driven reforms in child protection and in the family services sector. There has been legislative reform, new initiatives and record investment.

Ms Wooldridge — On a point of order, Speaker, the minister is debating the question. The question related to the non-removal of one child when the other child was removed from the family. I ask that you direct her to answer that question.

Mr Hulls — On the point of order, Speaker, the minister is indeed answering the question. If members of the house recall, the question was why the minister did not take more than one child away from the family, and the minister is giving the questioner a legal lesson on how the legislation actually works.

Honourable members interjecting.

The SPEAKER — Order!

Mr R. Smith interjected.

Questions interrupted.

SUSPENSION OF MEMBER

The SPEAKER — Order! The member for Warrandyte has already been warned. Under standing order 124, I ask him to leave the chamber for 30 minutes.

Honourable member for Warrandyte withdrew from chamber.

Questions resumed.

The SPEAKER — Order! I do not uphold the point of order.

Ms NEVILLE (Minister for Community Services) — This government has provided the legislative framework, the additional resources and the additional child protection workers to support this system and to provide the best support of and the best response to vulnerable children and families. I have instigated an investigation into the handling of this particular case, but it would be inappropriate for me to provide confidential details about the little girl. We need to protect her privacy in this case. This government will continue to focus on reforms and continue to invest in this area to ensure that we provide the best possible response for our most vulnerable children and families in Victoria.

Water: infrastructure

Mr HUDSON (Bentleigh) — My question is to the Minister for Water. I refer to the government's commitment to make Victoria the best place to live, work and raise a family, and I ask: can the minister explain to the house how investment in water infrastructure will benefit all Victorians?

Mr HOLDING (Minister for Water) — I thank the member for Bentleigh for his question, because, like all members on this side of the chamber, he shares a commitment to ensuring that all Victorians have access to a reliable and high-quality water supply. A little over 12 months ago the government launched the next stage of its plan to provide water security for all Victorians. This builds on the good work that the state government has already done to ensure that Victorians, no matter where they live, have access to a reliable and high-quality water supply. I am very pleased to inform the house that as well as providing greater levels of reliability and a high-quality water supply, this plan is also providing jobs right throughout Victoria.

Honourable members interjecting.

The SPEAKER — Order! I ask for some cooperation from the member for Bass and the member for Hastings.

Mr HOLDING — As Victorians now know, the $1 billion investment that is being made as part of stage 1 of the northern Victoria irrigation renewal project (NVIRP) is already creating jobs as part of the early works program. I am very pleased to inform honourable members that 400 jobs have already been created in northern Victoria as part of the early works program for the NVIRP.

At the same time, as honourable members will be pleased to hear, the entire stage 1 project and the Sugarloaf pipeline project between them will see $367 million invested in regional Victoria, in northern Victoria, and this will create something like 1720 jobs in local communities. They are jobs connected with stage 1 of the food bowl modernisation project and the delivery of the Sugarloaf pipeline project.

This builds on other projects that the state government has already put in place. Honourable members are aware that we have now delivered the goldfields super-pipe, providing water security for Bendigo and Ballarat. The project was not supported by all members in this chamber, but it has delivered 194 jobs in communities that are now benefiting from access to increased water supplies and the greater security that that brings.

I am also pleased to inform honourable members that the Wimmera–Mallee pipeline project is also creating jobs in regional Victoria — over 300 jobs in one of the most drought-stressed regions of Victoria, where drought has been in place for a long time. These jobs, which invest money in local communities and provide opportunities, are a vote of confidence in the future of that region and the important role it plays in this state's economy.

At the same time we know that jobs are being created in connection with projects like the Gippsland Water Factory and the Hamilton–Grampians pipeline — another important project that, as construction commences, will also generate jobs as well as water security for that part of Victoria. There is also the desalination project, which is an important project that will provide access to a non-rainfall dependent source of water for communities in Melbourne and Geelong and townships in South Gippsland and Western Port and at the same time will create jobs. We know it will create something like 3180 full-time equivalent jobs during the construction stage.

Mr K. Smith interjected.

The SPEAKER — Order! I warn the member for Bass.

Mr HOLDING — There will be 3180 full-time equivalent jobs generated during the construction phase and another 150 jobs, 50 of which are direct jobs, during its operation. As well as creating water security for Victorians, these projects are a vote of confidence in regional Victoria for communities right across the state.

We are very pleased to be delivering projects that deliver water security for Victorians. We are very pleased also that as a by-product of those projects jobs are being created, investment is occurring and economic activity is being generated for communities right across the state.

The SPEAKER — Order! The time set aside for question time has expired.

ASSISTED REPRODUCTIVE TREATMENT BILL

Introduction and first reading

Mr HULLS (Attorney-General) introduced a bill for an act to regulate assisted reproductive

treatment and artificial insemination, to make provision with respect to surrogacy arrangements, to repeal the Infertility Treatment Act 1995, to amend the Status of Children Act 1974 and the Births, Deaths and Marriages Registration Act 1996 and other acts and for other purposes.

Read first time.

STALKING INTERVENTION ORDERS BILL

Introduction and first reading

Mr HULLS (Attorney-General) introduced a bill for an act to provide for a system of intervention orders in cases of stalking and for other purposes.

Read first time.

ENERGY LEGISLATION AMENDMENT (RETAIL COMPETITION AND OTHER MATTERS) BILL

Introduction and first reading

Mr BATCHELOR (Minister for Energy and Resources) — I move:

That I have leave to bring in a bill for an act to amend the Electricity Industry Act 2000, the Gas Industry Act 2001, the Gas Safety Act 1997, the Electricity Safety Act 1998, the National Electricity (Victoria) Amendment Act 2007 — —

Mr K. Smith — On a point of order, Speaker, I ask that the minister speak into the microphone. He mumbles away from the microphone and the house cannot hear what he is saying. He should speak into the microphone.

The SPEAKER — Order! There is no point of order. I ask the minister to speak into the microphone.

Mr BATCHELOR — I move:

That I have leave to bring in a bill for an act to amend the Electricity Act 2000, the Gas Industry Act 2001, the Gas Safety Act 1997, the Electricity Safety Act 1998, the National Electricity (Victoria) Amendment Act 2007, the National Gas (Victoria) Act 2008 and for other purposes.

Mr INGRAM (Gippsland East) — I ask the minister to provide a brief explanation of the bill.

Mr BATCHELOR (Minister for Energy and Resources) — The bill will support the government's commitment to ensuring an efficient and secure energy system, a reliable and safe delivery of energy services and access to energy at affordable prices and with environmental sustainability. In particular it delivers on our commitment under the Australian energy market agreement to make new laws in relation to retail price regulation. It also supports the government's commitment to make household energy bills more informative over time to help householders save energy.

Motion agreed to.

Read first time.

GREENHOUSE GAS GEOLOGICAL SEQUESTRATION BILL

Introduction and first reading

Mr BATCHELOR (Minister for Energy and Resources) introduced a bill for an act to regulate the injection, and permanent storage, of greenhouse gas substances in onshore Victoria and to make consequential amendments to other acts and for other purposes.

Read first time.

PROHIBITION OF HUMAN CLONING FOR REPRODUCTION BILL

Introduction and first reading

Mr ANDREWS (Minister for Health) — I move:

That I have leave to bring in a bill for an act to prohibit human cloning for reproduction and other unacceptable practices associated with reproductive technology, and for related purposes.

Mrs SHARDEY (Caulfield) — I ask the minister to provide some detail about the bill.

Mr ANDREWS (Minister for Health) — I inform the honourable member and other members that this bill will simply move, unchanged, the provisions that are currently in another act into a separate and discrete act of this Parliament. There is no change to the substantive provisions as agreed to by the Parliament previously.

Motion agreed to.

Read first time.

RESEARCH INVOLVING HUMAN EMBRYOS BILL

Introduction and first reading

Mr ANDREWS (Minister for Health) — I move:

That I have leave to bring in a bill for an act to regulate certain activities involving the use of human embryos, and for related purposes.

Mrs SHARDEY (Caulfield) — I ask the minister to provide some detail about the bill.

Mr ANDREWS (Minister for Health) — Similar to the previous bill that I gave notice of, this bill will relocate current provisions unchanged into a discreet and separate act of the Parliament.

Motion agreed to.

Read first time.

HEALTH PROFESSIONS REGISTRATION AMENDMENT BILL

Introduction and first reading

Mr ANDREWS (Minister for Health) — I move:

That I have leave to bring in a bill for an act to amend the Health Professions Registration Act 2005 and for other purposes.

Mrs SHARDEY (Caulfield) — I ask the minister to provide some detail about the legislation.

Mr ANDREWS (Minister for Health) — The bill makes minor amendments to ensure the continued smooth operation of the Health Professions Registration Act 2005. They are the main housekeeping changes. The bill also deals with the expiring limitations or growth caps that are currently in place for friendly society owned pharmacies.

Motion agreed to.

Read first time.

COMPENSATION AND SUPERANNUATION LEGISLATION AMENDMENT BILL

Introduction and first reading

Mr HOLDING (Minister for Finance, WorkCover and the Transport Accident Commission) — I move:

That I have leave to bring in a bill for an act to amend the Transport Accident Act 1986, the Accident Compensation Act 1985 and the Emergency Services Superannuation Act 1986 and for other purposes.

Mr WELLS (Scoresby) — I ask the minister to explain the purpose of the bill.

Mr HOLDING (Minister for Finance, WorkCover and the Transport Accident Commission) — This legislation proposes to make a number of changes to the transport accident scheme and the WorkCover scheme to overcome the unintended consequences of certain recent cases as decided by courts both in Victoria and interstate. It also proposes to make a minor change in relation to the arrangements for Victoria Police personnel arising out of the recent Victoria Police workplace agreement 2007.

Motion agreed to.

Read first time.

DANGEROUS GOODS AMENDMENT (TRANSPORT) BILL

Introduction and first reading

Mr HOLDING (Minister for Finance, WorkCover and the Transport Accident Commission) — I move:

That I have leave to bring in a bill for an act to amend the Dangerous Goods Act 1985, to repeal the Road Transport (Dangerous Goods) Act 1995 and for other purposes.

Mr WELLS (Scoresby) — I ask the minister to provide a brief outline of the bill.

Mr HOLDING (Minister for Finance, WorkCover and the Transport Accident Commission) — This legislation proposes to implement a new national legislative framework for the transport of dangerous goods by road and rail having regard to the statutory framework that already exists in Victoria.

Motion agreed to.

Read first time.

LOCAL GOVERNMENT AMENDMENT (COUNCILLOR CONDUCT AND OTHER MATTERS) BILL

Introduction and first reading

Mr WYNNE (Minister for Local Government) — I move:

That I have leave to bring in a bill for an act to amend the Local Government Act 1989, the City of Melbourne Act 2001 and the Victorian Civil and Administrative Tribunal Act 1998 and for other purposes.

Mrs POWELL (Shepparton) — I ask for a brief explanation from the minister.

Mr WYNNE (Minister for Local Government) — This bill will better define standards of conduct for councillors and establish a mechanism to support and enforce those standards. It will redefine what is a conflict of interest and extend the application of that definition in local government. It will also make amendments to facilitate more transparent, accountable and effective local government prior to the forthcoming elections, which are due to take place on 29 November.

Motion agreed to.

Read first time.

BUSINESS OF THE HOUSE

Notices of motion: removal

The SPEAKER — Order! I advise the house that under standing order 144, notices of motion 86 to 89 and 198 to 208 will be removed from the notice paper on the next sitting day. A member who requires the notice standing in his or her name to be continued must advise the Clerk in writing before 6.00 p.m. today.

PETITIONS

Following petitions presented to house:

Water: desalination plant

To the Legislative Assembly of Victoria:

The petition of residents of Victoria points out to the house that, given the lack of information and consultation with the public, we are totally opposed to the proposed desalination plant on the following grounds:

Desalination is an energy intensive and unnecessarily costly means of addressing water shortages. Any renewable energy offsets need first to be directed to reducing the impact of current levels of energy use.

The construction of the plant poses potential risks to marine and marine park environments. Aboriginal heritage sites are also at risk. Detailed environmental effects studies have not been undertaken.

Inappropriate siting of the plant has potential detrimental effects on coastal space, with the likelihood of destroying the very values which attract visitors and residents to Bass Coast.

The development is at conflict with state and local government policies, especially marine protection, Victorian coastal strategy, Victorian coastal spaces study and Bass Coast strategic coastal framework.

The petitioners therefore request that the Legislative Assembly of Victoria directs immediate consultation between government and the local community's representative committee to address the issues as listed above.

By Mr K. SMITH (Bass) (139 signatures)

Water: north–south pipeline

To the Legislative Assembly of Victoria:

This petition of residents of Victoria draws to the attention of the house the proposal to develop a pipeline which would take water from the Goulburn Valley and pump it to Melbourne.

The petitioners register their opposition to the project on the basis that it will effectively transfer the region's wealth to Melbourne; have a negative impact on the local environment; and lead to further water being taken from the region in the future. The petitioners commit to the principle that water savings which are made in the Murray–Darling Basin should remain in the MDB.

The petitioners therefore request that the Legislative Assembly of Victoria rejects the proposal and calls on the state government to address Melbourne's water supply needs by investing in desalination, recycling and capturing stormwater.

By Dr SYKES (Benalla) (25 signatures)

Hughes Creek: dam

To the Legislative Assembly of Victoria:

The petition of the residents of Avenel in the Shire of Strathbogie and electorate of Benalla in Victoria draws to the attention of the house their concern about the building of a 400-megalitre dam in the upper reaches of the Hughes Creek catchment. We do not believe such a substantial pumping right is sustainable in this increasingly fragile catchment. And we fear for the now endangered Macquarie perch which has historically lived and bred in the creek.

The Hughes Creek has been, until recently, a permanent creek and a tributary to the Goulburn River. It is one of the many tenuous tributaries to the increasingly fragile and threatened Murray–Darling river system.

The petitioners therefore request that the Legislative Assembly of Victoria overturn the approval to build the dam and implement a moratorium on the building of all dams in the catchment until a stream flow management plan has been drawn up for the creek.

By Dr SYKES (Benalla) (191 signatures)

Schools: Catholic sector

We, the undersigned, have signed this petition to the Victorian government to express our deep concern at the lack

of additional funding for the Catholic education sector in the recently announced state budget. We believe, as members of the Catholic education community and taxpayers, that there should be increased funding to Catholic schools and note the following, in particular:

> Public schools received a boost of $1.3 billion and teachers salaries were increased by $5000 per annum. Catholic schools received no extra funding. For Catholic schools to meet these teacher pay increases, current school fees would need to be increased considerably.
>
> The New South Wales government provides $578 per pupil more to its Catholic schools than the Victorian government, as well as providing annual indexation based on increased costs. Therefore, NSW Catholic schools are able to afford wage parity with the state system. In Victoria, the state government grants have been indexed by only 2.5 per cent for the past four years, while increased costs averaged 6 per cent.
>
> The state government is providing $1.9 billion over four years for capital works in government schools. For the same period, it has committed 1 per cent of this total to similar works in Catholic schools, yet 22 per cent of students attend Catholic schools.

By Mrs MADDIGAN (Essendon) (106 signatures)

Pembroke Secondary College: funding

To the Legislative Assembly of Victoria:

The petition of residents of Mooroolbark, Mount Evelyn and surrounding suburbs draws the attention of the house to the urgent need for state government funding to be allocated to Pembroke Secondary College for the departmental-approved master plan for a major upgrade to the college's facilities.

The petitioners request that the Legislative Assembly of Victoria take immediate action to ensure that Pembroke Secondary College receives the necessary funding.

By Mrs FYFFE (Evelyn) (458 signatures)

Water: catchment logging

We the undersigned draw to the attention of the Legislative Assembly of Victoria that logging of high conservation forest is occurring at the Armstrong Creek catchment.

We, the people, are outraged that at a time when Victoria is experiencing its most severe drought, logging of this catchment is reducing our water supply.

We are equally concerned at the fact that logging of this catchment is destroying the habitat of Victoria's endangered faunal species, the Leadbeaters possum.

We therefore call on the Victorian government to immediately cease logging of the Armstrong, Thomson, Cement, McMahons and Starvation catchments.

By Ms LOBATO (Gembrook) (121 signatures)

Abortion: legislation

To the Legislative Assembly of Victoria:

The petition of the citizens of Bendigo and its hinterlands draws the attention of the house its determined objection to the decriminalisation of abortion.

The petitioners therefore request that the Legislative Assembly of Victoria abstain from carrying forth the proposal of the decriminalisation of abortion thereby absolving itself of innocent blood.

By Mr RYAN (Gippsland South) (5 signatures)

Brimbank: councillors

To the Honourable the Speaker and members of the Legislative Assembly in Parliament assembled:

We ask that the Minister for Local Government, the Honourable Richard Wynne, immediately intervene in the City of Brimbank, which has become ungovernable due to one Cr Natalie Suleyman not being endorsed for the state seat of Kororoit. She is taking out her revenge on the community with her majority group of councillors, this blatant abuse of power without due care for the health, safety and wellbeing of the residents of Brimbank. This is the reason we ask the minister to forthwith dissolve the City of Brimbank and appoint a commissioner to govern the City of Brimbank.

And your petitioners, as in duty bound, will ever pray.

By Mr SEITZ (Keilor) (548 signatures)

Walpeup research station: future

To the Legislative Assembly of Victoria:

This petition of residents of Victoria draws to the attention of the house the impending closure of the Walpeup research station as a result of a restructure of the Victorian Department of Primary Industries (DPI).

The petitioners register their opposition to the closure of Walpeup research station, on the basis that it will result in job losses, and have serious ramifications for the community, services and environment.

The petitioners therefore request that the Legislative Assembly of Victoria rejects the DPI restructure and calls on the state government to keep the Walpeup research station as a fully funded and functional DPI facility.

By Mr CRISP (Mildura) (140 signatures)

Abortion: legislation

To the Legislative Assembly of Victoria:

The petition of the undersigned residents of Victoria draws to the attention of the house the need to ensure that existing laws relating to abortion are not out of step with community sentiment and current clinical practice.

The petitioners therefore request that the Legislative Assembly of Victoria support the passage of a prospective bill

to decriminalise abortion in a way which achieves both the safeguarding of women and medical practitioners and ensures that services are high quality, accessible and safe. This will ensure that the law reflects contemporary community standards and that it is simple, clear and transparent.

By Mr ANDREWS (Mulgrave) (9 signatures)

Abortion: legislation

To the Legislative Assembly of Victoria:

The petition of the undersigned residents of Victoria draws the attention of the house to proposed amendments to the Crimes Act which will ensure that no abortion can be criminal when performed by a legally qualified medical practitioner at the request of the woman concerned.

The implementation of this legislation will allow abortions to be legal in Victoria right up to birth. This will only increase the thousands of children who die needlessly each year through abortion and will add to the existing social problems in Victoria resulting from such a high abortion rate.

The petitioners therefore request that the Legislative Assembly of Victoria vote against amendments to the Crimes Act that will decriminalise abortion in the state of Victoria.

By Mr WELLER (Rodney) (21 signatures)

Kyabram research station: future

To the Legislative Assembly of Victoria:

This petition of residents of Victoria draws to the attention of the house the impending closure of the Kyabram research centre as a result of a restructure of the Victorian Department of Primary Industries (DPI).

The petitioners register their opposition to the closure of Kyabram research centre, on the basis that it will result in direct and indirect job losses, and have serious ramifications for the schools and businesses, services and the environment.

The petitioners therefore request that the Legislative Assembly of Victoria rejects the DPI restructure and calls on the state government to keep the Kyabram research centre as a fully funded and functional DPI facility.

By Mr WELLER (Rodney) (902 signatures)

Rochester: community residential unit

To the Legislative Assembly of Victoria:

The petition of the following residents of Rochester and district in the electorate of Rodney draws to the attention of the house that they are opposed to the relocation of Rochester's community residential unit to Echuca on the basis that the loss of the service will have a detrimental impact on the residents of the facility and their families, the staff who work at the unit, and the general community of Rochester itself.

The petitioners therefore request that the Legislative Assembly of Victoria instruct the Department of Human Services to abandon plans to relocate the community residential unit to Echuca and retain the facility at its current site in High Street, Rochester.

By Mr WELLER (Rodney) (686 signatures)

Driver Education Centre of Australia: Careful Cobber program

To the Legislative Assembly of Victoria:

The petition of residents of Victoria draws to the attention of the house the decision to cut funding for the Careful Cobber program at the Driver Education Centre Australia, Shepparton.

The petitioners register their opposition to the decision on the basis that this is an extremely important practical driver education program which teaches primary school students the importance of road safety and how to share the road responsibly.

The petitioners therefore request that the Legislative Assembly of Victoria call on the state government to reinstate funding for the Careful Cobber program.

By Mrs POWELL (Shepparton) (4287 signatures)

Walpeup research station: future

To the Legislative Assembly of Victoria:

This petition of residents of Victoria draws to the attention of the house the impending closure of the Walpeup research station as a result of a restructure of the Victorian Department of Primary Industries (DPI).

The petitioners register their opposition to the closure of Walpeup research station, on the basis that it will result in direct and indirect job losses, and have serious ramifications for the schools and businesses, services and the environment.

The petitioners therefore request that the Legislative Assembly of Victoria rejects the DPI restructure and calls on the state government to keep the Walpeup research station as a fully funded and functional DPI facility.

By Mr WALSH (Swan Hill) (88 signatures)

Tabled.

Ordered that petition presented by honourable member for Essendon be considered next day on motion of Mr DIXON (Nepean).

Ordered that petition presented by honourable member for Keilor be considered next day on motion of Mr SEITZ (Keilor).

Ordered that petition presented by honourable member for Bass be considered next day on motion of Mr K. SMITH (Bass).

Ordered that petition presented by honourable member for Mildura be considered next day on motion of Mr CRISP (Mildura).

Ordered that petition presented by honourable member for Shepparton be considered next day on motion of Mrs POWELL (Shepparton).

Ordered that petitions presented by honourable member for Rodney be considered next day on motion of Mr WELLER (Rodney).

Ordered that petitions presented by honourable member for Benalla be considered next day on motion of Dr SYKES (Benalla).

Ordered that petition presented by honourable member for Swan Hill be considered next day on motion of Mr WALSH (Swan Hill).

Ordered that petition presented by honourable member for Evelyn be considered next day on motion of Mrs FYFFE (Evelyn).

SCRUTINY OF ACTS AND REGULATIONS COMMITTEE

Alert Digest No. 11

Mr CARLI (Brunswick) presented *Alert Digest* No. 11 of 2008 on:

Abortion Law Reform Bill
Courts Legislation Amendment (Costs Court and Other Matters) Bill
Evidence Bill
Family Violence Protection Bill
Medical Research Institutes Repeal Bill

together with appendices.

Tabled.

Ordered to be printed.

DOCUMENTS

Tabled by Clerk:

Crown Land (Reserves) Act 1978 — Order under s 17D granting a lease over Lorne Foreshore Reserve

Major Events (Aerial Advertising) Act 2007 — Event Order under s 7

Murray-Darling Basin Act 1993 — Revised Schedule F under s 28

Parliamentary Committees Act 2003 — Government response to the Public Accounts and Estimates Committee's Report on Strengthening Government and Parliamentary Accountability in Victoria

Planning and Environment Act 1987 — Notices of approval of amendments to the following Planning Schemes:

Bass Coast — C77, C81

Baw Baw — C43, C52

Bayside — C56 Part 2, C63

Boroondara — C79

Campaspe — C66

Colac Otway — C27 Part 2

Corangamite — C16 Part 2

Glen Eira — C54

Glenelg — C39

Greater Geelong — C143

Greater Shepparton — C70

Indigo — C45

Latrobe — C49

Macedon Ranges — C65

Manningham — C79

Moonee Valley — C50

Moreland — C66, C72

Stonnington — C59

Surf Coast — C44

Whitehorse — C82, C95, C97, C98

Whittlesea — C105, C106

Statutory Rules under the following Acts:

Drugs, Poisons and Controlled Substances Act 1981 — SR 98

Fair Trading Act 1999 — SR 99

Supreme Court Act 1986 — SR 100

Subordinate Legislation Act 1994:

Minister's exception certificates in relation to Statutory Rules 18, 100

Ministers' exemption certificates in relation to Statutory Rules 18, 52, 66, 67, 68, 69, 78, 81

Terrorism (Community Protection) Act 2003:

Report 2007–08 under s 13

Report 2007–08 under s 13ZR

Victorian Environmental Assessment Council Act 2001:

Requests under s 16 (two documents)

Final report for the River Red Gum Forests Investigation.

The following proclamation fixing an operative date was tabled by the Clerk in accordance with an order of the House dated 19 December 2006:

Gambling Legislation Amendment (Problem Gambling and Other Measures) Act 2007 — Sections 5, 6 and 50 — 4 September 2008 *(Gazette G36, 4 September 2008)*.

ROYAL ASSENT

Message read advising royal assent to:

26 August

Building Amendment Bill
Cancer Amendment (HPV) Bill
Courts Legislation Amendment (Juries and Other Matters) Bill
Crimes (Controlled Operations) Amendment Bill
Gambling Regulation Amendment (Licensing) Bill
Land (Revocation of Reservations) (Convention Centre Land) Bill
Melbourne Cricket Ground Amendment Bill
Superannuation Legislation Amendment Bill
Unclaimed Money Bill
Wildlife Amendment (Marine Mammals) Bill

2 September

Public Health and Wellbeing Bill

APPROPRIATION MESSAGE

Message read recommending appropriation for the Courts Legislation Amendment (Costs Court and Other Matters) Bill.

ROAD SAFETY COMMITTEE

Development, adoption and implementation of Australian design rules

Mr BATCHELOR (Minister for Community Development) — By leave, I move:

That, under section 33 of the Parliamentary Committees Act 2003, the Road Safety Committee be required to inquire into, consider and report no later than 30 November 2009 on the process of development, adoption and implementation of Australian design rules and to consider other worldwide practices with a focus on improving vehicle safety.

Motion agreed to.

BUSINESS OF THE HOUSE

Program

Mr BATCHELOR (Minister for Community Development) — I move:

That, under standing orders 94(2), the orders of the day, government business, relating to the following bills be considered and completed by 4.00 p.m. on Thursday, 11 September 2008:

Courts Legislation Amendment (Costs Court and Other Matters) Bill

Medical Research Institutes Repeal Bill.

In moving this government business program for this parliamentary week I would like to make some comments that might assist those on both sides of the chamber and those in the galleries, whether it is the media or the public gallery, as to what will be happening this week, because traditionally the government business program motion gives a fairly good indication of what the proceeding parliamentary week will contain.

If members look at the notice paper they will see that the first order of government business is the Abortion Law Reform Bill, and that is what we will be debating shortly, after the conclusion of members statements and when we commence the government business section of the parliamentary program. The government business motion is to provide an indication of the other bills that we will be dealing with this week, when we have completed debate on the Abortion Law Reform Bill. The other bills are, if you like, the second order for this week. If we get through the Abortion Law Reform Bill we will move on to these, but it is impossible to know at this point of the parliamentary week how long it will take to get through the second-reading debate and consideration in detail of the Abortion Law Reform Bill. I understand it is expected that we will see moved shortly — when we enter that debate — some 30 or so amendments. It is likely that a very large number of individual members will want to speak during the second-reading debate, and such large numbers of amendments will mean that the consideration-in-detail stage of this bill is likely to be very lengthy indeed.

In order to accommodate both the desire and the commitment we gave during the last parliamentary sitting week that, as far as humanly possible, all those

who wanted to speak on this bill during the second-reading debate would be provided the opportunity to do so, and to try to provide sufficient time for adequate consideration during the consideration-in-detail stage, we are proposing to have a very small government business program, but I also indicate to the staff and to members of Parliament that it is very likely that we will sit late tonight and tomorrow night. Given that there is no inclusion at this stage of the Abortion Law Reform Bill of the use of the guillotine, the precise time when we will be resolving matters on Thursday is a bit unclear at this stage, but it will become clearer as we work through the workload today and on following days. Having a government business program in this order will enable us to make amendments to it if that needs to be done later on in the week, to accommodate the commitments that we have made and the undoubted desires of the house to fully debate the Abortion Law Reform Bill. In making those comments, I thought it would be helpful that people understand what we are planning to do with the Abortion Law Reform Bill.

I would also like to acknowledge the cooperation and assistance I have received from the member for Kew and other members of the opposition in trying to make sure that during this parliamentary week, which will be centred around a bill on which a conscience vote will be allowed by all the parties in the chamber, we would have sufficient cooperation and understanding. There has been a very close working relationship with the member for Kew during this past couple of days getting ready for today, and I am sure that will continue through the remainder of this week. I would like to put on record my thanks for that.

Mr McINTOSH (Kew) — I say from the outset that the opposition will not be opposing the government business program motion. I acknowledge the amount of work the Leader of the House, other members of both the government and the opposition, ministers and shadow ministers have undertaken in trying to produce a mechanism that will guide the debate so that we can concentrate on the intellectual arguments regarding the bill.

As we all know, there will be a free vote for all members of the house. This is a rare opportunity to demonstrate how Parliament can operate with goodwill even on difficult matters of significant principle for all members of the house. The number of hours that have been spent by opposition and government members — and particularly by me and the Leader of the House — is a demonstration that we all want a positive outcome for the state and are working for that. This place would never operate if it were not for the agreement and consensus we bring to 90 per cent of what we do.

I look forward to the debate. I again thank the Leader of the House, members of the government, ministers, shadow ministers and members of the opposition who have participated in the development of the process that is about to unfold.

Mr DELAHUNTY (Lowan) — The Nationals will be supporting this government business program motion. I commend the member for Kew and the Leader of the House for keeping us informed on the process for this week and, in particular, for their cooperative approach to the difficult process we will undergo this week.

Motion agreed to.

MEMBERS STATEMENTS

Balaclava Road, Caulfield North: pedestrian crossing

Mrs SHARDEY (Caulfield) — The issue I raise today relates to a tragic accident that occurred almost directly outside my electorate office on Sunday evening, 27 July. Mrs Elizabeth Herzog, an elderly patron of the Theodor Herzl Social Club in Balaclava Road, was killed after she was struck by a car as she crossed the busy road on her way to play bridge. Mrs Herzog's son, the club and other members of my electorate are calling on the Minister for Roads and Ports to build a pedestrian crossing with flashing lights on the road. There have also been calls from the community to install a 40-kilometre-per-hour speed limit zone on this busy stretch of road.

VicRoads has offered to erect a warning sign, which would prove to be pointless. The elderly people need more than a mere sign to avoid accidents, and there have been several near misses. There is minimal parking around the club, with most of the side streets requiring permits for cars parked there, forcing the elderly people to navigate this dangerous stretch of road. To expect people in their 80s, and over, to walk 200 metres to a set of traffic lights is ludicrous. Many of the club members are too frail to walk that distance. Glen Eira City Council has said it is up to VicRoads to build crossings. Approximately 600 elderly patrons visit the club premises five nights a week. I call on the Minister for Roads and Ports to take action.

Steve Hooker

Mr BATCHELOR (Minister for Community Development) — Congratulations to Australia's first male track and field Olympic gold medallist for 40 years, Victorian pole vaulter Steve Hooker. Steve cleared 5.96 metres to set a new Olympic record and win gold in Beijing. He is a high achiever in every sense.

This is the not the first time I have spoken about Steve's achievements. Just over four years ago I congratulated Steve for competing in the Athens Olympic Games. On that occasion he failed to proceed past the qualifying round but was clearly a competitor with loads of promise. Steve Hooker persisted and now has been rewarded with the greatest prize of all — an Olympic gold medal. Not only did Steve impress everyone with his jump but he also displayed extraordinary sportsmanship during the final by giving his American competitor advice regarding the wind at the other end of the runway.

Steve is now aiming to claim the world record for the event which was set in 1994 when pole vaulting legend Sergey Bubka cleared 6.14 metres. Steve has the appropriate genealogy to reach these new heights; both his parents, Bill and Erica, were fantastic athletes. Erica competed in the 1972 Olympic Games in Munich. Both Erica and Bill are Victorian public servants, and many people would know Erica from her work in the Department of Parliamentary Services a number of years ago. I am sure that both Bill and Erica are extremely proud of their son, as are we all.

Water: Sunraysia infrastructure

Mr CRISP (Mildura) — The people of Mildura are sick of waiting for the Brumby government to provide details of the Sunraysia modernisation project. This project came to prominence on 26 March, when the Council of Australian Governments meeting in Adelaide announced that funding would be made available for water saving projects in the Murray Valley.

In May the shadow country water resources minister and I visited the then two water authorities in Mildura to discuss the projects they proposed to put up in preparation for the next COAG meeting in early July. Both authorities indicated that they were preparing project bids for the coming COAG meeting. These projects would provide water saving opportunities by pipelining the existing channels. Many of these channels are arterial, and thus large and expensive.

On 3 July, $103 million was announced for the Sunraysia modernisation project. For 10 weeks the people of Sunraysia have been told, 'We know nothing'. The time is up. What are the details of the project? What will Victoria be doing? Will Victoria be making a co-contribution? How will water savings be shared? What works will be done, and when will they be done, or is it all talk and no action?

Scouts: Craigieburn

Ms BEATTIE (Yuroke) — I recently had the pleasure of attending the awards ceremony of the 1st Craigieburn Scout Group in my electorate. I would like to take this opportunity to acknowledge the significant contributions made by Craigieburn scout group committee members Jeff McIlvain, Deborah Clow, Andrew Dickinson, Annette McIlvain and Greg Sheilds. These committee members have worked tirelessly in building an extremely successful and engaging scout group.

I also wish to congratulate all the winners of the scout group awards for 2008. Recipients of the Grey Wolf award for Cub Scouts were Steven Lamb, Liam Colbert and Teigan Marks. Recipients of the GreenCord/Premier's scout award were Luke Critchley, Lisa Baker and Nathan Lind. The Queen's Scout award, Venturer section, went to Michael Quayle, and the Rovers W. F. Waters award was received by Aaron Guild. I would also like to congratulate Kerrie Willmott; the Craigieburn caterer, Stuart Colbert; and Jenny Marks and Darrell Marks, who received the Good Service Award for adult members.

The group also requested that I write a letter to be encased in a time capsule they were creating; it will be opened in 2050. The letter gave me a chance to comment on the positive values and leadership skills learnt from scouting and the enthusiasm and commitment of the scouts, their families and group leaders as demonstrated by the group. The 1st Craigieburn Scout Group has had an extremely successful year, and I wish it well in years to come.

Manufacturing: government performance

Mr WELLS (Scoresby) — This statement condemns the Brumby government for its continuing incompetent mismanagement of the Victorian economy. Victoria historically has been the manufacturing heartland of Australia. Sadly, under Labor Victoria no longer holds the manufacturing crown of the nation. When Labor was elected in 1999 Victoria still had the highest manufacturing industry gross added value production in Australia and the

highest manufacturing sector percentage contribution to gross state product (GSP) at 16.6 per cent.

By 2006–07 Victoria's manufacturing production in gross added value terms had declined by 5.5 per cent — at a time when gross state product had grown 26 per cent, and the manufacturing sector's percentage contribution to gross state product seriously declined by a quarter to only 12.5 per cent.

By comparison New South Wales now has the largest manufacturing sector in Australia, with a gross added value increase of 3.1 per cent since 1999. Queensland's manufacturing output has increased by 46.5 per cent and Western Australia's manufacturing sector has grown by 67.4 per cent over the same period. As a percentage of GSP the manufacturing sectors of both Tasmania and South Australia, at 13.7 per cent and 13.2 per cent respectively, now exceed Victoria's, at 12.5 per cent.

Under Labor's watch, Victoria's manufacturing sector has been declining in importance compared to other states, particularly Western Australia, Queensland and to a lesser extent even — —

The SPEAKER — Order! The member's time has expired.

Geoff Mathews

Mr HERBERT (Eltham) — I rise to tell the house about a caring and friendly man and the power of community support. Geoff Mathews is a school crossing supervisor on busy Sherbourne Road in my electorate of Eltham. This crossing services both Briar Hill Primary School and Montmorency Secondary College.

Geoff has become an icon in our community for the way he runs his crossing. He is a warm, friendly person who cares deeply about the students and parents who use his crossing, and he brightens up the day for all who pass his crossing. Geoff is well known for waving and smiling at motorists who drive past and for giving everyone around him a friendly greeting. He knows the names of the students who use his crossing as well as the names of local traders nearby.

Last week a complaint was made against Geoff. While Banyule City Council investigated the complaint, Geoff was moved to a nearby crossing. This move sparked the most amazing community campaign and was an indication of just how highly the community regards Geoff. Banyule council and our two local newspapers received many phone calls, letters and emails supporting Geoff. Posters such as 'Bring Geoff back', 'Geoff rocks', and 'Geoff got the sack; toot to get him back' and decorations complete with waving hands, which have become a symbol of Geoff Mathews, were placed on the crossing.

Common sense prevailed, and Geoff was returned to his normal crossing last Friday afternoon. There to greet him were local traders, students, parents, teachers and the national media. When Geoff turned 60 last year passers-by stopped and gave him presents. I think a comment that stood out was, 'Thank you for making us smile'. I know Geoff appreciates the community's support.

Schools: walking bus program

Dr NAPTHINE (South-West Coast) — It is with real disappointment that I rise to highlight yet another broken Labor promise. In 2006 Labor's Go for Your Life election policy said, 'Labor will expand … walking school buses'. It is a very good program which encourages children to walk to and from school in a safe and supervised way. But recently I received a letter, dated 27 August, from Warrnambool City Council. Under the heading 'Re: cessation of funding for the walking school bus program' it states:

> The council has been made aware that this valuable program will close. The last payment for this program was made in May 2008. The cessation of funding places this entire program in jeopardy and is a classic example of government cost shifting, if the council is required to continue this program without assistance.

The funding for Warrnambool City Council is only $9000, yet even that has been taken away by this miserable city-centric government. The Warrnambool *Standard*'s editorial of 30 August carried the heading 'Walking Bus to nowhere'; it says:

> The Walking school bus project was a sensible, cheap and cheerful project aimed at getting children to take more exercise.

In 2006 the Labor Party promised more walking school buses, but now the program is being defunded by the Labor government. This program helps children to fight obesity and keep fit, but the Labor Party is walking away from it. This is an arrogant — —

The SPEAKER — Order! The member's time has expired.

Women: suffrage centenary

Ms MARSHALL (Forest Hill) — I had the pleasure of conducting a Forest Hill community morning tea last Tuesday, 2 September, giving my constituents the opportunity to commemorate this year's

100th anniversary of Victorian women winning the right to vote. Instrumental in this win, achieved in 1908, was the monster petition of 1891. This petition was over 260 metres long and was signed by more than 30 000 Victorian people.

Last Tuesday a number of my constituents signed a commemorative banner that will be used to replicate the original petition at the Parliament House Open Day later this year. This has provided each of them with a unique opportunity to participate in this year's celebrations.

Forest Hill electorate: community issues

Ms MARSHALL — Along with that, the morning tea was also an opportunity for me to work closely with members of my community and discuss issues that are close to their hearts. Issues that were raised at the morning tea included the availability of universal education and the quality of health care and aged care for the most vulnerable in our society. I am now able to use the information and matters raised at this community gathering to work with the government to ensure even better services for the constituents of Forest Hill.

I thank all those who attended the morning tea and hope that they enjoyed the opportunity to work closely with me and other members of our most valuable community.

Benalla Secondary College: Surviving Driving forum

Dr SYKES (Benalla) — I wish to congratulate Benalla Secondary College students Nikita Gambrell, Amy Ibott, Jacqui Thomas and Toree Wilkins for conducting a Surviving Driving forum at Benalla on Monday, 25 August. Over 200 year 11 and year 12 students attended the forum to hear speakers talk about safe driving and the impact on drivers, their passengers, their family and friends when accidents occur and people are seriously injured or killed. The presentations were very powerful, and hopefully the messages will remain firmly imprinted in the minds of the students.

Driver Education Centre of Australia: Careful Cobber program

Dr SYKES — It is disappointing to learn only a week after this successful driver safety forum that the Brumby government has cut funding for the Careful Cobber driver education program at Shepparton. The Careful Cobber program has provided safe driver education to over 250 000 primary school students from 155 schools in many parts of Victoria over the past 30 years. Little wonder that over 4000 people have already signed a petition initiated by the member for Shepparton calling on the government to continue funding the Careful Cobber program.

The Brumby government's lame-duck excuse for the funding cut is the absence of evidence to show that this program works. The absence of evidence is due to the fact that the Brumby government has failed to evaluate the program before cutting funds. I call on the Brumby government to immediately fund the Careful Cobber program and similar pre-licence driver education programs such as those conducted at Alexandra, Myrtleford, Bright, Mount Beauty, Charlton and Mildura.

St Michael's Parish School: art exhibition

Mr STENSHOLT (Burwood) — I wish to commend St Michael's Parish School in Ashburton for its fantastic 2008 student art exhibition, which is open until lunchtime tomorrow. The exhibition is called 'Who are our Asian neighbours?'. It is a kaleidoscope of art from many countries. There are dancing dragons, Chinese horoscopes, clay mushrooms and dragon spikes, Vietnamese dolls, carp windsocks, paper dolls, origami, lanterns, pandas and Thai elephants, kites, masks, conglak boards, batik, mandalas, kimonos, umbrellas and fans, terracotta armies, noh masks, pokemon art and much more.

I had the good fortune last Friday night to attend the opening of the exhibition by Lord Mayor John So, along with principal Geraldine Dalton and parish priest Bill Attard. I send a special thankyou to all the artists and the art teacher, Deb Chapman, who have done a wonderful job. I thank also the art exhibition committee, Jean Curren, Joanne Yeates, Jenny Walsh, Tanya Ovens, Denise Tobin, Carmel Sanelli and Louise Harris, and the school staff who helped out, Steve Walsh and Wayne Goldsmith.

I also acknowledge the terrific art pieces of Harrison Green, Britney Julie, Giulia Little, Maria Nocera and Lachlan Yeates, whose kimono letter-holders were the inspiration for the invitations. Special thanks go also to year 6 student Shelby Gardner, who attended each art club session and assisted the junior students. It is a wonderful exhibition and a great credit to the students and all associated with St Michael's Parish School, Ashburton.

Human rights and responsibilities charter: implementation

Mr CLARK (Box Hill) — I was amazed to read in a recent edition of *Lawyers Weekly* magazine about the Victorian Government Solicitor's Office boasting about the huge increase in staff it had managed to achieve as a result of the introduction of the so-called Charter of Human Rights and Responsibilities. The 1 August edition of *Lawyers Weekly* reports that the VGSO is moving into new premises because a spate of increased work has seen it dramatically increase staff numbers and run out of office space. It reports the Victorian Government Solicitor, John Cain, as saying that two years ago the office had 50 lawyers but it now has 80 lawyers and that the Charter of Human Rights and Responsibilities was largely fuelling the boom.

The cost of this huge increase is borne by the taxpayer. At a highly conservative estimate of $100 000 per extra lawyer, this comes to a total of $3 million a year. If you allow for higher salaries plus on-costs, accommodation and support, the cost could be $6 million year or more. That is just the extra cost of lawyers at the VGSO; it does not account for all the extra legal staff and other public servants that different departments have had to hire, the external legal advice they have had to obtain or the extra cost of court cases to deal with charter issues. This is all money being wasted on a charter that has failed to actually deliver any improvements in human rights for Victorians. If anything it has undermined human rights by making the law more complicated, uncertain and dependent upon the personal opinions of unelected judges. The money being wasted on the charter is money that is desperately needed to treat patients in our hospitals, put more police on the street or improve public transport. We on this side of the house warned that the charter would come at enormous cost to taxpayers, and that is what is happening.

Meriba Service Club: Valuing Our Vote dinner

Mrs MADDIGAN (Essendon) — I congratulate the Meriba Service Club of Colac on the excellent Valuing Our Vote dinner it held at the Colac Otway Performing Arts and Cultural Centre in August to celebrate the centenary of women gaining the vote. I would like to pay tribute to this very small club, the members of which worked extremely hard to put on a great demonstration and a great dinner. I was joined at the dinner by a member for Western Victoria Region in the Council, Gayle Tierney. If I may say so, the better half of the Mulder family also attended, as well as Tracey Slatter, the first woman chief executive officer of the Shire of Colac Otway.

The club received a grant from the state government to stage one of the many functions that are being run around Victoria this year to celebrate women getting the vote 100 years ago. I was particularly impressed by the excellent exhibition detailing the history of people signing the petition in Colac and of some of the women involved in seeking the vote. I was also impressed by the huge effort by the women to make the evening such a success. I particularly congratulate Barb Stewart and all her workers at the Meriba Service Club of Colac. They should be very proud of themselves.

Disability services: permanent accommodation

Mrs FYFFE (Evelyn) — In allowing the shortage of permanent accommodation for people with disabilities to continue, the government is being irresponsible and neglectful. Governments have a duty of care, and this government has shirked its duty and is ignoring the plight of parents and grandparents. A17-year-old girl in my electorate is disabled. Her mother, a single parent, is ill and can no longer care for her daughter. Over the past 12 months this young woman has been placed in two different respite houses for repeated short stays and has also been placed with an alternative carer for a few days at a time. Because she is continually living out of suitcases and has no place that she can call home, she is very distressed and confused. I call on the government to urgently increase the number of permanent places for disabled and vulnerable members of our community.

Foster care: funding

Mrs FYFFE — A foster carer of many years has raised concerns with me about the inadequate funding of foster care services. The underresourcing of the department is highlighted by the example of one child under two years of age being handled by four different departmental staff members on a supervised access visit. What further damage is this doing to an already vulnerable and disturbed toddler who is not yet two? This child is also being taught that it is okay to go off with anyone. The foster carer said she supported many of the changes implemented during her 30-plus years as a carer but that there is no point in running seminars, workshops and flying in experts from overseas if there are not enough staff members to implement the changes. She highlighted a particular course called circle training, which she said would be excellent if correctly funded.

Public transport: Mordialloc electorate

Ms MUNT (Mordialloc) — I rise today to speak about an announcement for which I joined the Premier

last Thursday at Mentone train station. The Premier announced that from early next year there will be a new bus route — the 903 — that will join Mordialloc to Altona via Box Hill, Doncaster, Heidelberg, Preston, Coburg and Sunshine. It is a great announcement for our local area. While we were there we spoke to a gentleman on the route 700 SmartBus. The SmartBus service carried 2.3 million passengers in the last financial year and has been a wonderful success. We spoke with this gentleman who was from my electorate and who was on the bus. He said that he travels on that route to Box Hill every week. It costs him $3.30 for the trip to Box Hill and back, and as a senior he travels free on weekends. He was very complimentary about that service, and I am sure he will look forward to the new 903 red orbital bus that goes right around to Altona. I also take this opportunity to thank the Friends of Mentone Train Station for all their work in making Mentone train station a wonderful place for commuters to catch a train into the city every day. It is now a premium train station.

The SPEAKER — Order! The member's time has expired.

Autism: schools programs

Mrs VICTORIA (Bayswater) — I would like to highlight the need for additional autism-specific school programs in the outer east. A recent report by Saratoga Professional Services to the Department of Education and Early Childhood Development recommends that provision for students with autism be increased without delay. The report further states that this should be achieved through many measures including the relocation of Wantirna Heights Primary School to a larger site within the Knox local government area as an all-age facility and not merely a primary facility. The Labor government continually shows its disregard for people with specialised needs in the outer east, and a severe lack of facilities for children with these requirements highlights that fact. Several of my constituents have highlighted this need to me, and it is high time the government stopped sitting on its hands and took some action on the matter.

Knox Private Hospital: redevelopment

Mrs VICTORIA — I congratulate all involved in the negotiations to do with the development of the Knox Private Hospital, particularly resident Leon Clark, Neil Henderson from Healthscope and Knox councillor Joe Cossari, Jr. From the original plans, members of the community feared their neighbourhood, houses and backyards would be dwarfed. However, the diligent work done and common sense shown by all parties won out, and the development will now move ahead with the hospital and residents being on the same page. I commend the work done by all, as the upgrade is desperately needed. The results are a shining example of how to approach such situations.

Knox Infolink

Mrs VICTORIA — Congratulations to the committee and volunteers of Knox Infolink, who continue to do an amazing job in helping out those in need in our community. Their tireless work is greatly appreciated by all.

Brunswick Zebras Junior Football (Soccer) Club

Mr CARLI (Brunswick) — This Friday I will be attending the presentation night for the Brunswick Zebras junior soccer club, the largest soccer club in my electorate and certainly the largest soccer club in the Moreland area. It is a big occasion for a really successful junior soccer club. It was founded in 1947, when Italian immigrants founded the Juventus club. Over time the club broke away from the senior club and specialised in juniors — and it is increasingly focusing on girls and women. It is a very large club that provides an opportunity for local girls and women to play, and it has been growing exponentially.

The club has been growing rapidly in recent years and has over 500 registered players at the moment. It has moved from using one ground, Sumner Park, to using four grounds, three in the city of Moreland and one in the city of Melbourne. It could do with even more grounds. More grounds would create even more opportunities for local children to play soccer in the area. It is a club that really prides itself on having kids from all backgrounds, ethnicities and social classes, with over 30 teams.

I would like to thank John Luca, Carole Fabian, Rudy Pilatto, Terrance Bergagna and the other members of the committee and all of the volunteers who make this such a great junior institution for the northern suburbs. It is a great club, a progressive club, a multicultural club, a club that really services both junior boys and girls.

Water: Murray–Darling Basin

Mr WELLER (Rodney) — I rise today to convey my concerns about the commonwealth government's plans to put conditionality on the funds for water reform of the Murray–Darling Basin. On 14 August 2008 the Prime Minister said that the commonwealth

would actively pursue the implementation of water reform initiatives necessary to ensure the lifting of the 4 per cent limit on water trading and the application of that limit on a consistent basis as soon as possible.

It is obvious that the commonwealth will pressure the Victorian government to accept its $1.1 billion for major works to help reform water use in the Murray–Darling Basin in return for scrapping the 4 per cent cap on water trading. The Brumby Labor government must stand up for the rights of Victorian irrigators and regional communities and refuse to agree to the removal of the 4 per cent cap on permanent water entitlements that can be traded out of irrigation areas in the southern Murray–Darling Basin.

At a series of recent stakeholder meetings organised by the federal government's water department, irrigators across northern Victoria strongly opposed the federal government's push for the removal of the 4 per cent cap. Farmers and communities are rightly concerned about the impact that a mass trade-out of water would have on rural economies.

Premier Brumby and the Minister for Water, Mr Holding, should be warned that if they buckle under pressure from the federal government on this issue they will be selling out Victorian irrigators and rural communities.

Enviro-Fresh: water-saving product

Mr PERERA (Cranbourne) — Recently I was introduced to a fantastic water-saving product which can be installed in men's urinals. It is the Enviro-Fresh Sani-Sleeve system. It reduces the amount of water used by about 95 per cent, removes the need for harmful chemicals and eliminates odours. The system can be installed in new or existing urinals. The secret is an automatic flush system that operates four times per day, combined with a patented biological sleeve insert that is fitted to the urinal waste outlet. This system results in huge water savings and lower running costs and is totally biodegradable. When installed, this product saves on average 15 per cent to 20 per cent of the water used by organisations and importantly does not require any more effort to clean than a normal urinal.

Enviro-Fresh is a Victorian-based company that has won a savewater! award. It designs, distributes and manufactures water-saving and environmental products for Australian and overseas markets. About 50 per cent of its products are assembled and manufactured in Victoria. The Sani-Sleeve system is installed in about 3000 sites in Australia. Users include schools, Crown Casino and AMP, to name a few. AMP, for instance, has evaluated the water savings in three buildings alone at a total of 25 million litres. The system has just received a Smart Approved Water Mark government licence, which is recognition of its quality and effectiveness. The installation of such products — —

The SPEAKER — Order! The member's time has expired.

Housing: boarding houses

Mr HODGETT (Kilsyth) — The most vulnerable people in my electorate are being exploited through having to pay exorbitant rents to privately run boarding house and rooming operators as they desperately walk the thin line between having a roof over their heads and being homeless. Even though they are paying a premium they are choosing, in the most extreme cases, squalid accommodation that is far below standard for themselves and their families. The risks to their health, their safety and their possessions are slowly pushing these Victorians past the point of no return.

There is a family of four in my electorate who have been paying $230 a week for two rooms in a boarding house. There are no furnishings, and what little the family brought with them was stolen when the children went off to school and the mum and dad went off to find work.

A shed behind a factory with a dirt floor was rented to a constituent for $200 a week. He had to make do with putting a mattress on a plastic sheet on the ground for his lodgings.

An unfurnished small room has been rented to a man who cannot afford furniture and sleeps on blankets on the floor. His food is taken by other residents in the boarding house because he is unable to fight them for it.

A mother and her teenage son are being forced out of their accommodation by government policy decisions, and she faces two weeks before she is evicted and her unit will be torn down.

With the inability of the state and federal governments to control economic conditions, this pain will be felt by more and more people in my electorate and around our state. The horror stories we are witnessing now will soon become mere statistics. The government has promised legislation to monitor and regulate conditions in privately run boarding houses — it is time it brought that legislation into the house.

Victorian Multicultural Commission: community consultations

Mr LIM (Clayton) — I wish to congratulate the Victorian Multicultural Commission for continuing to engage and bring the community on board insofar as multicultural direction and policy are concerned by organising a series of community consultations, and I encourage all members of the house to actively take part in those consultations.

As part of that consultation process a discussion paper has been organised by the VMC, and it is this discussion paper that I would like to draw to the attention of the house. It was commissioned as a first step towards developing a new multicultural affairs whole-of-government policy for the state of Victoria, building on the achievements of the existing policy framework, Valuing Cultural Diversity, which was released in 2002.

It is structured into two parts: the first part briefly outlines the background and policy context relating to multiculturalism. The second part identifies key issues for discussion that draw on international and national academic literature, relevant policies and consultations with a number of Victorian community and government organisations. The purpose of the paper is to present a snapshot of our cultural diversity, review best practice and current thinking regarding multicultural policy and identify seven key issues and challenges for planning for Victoria's future through the lens of multiculturalism.

I conclude by making special mention of the great work by the chairman of the Victorian Multicultural Commission, George Lekakis.

Manningham: parks

Mr KOTSIRAS (Bulleen) — I call upon the City of Manningham to stop selling our public parks. I understand that its councillors are now considering selling pocket parks. This is something I have fought against for many years, and I urge all Manningham city councillors to stop the sell-off and instead provide money to upgrade these parks and ensure they are retained for use by our children. In the past, Manningham City Council has sold parks. It is time it stopped doing this for the sake of our children's future.

The SPEAKER — Order! The member's time has expired.

ABORTION LAW REFORM BILL

Second reading

Debate resumed from 19 August; motion of Ms MORAND (Minister for Women's Affairs).

Amendments circulated by Mr STENSHOLT (Burwood) pursuant to standing orders.

Ms WOOLDRIDGE (Doncaster) — I rise to resume the debate on the Abortion Law Reform Bill 2008. This year, as a Parliament and as a state, we are celebrating the centenary of women gaining the right to vote. One hundred years ago this was described as a momentous change for the women of Victoria. Today I would like to describe the Abortion Law Reform Bill 2008 as yet another very significant occasion for Victorian women. Over the past century Victorian women have campaigned hard to achieve some of the freedoms we take for granted today. As a result women can now stand for Parliament, serve on juries and own property, and they have the right to expect to receive equal pay to that of our male colleagues. These freedoms were the product of long and often hard-fought battles.

In speaking on this bill I would like to recognise the sustained work of many Victorian women who have been striving to achieve the decriminalisation of abortion in Victoria for almost half a century. It is a short bill in terms of length, but its significance should not be doubted. This bill is about affirming and codifying our current practices into legislation. It is about empowering women to make their own decisions about their fertility. It is about creating safeguards once a foetus is viable, and it is about safeguarding the rights of our medical practitioners who otherwise may fear criminal prosecution. These are very real, practical and symbolic advances.

The practice of abortion dates back before the fifth century. In the past, laws prohibiting abortion have pushed the issue into the back alleys, forcing desperate women to resort to the use of homemade contraptions to cause the termination of a foetus. We have all heard and read the stories of women being forced to undergo abortions in unsafe and unhygienic environments, often putting their own lives at risk. In Victoria it was not until 1969, under the ruling of Supreme Court judge Mr Justice Menhennitt, that abortion was brought out of the shadows. The Menhennitt ruling set a legal precedent which has since guided abortion practices in Victoria. Justice Menhennitt determined that a therapeutic abortion was lawful provided that it was:

(a) necessary to preserve the woman from a serious danger to her life or her physical or mental health … and (b) in the circumstances not out of proportion to the danger to be averted.

Despite this ruling, determining a legal basis for abortion remains a subject of contention and abortion is prosecutable under the Crimes Act 1958. This bill provides clarity and legal safeguards for women needing to have an abortion and for medical practitioners performing an abortion. It also assists those enforcing the law by providing much-needed amendments to our criminal statutes.

In 21 years no-one in Victoria has been found guilty of performing an unlawful abortion, but there is no doubt that the boundaries of this common law have been pushed. We cannot continue to expect or hope that those responsible for the enforcement of the law will not enforce it simply because our existing law is outdated by current clinical practice. Hundreds of thousands of Victorian women have sought and had abortions under the current common law framework. The aim of this legislation is not to encourage more abortions; it is to provide legislative affirmation of current clinical practice and community expectations.

In March this year the Victorian Law Reform Commission delivered to the Parliament the report on its inquiry into abortion law reform. This bill before us today largely draws on the recommendations of that Victorian Law Reform Commission report. The VLRC proposed three models all aimed to reflect community wishes and expectations. The first model, model A, codified the status quo — that is, it determined that an abortion is lawful provided that it has the consent of a woman, is in compliance with a risk-of-harm test, is determined necessary by a medical practitioner and is performed or supervised by a medical practitioner.

The second model, model B, offered a two-stage approach to the regulation of abortion. It proposed one set of regulations for an abortion in a case where a woman is no more than 24 weeks pregnant, and it then offered a different set of regulations for an abortion where the pregnancy exceeds 24 weeks gestation. This bill is largely a reflection of model B. The third model, model C, provided that all abortions would be regulated just as would any other medical procedure.

In considering these three models the VLRC report also measured abortion trends and attitudes in Victoria. The report drew on the results of the 2003 and 2005 Australian Survey of Social Attitudes, which revealed that approximately 80 per cent of Australians support a woman's right to choose when it comes to abortion. The commission determined that the vast majority of abortions — almost 95 per cent — occur before 13 weeks gestation, 4.7 per cent of terminations take place between 14 and 19 weeks gestation and only 0.7 per cent of abortions are performed after 20 weeks gestation.

In 2006 there were 298 abortions that occurred after 20 weeks gestation. Almost 60 per cent of these took place between 20 and 22 weeks gestation. It is interesting that one-third of these post-20-week terminations were for interstate residents. It is estimated that the number of post-24-week abortions performed for Victorian women was approximately 20 in that year. In many ways the selected model B can be viewed as the middle road. It recognises that there is need for change in the existing legal framework while at the same time respecting the gestational viability of a foetus.

I will now speak more specifically about the legislation. The bill has three purposes: firstly, it reforms the existing laws relating to abortion in Victoria; secondly, it regulates health professionals who perform abortions; and thirdly, it amends the Crimes Act 1958. Combined, these measures offer a two-tiered approach towards the regulation of abortion in Victoria. The first tier regulates abortion for women who are 24 weeks pregnant or less, and the second tier regulates abortion for women who have exceeded 24 weeks gestation.

I would now like to go through the specific measures. Clause 4 provides that in cases where a woman is 24 weeks pregnant or less, abortion will be regulated like any other medical procedure. This will ensure that a woman, in consultation with a medical practitioner, will have the right to choose to undergo an abortion. Under this clause a doctor will have a duty to act in line with professional medical conduct. As such, this provision does not provide for abortion on demand. While the medical practitioner must act in the best interests of the patient, he is also obliged to convey information about the risks of the procedure and any available alternative options. For women who are 24 weeks pregnant or less, a registered pharmacist or registered nurse is authorised to supply or administer a drug to cause an abortion. This provision falls under clause 6.

A different set of provisions govern abortions after 24 weeks gestation. For terminations exceeding 24 weeks gestation, clause 5(1) states that a medical practitioner may perform an abortion only if he or she:

(a) reasonably believes that the abortion is appropriate in all the circumstances; and

(b) has consulted at least one other registered medical practitioner who also reasonably believes that the abortion is appropriate in all the circumstances.

In defining 'all the circumstances', the bill states that a medical practitioner must take into account all relevant medical circumstances and also the woman's current and future physical, psychological and social circumstances.

Clause 7 regulates the supply or administration of drugs by a registered pharmacist or registered nurse in cases where a woman has exceeded 24 weeks gestation. At the written direction of a medical practitioner a registered pharmacist or a registered nurse may administer or supply a drug for the purpose of an abortion in a public or private hospital, or in a day procedure centre.

Clause 8 relates to the right of a registered health practitioner to conscientiously object to providing an abortion. This provision ensures that registered health practitioners who have a conscientious objection to abortion will not be compelled to perform abortions. However, practitioners with a conscientious objection will be required to make an effective referral. An effective referral is outlined in the bill as the doctor's obligation to:

refer the woman to another registered health practitioner in the same regulated health profession who the practitioner knows does not have a conscientious objection to abortion.

Clause 8 also includes a provision which states that a practitioner, despite any conscientious objection to abortion, must perform an abortion in an emergency where an abortion is necessary to preserve the life of the woman.

Consistent with the VLRC recommendations, clause 9 repeals section 10 of the Crimes Act. Section 10 relates to child destruction and was found to be in conflict with the provisions of this bill. Clause 10 amends section 15 of the Crimes Act which defines the term 'serious injury'. It amends the definition to also include destruction of the foetus of a pregnant woman other than in the course of a medical procedure.

This bill also creates a new offence. Clause 11 replaces sections 65 and 66 of the Crimes Act to make it an offence for an unqualified person to perform an abortion on another person. The person committing the offence will face a penalty of up to 10 years imprisonment. Clause 11 also inserts a new section into the Crimes Act which removes the common-law offences in relation to abortion.

While this bill closely follows many of the recommendations in the VLRC report, it diverges in two areas. First, the VLRC report states that an abortion must be carried out by a registered medical practitioner. However, in line with current clinical practice, clauses 6 and 7 of the bill give a registered pharmacist or registered nurse the power to supply or administer a drug to cause an abortion. The second difference is that the VLRC report discusses the risk-of-harm tests that would make an abortion lawful. The report proposes three options which determine the risk of harm. Given that the bill repeals sections 65 and 66 of the Crimes Act, it does not adopt the three options in the VLRC report and, as a result, the bill we are now debating reflects current clinical practice.

Like many of my colleagues on both sides of the house, I have received many letters and emails regarding, first, the VLRC recommendations and then, more specifically, the details of this bill. Over the last year I have heard from groups and individuals who strongly support this bill. Similarly, I have heard from groups and individuals who strongly oppose this bill. Despite the haste with which the government has chosen to consider this legislation, I have endeavoured to consult with many different groups and I thank them for taking the time to thoughtfully respond to my request for input. I would like to cover some of the areas of contention that have been brought to my attention.

Firstly, there is the issue of the need to include a requirement of mandatory counselling for women when making their decision to have an abortion. There is a suggestion that mandatory counselling would provide women with greater support and assistance during a difficult pregnancy. The VLRC report, however, was very clear in its opposition to mandatory requirements for counselling. This was viewed as a clinical, service delivery issue which is separate to this bill. The VLRC recommendations were supported by many pro-choice lobby groups who maintained that the decision should be based on a clinical determination rather than being legislated for by this Parliament.

For instance, the Royal Women's Hospital has stated:

Proposals for mandatory counselling are inconsistent with current practice, not warranted on the basis of evidence-based research and may, in fact, present further barriers to women accessing abortion services.

Secondly, there has been some concern surrounding the gestational limit of 24 weeks set in this bill. The bill reflects the 24-week gestational limit recommended in the VLRC report. This limit mirrors current time frames whereby late-term abortions require review by a termination review panel at either the Royal Women's

Hospital or the Monash Medical Centre of 23 and 24 weeks respectively. This limit was also recently affirmed by a committee of the Westminster Parliament in the United Kingdom. I acknowledge that there are some groups and individuals who believe that a baby can be born after 22 weeks gestation and therefore oppose the gestational limits imposed in the bill. However, I support the gestational limits proposed and I believe the bill has adequate safeguards in place for abortions exceeding 24 weeks gestation.

Thirdly, formalising the role of the termination review panels that I have mentioned for post-24-week abortions has also been mooted. While the termination review panels are not a legal entity and therefore cannot be legislated for, this bill does not prohibit the panel process from operating in the same way it does now, as a hospital protocol. In presenting its recommendations the VLRC stated that the panel process lacked transparency, consistency and accountability and was not designed to support the pregnant woman but to serve the interests of medical staff. Further, Pro Choice Vic research found that the panel process makes late-term abortions even later.

Finally, clause 8 has attracted some discussion amongst the medical profession. As mentioned, this clause imposes an obligation on medical practitioners who have a conscientious objection to abortion to refer a woman to a known provider of abortion services. The Australian Medical Association has voiced particular concerns with this provision and states:

> The bill infringes the rights of doctors with a conscientious objection by inserting an active compulsion for a doctor to refer to another doctor who they know does not have a conscientious objection.

The VLRC report recognises that the AMA code of ethics provides an effective framework for managing cases of abortion. However, it also recommends that a medical practitioner with a conscientious objection should make an effective referral to another provider.

The bill reflects the recommendations proposed by the Victorian Law Reform Commission. I believe this provision will be particularly beneficial for younger women and women in regional and rural Victoria, especially in areas where there is only one doctor, ensuring that they have access to timely and safe abortion services should they be needed. These concerns and comments have all been instrumental in shaping my understanding of this legislation. In my electorate of Doncaster I received 43 representations from constituents. Some of them presented views which opposed this bill, some presented views in support of the bill.

Over the last six months I have listened carefully to all the views of my constituents and I am aware that many people have reservations about the bill as it stands. I realise my decision is not one that is supported by everyone. However, on matters such as these it is impossible to satisfy people on both sides of the debate. As a member of Parliament it is never easy to make decisions which so clearly divide a community. I have given this topic considerable thought, I have listened to the views of my constituents, community groups and peak bodies, I have read the 191-page Victorian Law Reform Commission report and I have looked at the statistics and read widely both from material offered to me and also material I have sought out through research.

I have looked at the legislation on its merits, and I believe it deserves support. Like many of us, I have heard harrowing stories of women who have been victims of incest, rape or domestic violence. Some of these were particularly vulnerable women who went on to become pregnant as a result. Some of these women were as young as 15 or 16 years of age and others were newly arrived migrants or women living in rural towns with limited access to health services. I believe that this legislation will assist these women in making what has been a traumatic experience a little less threatening and a little less impersonal. The decision to have an abortion is not one that is taken lightly by any woman, this bill does not make that decision any easier. What it does is enable women to have access to safe and legal abortion services. Importantly, it gives women the power to choose. It empowers women to make their own decisions about their fertility, and at a stage when the foetus is potentially viable, it adds protections into the process.

While this legislation is valuable and significant in its own right, it should not be considered unilaterally without examining the broader public policy issues. Personally I was astounded to learn that 20 000 abortions occur every year in Victoria alone. Research shows that there is a clear link between the number of unwanted pregnancies and the number of abortions. As policy-makers and as legislators it is important that we help to prevent women from reaching the point where they feel they must seek an abortion. That relates particularly to the knowledge and understanding girls and women have of sexual health and contraception. Sex education and contraception are the first critical step in preventing unwanted pregnancies. A study conducted by the University of Melbourne in 2006 revealed that Victorian students were dissatisfied with the sex education offered at school. The students' main criticism related to insufficient time being allocated for the discussion of

sex education; they stated that teachers did not view it as a curriculum priority.

Additionally the results showed that there were great variations in how sex education is taught in schools across Victoria. I find this research worrying. We know that the median age of young women engaging in sexual intercourse for the first time is 17; so half of all young women are sexually active while still at school. We also know that just over 10 per cent of women aged 16 years or younger have experienced sexual coercion, meaning they will be forced or frightened into sexual activity against their will. The result of these practices is that young women not only end up with unwanted pregnancies but also contract sexually transmitted diseases.

We must be open to the significant realities of life today and deal with them appropriately, as opposed to adhering to what may be our absolute ideals. As such we need to ensure that the level of sex education offered to young adolescents is consistent across the board. We need to ensure that our young people have access to information about sexual health and practice, disease, pregnancy and contraception. We need to provide women with the tools and education to help them make good decisions about their sexual health, and if they are faced with an unwanted pregnancy we need to ensure they have a health system which assists them to make an informed choice and a legislative structure which enables them to exercise their right to choose.

During this speech I have spoken from the perspective of a local member and also a representative of the community. I would now like to speak briefly from my perspective as a mother. Motherhood has brought me the greatest joy of my life, and as the mum of a beautiful three-year-old son I know how precious and valuable human life really is. I felt fundamentally different at 24 weeks gestation. At that point, if anything happened, I knew that I would still have a child with the potential for life. The distinction between pre and post 24 weeks was very real for me. I am exceptionally thankful that I never had to face the heartbreak of an unwanted pregnancy or the devastation of learning that my very much wanted unborn baby had foetal abnormalities. However, every day there are women in these desperate situations who are agonising about what to do and coming to the conclusion that they need to seek an abortion. I believe they should have the right to do so without it being a crime, and for the small number of late-term abortions, they should have that right with the appropriate protections in place.

To reflect on the words of Australian writer and feminist Beatrice Faust 'if the women's movement can be summed up in a single phrase, it is "the right to choose"'. I have never considered myself to be a feminist, but I have always respected and exercised carefully my right to choose to vote. I own my own home and have my own savings, and I value that I have the right to choose to maintain a level of financial independence from my husband — and after having my son, as a career woman, I surprised many by making the decision to quit my job and stay at home. I always felt that the women before me had fought not so that I had to return to work immediately but so that I would have a choice and could exercise that choice.

Many women over many years have fought hard for the right of women to have choices. Today too I believe we stand up for a woman's right to make choices about her fertility, and I believe that is the fundamental achievement of this legislation for all Victorian women. After almost 50 years of campaigning by women across the state, I now commend the bill to the house.

Mr RYAN (Leader of The Nationals) — At the outset, I understand that, by leave, I will be permitted to speak for 30 minutes.

This bill seeks to legalise the killing of the innocents. I am opposed to it, and I will vote against it. There are four basic principles that I wish to address for the purposes of my contribution today, and I then wish to examine the bill and some aspects of it that I believe require attention. I do not, at this juncture, intend to comment on the recently circulated amendments. As I am sure is the case for other members, there will be an opportunity to make a proper and fulsome examination of those matters as the course of this debate unfolds.

The first issue I wish to address is that this is a matter of life and death. We have had discussions in this place before around stem cell research and therapeutic cloning and the like, but this is no such, what may be termed, esoteric discussion. This is a discussion about life and death. It is about the dignity and sanctity of life and the fact that life is sacrosanct. I am against the death penalty, I am against euthanasia, I am opposed to the physician-assisted dying legislation and I am opposed to this bill. All of those beliefs are founded on my belief in the dignity of life. The fact is that all 88 of us who are part of this debate are dealing with life-and-death issues, whether we like it or not.

The second matter I wish to address is that in the same vein the whole debate opens up the fundamental principle of why we are here. We come here for many reasons, via many different routes and with many

different backgrounds in terms of our individual make-up and what we have done with our respective lives, but we all come here to make change for the good. That is the basic thing that drives us. I have stood here many times over the years talking about the fact that probably the principal thing that brings me here is to be able to look after the disadvantaged, those who are most vulnerable. It is true that the economy is important, education is important, health matters are important and policing is important — all those things are very, very important — but when you get down to it, the critical issue by which governments of all persuasions and parliamentarians at large are judged, I believe it is by the way we look after the most disadvantaged and vulnerable in our community.

That applies whether it be the homeless, the poor, the lonely or the sick. They are all in their different forms entitled to the best of care and the best of attention from us as parliamentarians in the way we go about the design of public policy and discharge our respective obligations in this place. It is in that context that I ask in this debate: who speaks for the unborn? Who is going to be the representative of those who otherwise have no voice? Who in the course of this debate is going to speak for our next generations and those who would otherwise be affected by the terms of this legislation if it were to take effect? As I said, it is an issue of life and death, and that is how I think the debate should be viewed.

We are dealing here with surely the most vulnerable of those whom we would seek to care for when we come here as parliamentarians.

I mention in passing the Charter of Human Rights and Responsibilities. I appreciate that section 48 of the charter is cast in such terms as to preclude its application to this debate. I must say, though, that looking back at it now, I do not know the debate at the time was conducted in the knowledge that this debate would be held here. I wonder how the charter would be cast had it not otherwise been so. The fact is there are many elements of the charter which should properly apply to those who are, in the first instance, the subject of the terms of this legislation — that is, those unborn who are otherwise going to be lost because of the application of the terms of this legislation.

The third element I want to address is that this legislation is a major change in the law of Victoria. This is not a question of tweaking what we already have; this is a quantum shift from what is the existing law in Victoria — that is, since 1864 abortion has been a serious criminal act in this state. That has been the case for 144 years; and that has been the statutory position. The law was heavily qualified in 1969 in Davidson's case when Mr Justice Menhennitt made the ruling that he did.

That, in effect, allowed abortion to occur in circumstances where it was necessary to preserve the life of the pregnant woman and furthermore, where the action being taken was not out of proportion to the danger that the woman faced. I readily accept that in the subsequent 40-odd years or thereabouts there has been an uneasy truce in a sense across Victoria having regard to the state of the law on the face of the statute and its interpretation by the courts versus the way in which the actual pragmatics have applied.

The reality, though, is that not since 1987 — that is, for 21 years — has anyone in this state been prosecuted for an offence under the terms of the legislation; and that prosecution was unsuccessful. Each year in Victoria, as we know, of the order of 19 000 abortions are conducted. In effect the bill allows abortion on request up to the period of 24 weeks gestation. There is a qualified right up to that time, but my grave concern is that, having regard to the content of the legislation and the way it will be interpreted, that qualified right is unenforceable.

We have the situation where a doctor who can now in theory be charged with conducting an abortion will soon face the prospect, if this legislation passes, of in certain circumstances being subject to all sorts of condemnation if he does not conduct an abortion in the circumstances in which this legislation contemplates. It is a major shift in the law as we know it. Doctors and nurses face sanctions even in the face of conscientious objections. In theory they face a sanction today if they conduct an abortion. The prospect is that if this bill passes, those same people will face a sanction if they do not conduct an abortion in the emergency circumstances referred to in the legislation.

The further point I make under the same heading is that the government chose model B of the three models that were put to it by the Victorian Law Reform Commission. Model A represents a codification of the Menhennitt rules, or comes close to it. Model A, if it had come into this house, would have reflected more particularly the state of the law as it now actually operates in Victoria. Who knows what the debate might otherwise have been. We will never know because it is not model A which is before us.

Instead the government chose model B. I must say that, to its credit, it did not choose model C. Be that as it may, we have a change in the law because of the government's determination to choose model B as

recommended by the Victorian Law Reform Commission.

The third point under the same heading is that the existing laws reflect the reality of foetal life. The fact is that we already have under the statutes of Victoria circumstances where the foetus is regarded quite properly as being life. Under the Accident Compensation Act 1985 there are compensation provisions available to a woman who may suffer the loss of a foetus as a result of a motor vehicle accident. Similar rights exist under section 93 of the Transport Accident Act 1986. Under the Victims of Crime Assistance Act 1996 similar rights exist where a woman, being the victim of a crime and suffering very serious injury, can claim financial assistance from the Victims of Crime Assistance Tribunal. That is defined to include the loss of a foetus or fertility. Under the Wrongs Act 1958, particularly section 50, there is a provision that allows for the fact that a foetus is a life. The fact is that on our statutes that is the way the law operates in the state of Victoria at the moment.

The common law has followed the same course. In its 1971 judgement in *Watt v. Rama* the full Victorian Supreme Court held that the child who at or after birth suffered injuries caused by the negligence of another in driving his motor vehicle before the child was born was entitled to sue the driver for negligence. There is an established right in common law on behalf of the foetus to be able to take action once that foetus becomes human in the sense of having been born. The law already states that in Victoria. In a further Supreme Court decision in *Kosky v. The Trustees of the Sisters of Charity* this same capacity for a foetus once born to be able to institute legal proceedings was recognised. So it is, Deputy Speaker, that the existing Victorian laws reflect the reality of the fact of foetal life.

We face this extraordinary dichotomy of legislation before this chamber which seeks to legalise a foetus being killed at the same time as we have on our statute book and in common law a recognition of the life of the foetus and ongoing rights once it is born. It is an extraordinary state of affairs.

The fourth issue I raise and the fourth principle I want to address is that this is an issue of critical importance from the perspective of women's health. It is an extraordinary privilege for a woman to bear a child. As a father and a husband, I am aware of the enormity of what is involved from the perspective of occupying the roles I have in my life. Of course I will never bear a child — such is life! I do not have the physical capacity to do it. Indeed there is a body of view in some quarters that says that even if blokes could bear children, they could not stand the pain anyway. That is the fact of it; there is that view about. The closest a man can come to actually giving birth is being able to hold his child for the first time after that child is born. I have done it, and that is as close as you can get.

I understand and respect the view held in certain quarters that men, when they address these issues, are really not entitled to do so in some respects because they are not the ones who are immediately affected by pregnancy and all its impacts. I understand that point of view, but for all that I do not think it detracts from the capacity of a man having strong beliefs about these issues to be able to make a valid contribution to this critical debate. It is on that basis I say that we will need to agree to disagree — those of us who favour this legislation and those of us who oppose it — about the fundamental issue of women's choice. On this point I do not believe women's choice extends to as far as being able to take the life of a foetus.

The bill is nine pages long plus the explanatory notes, and it has 12 clauses. It is small in comparison to many of the tomes which come into this place, but it is vast in its import nevertheless. It is about life and death. The bill defines abortion as intentionally causing the termination of a woman's pregnancy. If it is enacted, it will include further provisions by way of amendments to part 1, division 1, subdivision (4) of the Crimes Act 1958 entitled 'Offences against the person'. Sections 16 and 17 of the Crimes Act make the intentional or reckless causing of serious injury an offence where it occurs without lawful excuse. Sections 16 and 17 apply the definitions contained in section 15 of the Crimes Act. The bill will include in section 15 a new term 'medical procedure' which includes abortions performed in accordance with the provisions of the bill. The definition of 'serious injury' will be amended to include:

> the destruction, other than in the course of a medical procedure, of the foetus of a pregnant woman …

As a result abortion will constitute a contravention of sections 16 or 17 of the Crimes Act. However, abortions that are carried out in accordance with the provisions of the bill will fall under the definition of the new term 'medical procedure' and will thus be excluded from the definition of 'serious injury' in section 15 of the Crimes Act.

The bill draws a distinction between abortion before and after 24 weeks of pregnancy. Save for the participation of registered health professionals, there is no restriction on abortions up to 24 weeks, in accordance with clause 4 of the bill. Clause 5 provides that after 24 weeks two doctors must form the

reasonable belief that the abortion is appropriate in all the circumstances.

The bill also provides for pharmacists and nurses to provide efficient drugs in respect of the two periods it identifies — that is, before and after the 24 weeks — as contained in clauses 6 and 7. The bill contains what it describes as a conscientious objection provision. However, the provisions require any such conscientious objector to refer a woman seeking an abortion to a doctor willing to perform the procedure. In an emergency, as the bill defines it, the doctor must perform the abortion notwithstanding any conscientious objection, thus being the content of clause 8. Clause 9 abolishes the offence of child destruction. The bill repeals the existing provisions in relation to abortion in the Crimes Act 1958. It creates a new offence in the case of abortions performed or assisted in by persons who are not registered health professionals, and it abolishes any residual common-law offences. We will deal with much of this, in terms of the detail of the bill, in the consideration-in-detail stage of the legislation, and so it is that I broadly summarised the legislation.

There are a number of issues arising from the matters that I have just outlined. Like the member for Doncaster and like all of us in this chamber I have received an enormous number of submissions and representations from people from all walks of life and different sources.

The first issue I wish to raise is the question of the 24 weeks or less. The second-reading speech makes reference to it:

> Under this bill, abortions will be regulated like any other medical procedure where the woman is 24 weeks pregnant or less.

In the course of the representations I received came a letter dated 5 September — I received it yesterday — signed by 39 practitioners. They are obstetricians and gynaecologists from across Victoria and some are from New South Wales. Also, seven medical students who are studying for their profession put their names to this document. In the course of the commentary in this letter there was reflection upon this provision that I have just read from the second-reading speech, particularly about the use of the term 'any other medical procedure'. The letter states:

> Abortion, properly defined, by its nature and object is unlike any other medical procedure.
>
> Abortion is inadequately defined by the legislation and will serve as a source of confusion with alternative management options in complicated obstetric cases. It ignores complex aspects of intention; it makes no distinction between the intentional killing of the foetus and incidental and unintended foetal deaths that may result from the management of complicated pregnancies.

In my view, therefore, there needs to be an amendment in relation to the provisions of the act dealing with the definition of abortion and the question of the 24 weeks, up to and beyond, and the general treatment of those provisions.

The second matter that I wish to raise is that the second-reading speech goes on to refer to what is to occur at 24 weeks plus. It says:

> After 24 weeks gestation, a registered medical practitioner may perform an abortion on a woman who is more than 24 weeks pregnant only if the medical practitioner reasonably believes that the abortion is appropriate in all the circumstances, and secondly, has consulted at least one other medical practitioner who also reasonably believes that the abortion is appropriate in all the circumstances.

In the course of the letter that has been sent to me by this group of 39 obstetricians and gynaecologists — and there are some general practitioners amongst them — there is commentary in these terms:

> Late-term abortion is never medically necessary. The provisions for its regulation are inadequate and, in effect, meaningless. The provisions for late-term abortion will not in any way regulate its practice and will, in effect, sanction all late-term abortions from 24 weeks to pre-birth.

It is an issue of concern, therefore, for the purposes of our further deliberations.

There is also a concern about the wording of the sections inasmuch as they refer to 'appropriate in all circumstances' and to the need for two doctors to make the recommendations to bring about the section being activated. There are three essential areas of concern, one of which I have read out as expressed by these medical practitioners.

A second one is that, in the circumstances where a doctor might be subject to some form of inquiry on the part of that doctor's peer group, whatever it might be, the doctor cannot be compelled to answer questions, so that, once the doctor gives an answer to say that his or her action has been appropriate in all the circumstances, the doctor cannot otherwise be compelled to provide an answer because of the doctor-patient relationship. The only way this problem can be resolved is if the patient agrees to speak, or if staff agree to speak or if by some other means evidence is able to be obtained. Unless that happens the position is irreconcilable, and no doctor is ever going to be charged or face sanction under the terms of this provision.

The third element of concern over this is that the actions of a doctor could attract a charge pursuant to

section 16 of the Crimes Act. Again it turns on the issue of what is appropriate in all the circumstances. The trouble with this, as we have seen in the Menhennitt judgement, is that this sort of issue is simply beyond policing. There is no way that a prosecution is ever going to be able to be undertaken, simply because of the language that is used in the course of the section.

The next element of concern is with regard to the conscientious objection provisions. In my view they are an affront to the medical profession. Conscientious objection to an abortion is not defined in the legislation. It is going to be left to the courts to give that sort of definition. Presumably, if what happens in the future follows that which has gone before, that interpretation would generally be in the nature of a decision that the taking of a human life innocent of any wrong cannot be condoned and that any person who has that view is regarded as having a conscientious objection.

Under clause 8 of the legislation a medical practitioner having a conscientious objection is faced with two burdens. That practitioner must refer — in fact, is obliged to refer — the woman concerned to another doctor who the practitioner knows does not have a conscientious objection. Secondly, in circumstances where there is an emergency, a doctor and a nurse must assist in an abortion. References to 'emergency abortions' and their definition are set out in clause 8. In the body of the letter which was sent to me by the medical practitioners — I have already referred to this correspondence — the doctors say:

> The conscientious objection clause is extreme and unprecedented. It is not in keeping with the codes of ethics of every major professional health body in Australia. This clause should be strongly rejected as an affront to the concept of freedom of conscience and as an attack on the moral integrity and autonomy of health professionals. The health of pregnant women would not be at risk without this clause. An understanding of current clinical practice and the management of complicated pregnancies should allay any genuine concerns regarding this.

This is another area which, in my view, requires attention.

I might also say that in the consideration that I have given to this legislation I can find no reference in any other jurisdiction in Australia to provisions of this nature. I think Victoria will be alone in this way, if indeed the provisions of this clause are able to be given effect.

It is true that the AMA (Australian Medical Association) has expressed concern about the content of this provision. It is also the fact that, whereas the Victorian Law Reform Commission has placed a fair deal of reliance upon matters that have occurred in other jurisdictions, there is no instance where, as I understand it, it has been able to exhibit the fact that these provisions apply elsewhere. Those provisions should not apply in Victoria.

The next area of concern under the bill is the issue of what is to occur beyond 24 weeks. Again, I believe that this is an area that requires attention under the legislation. It seems intrinsically wrong somehow that a pregnant woman can go to a hospital and, depending on what room she goes into, her child could well be born, looked after carefully and lovingly in a neonatal ward and survive and grow on the one hand; or, if she were to go into another room, her child could be killed. It seems an awful dichotomy and fundamentally wrong, and I think it is. This provision in the legislation needs to be reviewed.

Already, as I have indicated, we have instances in Victorian law where a foetus at 16 weeks is regarded in practical terms as having rights at law; similarly in relation to our common law it seems wrong that we can have this position apply under the terms of this particular aspect of the legislation.

The doctors have also brought to my attention their concern that there are simply no provisions in the bill that provide all-important support for women at those stages, be they during pregnancy, at birth, post natal and ongoing. I will not refer to them chapter and verse for these, but the doctors expressed that concern to me also.

They have also expressed a concern about issues regarding the treatment of minors and the prospect of the way in which young women under the age of 18 years can be subject to the terms of the legislation in circumstances where, on the face of the bill itself, there is simply not built around these people, who are in a very vulnerable state, that they can have the support around them which is all important in terms of enabling them not only to make appropriate decisions but to ensure that they are looked after properly.

Insofar as the Victorian Law Reform Commission's report is concerned, it is my belief that it is deficient in some respects. I appreciate and understand that this has been a challenging task for those involved, but I do have regard to the motion which has been moved in the other place by Mr Kavanagh in his role as one of the members for Western Victoria Region. His notice of motion appears on page 9 of the notice paper for the Legislative Council, and it is there for members to read.

The essence of it is that there is a concern that a lot of the elements that were put to the Victorian Law Reform Commission about the prospective injury and damage to women arising from the process of going through an abortion are not reflected in the way in which the report was ultimately constructed and in the recommendations that were provided to the government.

I conclude on the basis that I recognise the difficulty in all of this and in many respects the extremely emotional nature of this debate, but so it should be. This is about life and death, and, in my opinion, it is about protecting the most vulnerable for whom we have responsibility when we come into this Parliament. The fact is that this would be a major change in the law of Victoria. The legislation deals with critical issues of vital importance to women's health. I believe the bill is deficient in many respects. It is fatally flawed as to its fundamental intent. I am opposed to the bill, and I will vote against it.

Mr BAILLIEU (Leader of the Opposition) — In my view this is not a debate between choice and no choice. Women in Victoria already have that choice. The issue of choice was effectively determined more than 30 years ago in a Supreme Court ruling. This is not a debate about abortion or no abortion. Abortion is available in Victoria and has been legally available since that ruling in 1969. The choice for women is available in Victoria today. This is a debate about how abortion is to be regulated in this state, about how women are able to exercise their choice. It is essentially a debate about whether abortion services should be regulated by explicit statute law or by common-law interpretation of an old statute. This is a debate about whether we provide clarity and certainty to women or preserve doubt and uncertainty. It is a debate about whether abortion should be regulated predominantly under the Health Act or under the Crimes Act.

In the event that this bill is defeated, the law in Victoria would simply remain as it is. Abortions will continue to be performed. Defeat of the bill would not overturn the Menhennitt ruling. It would not stop abortion. It would not provide greater certainty. However, in the future it would have an impact on women who sought an abortion and on those who have had an abortion in the past. It is reported that around 20 000 abortions are performed every year in Victoria. Each of those is theoretically subject to interpretation under the current provisions of the Crimes Act as to its criminality or otherwise. Given the absence of prosecutions, it is apparent that any perception of criminality, if it exists, is not acted upon and that in practice abortion has been already been implicitly decriminalised in Victoria. However, the subjectivity of the interpretation of criminality and the uncertainty it implies is a further burden on women who choose to have an abortion and the doctors and nurses who provide such services. It is estimated that around 300 000 Victorian women have had an abortion. The estimate provided to me extends to 20 per cent plus of mature-age women. This bill says as much to those women and their families as it does to women who will require an abortion in the future. The bill provides comfort, assurance and certainty for all women. It establishes a solid foundation for their choice and confidence in their belief that their actions have been both reasonable and lawful and that they have the support of the wider community.

The history of abortion in Victoria, and indeed in many other jurisdictions, has been well documented in the Victorian Law Reform Commission report. Abortion has been an issue our community has had to deal with since Victoria was first established. The sad reality of a backyard industry that flourished in the absence of an alternative was long challenged by the women of Victoria. The 1969 ruling at least saw the establishment of services that were legal and safe. In 2006 I was, understandably, asked a number of questions about issues such as those raised by this bill. I was open in response; others chose not to be. That was their choice, and I understand that, but I make it clear that no-one could be in any doubt as to my views. At that time I said I supported the decriminalisation of abortion. In that context I said I did not wish to see an increase in the rate of abortion but wanted to see the burden on women undergoing an abortion eased. I said that in the 21st century women had a right to exercise their choice without unreasonable fear of prosecution or stigma. I believe this bill fairly reflects that approach.

I do not seek to judge any woman who has had an abortion. She has exercised her choice — a choice established by law. I respect and support that exercise of choice, just as I respect those who choose not to have an abortion but to continue a pregnancy regardless of the circumstances. They too deserve our respect and our collective support. Like most MPs I have received representations from all sides and from many places. Very many people sought more extensive reform of the law than that provided by this bill, and some still seek to outlaw abortion altogether, but my assessment suggests there is strong support for the decriminalisation of abortion. I respect the views of others on this and similar subjects. Those views are often passionately held and genuine.

One of the questions raised by the commission in its report was the issue of applying different conditions to late-term abortions. The commission advanced three options: model A would simply codify existing practice

in a complex way, model B would provide a two-stage approach that applies further conditions for late-term abortions and model C would treat abortion the same way regardless of gestational stages, in line with Canadian law. As a matter of principle I believe it is right for Parliament to consider late-term abortions separately, as described in the model B approach. That is consistent with current clinical practice and is a principle accepted in this bill. The question of a gestational threshold is addressed in some detail in the Victorian Law Reform Commission report. A 24-week threshold is proposed in this bill. In the context of some variation across jurisdictions and in current clinical practice around the 22-to-26-week period, that is an understandable position.

This is an important debate for Victorian women. Victorian women have over many years expressed a strong and continuing desire to have the right to choose to have an abortion. That right exists in Victoria under a complex combination of statute and common law. It is time to clear up that uncertainty. It is time to provide certainty for women. It is my hope that the Parliament will afford the women of Victoria the clarity and certainty they both seek and deserve. I will support this bill.

Mr MERLINO (Minister for Sport, Recreation and Youth Affairs) — The morning of 19 August my wife and I saw on a tiny ultrasound screen the heart of our second child beating for the first time at eight weeks old in the womb. At eight weeks the heart beats more regularly, the ears, tongue, lips, nose, toes and fingers are forming, the limbs are longer and the elbows and knees are developing. That morning was joyous as I imagined life with another little human being running around. That afternoon turned to sadness as this bill was introduced into Parliament — sadness because this bill disregards the most vulnerable, the little boy or girl in the womb. Good people with good intentions support this bill. However, I cannot agree that abortion is only about individual choice. Some fight fiercely to contain this debate, and contrary views are derided as emotional, irrational or religiously based, or all three. But also, some on the pro-life side stoop to tactics I find despicable, such as attacking individuals and their families or circulating material with no warning of the enclosed graphic images. What impact do they think such material has on those who have suffered the loss of their child to miscarriage or stillbirth? Hopefully they will soon realise that these tactics restrict their ability to influence the change they want to see.

We have heard that this bill reflects current community standards. I believe community standards are much more complicated. At first blush the statement that women have the right to choose what they do with their own bodies generates a positive response. But dig deeper and think about whether you are concerned that approximately 20 000 abortions are performed each year in Victoria or whether you are uncomfortable with late terminations. Many who support choice remain concerned by the rate and nature of abortions.

Yesterday I heard the Gianna Jessen story. She survived an abortion at seven and a half months. She was lucky. Gianna was subject to the saline abortion method, yet with the abortionist not present at the actual delivery, the nurse called an ambulance, saving her life. In 2005, 42 children in Victoria lived through partial-birth abortion, but unlike Gianna, all 42 subsequently died. Now 31, Gianna is the human face of this debate. For many she is an uncomfortable reminder of what we are actually debating. Gianna asks this question, 'If abortion is merely about women's rights, then what were mine?'. Every member should consider Gianna's question. This may be uncomfortable and confronting for some, because Gianna should never have existed. Her intellect and humour should never have graced this world. Imagine 20 000 possible Giannas in Victoria every year.

This debate must be placed in the context of human rights — the rights of the mother and the unborn child. The most basic human right is the right to life itself. Article 6 of the United Nations Convention on the Rights of the Child states that every child has an inherent right to life. If human dignity is subject to relativity — that is, my life compared to yours is more important or more valuable or more worthy — then I ask where will that lead us and who makes that call? This obsession with individual rights above all else has left us tied in ethical and moral knots. Everything possible is done to save premature babies in one corridor of a hospital, yet just down the hallway we clinically and efficiently forfeit the life of a child of the same age. Children born with a disability are loved and supported so they may reach their fullest potential, yet in the womb those disabilities are a reason for termination.

If this bill is genuinely meant to reflect current clinical practice, why does it provide for an even more liberal environment? This bill provides for abortion on demand up to six months, while for abortions between six months and pre-birth all that is required is the simple consultation of two medical practitioners. This legislation is not middle of the road; it is extreme. The so-called protections mean little. Clause 5 talks about an abortionist reasonably believing that an abortion is appropriate in all the circumstances and that they must have regard to the woman's 'current and future

physical, psychological and social circumstances'. Just think about that: an abortion is permitted if an abortionist reasonably believes it is appropriate in all the current and future social circumstances. Is it reasonable if the parents say, 'The timing is not right' or, 'We can't afford it right now'?

For late-term abortions, there is no requirement for a genuine second opinion, no requirement for a certain level of expertise of medical practitioner and no safeguards against doctor shopping. This is not current clinical practice. It is nowhere near best practice in Victoria. For example, if we are truly modernising abortion laws, why does this bill not legislate for late-termination panels? The Monash Medical Centre and the Royal Women's Hospital are the two major public hospitals which conduct late terminations. Both provide a late-termination review panel of experts. Monash's panel has been operating for over 10 years, whilst the Royal Women's panel was established more recently. In preparing for this debate I discussed Monash's current clinical practices with the head of obstetrics, Professor Euan Wallace. The panel reviews every late-term abortion at the hospital — that is, every termination beyond 23 weeks, not 24 weeks as per the bill. The late-termination review panel includes the proponent medical practitioner, Professor Wallace, as the senior obstetrician of the hospital, or his nominee; a neonatologist, a senior midwife, a foetal monitoring expert, an expert in foetal ultrasound and a geneticist. Further expertise can be coopted depending on the circumstances of the case. The panel's focus is always the wellbeing of the baby and the mother. The panel considers the expectation of the child's survival and, if survival is likely, the child's quality of life. The mother, her partner and relevant family are informed that the decision of the panel is final.

Professor Wallace stressed that the panel is not always certain that the woman is convinced herself that an abortion is the right course of action. In those cases late-term abortion approval is refused. Whether through coercion, inadequate information or insufficient pregnancy support, sometimes people seek an abortion without being themselves fully convinced. In these instances the pain and regret could stay with that person for the rest of their lives. Is the mere agreement of two doctors in a for-profit abortion clinic really going to protect women from such misgivings?

Secondly, Professor Wallace informed me that the Monash panel not only considers Monash patients but also referrals from across south-east Melbourne. No matter what side of the debate you are on, what occurs at Monash hospital is clearly current clinical practice and it is clearly best practice, so why are late-termination review panels not in this legislation? Why is it that you will only have access to the best in current clinical practice if you live in the south-east of Melbourne? Surely late-termination review panels at prescribed public hospitals in Victoria will better serve both the mother and her child.

On the issue of conscientious objections, this bill is similarly extreme. Indeed it is in conflict with the codes of ethics of every major professional health body in Australia, including the Australian Nursing and Midwifery Council, where nurses are entitled to conscientiously refuse to participate in care and treatment they believe on religious or moral grounds to be unacceptable. The Australian Medical Association has expressed support for this bill but strongly opposes the conscientious objection clauses. Its code of ethics recognises your right to refuse to carry out services which you consider to be professionally unethical. I could go on and include the National Health and Medical Research Council as well. Such a provision is unprecedented. Never before has a conscientious objector been forced to actively source another professional to do something that they themselves are not prepared to do.

Furthermore, obliging all medical practitioners to perform emergency abortions grossly misrepresents current clinical practice. The death of a foetus during emergency surgery required to preserve the life of a pregnant woman is not an abortion. These unnecessary provisions clearly contravene the Victorian Charter of Human Rights and Responsibilities Act. The dignity of human life is not a tradeable commodity. Ownership and control of one human being over the life of another is the antithesis of a civilised society.

This is a difficult week in the Victorian Parliament, with euthanasia being debated in the other place and abortion in this chamber. Since when did bringing about death become socially progressive? Since when did it become reform? This is extreme legislation that neither reflects current clinical practice nor community standards, and I foreshadow amendments regarding late-termination review panels and conscientious objections to redress this issue. If this truly is about modernising abortion law and protecting the human rights of both the mother and her unborn child, then I urge members to support the amendments that will be put before the house over the course of this debate.

Ms D'AMBROSIO (Mill Park) — I am pleased to speak in support of the Abortion Law Reform Bill. Reform of abortion laws in Victoria has been long awaited by many people. Some of these Victorians have been vocal activists, with health and legal

professionals amongst them, and many more — the majority of Victorians, in fact — have quietly wanted or approved the call for change. The collective view of these people accords with my strong views on this matter.

I wish to acknowledge the vocal activists, the health and legal professionals and the many quiet people, like my mother who in her own subtle and indirect way wanted me to know that she believed abortion was a matter for the individual concerned and that no-one else could know what it felt like to be in a situation where abortion was the only option for them because of their and nobody else's circumstances.

The government's terms of reference to the Victorian Law Reform Commission sought recommendations for the decriminalisation of abortion to reflect current clinical practice and clarification of the legal uncertainties which currently exist. This bill reflects current clinical practice and current community expectations. It decriminalises abortion and provides the legal clarity that the medical profession and women receiving an abortion need so that they are able to access safe and timely abortion at a time when they least need legal uncertainty and guilt thrust upon them. Abortion should only ever be a matter for the woman involved, in consultation with her doctor.

The Victorian Law Reform Commission consulted widely on the government's terms of reference. The commission sought and received over 500 written submissions and held 36 meetings, from which it received responses. A panel of experts from the relevant health professions was referred to by the commission in areas such as current clinical practice and other medical issues. The commission's findings provide a solid basis for the provisions in this bill; I am in no doubt about that.

The bill allows for abortion up to 24 weeks gestation to be regulated in the same as any other medical procedure — that is, abortion will be a matter for the woman concerned in consultation with her medical practitioner. After the 24-week gestation period a second medical opinion will be required before an abortion can be accessed, and the medical practitioner must have a reasonable belief that it is appropriate in all of the circumstances. In reaching an opinion the medical practitioner must have regard to all relevant medical circumstances and the woman's current and future physical, psychological and social circumstances.

The bill does not seek to replicate the notion of 'risk of harm', because under our existing system the notion arose as a mitigating factor, as a protective measure for women who may be subject to criminal prosecution in the pursuit of an abortion. In discussing the provisions of the bill it is salutary to have regard to the fact that the health professions are substantially regulated in Victoria. The professions' associations also have very clear guidelines for the conduct of their members in the professional administration of care.

The bill allows for instances where a medical or health practitioner has a conscientious objection to dealing with a request from a woman seeking an abortion. The bill will require that professional to refer the woman on to an alternative practitioner who does not have a conscientious objection.

Abortion is a condition of life, whether we like it or not, regardless of statutory law and regardless of common law. In our history where abortion has entered the realm of legislation and our courts, men have figured prominently, if not exclusively, in the deliberations and debate on abortion, yet naturally, despite this, women are always the subject of abortion services, and that is something we cannot forget in this debate.

I would like to quote from an article by Gideon Haigh, arising from a book he has recently published, that appeared in the *Age* last weekend. Haigh refers to the prosecution of a gynaecologist named Ken Davidson back in the 1960s and makes this observation:

> Likewise, in the tens of thousands of pages of transcript of the Davidson and other abortion prosecutions in the second half of the 1960s, women feature mainly as the hapless prey of male lust, compelled to divulge the most intimate details of their lives before courts of older male judges, lawyers, police and jurors.
>
> A world of pain is to be found in the simplest exchanges, as between a young nurse, Jean Mitchell, explaining to Jack Lazarus, counsel for her aborting doctor, why she did not tell her boyfriend she was pregnant.
>
> > Lazarus: Did you tell him you believed you were pregnant?
> >
> > Mitchell: No I didn't.
> >
> > Lazarus: Why not, if you did believe it?
> >
> > Mitchell: I don't know — —
> >
> > Lazarus: I beg your pardon.
> >
> > Mitchell: I didn't want to tell him.
> >
> > Lazarus: I can understand that is what you say. But why didn't you want to tell him?
> >
> > Mitchell: I am afraid that is something I can't answer.
> >
> > Lazarus: Why can't you answer it?

> Mitchell: (distressed) Because I don't know why I didn't tell him.

I could read on and on about similar circumstances of extreme anxiety that women have been placed in when abortions have been matters for courts and legislation. I simply raise that as a way of illustrating how abortions are a part of life, whether we like it or not, and have been — and, I dare say, will continue to be — regardless of what laws we have in our courts or on our statute books.

Abortion should not be an opportunity for any of us to judge a medical practitioner or a woman seeking an abortion. I do not envy any woman who is faced with the need to seek an abortion. I genuinely believe it is not a procedure that is sought on a selfish whim. I do not believe it is a procedure that is sought by a woman without regard to the many complex feelings and circumstances that exist in that person's life. To say otherwise is a myth, and it is a myth that we may wish to perpetuate at our own peril because the reality is abortion is a matter that often confronts many women.

In concluding my contribution I want to pay my due respects to and acknowledge the many supporters of law reform in Victoria, as I mentioned earlier. I also wish to also acknowledge the work of the government, and in particular the work of the Minister for Women's Affairs and the Minister for Health in presenting a bill which sits well with the terms of reference that the government presented to the Victorian Law Reform Commission. It is a bill that I am very pleased to be able to support. I believe it addresses all of the changes that the majority of people in this state have been prepared to accept as necessary in the evolution of law reform in the area of abortion.

For that reason, I am very confident that the bill has broad support in the community. It is not designed to increase the number of abortions that are performed in Victoria, but it places abortion squarely within the realm of a woman and her medical practitioner. After the 24 weeks gestation period it provides for a second opinion within certain parameters identified quite ably and respectfully in the bill.

I commend this bill, and I hope it is supported by all members of this house without amendment. I look forward to the day that our law is reformed to reflect what our community expects of us.

Ms CAMPBELL (Pascoe Vale) — Before being elected to Parliament and in the course of my work, over a couple of days I visited a number of Melbourne private abortion clinics. The purpose of each visit was to highlight that if an attending woman was ambivalent about having the abortion, she could benefit from speaking with an independent counsellor. If the abortion request was due to her lack of practical resources and care, the service I worked for could support and assist her with a range of services such as housing, ongoing help for the continuation of her education, financial advice, employment and family support.

A number of the clinics in turn told us of their work, then showed us around their sites. In one clinic, after being told about the process undertaken immediately prior to the abortion, we were invited to see the first of the abortion rooms allocated to first trimester pregnancies. We saw the chair where the woman sat, not unlike a dentist chair, and there was a monitor screen alongside it. Not having any medical training, I asked if the screen was to monitor the woman's blood pressure and vital signs. 'No', the doctor informed my colleague and me, 'it is the ultrasound screen which shows the heartbeat. It ensures that the doctor monitors the heartbeat, and when it stops we are sure that the abortion is successful'.

In answer to my question, 'How does the woman or mother cope knowing that, and what is her reaction when she sees it?', I was told, 'We make sure she never sees it, because if she did, she would be out of here'. That clinic never told the woman the embryological stage of the life developing within her, nor what would occur to it during the abortion, only that the abortion was a suction curette which would remove the content of the womb.

To the question about what practical information or support was offered to a woman to continue with her pregnancy, the answer was that because the woman rang to book an abortion, it was provided. Options or decision-making counselling, as distinct from procedure and post-procedure advice, was not provided.

True choice requires full and truthful information. Decision-making counselling, where a woman's feelings and options are fully explored, along with practical, tangible support, was never provided in those cases. Adequate time to consider and work through other options where she will be free from feeling that she has to choose between herself and her unborn baby is overlooked when decision-making counselling is absent. Women who are considering or booking an abortion deserve to know the truth and to be able to have all the available knowledge provided to enable them to make rational, informed choices. To deny them the truth is to deny them their freedom. Surely that is what we should be looking at today in this Parliament.

Truth frees a person, and women need to have the truth provided to them. If a person is to act freely, their freedom to choose is only as real as, firstly, the truthfulness and completeness of the information provided, secondly, the compassionate tangible love and support provided to her, and thirdly, the absence of coercion of others in what, for the woman, may seem a matter of preservation of her personal life.

Given that these people were private abortion providers, they did not have any necessary interest in providing informed consent. Indeed one might argue they had a conflict of interest in providing decision-making counselling and practical, tangible support. In those cases we, as a community, have a responsibility to assist the pregnant woman to realise that in her situation may not need to feel as if it is a matter of her life over that of the unborn she is carrying. Practical, tangible support and love or compassion gives her the option of refusing to choose what initially seems her only option.

I dedicate this speech to the 60 000-plus Victorian women who will become pregnant this year. I trust that various parts of my contribution throughout this debate, if implemented, will be of value to each and every one of them. It is unsurprising that we are debating the decriminalisation of abortion with the evidence that one in four women will have used abortion to end their pregnancies, and one in three pregnancies ends in abortion — 23 000 of those in Victoria. Given its importance to women, so many of them our constituents, family and friends, it is astounding that the Abortion Law Reform Bill fails its fundamental test. It is not women focused; rather it is a gift to the abortion industry.

If we want to help women with planned or problematic pregnancies, this bill will not be passed. I will be moving a number of amendments later on that are designed around recognition that there are two lives at stake under this bill: one, the unborn; the other, the mother. Once a woman is pregnant nothing can take her back to her pre-pregnancy state. She is changed, and that change is lifelong. This bill fails women with problematic pregnancies. If the bill were women focused it would recognise that when a woman's pregnancy ends, her motherhood remains.

Legislation designed to assist a woman with a problem pregnancy would cater for her in every aspect of her being — physical, emotional, physiological and spiritual in every sense of that word. This bill does not do that. It simply legalises the destruction of unborn human life upon a woman's request. How many of us have been traumatised and in fear? How many of us at those times have made decisions that we later regret? This bill today must allow time for people to de-stress, to consider and to have truthful information provided to them. We have to do more than simply legalise abortion.

When my interest in human rights began it was focused on the unborn and pregnancy support for the mother and child. That interest remains, but decades later, after witnessing the effects of abortion on women I know and have counselled, it is clear that denying the unborn its human rights has many more profound detrimental effects on women that decades ago were unknown. I know that for most MPs in the stance they have taken publicly this bill cannot and should not, in view of their public stance, recognise the humanity of the unborn. I totally disagree, but surely we can find common ground in recognising that this bill fails to address the human rights of both the pregnant woman and the unborn. All pregnant women should be provided with support options, not simply told, 'It is your choice, and we have decriminalised abortion'.

This bill ignores research such as Thomas Strahan's 260-page annotated bibliography *Detrimental Effects of Abortion*, which documents over 1000 studies covering the psychological effects of abortion, including grief and loss, inner conflict, self-image, depression and long-term effects, as well as the physical effects of abortion including cervical injuries, perforated uterus, infection, the impact on later pregnancies and cancer risks. Of particular interest is the section on adolescence, which covers adolescent development issues, parental involvement and reliance on others.

The gravity of this legislation requires us to follow it carefully and to examine each of the amendments that we provided to the Parliament. I particularly draw attention to the fact that the legislation before us does not have informed consent provisions. Informed consent provisions operate in over two-thirds of states in the United States of America and a reflection period is also provided in over half of them.

This legislation did not go out for public comment. If it had, I believe we would not be looking at less amendments today. There would have been an opportunity for the doctors so eloquently referred to by the Leader of The Nationals to have had a say, and we would not be facing a situation where the ability to follow one's conscience that we in this house have all been afforded is being denied to medical staff. We are also denying cleaners in hospitals who will have to dispose of the products of an abortion the opportunity to exercise a conscientious objection.

This legislation is not women focused. When a pregnancy ends, motherhood does not end. Unfortunately this bill fails to recognise the reality of what a pregnancy means for all women.

Mrs SHARDEY (Caulfield) — I rise to speak on the Abortion Law Reform Bill. We are not here today to decide whether abortion or the termination of a woman's pregnancy should be allowed in Victoria for the first time. We are not here today to debate whether the termination of pregnancy, having been available to Victorian women under some circumstances for some 30 years, should be abolished. We are certainly not here today to decide whether we should turn the clock back to the days when hundreds and maybe thousands of Victorian women sought to find the means by which they could end a pregnancy, resulting in many of them dying in the process through the complication of backyard abortions. We are also not here today to decide whether to turn the clock back to the days when the procurement and the provision of abortions involved graft and a lucrative racket for some. We are not here today to debate or decide whether the termination of pregnancy through a curette or a 24-week termination, mostly because of foetal abnormality with its consequent effect on the mother, should continue to be funded by the commonwealth as a legitimate Medicare item, as it is today.

This is not a debate about whether we as a Parliament support or oppose the availability of abortion, because even if this bill is not passed, Victorian women will still be able to have this procedure courtesy of the interpretation of the Crimes Act by Justice Menhennitt and regardless of whether we as parliamentarians support the right of women to choose to terminate an unwanted or endangering pregnancy or not. The arguments that many have presented to us as parliamentarians have been based on opposition to women having any access to abortion, regardless of their situation or the danger to their health or mental wellbeing. That is not what this bill is about. It would be unthinkable to sweep away access to abortion based on the precedent set by Justice Menhennitt, even if there are those who would wish to do so. What we as parliamentarians are being asked to do is to make legal that which is common clinical practice today with regard to women having access to the termination of pregnancy.

We are being asked to provide a legal framework which is broad enough to allow for the choices of a community with differing beliefs and principles on this all-important matter. This is not to say that the termination of a pregnancy is not the most depressing and painful decision any woman will ever have to make. For those, including myself, who have experienced the pure joy of giving birth to a child born out of love and the desire to nurture and cherish an offspring, the ending of a pregnancy for whatever reason and under whatever circumstances would be the cause of great anguish and certainly not a decision taken lightly or without deep contemplation.

For the young and the foolish who make very sad and stupid mistakes, I think we have a responsibility to provide proper advice, education and assistance so that they do not enter the cycle of pregnancy and abortion as a means of birth control. To suggest that such women should experience a pregnancy and a birth to ensure a supply of children for adoption is something I cannot support. It is my belief that children are so precious they should be wanted, nurtured and loved; they should not be regarded purely as a product of coitus.

I know this is a very difficult debate. It takes us as parliamentarians to places we probably do not want to go, and it forces us to discuss issues we would mostly prefer to keep within us. Whatever the decision of this Parliament, there will be those who do not agree or who would like the outcome to be very different. Some may well share feelings and experiences which may cast them in a very different light to that which we know.

Naturally as parliamentarians, even if we have a conscience vote, we seek the views of those we represent when contemplating our decision about how we will treat this very sensitive matter. For some this will be very difficult. I hope in the end we can all be true to ourselves, to that which we believe and to that which we hold dear as the principles by which we live our lives. This will be hard. I was certainly mindful of the views of those in my community, which is very diverse in nature and which has a large Jewish population. Of course there are many who hold very strong pro-choice views on abortion, reflecting the broader community view, just as there are those who are strongly opposed to it.

The interpretation by the Jewish community and particularly Orthodox Judaism, as many would appreciate, can be varied on this issue as it is on very many other issues. As part of my dealing with this issue I spoke to rabbis, I read the interpretations of ethicists, and I genuinely tried to follow a path of interpretation that was not easy, given that I am the first to admit I am not a Talmudic scholar, regardless of my depth of interest.

It needs to be said that in discussing what I believe to be a Jewish view on this issue, I am giving my understanding, which almost certainly will not be the

interpretation of everyone. An explanation of the varying views on many issues in Judaism has been expressed by Rabbi Avraham Steinberg, who is a distinguished medical ethicist who visited Melbourne recently. He explained that within every philosophical tradition there have always coexisted various ethical schools of thought with significant differences between them. In Judaism in general there are no absolute values except for values that have to do with belief. This means that the belief in God, the Bible and the prophets are absolute beliefs. I quote Rabbi Steinberg:

> But when it comes to specific issues in life, we have to balance between different principles … so that case by case, you can sometimes veer towards one principle and when the circumstances change, you can go to another principle … it is a dynamic way of looking at issues.

Rabbi Steinberg went on to explain that under Jewish law an abortion would be permissible if the mother was psychologically upset to a degree which may cause her serious harm. I was additionally advised that an abortion would be condoned under strict orthodox Jewish law if there were a danger to the life of the mother. On the issue of an abortion being undertaken because of foetal abnormality there are differences of opinion, although there is across-the-board support for an abortion prior to birth if the defect is not compatible with life.

Under Jewish law, as it was explained to me, any termination that is performed to protect the mother presupposes that the act of performing an abortion is legal under the law of the land. In Victoria today the act of performing an abortion is, strictly speaking, illegal; it is still on our statute book within the Crimes Act. While the Menhennitt ruling under common law provides for exceptions under certain circumstances, the law prohibiting abortion still exists, and the Menhennitt ruling does not provide a clear statement about when a termination of pregnancy is permissible, what matters should be taken into account in determining the risk of harm to a woman and what constitutes a proportionate response.

I recently spoke to an obstetrician who explained that she provides termination in the latter stages of pregnancy only where there is a foetal abnormality. But even then, she explained, under the current law she cannot record the true reason for the termination because the true reason is not legal.

The time allowed for my contribution does not permit me to discuss many details of this legislation or elements of it that I may have wished to discuss, but I must say that while I may not have instigated this legislation, I will support it, because I believe it is reflective of current clinical practice and offers a framework within which everyone can be true to their particular belief.

Dr SYKES (Benalla) — I rise to contribute to the Abortion Law Reform Bill 2008, and I wish to use the few minutes available to me in this very important debate to put on record my thoughts in relation to the bill. I commence by acknowledging and respecting the divergence of views held by members of this Parliament and the public of Victoria. Personally I believe in the quality of life rather than the sanctity of life and rather than preserving human life or other forms of life regardless of the suffering that may be involved. I also respect the right of women to choose what they do with their bodies, but not without limitation, which I will expand on later.

I acknowledge and accept that human pregnancies are terminated for a variety of reasons, with the vast majority occurring in the first 12 weeks of pregnancy. It is my view that the majority of Victorians acknowledge and accept a woman's right to terminate a pregnancy. However, I believe the majority of Victorians have reservations about the termination of pregnancies after 20 weeks of gestation, at which time the unborn baby becomes increasingly viable.

There were a number of surveys referred to in the Victorian Law Reform Commission's report into abortion laws, and whilst the surveys reflected different subsets of the population being surveyed and the questions were asked differently, the one survey that asked most specifically about late-term abortion resulted in 82 per cent of respondents expressing concern about late-term abortion. The bill before us allows for the termination of pregnancies solely at the mother's choice up until 24 weeks of gestation, and after 24 weeks gestation two doctors will need to be involved in the decision-making process.

I wish to focus on reservations that I have in relation to two aspects of this bill. The first is the 24-week cut-off time line for mothers alone making the choice to terminate a pregnancy. I acknowledge that the drawing of a line at any point creates difficulties, but in this case I believe that foetal viability should be a key criterion for more stringent decision-making requirements. I note that in the United Kingdom there has recently been reaffirmation of a 24-week gestation as being the appropriate time line for foetal viability. I note also that Japan has reduced its foetal viability threshold to 22 weeks in recognition of developments in medical science and perinatal care, and I ask: why do we not err on the side of caution and have the cut-off at, say, 20 weeks of gestation to allow for future advances?

I also understand that there is other legislation that requires recognition and recording of all births from 20 weeks gestation or later, and as the Leader of The Nationals highlighted in his presentation, there are other pieces of legislation that recognise the rights of unborn foetuses from 16 weeks gestation onwards.

The second aspect of concern is the requirement for two doctors to be involved in the decision-making process post 24 weeks gestation rather than having a panel of doctors involved, as I understand occurs in our public hospital system. As I understand it, a panel system applies in Western Australia, and that has incurred some criticism in the Victorian Law Reform Commission report. However, it is my view that the panel system would provide better safeguards against potential abuse of the process, and if there are problems with the operation of the panel system they should be addressed rather than scrapping the system per se. I link this concern with my view that counselling should be available to people faced with this difficult decision of late-term terminations. This counselling should certainly consist of discussion of the options and the medical risks but should not err towards counselling on moral or ethical considerations unless the person seeking that counselling chooses to have that.

I note that a number of amendments have been proposed and that some of them are intended to address the concerns that I have raised as well as other concerns that I have not touched on. I will certainly be following the debate in making my decision on each amendment and the bill in its final form.

Before closing I would like to make comments on two other issues that have come to my attention and caused me some ill ease when I was attempting to formulate my position on this important piece of legislation. The first is the issue of dealing with the evidence that has been made available. Evidence has been supplied by many people and very often — and this is my observation — has been presented in a form to support the case either for or against the legislation before us. In my opinion, it therefore reflects a degree of bias either one way or the other. In reading the Victorian Law Reform Commission report, at times I question the independence of the conclusions and recommendations that the commission has made. In my opinion the VLRC was at times erring towards liberalisation of the laws rather than making its comments based on an independent analysis of the information before it.

The other aspect of particular concern and interest to me was the difference in impact on a woman's health following late-term abortion versus the impact of carrying the baby through to full term and either retaining or adopting out that baby. According to a review conducted for me by the parliamentary library, there is an absence of hard data making those comparisons. Comparisons are made between women going full term and women having abortions, but it certainly does not get down to the specifics of late-term abortion. It appears to me, based on the information provided to me by the library, that claims that are being made for or against abortion are at times light on hard factual evidence to back them. But I will listen to the debate to determine whether that observation is well founded or whether I have failed to do my research properly.

In a current issues brief prepared by the library on the Abortion Law Reform Bill, I note in table 5 on page 35 that there is a comparison of the number of terminations of pregnancy performed at greater than 20 weeks gestation in Victoria in the period 2001–06. The table compares the reasons for termination, being either congenital abnormality — that is, deformed babies — or psychosocial indications. In 2001, 102 terminations performed on women residing in Victoria were listed as being for congenital abnormalities and 27 for psychosocial reasons. That is a ratio of about 4 to 1. In 2002 the ratio came down to 3 to 1; in other words, there was an increase in the proportion of abortions or late-term terminations being done for psychosocial reasons. In 2003 the ratio went to 2 to 1. By 2004 it was almost 1 to 1. In 2005 and 2006, the ratio was back at about 2 to 1. There seems to have been an increase in late terminations for psychosocial reasons and that, to me, requires investigation because these figures relate to women residing in Victoria. They are not the figures relating to people coming from interstate because of more stringent legislation in other states.

In concluding, I ask people here to consider the views and the presentations of the many speakers who are going to contribute to this debate. I would particularly encourage people to read — if they did not listen to it — the presentation of the Leader of The Nationals, because he covered a wide range of concerns about the format of the legislation as well as voicing his own philosophical and religious position. I also recommend that people read the presentation of the member for Doncaster, which provided an overview of the history of this legislation and to a large extent identified arguments in support of the legislation. As I indicated, I intend to listen to the debate, assess each amendment as proposed and then assess the final bill when it comes before the house.

Mr ANDREWS (Minister for Health) — One year ago the government sent to the Victorian Law Reform Commission a reference requesting options for the

reform of the law relating to abortion. This advice was sought in the context of clear tests: firstly, that the advice should remove abortion-related offences from the Crimes Act 1958 where the abortion is performed by a suitably qualified clinician; secondly, that the options for reform should reflect current clinical practice; and thirdly, that the options for reform should not expand the extent to which terminations occur or restrict access to services. The VLRC provided detailed advice and the government has considered the commission's report and put before the Parliament a bill which delivers against these important tests. I want to go through each of these tests and then make some more general comments on the factors that have guided me in my decision to support this reform.

For nearly 40 years a defence to the crime of procuring a miscarriage or causing a termination of pregnancy has existed due to a common-law judgement often referred to as the Menhennitt judgement or the Menhennitt rules. The position at common law has since been expanded following cases in New South Wales and the High Court. Despite these well-established defences there remains fundamental legal uncertainty for Victorian women and Victorian clinicians because abortion remains a criminal offence.

This situation has been made worse by the fact that clinical practice and community attitudes have, it is fair to say, moved beyond these judgements. Some would argue that the Menhennitt rules have served us well, and they are entitled to argue that, but in my view the clear fact is that while ever abortion remains a crime under statute, there will be enduring uncertainty for women and for health professionals.

I am sure that much of this debate will centre on current clinical practice and whether the bill before the house reflects that practice. I believe these provisions accord with current clinical practice in that, firstly, abortion in Victoria up until 24 weeks gestation is, in practice, a matter between a woman and her doctor. Secondly, the very small number of abortions performed after the 24th week of pregnancy are currently the subject of decisions made by multiple clinicians and the woman concerned. The bill before the house, in my judgement, reflects these facts.

What is more, the bill and these arrangements also reflect the fact that abortions in Victoria are performed for a variety of reasons — medical as well as other reasons relating to social or psychosocial factors. It is important to note that I am supported in this conclusion by senior clinicians at the Royal Women's Hospital, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Family Planning Victoria, the Victorian division of the Australian Medical Association, the University of Melbourne School of Population Health and, can I say perhaps most importantly, a host of clinicians directly involved in the care of Victorian women.

As I have said, certainty for women and clinicians is central to this bill or to these new arrangements; arrangements that do not of themselves expand or restrict access to termination services are also important. The debate, I am sure, will focus on the notion that these arrangements will somehow open the floodgates to abortion or send a permissive message to Victorian women or to rapacious clinicians. These arguments are not supported by the facts. No evidence, I would respectfully submit, exists to support the notion that abortion law promotes or restricts the rate of unwanted pregnancy or the unique medical or other social circumstances of pregnant women.

Again I make the point that no evidence supports the notion that the legislative framework in this or any other jurisdiction in any way impacts on the rate of unwanted pregnancy in our community.

In terms of signals to the community, it is worth noting that abortion has been available to Victorian women for many years. That is not the question before the house today. But abortion has not been available free of legal uncertainty, and that is the question before us today. That is the point of these reforms. To suggest that more women will seek and receive terminations because this Parliament removes sections of the Crimes Act that have been summarily ignored and set aside for the better part of four decades, in my view, does Victorian women a real disservice. This is a key point. Victorian women have moved well beyond the terms of the Crimes Act. The current law serves only to promote uncertainty. In accurately reflecting current clinical practice, these arrangements will not, of themselves, expand or restrict access to termination services.

I want now to make some general comments on my reasons for supporting these reforms. One thing I know is that I am not all knowing. I cannot understand or appreciate the unique circumstances faced every day by Victorian women. I cannot presume to appreciate the circumstances in all their vexing complexity that confront many pregnant women across our state. Only the woman concerned and those involved in her care can fully appreciate these circumstances. It is not for me to presume to adjudicate on what is or is not appropriate in all the circumstances. Those are matters for the woman and her clinician, and under these arrangements, in the case of abortions beyond 24 weeks

gestation, for the woman and at least two registered medical practitioners.

The bill establishes a framework for the proper consideration of these incredibly complex issues. In my judgement the bill establishes the only framework where a proper consideration of these matters can take place with certainty.

Reform in this area sees each of us examine our conscience, and examine those principles that guide us in our work and in our lives. For me — and I am sure many other honourable members — these are complex and challenging issues. In considering these matters I find myself at odds with individuals and institutions for whom I have a great respect. In so many facets of my life, both personal and professional, I am guided by my upbringing, my core values, my beliefs — indeed, my faith — but in the consideration of these matters in my capacity as both a member of this place and as the Minister for Health, it is my considered view that I must take a broader approach.

In closing I simply make the point that the arrangements before the house in this bill meet the clear tests applied by the government in moving to reform the law relating to abortion. These reforms will provide the certainty that Victorian women and Victorian clinicians need, want and fundamentally deserve.

Mr MULDER (Polwarth) — As a member of Parliament, and having taken my place in this chamber, I have always been of the view that one of the great roles a member of Parliament undertakes is that of representing those people in the community who do not have the ability to represent themselves, and I am talking about those who are socially disadvantaged — the elderly, the disabled, people who need representation on their behalf to have their case heard and to fight the cause for them.

Even in my shadow portfolio area of transport and roads, much of the work I do and the debate we have is about preserving lives and protecting individuals. In other portfolio areas within government such as health and policing a lot of the work we do in this Parliament and the way we gauge our success or otherwise relates to the level of harm that we are able to prevent people suffering, and the number of lives we can save.

What this bill sets out to achieve is the legalisation of the termination of a natural life cycle in its infancy — at will, up to 24 weeks; and beyond, on agreement with medical practitioners. This is a monumental step and lays the foundation for future parliaments to expand the provisions to make abortion on demand a given. I believe this bill is a retrograde step for our society, and points to a lack of respect and dignity that should be afforded to the unborn — those who cannot represent and speak for themselves.

We often refer to Australia as the lucky country. We do not see here the senseless loss of life that is experienced in other countries. We claim that this is because in Australia we value life, yet before the house now is a bill that undermines those claims and the principles of a society underpinned by the preservation and protection of life.

Is it the case that we support the preservation of life except where abortion on demand overrules the principles on which we stand? Because that is what we are being asked to support with the bill before the house.

This bill undermines the principle of the preservation and protection of life as we know it. It concerns me deeply to have laws that set a foundation in place for human intervention in that individuals can make a decision to intervene in a natural life cycle and end that life. That goes from one end of the life cycle to the other. Members know that the vast majority of bills that come before this house contain amendments to existing acts. If this bill goes through, how long will it be until the first raft of amendments arrive dumping the 24-week provision? I suggest it would not be very long.

There are those of us who will argue they can draw a convenient line at a point where they believe life begins, and those who claim life begins when a child is delivered in a birthing suite. I cannot draw that line. It is interesting to listen to the different views on this important issue and read about the procedures involved. I know that mums and dads marvel at the images of the ultrasound where they see their yet-to-be-born child or a foetus that is growing through their loving care and attention for many months. The language changes significantly when you listen to the pro-abortion lobby or look at the information provided on abortion. That child or foetus becomes the contents of the uterus. I cannot switch terminologies like that. I cannot distinguish between the two. There are those who can differentiate between a premature baby in a humidicrib and a foetus about to be aborted. I cannot make that differentiation. For me this is not a matter of a Google search rolling out a pile of statistics.

I will listen respectfully to other points of view on this bill, but I cannot support a bill that undermines our very existence and the principle that we should fight to retain — that being the preservation of life. I oppose the bill before the house.

Ms MARSHALL (Forest Hill) — The decision on how to vote on this bill is by no means an easy one to make, and in fact it is by far the most difficult one I have had to make to date. I have spent hours and days contemplating the impact of this legislation on us individually as well as on society. I have considered the individual statements made to me by my constituents and I have also paid attention to the facts as they have been presented by professionals. Added to that is my own opinion reached through the life experiences I have accumulated to date.

I deal with facts, and I believe that creating or changing the laws that govern us using only opinion as a guide is out of touch with the views of the vast majority of Victorians. I consider it the responsibility of a good government, when creating legislation, to take into account the views of its constituents and the significant facts presented to it. To have a sexual relationship with another person is a freedom and a right. We have universally agreed in Australia that the age of consent is a figure not based on sexual maturity but on the person's psychological and emotional capacity to fully understand the responsibilities that come with that right. This is as much to protect people from themselves as to protect them from other people who would take advantage of their lack of maturity and minimal life experience. For a person not to support the legislation based solely on their religious beliefs would be a travesty, but I would feel exactly the same way if anyone were supporting it without question.

We have been entrusted with an enormous responsibility. Every piece of legislation deserves our unequivocal attention to detail, not preconceived ideas or vested interests in an area. We must look at how the decision will affect not only the people or industry that the laws are attempting to guide, protect or, in some cases, prosecute, but at how long, with the rapidly advancing changes in technology, communication and population expectations, these laws will remain relevant: that is, how quickly will amendments need to be made?

From this point I can clarify two things: first, I absolutely and unequivocally support the removal of the threat of prosecution under the Crimes Act of anyone who performs an abortion, and therefore I support decriminalising abortion. The current laws on abortion do not reflect current practice or the attitude of the majority of the community, and it therefore should be within the health legislative framework. Secondly, I do not support the benchmark as to when a woman can request such a procedure at the 24-week mark.

Many people paint this as a simplistic black or white pro-life, pro-choice debate. I believe it is much more complex than that. It involves not just questions of life and choice, but questions of personal responsibility, individual autonomy and the quality of the medical care that we provide. While many in this debate see only two sides and feel able to choose one side over the other, my evidence shows it is much more complicated. The many doctors and nurses — including gynaecologists, theatre nurses, anaesthetists and general practitioners — who are involved in these procedures who are pro-choice and pro-decriminalisation have enormous reservations about one or more aspects of the bill.

I have had children, and I can still recall the first ultrasound. The only information I was receiving at that time was the beat of the heart rapidly pumping away, and it is the same heart in my daughter Charlotte that I listen to now. I did not have a picture at that time based on my experiences as to what she was; it was just a heartbeat. But by 19 weeks she had a gender and a name and was trying to make me as uncomfortable as possible to let me know that she needed some space, and I am quite sure that will continue for years. Most of all I understood from my second pregnancy just what was in store, because by then I had more life experience.

My greatest concern about the issue of termination of pregnancy after 24 weeks is not for the approximate 98 per cent of women who have enough life experience to make a reasonable decision at 8, 12, 16 or possibly 18 or 20 weeks, and not for any woman who is aware of a foetal abnormality and must make the incredibly difficult and life-changing decision to terminate in a horrible situation. That has nothing to do with anyone other than the couple and their attending doctor or doctors.

As I learnt from the beginning of my representation of my constituents, laws are constantly written for the few members of our society who show little or no regard or responsibility for their actions and the consequences of their decisions. A very good friend of mine said to me recently, 'Locks just keep your friends out', and he is right. People who choose to disregard one element of our boundaries show time and again that they do not have the capacity to apply themselves logically to other situations.

The question of 24 weeks as a mark causes me angst, because we are saying that whilst you can control your body you may also act in a way that has a very low if not non-existent level of responsibility. There is the issue of the viability of a foetus. Given that a person

can name, get a birth certificate for, receive a baby bonus and get a death certificate for a baby born at 20 weeks gestation, does the legislation provide a four-week crossover to deal with the inevitable confusion and contradiction of legal uncertainty regarding the specific definition of what gestation constitutes a viable foetus?

We fight physically, financially, emotionally and spiritually to keep alive the very loved and wanted babies that decide to come into this world very early. The medical profession has performed under mind-bogglingly difficult circumstances to ensure that 24, 23 and even 22-week-old babies are given the best chance of survival. In many situations there are significant complications, but in a growing number of cases the difficulties premature babies face are diminishing with technological and medical advances. We pour billions of dollars into neonatal care — care which begins time and again at 20-something weeks. It is never 19 weeks and certainly never at any point prior to 20 weeks, because it is not viable. There is zero chance of survival at that stage, but all that changes past the 22-week point. Why or how can we invest so much money as governments — state and federal — into this area and then look to contradict all the other positions we hold and allow without significant acknowledgement of the very different circumstances and subsequent investment in support and education of a baby at 20 to 24 weeks? Do I think this will occur frequently? No. Do I think this will occur? Yes.

It may seem to oversimplify the situation, but we write legislation based not wholly and solely on what people want but on what will reflect the position we have that is evident in all other pieces of legislation as to how we want our society to develop. This is achieved through consultation and submissions based on facts not opinion.

From a medical perspective, my concerns revolve around a few areas. The abolition of the requirement for any counselling and/or consultation with another doctor prior to a termination means that access will be easier. However, this could open up the state to civil litigation if a woman claims she did not make an informed decision as not all the facts were presented to her prior to beginning the procedure or making a hasty or rash decision. In addition, could the person performing the procedure be seen as having a conflicting view or at least being subjective and not objective in making decisions about these women?

Some of the professional opinions I received indicated that doctors would be content for it to be mandated that a practitioner who does not believe in abortion must refer a patient to a counsellor, doctor or family planner who does. But must the law mandate that it be a doctor who will perform this procedure? There seems to be a lack of any due diligence for the decision being undertaken. If evidence suggests that the best resolution of problems concerning abortion is education, then does not minimal counsellor and doctor interaction provide an opportunity for education? This could help reduce sexually transmitted infections and provide secondary prevention of future abortions. Medical practitioners recognise that the method of performing abortions changes as the foetus gets larger, and this should be considered. As the pregnancy progresses, the medical risks for the woman increase: bleeding, perforation of the uterus and an increased risk of infertility as a result. The possibility of mortality as well as morbidity may also increase for women from 13 to 24 weeks.

Perception is reality. You only need to listen to a person who has been convicted of assault or family violence trying to justify their actions, believing they were provoked and that their victim deserved the assault. They believe they are right and the law is wrong. We must ensure that our view on this piece of legislation is not influenced by the vocal minority and that we look only to the facts as they are presented in today's world to base our decision on. In that way we will be guaranteeing that in the future when we reflect we will realise we may not have got every decision right but that we made our decisions at the time with the facts, not opinion, guiding us and that it would have been through developments in technology and communication and through changes in population that the laws that govern us now and the decisions we will have made will be in time less effectual and will therefore need to be revised. With technology already able to significantly assist in the support of life from 23 weeks and that situation only likely to improve, it is not reasonable to support a piece of legislation that does not fit with every other piece we have.

I will not be supporting the bill. This decision has been reached carefully. I have considered all the facts I have been presented with at this time without fear or favour, just as I was elected to do.

Mr BATCHELOR (Minister for Community Development) — To proceed with an abortion is an immensely private and personal matter. It is a decision that is not taken lightly or without care and deep thought. In my view it is a decision that can only properly be made by a woman — the woman concerned. It is not the territory for the state, for men or for religion to impose their views or their judgements. It is not their place to impose their will. It is the role of a

woman to decide, and it is from this point of view that I will support the Abortion Law Reform Bill.

In the context of the final report of the Victorian Law Reform Commission on the law of abortion, my preference would have been to have model C implemented. At page 7 the report states:

> Model C regulates abortion in the same way as all other medical procedures. In this model abortion is lawful with the woman's consent and if performed by a medical practitioner. This model places decision-making responsibility with the woman and service availability with the medical profession.

However, as happens with many things in life, a compromise has been sought to ensure that the objective of decriminalising abortion is achieved in the Victorian Parliament. As strange as it may seem the offence of abortion remains in the Crimes Act despite the 1969 ruling by Justice Menhennitt that a medical practitioner may lawfully perform an abortion in some circumstances.

Since the making of that landmark judicial ruling, women in Victoria have been able to access safe and legal abortions. Prior to the Menhennitt ruling, abortions were thought to be illegal in Victoria, although this did not actually prevent abortions from occurring. Prior to the Menhennitt ruling abortions were performed in Victoria in a range of widely different circumstances, from the dangerous and clandestine backyard abortions performed by non-medical individuals, through to the highly priced and surreptitious abortions carried out by medically trained people outside the formal health system.

These abortions were surrounded by bad medical practice, by death and injury to women and by corruption of the policing system. Whilst Justice Menhennitt provided a legal framework for abortions, he was unable to remove the antiquated and redundant criminal provisions of the then existing statutes. The bill we are debating in Parliament today seeks to address that anomaly. Amazingly, nearly 40 years later this bill seeks to place a modern legal framework around current clinical practice.

The bill largely embraces model B from the Victorian Law Reform Commission report on the law of abortion. The bill provides for a two-staged approach to modern regulation, with different rules for early abortions up to 24 weeks of gestation and for late abortions — that is, abortions performed after a gestation period exceeding 24 weeks. Up to 24 weeks the only requirements are that the woman consents and that the procedure be performed by a medical practitioner.

After 24 weeks an abortion will require the woman's consent and the agreement of two doctors who believe the termination to be appropriate on medical grounds and on the woman's current and future physical, psychological and social circumstances.

As this bill largely reflects current clinical practice, it must be regarded as a very conservative piece of legislation. It does not propose to expand or contract the circumstances under which an abortion can currently be performed in Victoria. What happens now will continue to happen after this bill becomes law. In these circumstances it is not appropriate in my view to further amend the provisions of this bill. The circulated amendments are likely to be either superfluous or, worse, a series of retrograde or backward steps.

This bill is comprehensive and should not be weakened or undermined by amendments, so in determining my attitude to this bill and to the circulated amendments, I am not at any stage prepared to wind back the clock or to place additional burdens on or barriers in the way of a woman obtaining an abortion if that is her desire. I absolutely reject all those amendments that seek to punish and burden a woman who would choose to have an abortion.

As an individual squarely in the secular world I take comfort from a religious contribution made to the Victorian Law Reform Commission. I would like to draw the attention of members of Parliament to the consultation process undertaken by the VLRC. The commission noted the argument of Rabbi Aviva Kipen, whose comment is referred to on page 73 of the commission's final report. It states:

> She also argued that in a multicultural and secular society, the traditions of one faith should not be entrenched in law at the expense of other faiths' views. In supporting decriminalisation, she felt that people can still live by their religious traditions without disturbing the moral agency of others. The Jewish Community Council considered it one of Australia's achievements that one religious doctrine does not determine the behaviour of all.

In Parliament today we should provide Victorian women with the option for them to decide. We should leave the decision to the women and allow them to have an abortion without the threat of criminal sanctions hanging over their heads. It is in this context that I support the bill and reject the amendments.

Ms ASHER (Brighton) — I will vote for the Abortion Law Reform Bill, because I support the principles put forward in it — principles which I have supported for decades.

I would like to comment firstly on the issue of abortions early in a pregnancy. I strongly support the rights of women to make their own choices on whether or not they will have children. Certainly in the early stages of pregnancy, where there is no chance of viability of the foetus, to my mind abortion is an obvious conclusion for somebody who strongly supports choices for women and their right to make choices about their own lives.

Most abortions fall into this category. I refer members to page 36 of the Victorian Law Reform Commission's final report, which analyses figures for abortions in Australia. It states:

> … 94.6 per cent of abortions occurred before 13 weeks gestation, 4.7 per cent occurred after 13 weeks but before 20 weeks and 0.7 per cent occurred after 20 weeks.

It is very clear in my mind that the majority of abortions occur very early in pregnancy, where there is no chance of viability of the foetus. It is my firm and resolute belief that it is the right of individual women to make that decision.

When proponents of this bill first came to see me, asking me whether I would consider the decriminalisation of abortion, I asked the obvious question — that is, 'Why won't the Menhennitt ruling do, given that most women are able to access abortion services in Victoria?'. Two reasons were given to me by the proponents of this particular course of decriminalisation.

The first reason given was that the legislation may assist women who live in country Victoria, who obviously have a significantly fewer number of services from public providers and none from private clinics, according to the Law Reform Commission's report. It was put to me that this legislation would assist women from country Victoria. I am not completely convinced by this argument. Arguments relating to anonymity are probably more powerful in this case. Nevertheless, if the legislation may assist women in country Victoria, I guess that is a valid reason.

However, I am enormously convinced by the second argument put forward by the proponents of decriminalisation — that is, that decriminalisation will remove the possibility of criminal proceedings against practitioners. I refer to a submission from the paediatric state committee of the Royal Australasian College of Physicians, and the comment which appears on page 40 of the VLRC's report, which states:

> Doctors acting in good faith in difficult situations should not have to fear criminal sanction.

I regard that as an overwhelming reason in favour of the decriminalisation of abortion.

From my perspective, two arguments are paramount in my mind in this debate. Firstly, an abortion performed with the consent of a women and undertaken by a qualified practitioner has no place in the Crimes Act. 'Abortion' should not be in sections 65 and 66 of the Crimes Act, as it is now. Abortion is not a crime, in my view; it is a medical procedure. The only abortions that should be in the Crimes Act are abortions performed by unqualified practitioners, which is precisely what is before us in this piece of legislation.

The most compelling reason for the decriminalisation of abortion relates to my beliefs and my values. I believe that individuals, not governments, are best placed to make their own decisions. Indeed one of the reasons I joined the Liberal Party is my absolute and passionate belief in individual supremacy — that is, individuals have the right to make their own decisions. I believe individuals know best about themselves.

I strongly believe in choice, and I believe that women, as well as men, have the right to exercise choices. One of the great drivers in my political life is my belief in individual rights and individual choice, and this bill sits very easily within my values and frameworks.

On a personal note, I think better education about sex and contraception could reduce the number of abortions in Victoria. I note that some members propose to move amendments in this regard. I do not think this needs to be enshrined in legislation, but on a personal note I support much better education for women in that regard.

I will make a couple of comments in regard to late-term abortions. The bill refers to abortions that take place after 24 weeks. I have to say I have a different view about late-term abortions, and I suspect that they cause more discomfort for members of Parliament, and indeed for members of the community, than earlier term abortions where there is no chance of foetal viability.

I refer to some data compiled by the parliamentary library, the current issues brief on the Abortion Law Reform Bill 2008. I am looking at the number of late terminations of pregnancy on page 35 of the report, and I note that the 20 weeks gestation figure is used. The number of late-term abortions in Victoria was 151 in 2001, 163 in 2002, 219 in 2003, 327 in 2004, 309 in 2005, and 298 in 2006. I note that of those 298 late-term abortions in 2006, 76 were performed on women from interstate and 21 on women from

overseas. The number of abortions being discussed under this category is very small.

It is my view that the reasons for an abortion at this stage of pregnancy are foetal abnormality — I note that many tests will only pick this up later in pregnancy — and psychosocial reasons. I think this would be a most horrific decision for any woman to make, and it should be made by the woman and her doctors. I strongly support the panel situation that exists now, but I am not completely convinced that that must be enshrined in legislation. I would expect the panel procedure to persist into the future.

Broadly, as I said, I will vote for the bill because I support its principles. In conclusion I make a couple of observations. I am old enough, unfortunately, to remember backyard abortions. I remember women dying because of lack of access to abortion. If the bill does not pass, we will still go back to the Menhennitt ruling; however, I would hate to contemplate a circumstance where legal and safe abortion is not available to Victorian women. That is another driver for my vote for this bill.

I also make the point that as a member of Parliament, a legislator, I am in an enormously privileged position. I can come into this house tonight, tomorrow or whenever and exercise my vote on routine issues, the great moral issues of our time or a range of other things, but I cannot and will not dictate how other women live their lives — I cannot and will not dictate whether other women will or will not have children. Accordingly I will support the bill. I believe in its principles, I believe in the right to choice, and I believe it is up to individuals to determine how they live their lives.

Mr WALSH (Swan Hill) — I rise to make a contribution on the Abortion Law Reform Bill 2008. I oppose the bill. My personal inclination would have been to oppose the bill before it was introduced, but I deliberately did not form an opinion until I had read all the material — the Victorian Law Reform Commission report, the minister's second-reading speech and a lot of material that was sent to me both by constituents and by people from right across Victoria.

No doubt like a lot of other MPs, I received a significant number of representations and countless emails on the issue. I did not read all of them, but I made a point of reading all the ones that came from my constituents. I thank the people from across Victoria who made the effort to be involved in this debate. It is pleasing to see the Parliament working as a Parliament should. Some people sitting in the gallery probably wish that we would work like this on other bills we debate. It is good to see the level of parliamentary debate and the level of respect for everyone's point of view on this issue. Some of the representations I received came from doctors and medical practitioners, and I will come back to those later.

One of the challenges of this issue, to my mind — and it has been talked about quite a bit in this debate — is the fact that we are talking about a life. We have made it sound very clinical, but we are actually talking about life. It is this issue of the measurement of the viability of a life, whether it be 20 weeks, 22 weeks, 24 weeks, 26 weeks or whatever. When does it go from being a non-life to a life? In my personal view it is a life, even if it is not necessarily viable outside the womb.

The Victorian Law Reform Commission report put up three models for discussion by the government and possible implementation in the legislation that has come before the house. Model A, as I understand it, effectively codifies existing practice in Victoria — although some people believe that model B does that — model B is implemented in the legislation before the house that we are debating now; and model C effectively treats abortion as just another medical procedure. I must admit I am very glad that model C was not the one brought forward, because I would be very disappointed if we treated abortion as just another medical procedure.

There were two letters which I found very interesting to read and which gave me some solace in the decision I have made to oppose the bill. One is from a group of doctors and medical students who wrote as concerned medical practitioners asking MPs to reject the proposed legislation to decriminalise abortion in this state. I quote from a paragraph in the opening of their letter:

> We consider the legislation to be fundamentally flawed and deficient in its understanding of current medical and obstetric practice. We are extremely concerned about the conscientious objection clause; it is both unnecessary and unconscionable. The proposed legislation is also out of step with the general community's desire for a reduction in the number of abortions and for increased support for vulnerable pregnant women.

They went on to make points based around six issues with the legislation, which I will not go into, but they put a very good case for this legislation to be rejected.

One of the other letters I received was from Cabrini Health, part of the Catholic hospital system, asking us to reject this legislation, and I do reject it. Rejecting the legislation is not about passing judgement on any woman who has had an abortion in the past or may seek to have one in the future. This is something I feel I need to do according to my own conscience and being conscious of the representations that have been made to

me by the people of Swan Hill electorate. I oppose the bill.

Ms KOSKY (Minister for Public Transport) — I rise in support of the bill before the house. Any decision that relates to abortion is a deeply personal and intensely private one that a woman makes, and she makes that decision on the basis of advice that is provided to her and counsel that she receives from those close to her and those whose opinions she values. For many women it is a relatively easy decision, but for others it is extremely difficult. The legislation should set the framework for assisting a woman to make the decision, but it should not determine that decision for her, and I believe that the bill before us allows a woman to make the decision that is right for her.

When a woman is considering whether to have an abortion she should be able to decide whether she wants the advice of others or whether she wants to determine that decision on her own and not share it with other people. As such it is a very personal decision and she should not have to justify it to other people. Only she lives with the consequences of her decision, and only she knows the dilemmas and the circumstances that she faces in making that decision. Any woman making such a difficult decision would seek medical advice and may seek advice from others such as family and friends. But beyond the medical advice it should be up to the woman to decide whether she seeks that advice or not.

It is highly likely that in such a difficult decision many, but not all, women will seek some form of counselling, whether that be professional or friendship counsel, and it should be at a time and in a way that makes most sense for the woman herself. It would be an imposition for others to enforce that counselling. Where a woman is finding it difficult enough to make a decision herself, imposing counselling will make it more difficult and make her feel she is doing the wrong thing. It will be counselling for all the wrong reasons and will achieve the wrong result. For these reasons I support the bill. I believe it gets the balance right between a woman's right to make that very personal and private decision in light of the best medical information that can be provided and with support in place if she needs it. It is her decision and she will live with the consequences, as easy or as hard as they may be.

In relation to the matter of late-term abortions, which I know will be the focus of some amendments and has been the focus of much of the debate that has occurred, I support the 24-week time frame in relation to the requirement for a woman at this stage of pregnancy to have the advice of a second medical practitioner. I note the advice of the Victorian Law Reform Commission on this matter and agree with its recommendations. As has been identified by the law reform commission, only 0.7 per cent — that is, less than 1 per cent — of abortions in this state are post 20 weeks, which is about 300, with about 100 of those relating to women who travel from interstate or overseas. Of these late-term abortions about half relate to foetal abnormality.

The 24-week period is really important because it allows the woman to have not only the first trimester ultrasound screening but also to be able to have the second trimester maternal serum screen. I had that myself with my second child, because I was 35 at the time and thought that would provide me with the best advice to be able to make decisions going forward. That was a decision I made with my husband. That screening can occur at between 15 and 20 weeks, but you have to wait for the information to come through, and I remember wondering at the time what I would do and what sort of time I would need if the results were not as I hoped they would be.

I was not placed in that position, and I cannot imagine what it is like for women who are placed in that position, but I believe women need the time once they receive those results to seek counsel and make the decision that is best for them. Setting in place the late-term abortion process where a second medical opinion is required is very important, and the 24-week period is appropriately structured, as was identified by the law reform commission. It allows a woman to make the decision that is right for her, and the timing allows her to make a decision and seek the counsel she wants to seek.

I believe we need to take abortion out of the criminal code, and I have believed that for a very long time. We need to legislate what is already existing practice to ensure that this bill does not reduce current clinical practice and that we do not go backwards in this state in relation to access to abortion. I believe the process of getting a second medical opinion is correct and that the 24-week period is the appropriate time for that. This is a real step forward in relation to women being able to make decisions about their own pregnancies and about their own bodies in a way that provides the level of support that we should provide as a state without imposing our own values.

Previous speakers referred to our rights as legislators, and I believe our responsibility as legislators is to set the framework which allows women to make the decision that is right for them. It is not our role to impose our own value judgements on women. That is why I support the bill in its entirety. I will not be supporting amendments, because I do not believe we

should be watering down what is current clinical practice in Victoria. This is a step forward in recognising what is often a difficult decision for women, but we need to have enough respect for women to allow them to make a decision that is right for them.

Sitting suspended 6.33 p.m. until 8.02 p.m.

Amendments circulated by Mr MERLINO (Minister for Sport, Recreation and Youth Affairs) pursuant to standing orders.

Mr WELLS (Scoresby) — I rise to speak on the Abortion Law Reform Bill 2008 and at the outset advise that I will be voting against the bill. My decision follows extensive consultation, debate and correspondence with a wide range of community leaders, constituents inside and outside my electorate, church groups, medical professionals and parliamentary colleagues. I place on record my gratitude to the many individuals and organisations with whom I have consulted or who have contacted me to express their views. Rather than regurgitating them, I will go through the reasons I am opposing this bill.

Firstly, the government has stated that the bill codifies existing practices and that the government wishes to provide continuing legal certainty. However, I believe it goes too far. I am convinced that the existing Menhennitt ruling, which applies to the legality of abortion in Victoria, has served the state well over many years. Abortions that are deemed necessary, as per the legal guidelines outlined in the Menhennitt ruling, are currently being performed in Victoria. Is there a need to codify a common-law status quo and existing medical practices? I am not convinced. I shall now briefly discuss the background and the details of the Menhennitt ruling.

The existing statute law in relation to abortion is contained in the Crimes Act 1958 and details the following offences. Under subdivision (11), section 65, headed 'Abortion', the act outlines the detail. Section 66 has the heading 'Supplying or procuring anything to be employed in abortion'. The act does not define 'unlawful', and the interpretation of such has been left to the courts. The Supreme Court trial of Charles Kenneth Davidson in May–June 1969 saw the accused presented on four counts of unlawfully using an instrument to procure the miscarriage of a woman and on one count of conspiring unlawfully to procure the miscarriage of a woman.

The Menhennitt ruling in *R v. Davidson* [1969] VR 8 667 basically states that an abortion, which would usually be a crime in section 65 of the Crimes Act 1958, can be excused if: it was done to avoid otherwise inevitable consequences such as serious danger to the woman's life; the consequences would have inflicted irreparable physical or mental harm; no more was done than was reasonably necessary; and the act was not disproportionate to the dangers to be avoided.

It is my belief that the Menhennitt ruling has served Victoria well since 1969 and has provided Victorian women with the right to safe abortions in appropriate circumstances. No-one of rational thought and behaviour would ever want to see us go back to the bad old days of backyard abortionists.

The second reason I am voting against this bill is I am deeply concerned that, if this new law is passed, it would lead to an increase in the number of abortions performed in Victoria. I understand that this point is disputed. It has been reported that approximately 20 000 abortions are performed in Victoria annually, with around 300 of these being so-called late-term abortions.

Viewed in another way, it is estimated that there is approximately one abortion performed for every three live births, and that concerns me. A decision to undergo an abortion should never be taken lightly and should only be proceeded with following serious personal consideration, mandatory counselling and consultation with appropriate health professionals.

The third reason I am opposing this bill is that, as an elected MP, I have a duty to represent and express the views of my constituents and the people that I have spoken to. Many community members, particularly local constituents, have contacted me to express their views on this bill. The vast majority of people within my electorate who have contacted me have asked me to vote no — some for purely religious, cultural or moral beliefs; others for more practical reasons concerning specific contents of the bill. Of those living outside my electorate who have contacted me, the evidence has been pretty much 50 per cent either way.

The vast majority of women's groups have supported the bill. The vast majority of religious clergy and groups who have contacted me have been totally opposed to the bill. Overall I have been deeply impressed by the passion and display of the arguments that they have put before me.

I should also point out at this time that, whilst I will be voting against the bill in line with my convictions about the inappropriateness of the high level of abortions in Victoria and my respect for the general sanctity of life, I acknowledge that abortion can, when performed under

the guidelines of the Menhennitt ruling, be appropriate in some circumstances. I believe that abortion is appropriate when rape, incest or violence is involved or where there is a serious risk to the physical or mental health of a woman. In my opinion, no-one ever has the right to tell a woman who has been subject to rape, violence or incest that she should bear and give birth to a child conceived under such circumstances. That has been an issue in my electorate, with church groups insisting that in those circumstances the baby should be born — something that I disagree with.

The fourth reason I do not support this bill is that I believe it goes too far in respect of three important issues, and therefore is totally inappropriate. Firstly, there is the arbitrary choice of a 24-week threshold as the critical period for determining the appropriate medical action and practices in relation to a proposed abortion. I find it difficult to reconcile the proposed, prescribed 24-week cut-off threshold for general terminations with the fact that at 24 weeks, due to incredible medical advances over the past couple of decades, approximately 80 per cent of premature babies born today at that point can survive.

Secondly, I am concerned that in clause 8(3) and 8(4), the bill makes it clear that registered medical practitioners and registered nurses who personally have a conscientious objection to abortion are nevertheless under obligation to perform or assist at an abortion in an emergency situation. Forcing doctors and other medical professionals to perform abortive procedures contradicts the long-held ethics and belief structures imposed on the medical profession by the Hippocratic oath. Medical practitioners pledge to save lives, not take them, wherever possible.

I find it totally unacceptable that individual health professionals should be legally obligated to perform or assist at abortions against their religious, social or ethical beliefs, even in emergencies. Health professionals who are placed in such a situation should have the right to object to participating and be excused without prejudice or discrimination. Most abortions are performed, I believe, as elective surgery and not in emergency situations, therefore health professionals who have a conscientious objection to abortion have time to excuse themselves or withdraw their involvement, and other willing participants can be scheduled instead.

I am also concerned about the failure to introduce mandatory counselling for those seeking abortion. I find it perplexing that we can have counselling in many other instances in life, such as family or marriage breakdown, financial difficulties or following major trauma such as death, illness or being a victim of crime, yet a major decision to terminate a pregnancy, to end the life of an unborn child, which in itself is often a major traumatic experience not only for the woman involved but also for her partner and family, can be undertaken without mandatory counselling. Counselling should be compulsory so that those seeking abortions are made fully aware of the facts concerning the procedures involved.

In conclusion, when I speak on legislation in this house I normally ask members to support my view, whether they support or oppose it, but on this occasion we have collectively been given a conscience vote — a decision that is to be supported and welcomed. I understand that the bill has generated much passion and considered debate, and I respect the right of individuals to vote in a particular way. I hope that the Parliament will ultimately make the right decision in the best interests of Victorians. All I ask is that the views and decisions made by individuals be respected and acknowledged. They have not been made lightly, but after careful consideration and consultation with the community.

Mr BRUMBY (Premier) — I rise to speak in support of the Abortion Law Reform Bill. By way of background, on 18 July last year a private member's bill was introduced in the other place that sought to decriminalise abortion by repealing sections 65 and 66 of the Crimes Act.

When I became Premier on 31 July I could see that this was an issue that Parliament would have to address, but I wanted to ensure that it was addressed in a manner that took into account community views and allowed members to vote according to their conscience. I concluded, after discussion with my cabinet colleagues, that the best way to do so would be by preparing a single government bill on which members could take a conscience vote.

On 20 August last year I announced that our government would seek advice from the Victorian Law Reform Commission (VLRC) on options for abortion law reform. I also made it clear at the time — and in the announcement that we made at the time with the Minister for Health and the Minister for Women's Affairs — that in addition to removing abortion offences from the Crimes Act, those options should have regard to a number of factors. These are factors such as, firstly, maintaining current clinical practice; secondly, neither expanding nor restricting access to services; thirdly, reflecting current community standards; and finally, it should modernise and clarify the law.

The commission received the terms of reference in September last year, and its report was tabled in this Parliament on 29 May this year. During the preparation of the report the commission received 519 submissions and held 36 meetings with groups and individuals. The commission's report recommended three options for the decriminalisation of abortion in Victoria.

They were, firstly, model A, under which a doctor would have to assess whether the continuation of a pregnancy posed a risk of harm to the woman, and a doctor who performed or oversaw an abortion when not satisfied that there was a risk of harm to the woman would be guilty of professional misconduct.

Secondly, there was model B, under which a woman's consent provides a lawful authority for an abortion up to 24 weeks gestation. After 24 weeks, an abortion would be lawful only when there was a medical determination that continuation of the pregnancy posed a risk of harm to the woman. As in model A, a doctor who performed or oversaw an abortion without being satisfied that there was a risk of harm to the woman in continuing with her pregnancy would be guilty of professional misconduct.

Thirdly, there was model C under which a woman's consent provides lawful authority for an abortion throughout her pregnancy. Unlawful abortions would include those conducted without the woman's consent and those conducted by unqualified people.

A bill which was based on the final report of the Victorian Law Reform Commission was introduced to this Parliament on 19 August. The Abortion Law Reform Bill reflects the two-stage approach based on 24 weeks gestation contained in the commission's model B. As I have indicated, I will speak in favour of and support this bill. I will vote for decriminalisation because in my view this is a reform that is long overdue. The current laws on abortion in Victoria are unclear. Currently abortion is on the one hand prohibited under the Crimes Act of 1958 but on the other hand clinically practised under the Menhennitt ruling of 1969. What this bill does is clarify what was unclear and bring our laws into line with current clinical practice.

I know there are people with very strong views on this issue, and I respect the right of each and every member of our Parliament and each and every member of our community to hold those views and to speak their mind. But there is one thing that I would ask in return, which I have stressed publicly and in the discussions we have had about this legislation — that is, to remember that with rights come responsibilities. Members should exercise their right to free speech and they should vote as their conscience dictates, but they should respect the rights of others to hold a different view and to vote in a different manner.

To date I think we have seen reflected in this debate the best traditions of our Parliament, where members are respectful of the views which others put and where views which are strongly held are put with strong feeling and with passion. At the end of the day every member of this house will have the right to a conscience vote on this legislation and will exercise that right accordingly. Debates such as this one are obviously difficult for parliaments and for individuals, but I believe they are the debates which help define us as a democracy. As I have said, I will support the bill, which I believe is a positive step forward for women in our community.

Mrs FYFFE (Evelyn) — In a perfect world every conception would result in the birth of a much-loved and much-wanted child — wanted by the mother, the father, the family and the village. Sadly we know this is not the case. I acknowledge that abortion will continue even if this bill is defeated. Women have long sought and will continue to seek abortions. No-one wants women to go back into the medieval world of the drinking of poisonous herbal concoctions to force a miscarriage, which often resulted in the death of both the woman and the child. We do not want backyard abortions procured by the use of sticks, wire and other such implements. Too many women lost their lives and too many became infertile as a result of those procedures. I cannot condemn any woman who has had or is considering an abortion. I have not walked in their shoes. I have not experienced what they are experiencing. I can only imagine what they must be feeling and thinking. My heart goes out to any woman who is in the position where she believes she must consider an abortion.

This bill has been a difficult one for me and is still very much so. I believe in choice, but the freedom of choice in many other areas of our lives is tempered by laws and rules. We are controlled by road laws so that we do not cause injury or death. We must drive on the left and we must obey traffic signals. We are controlled by racial and religious vilification laws so that we do not offend another person's beliefs. We are controlled by laws stating where we can and cannot smoke so we do not cause damage to others — and it is mooted that we will soon have bans to stop smoking in cars occupied by children. There are so many laws to protect the lives of others. We pride ourselves on having a free society in Australia, but that freedom only works because we

have laws that protect the individual, and the individual who is forgotten in this bill is the child.

If this bill is defeated, it will not stop abortions. If this bill is passed, I do not know whether or not that will increase the number of abortions. That is something only time will tell. I cannot support this bill in its current form. To misquote the *Serenity Prayer*, God grant me the strength to accept the things I cannot change, give me the courage to change the things I can and grant me the wisdom to know the difference. We in this place cannot stop abortions, but we can change this bill. We can draw on the wisdom of our experiences and make a real difference. We can give women the support, compassion and understanding they need not only prior to an abortion but after an abortion has been performed. We can have the courage to examine each of the amendments circulated and, whether we support or oppose the bill, we can vote for those amendments that we believe will improve the lives of the women and the medical professionals involved. We can change the bill so that there is no discrimination against nurses who do not want to be involved in the procedures that result in an abortion.

Before I talk further about the bill itself I want to acknowledge all those who have contacted me and expressed their views. The vast majority have done so from sincere beliefs. This is a bill I would rather not be debating, but in this I have no choice. I have been elected to represent the views of my electorate, to honestly convey their wishes to this Parliament and to examine my own conscience and beliefs. I have been appalled at reports of the tactics used by some people regarding this legislation, in particular the targeting of the Minister for Women's Affairs, who is the minister with responsibility for this bill. My observations of the minister are that she is a sincere person who had a professional caring role prior to entering Parliament and who believes sincerely that the outcome of this legislation will be better support for women. That others disagree is not an excuse for them to attack in the way they have attacked the minister.

I would like to contrast that reaction with my own experiences. I have been warmed by the concern, understanding, compassion and thoughtfulness shown by church leaders and individual members of their congregations in my area. In particular I want to say how much I appreciated the visit by Graham Nelson, pastor of the Life Ministry Church, and Darrell McKerlie, a Baptist minister in Mooroolbark. They came to see me representing not only their own congregations but also those of regional ministers in the Yarra Ranges. Like me, they recognise that just saying no to this bill will not stop abortions and will not help women or unborn children. Both were sincere in their concern and understanding of the pressure on all of us in this house. Their main message to me was that the bill should be amended to ensure better support for women and better protection for nurses from any disadvantage to their careers if they do not wish to assist at abortions. They were also very concerned about the requirement for a doctor who has a conscientious objection to abortion to refer patients to a doctor who does not share that belief and also the requirement that a doctor must perform an abortion in an emergency. They also expressed concerns for babies aborted after 24 weeks gestation and felt that these children must also be considered.

I also received a letter from the Anglican parish of Wandin, Seville and Mount Evelyn. Again, this communication was warm and understanding. The letter states:

> While most religious people are conservative about the matter of abortion, there is also recognition that opinions vary as to when human life commences. All agree there is need to support women in difficult circumstances.

The letter also expressed concern about the extension of the cut-off point for late-term abortions to 24 weeks gestation, and pointed out that internationally the time line is 20 weeks gestation and that a child, as opposed to a foetus, is defined as existing at 20 weeks. I support this view, because here in Victoria a stillbirth at 20 weeks, whether by abortion or miscarriage, must be recorded. If the precise length of gestation is not known, the baby must weigh at least 400 grams for it to be registered. The figures quoted for Victoria are that in a year there are 70 000 live births and 20 000 terminations — that is, 1 in every 4.5 conceptions ends in abortion. Another figure quoted is that 4000 of these abortions are late term. These figures are horrifying. Where have we gone wrong as a society? Why in this day and age when contraception is so readily available are there so many unwanted pregnancies?

In all of this debate there seems to have been a lack of attention to the role that men play. Why are so many having unprotected sex? Why are they not ensuring that their sexual partner cannot become pregnant if they do not want to have the responsibility of having a child? And why are we as a society not demanding that they accept more responsibility? I will not talk about the amendments at this stage because I have not had time to consider them in detail; however, I will be supporting several of them.

Bringing this bill into the house, although considered unnecessary by many because they believe the current system works fine, has focused attention on the whole

issue of abortion: the number of abortions, the reasons why they are sought and, most importantly, the lack of support for women. We hear of women being disadvantaged in their careers if they take time off to have a child. We hear of young women not wanting to have a child because they are fearful of losing their friends. And we hear of women who believe they cannot afford to have a child. This must change.

Before I close, I must make the point that not one person, in the 520 emails and dozens of letters I have received and the numerous conversations I have had, has said to me that they know someone under the current system who has been refused an abortion. Neither has any doctor said they are being persecuted for performing an abortion. The member for Monbulk made a good point when he said that members in the other house are debating euthanasia and here, when we refer to late-term abortion, we are debating the death of an unborn child. We face the prospect of saving the life of a premature baby at 22–26 weeks in a hospital, but ending the life of another by abortion in the next room.

I want abortions to be done in the safest and best possible environment — with care and compassion, with support and understanding. I want every woman to be able to access counselling if she wishes at any stage of pregnancy. I want every woman considering abortion after 20 weeks to receive mandatory counselling. I do not want women to feel that they are alone and must make this decision by themselves. We must provide fair and balanced support so that in later years, if they do feel regretful, they will know that they explored all the options and that the decision they made was the right one at the time. We owe them this.

Ms ALLAN (Minister for Regional and Rural Development) — I rise tonight in support of this historic and important bill, a bill that will ensure that women no longer run the risk of being prosecuted for accessing a termination, and a bill that will protect medical practitioners who properly perform one.

At the outset I would like to commend the work undertaken by the Minister for Women's Affairs and the Minister for Health to bring a bill to the Parliament for members to debate and, I hope, pass without amendment. I would also like to commend the Premier for opening up the processes for the Victorian Law Reform Commission to undertake the work that preceded the introduction of this legislation.

The commission's report is a significant one. It provides us in this Parliament with the weight of research and evidence regarding current clinical practice and community attitudes. On current clinical practice, this bill is consistent. On community attitudes, this bill is in step with the opinion of the majority of Australians and Victorians who support a woman's right to decide whether or not have an abortion. This bill takes the next important step and removes abortion from the Crimes Act.

I strongly respect any woman's choice regarding her pregnancy. I also respect and empathise with the views of women who decide against having an abortion. Indeed, I respect those for whom such a course of action is not something that they would ever consider. What must remain pre-eminent, however, is the right of women to have a legal choice. Like many Victorians, I would like to see the number of abortions performed in this state decrease. But I also recognise that in some circumstances, for some women, the option of a legal termination must be one of a number of options available to the woman and, as the case may be, for her partner to consider. Women in some circumstances need alternatives. The passage of this bill will ensure that the option of termination will be a legal choice, an informed choice, a choice that a woman can make in consultation with her doctor.

The removal of abortion from the criminal code of this state will also provide a proper framework for health services providing these services for women. Women who access an abortion should not be made to feel, nor should they be seen by the law, in any way criminal. This is vital to ensure that women, at a time when they need all the support and clarity that they can get to make critical decisions, are able to make a choice unencumbered by a stigma conferred by outdated and prejudicial legislation.

We must trust women to make choices that are right for them, in an environment where all the options can be fully and frankly discussed by the woman, medical experts, and any invited members of her family. Surely this is preferable to a situation where a woman is confronted with a choice in an environment of fear, guilt or persecution, an environment where the choice a woman makes is far less likely to be a choice that is best for her and her family.

This is why this bill is important to services across Victoria, such as the Bendigo hospital which provides invaluable advice and services to women from the Bendigo community and beyond. I commend the leadership of the Bendigo hospital and its staff for providing women in regional and rural areas with the same level of access to health services as women in Melbourne.

I cannot stand here tonight and not make a comment in relation to the conduct of the debate. In this chamber, we have seen already that we have largely been respectful of each other's views. In talking to people in the broader community, on most occasions the discussion has been respectful. Sadly, however, I cannot say that of all occasions.

I am not naïve. I understand fully that this is a bill that some people strongly oppose. I respect the difference of opinion. I respect that for some people this reflects a long and deeply held view, just as it is a long and deeply held view of my own that abortion must be made legal. My views on this matter have been on the public record for nearly a decade. I am certainly no stranger to this debate. Anti-abortion campaigners have campaigned against me at every election since 1999, including taking out full-page advertisements in the local paper and letterboxing material throughout my electorate.

However, I have never shied away from being open and honest with people about my views. I have always presented my views on this matter in a calm and respectful way. While I respect the right of people to have their views and to peacefully and properly protest, I have become disturbed in recent weeks at the extreme tone of some abusive correspondence and phone calls that my electorate office staff and I have received, one of which is so grave it is currently the subject of a police investigation. I would particularly like to thank my electorate staff. While they have no control over my thoughts, my conscience and how I ultimately vote, they too have borne the brunt of the actions of some of the more extreme opponents of this bill.

I urge all of us involved in the debate in this house and beyond to exercise good judgement, restraint and decency with those of opposing views. In determining their support or otherwise for the bill, some members of the house may be tempted to weigh electoral concerns against their own beliefs and views. This matter, quite rightly, is a matter of conscience, and I will be voting as mine directs. I hope and trust that each and every one of us will do the same. I commend the bill to the house.

Ms KAIROUZ (Kororoit) — I rise to contribute to the debate on the Abortion Law Reform Bill, and from the outset I thank my party for allowing a conscience vote on issues of life and death. These issues go to the heart of human consciousness, therefore I believe that every member has a responsibility to ensure that their conscience is fully informed without pressure and coercion from other parties, be they political, personal, or activist. I was elected after declaring my pro-life stance on issues such as abortion, therefore I am sure it is no surprise to anyone that I will be opposing the bill. I know there are members in this place who are waiting to hear the debate before forming a view with respect to which way they will vote. I hope my contribution to this debate will help them determine a position on this very important issue.

I do not believe human beings deliberately choose to undertake cruelty, but I do believe abortion is a denial of all our humanity and dignity. The question of why a woman chooses to abort her pregnancy is a highly complex issue, and the factors that influence women to have an abortion vary. The right of a woman to choose to have an abortion only because she sees it as her right is something I cannot support. Reasons such as lifestyle and convenience are considerations that I cannot personally justify. Abortion also denies the rights of men. No child is created without a father. Even if both parties agree to have an abortion, it leaves out the third party involved — the vulnerable unborn child. Based on current rates of abortion, approximately one in three women in Australia has had an abortion or will have one. Many women do not freely choose to have an abortion but face outside pressure from a partner or parents. Many women feel they have no alternative to alleviate the stress and anxiety of an unplanned pregnancy. They may feel alone, abandoned or may feel they just cannot cope with another child.

All of us, including every member of this chamber, are entitled to be protected by the law, and the unborn child should be no exception. The unborn child is the most vulnerable human being, and as legislators it is our responsibility to protect all human beings. The intentional destruction of an unborn child is a clear breach of human rights. Many women go against their own better judgement in choosing an abortion and report that they would have kept their baby if appropriate support and encouragement had been available to them.

An abortion culture is prevalent in Victoria. We have a birth rate of 80 000 per year and an abortion rate of 20 000 per year — approximately 55 abortions per day. This is far too high, and we cannot afford to continue to ignore these figures. My Catholic upbringing shapes the values I hold today; however, it does not limit my thought process on this legislation. I believe life begins at conception and that abortion is the intentional destruction of an unborn child in the womb. This comes from both basic values and an educational background as a histologist. Science tells us that human beings develop rapidly after fertilisation of the egg. Abortions stop a beating heart and destroy a functioning brain. In fact the heart of a foetus begins to beat at 24 days. Even

modern embryology textbooks agree that human life begins at conception.

The bill refers to a medical practitioner performing an abortion on a woman who is more than 24 weeks pregnant, provided that the medical practitioner reasonably believes that the abortion is appropriate in all circumstances and the medical practitioner's belief is supported by at least one other medical practitioner. These qualifications are pointless because they do not require consultation by another registered medical practitioner to assist in forming a second opinion. These people do not require specialist training, knowledge or other expertise. The only requirement is that the abortionist consult with a colleague.

This clause is effectively model C in the Victorian Law Reform Commission's recommendation, and it is on that basis that I will seek to amend the bill to change the cut-off point for late-term abortions from six months to 20 weeks. The bill allows the destruction of an unborn child at six months. At 20 weeks the foetus clearly shows signs of pain, and the appropriate paths to the nervous system are developed. The foetus responds to light, sound, touch and taste and spontaneously moves in the womb.

Late-term abortions are often performed as partial-birth abortions — that is, with the presentation of either a head or alternatively the trunk up to the navel. When partial-birth abortion was first discussed in public many people refused to believe it existed. Peter Overton on *60 Minutes* of 17 April 2005 interviewed Natalie Withers, a woman who had a late-term abortion, and Dr David Grundmann, an abortionist. Overton asked Dr Grundmann:

> What techniques do you use to perform late-term abortions?

Grundmann replied:

> We use a range of techniques. I'm not going to get into the specifics because I don't believe that it advances the debate on either side terribly much.

Overton asked:

> Do you pierce the baby's head with a sharp instrument?

Grundmann answered:

> I don't think that you or the public need to know the specifics about a very small number of procedures.

Peter Overington then asked:

> Is it because the procedure is so bad and so explicit and destructive?

Grundmann responded in terms that suggested this was a concern of just minority groups. Many in the community are appalled at the notion of a child being killed as it is being born. Partial-birth abortion is bad, explicit and destructive. It is a traumatic and physically painful experience that no women should have to endure, and it is on this basis that I will be moving to amend the relevant clause in the bill.

Another reason the cut-off point for late-term abortions must be reduced from 24 weeks to 20 weeks is for perfectly healthy children like Thomas Sharples. He was born at Sunshine Hospital three and a half months prematurely and weighing only 875 grams. Thomas is six years old now and started school this year at St Albans East Primary School. Thomas, as are many premature children like him, is a true testament to the fact that we as legislators must do all we can to protect vulnerable human beings.

The bill has some noticeable omissions for health professionals. The bill suggests there is an inability for health professionals to conscientiously object to direct involvement in a procedure to procure an abortion. This is contrary to section 14 of the Victorian Charter of Human Rights and Responsibilities Act. As a histologist my job was to perform procedures on foetuses to confirm the destruction of the unborn child. What I saw on many occasions were identifiable parts of the human anatomy. I would often see a scapula, which is the shoulder blade, or an arm of a foetus, some ribs and a chest, or a tiny head, a piece of a leg or a tiny hand. On occasions the sex of a destroyed foetus was clearly identifiable. Too often I felt sad for the foetus and the mother. I look back now and wish that I had had the courage back then to object to the procedures that assisted in the confirmation of abortions. Sadly, on some occasions needless abortions confirmed the pregnancy, which would have continued to term and resulted in the birth of a healthy baby.

Mr INGRAM (Gippsland East) — I rise as a husband and father of four beautiful children but also as a member representing a conservative rural electorate to reflect both the views of my electorate and my personal views. I present my speech on this legislation knowing that my comments in this debate, like the comments of others in this chamber, will be scrutinised and dissected more than my comments on any other piece of legislation that has or will come before Parliament in this term of government.

Abortion is a contentious issue. It has been that way for as long as it has been practised. There is evidence that abortion has been conducted throughout history. We know that in a number of civilisations midwives and

other women elders knew of medicines and plants that, if ingested, would cause a miscarriage, but I think members who contribute to the debate need to be clear on what it is about.

Voting against this bill will not change the current rules or the provisions under the current clinical practice. I understand that some members have strong views and do not support the bill as they believe that may indicate support for abortion or the practice of termination of a pregnancy.

It is arguable that abortion is decriminalised now. A number of speakers have stated that the current number of abortions in this state is of the order of 20 000 a year. This number seems fairly high, but I am not here to defend or say that is not an accurate number; but it indicates there are extremely limited restrictions now and that effectively abortion has been decriminalised in the state already.

A number of speakers have indicated that the current practice is defended with a hodgepodge of outdated and inconsistent rules, regulations and a common-law decision of more than 40 years ago. Even some who oppose the legislation and arguably the current clinical practice, like the Leader of The Nationals, acknowledge there is an uneasy truce between the common law, the statutes and clinical practice on this issue.

I believe that before this debate and the introduction of the bill to Parliament most Victorians would be unaware that for almost 40 years this Parliament has not had a consistent approach in relation to the common-law ruling of Mr Justice Menhennitt. I am not aware of any other piece of legislation where the statutes have been out of step with common law for that period of time. I am sure it will come as a surprise and shock to many Victorians that the current statutes still contain a criminal offence for the act of abortion.

This is a difficult and emotional debate, which is why the Parliament has struggled to address this issue over the last 40 years. At times the public discussion on the issue has been disappointing. Some have attempted to turn the debate into a pro-choice or pro-life division. Some have attempted to trivialise the issues with comments that this bill will allow abortion on demand. It is clear that any woman who contemplates the termination of a pregnancy goes through a difficult and stressful choice; erecting deliberate barriers, like some of the proposed amendments, will only add to the trauma and difficulty of the decision facing women.

It is my view the decision to have an abortion is an individual one between the woman, her partner and her doctor. What is right for one is not necessarily right for another. There are some in our community who would like the Crimes Act provisions to be enforced. Members of this Parliament have been subject to the more extreme views and have had letters, posters and other material sent to us. It is clear that some in the community would like to turn the clock back to before the common-law determination to what they see as being the good old days when the sad choice facing many women facing a difficult situation was to break the law and subject themselves to the reality of a backyard abortion or find a doctor who was prepared to break the law, and put themselves at risk.

The Crimes Act is clear. It is a criminal offence for a termination to be conducted. This is out of step with social views. One of the comments made to me in discussion on this legislation is that no Director of Public Prosecutions would dare attempt to take a prosecution under the Crimes Act provision; but it is my view that while the provisions remain, it is possible that at some time in the future the law could be tested and that a legal test would cause incredible public distress, humiliation and angst to both the doctor and the patient. One could easily envisage a situation where this could occur. In today's society this would be totally unacceptable, which illustrates the point that the law is out of date and should be brought up to date.

I have known for a while that this debate would come before the Parliament. In my view it would have been easy to do what other parliaments have done in the past — that is, to leave it to some future Parliament to deal with it — but I believe it is important that the debate be had now. Because I knew this bill was coming before the Parliament, as part of my regular constituent survey I did a survey asking my constituents their views. One of the questions asked in this survey was, 'Which one of the following best describes your views on abortion?'. The options were, 'It should be decriminalised', 'It is the woman's choice', 'It is up to both parents to decide', 'Leave the laws as they are', and 'I am entirely opposed to abortion'.

The overwhelming view was that it was the woman's choice but the combined number for 'the woman's choice', 'decriminalisation' and 'both parents deciding' was 80 per cent. Only 9 per cent indicated they were entirely opposed to abortion. As I indicated before, I represent a rural, conservative electorate. I know the people who oppose abortion have a very strong view and hold that view dearly. My view is that as a member of this place, I am here to represent the majority and not necessarily the minority even though their views are very passionately held.

I acknowledge the thoughtful and passionate views of those constituents who have contacted my office either in person, by email or by letter, not just in the past few weeks but over the past nine years. I acknowledge their views, some of which have been in support and some against.

I support the legislation as I believe it is the right thing to do. It is essential that as a Parliament our laws reflect the views of the electors who put us here. The risk of having uncertainty in the law or the risk of a future challenge to the law under the Crimes Act would be unacceptable and, as a legislator, to pretend that the current law is defendable when it is not is not acceptable.

I believe it is not my role as a legislator to interfere with decisions in relation to the health of the woman. Those matters are between a woman and her health professional. I support the bill.

Mrs VICTORIA (Bayswater) — Bills dealing with so-called moral or conscience issues generally attract a lot of mail, and this bill is no different. I have received mail from all around the world, and many bits of correspondence from within my electorate. There has also been an influx of views from medical professionals, lobby groups and individuals, putting their arguments for and against. I have read both sides with great interest. On the one hand are the people who claim women have a right to do with their bodies as they wish. I am not going to dispute that point when it comes to their bodies. On the other hand there are those who believe abortion should be banned altogether — a notion I do not subscribe to.

I believe the Menhennitt ruling of 1969 has served Victorian women well. It allows for a lawful abortion if the woman's physical or mental health would be seriously harmed if the pregnancy were to continue. This bill seeks to legalise abortion: to take it from the Crimes Act 1958, when it is performed by a qualified medical practitioner. As no doctor has been charged with performing an unlawful termination in our state for over 20 years I do not have a problem with this part of the proposed legislation.

I do, however, have grave reservations about some of the other provisions in the bill — for example, the specification of 24 weeks gestation as the time when a foetus can be aborted without medical consultation. One of the key issues identified by the Victorian Law Reform Commission when researching the topic of abortion was that quality services need to be available, including a capacity for timely access.

Let us look at this point a little more closely. Having been an older first-time mother I had almost every conceivable diagnostic test, as recommended by my medical team. Most of these tests were completed by around 15 to 16 weeks. Tests such as maternal blood screening, or multiple marker screening, are available. The test involves taking a blood sample and is usually done at around 15 weeks. This is a screening, not a definitive test. It generally indicates whether the woman is likely to be carrying an affected foetus. It is not foolproof, but it can lead a woman to request further testing.

A further test is amniocentesis. It is often performed to identify neural birth defects such as spina bifida. This test is very accurate — in fact, nearly 100 per cent accurate. Some of the later ultrasounds are performed at 18 to 20 weeks gestation to look at specifics like the baby's anatomy, but generally they are performed earlier. These might be used to determine whether the foetus is growing at a normal rate, to see whether there might be more than one foetus, to identify a variety of abnormalities that might affect the remainder of the pregnancy or delivery, or to detect pregnancies outside the uterus. One of the only major tests which is conducted after 24 weeks is glucose screening, to check for gestational diabetes. This primarily affects the mother and is not a reason for seeking a termination.

So the question then remains: why set the date at 24 weeks? By this stage a foetus may very well be viable once born. A major study known as EPICure 2, published earlier this year in England, shows that babies born at 24 weeks had a 47 per cent survival rate after being admitted to neonatal units.

Another flaw seems to be the omission of any reference to counselling. There are no provisions to help women make a decision on whether they want to go through with the abortion, similar to a cooling-off period as exists in some 21 US states. Let us consider the a scenario of a young teenage girl who is pregnant and is scared of what may happen if she tells her parents. She may rush into deciding upon an abortion, whereas independent counselling, not trying to sway her one way or another, may help bridge the perceived gap between herself and her parents. I do not believe the decision to abort would be taken lightly by any woman, and counselling and support may serve to assist in her decision.

The last point I wish to make is that of conscientious objections by doctors. This is probably what I have the most difficulty with. Clause 8 of the bill imposes obligations on registered health practitioners who have a conscientious objection to abortion. Even after

informing the woman that they do not wish to advise, perform, direct or supervise an abortion, the doctor or health professional will be legally bound to refer their patient on to one of their peers who does not object to the procedure. This is, quite simply, unacceptable. There are doctors who clearly display signs in their practices stating that they do not prescribe certain drugs — for example, sleeping tablets or the contraceptive pill. These signs make it very clear before a patient sees the doctor that they should see another practitioner if, indeed, they came to the clinic for a particular prescription this doctor is not prepared to write. Why is this type of notification not allowed in the case of abortion? Surely if we are talking about people's rights, the medical practitioner's rights must also be considered?

Today each member was handed 11 full pages of amendments. This leads me to wonder why all of these points were not taken into serious consideration before the bill was drafted. If this government truly believed it was making laws for all Victorians, a more moderate approach could have been taken. This bill does so much more than just remove a medical procedure from the Crimes Act. It goes much too far in many areas to receive my support.

Mr WYNNE (Minister for Housing) — I rise to contribute to the debate on the Abortion Law Reform Bill. The bill builds upon the platform of the Menhennitt ruling some 40 years ago, which has guided legal and clinical practice in this state. My party has long held a policy that abortion should be expunged from the Crimes Act, and today is an important day for the many women and men who have advocated for such action. The bill today, if passed, will remove legal uncertainty for Victorian women and their medical practitioners.

In preparing for today's debate it has been incumbent upon all of us to look deeply into the moral, legal and ethical considerations that attend to this social issue. In this respect I have tried to inform myself and reflect upon the expert advice that I have been afforded. We all come to this debate with our own moral compass developed through our family, education, work experience and broader social networks. I commence from the position that the matter of abortion is between a woman and her medical practitioner, and it is not for me as a legislator to interfere with or impede that relationship in any way. I am firmly of the view that women should be supported in their reproductive health choices, so if my position needs to be characterised it is firmly pro-choice.

In the first speech I made in this Parliament I referred to the concept of a civil society, and I see the passing of this legislation as a further strengthening of that important tenet. We owe much to the work of the Victorian Law Reform Commission, which undertook an exhaustive, open and, as always, scholarly research exercise. I have found no-one with an interest in this debate who has been anything but highly complimentary about the commission's work. The commission presented three options for consideration, of which option B has formed the basis of the bill before the house. In reaching its conclusions and recommendations the commission was cognisant of the government's dual objectives: to remove abortion from the Crimes Act and to reflect in its recommendations current clinical practice. I believe the commission has achieved both objectives.

Whilst the commission found that the vast majority of abortions, 94.6 per cent, are performed before 13 weeks, some 4.7 per cent are performed between 13 and 20 weeks and a small number are performed post 20 weeks. The gestational limit of 24 weeks is current medical practice in Victoria.

I note that the House of Commons Science and Technology Committee addressed this issue in a 2007 report and reached the following conclusion:

> Having considered the evidence set out above, we reach the conclusion, shared by the RCOG —

Royal College of Obstetricians and Gynaecologists —

> and the BMA —

the British Medical Association —

> that while survival rates at 24 weeks and over have improved they have not done so below that gestational point. Put another way, we have seen no good evidence to suggest that foetal viability has improved significantly since the abortion time limit was last set, and seen some good evidence to suggest that it has not.

The even smaller number of late-term abortions are performed for reasons of foetal abnormality or psychosocial reasons. Such procedures within the public hospital system are performed at the Royal Women's Hospital and the Monash Medical Centre. I have been fortunate to have access to the expert advice and counsel of Dr Chris Bayly, associate director, women's services, at the Royal Women's Hospital, a person I have known for many years and a highly respected practitioner, who provided me with insight into the collegiate process and multidisciplinary support structures that are in place within her institution to support women who are confronting a late-term abortion for foetal abnormality or psychosocial reasons.

The primary focus of the hospital on the health and welfare of the woman was exemplary by any measure and provided me with reassurance that in those rare cases of late-term abortion a thorough and supportive regime is in place.

I cannot hope to fully understand the effect that the anxiety and mental anguish of an unplanned pregnancy and a subsequent abortion has on a woman. However, I can reflect upon my own time working in the community health sector with impoverished women living on our high-rise public housing estates who on occasions, in desperation, sought my advice and counsel on how to deal with an unplanned pregnancy.

I know of women — in a number of cases very young women, in their early 20s — who have had two, and in some cases three, children. I well recall the case of a woman, one of whose children was in permanent care and another who was under a protective services order. Frankly, her life was in chaos, and she came to me with news of an unplanned pregnancy. She was in a state in which she would simply have been unable to cope. I provided her with professional counselling and support and she ultimately made a decision, which I hope was in her long-term interest. In that particular circumstance it was to terminate the pregnancy. I sincerely hope that my advice and counsel to that woman provided some direction and comfort to her.

The Victorian Law Reform Commission's findings and the general public sentiment that we should work towards a reduction in the rate of abortion would be reflected on both sides of this debate. I commend both the spirit and cooperative way in which this debate is being conducted. We all have deeply held views and beliefs about this issue, and it bodes well for the institution of this Parliament that this debate is being conducted with tolerance and genuine respect for differing views.

All of us have had extraordinary levels of correspondence over the duration building up to this debate in the house. I want to reflect briefly on an email that was provided to me by one of my own constituents, which I will read in part. It states:

> I am concerned that the good work done by members of all parties and the law reform commission may be to some extent undermined by those who are attempting to use this legislation to impose their own particular views on the morality of abortion on other members of the community who might not share those views. This has been going on throughout the history of Victoria, and it has always been to the detriment of women.

The email further states:

> I am fully in agreement with the objective of reducing the number of unwanted pregnancies and thus the number of abortions in Victoria. But I believe that this will be achieved by expanding women's reproductive rights, not by curtailing them. As a Christian I am also concerned for religious freedom in our society where all, women and men, must be recognised as moral agents capable of making serious decisions such as this in line with their own beliefs.

I would like to conclude by acknowledging the enormous body of work and consultation which has been undertaken by my ministerial colleagues, and particularly the Minister for Women's Affairs and the Minister for Health, in presenting this bill to the house this evening.

In conclusion, in my view the passing of this bill will ensure that Victoria is a better and fairer place for women.

Mr CRISP (Mildura) — I rise to make a contribution to the debate on the Abortion Law Reform Bill. I have listened to many of the speakers today while I have been in my office trying to find the words to use in coming to the chamber this evening to make my address, and I appreciate the respect and dignity with which this debate is taking place. I fully support the comments made by the member for Richmond — the Minister for Housing — in that area.

I would like to acknowledge the many people in my electorate who have written to me, phoned me and visited my office to discuss this matter. There are a number of people I want to mention in particular, including Dr Arnold Jago, Elizabeth Leighton, Jodie Holdcroft, Veronica Goodman, Samantha Snell and Brenden Stacey. I also acknowledge Noel Uebergang and Des Kranz, who are amongst our clergy, and I have had contact with quite a number of other members of the clergy. I also acknowledge the views expressed by members of my family and many other people.

To my mind there are two stand-out issues in this debate: firstly, the 24-week threshold, and secondly, the lack of reference to counselling services in the current bill. I will be opposing the bill in its present form, although I recognise that many amendments will be proposed and that we will have quite a lot of work to do as we keep up with those amendments and the shape the bill will take.

There are some issues I would like to talk about. In the main the bill proposes to amend the Crimes Act 1958, abolishing the common-law offences relating to abortion, and to regulate health practitioners performing abortions to make it an offence for an unqualified

person other than the woman herself to perform an abortion. There is some history with this, and some of the history that I have read comes from *Abortion Law in Australia* by Natasha Cica, Law and Bills Digest Group, dating from 1998.

The landmark Supreme Court ruling in 1969 — the Menhennitt ruling — established that abortion would be lawful if the accused held an honest belief on reasonable grounds that the abortion was both necessary and proportionate. 'Necessary' in this context means that the abortion was necessary to preserve the pregnant woman from a serious danger to her life or to her physical or mental health, beyond the normal dangers of pregnancy and childbirth that would result if the pregnancy continued.

The Menhennitt ruling apparently permits an abortion at any stage of pregnancy. Further, it does not appear to impose a requirement that the abortion be performed by a medical practitioner in order to be lawful. It is unlawful to act with intent to destroy a child capable of being born alive before it has an existence independent of its mother, unless the act is done in good faith solely to preserve the mother's life.

The proposed changes in the bill have been quite clearly laid out by predecessors in the debate, but I would like to make some comments relating to those issues. That doctors are given an authority to decide what constitutes a risk to a woman places a considerable pressure on those doctors when making such decisions. In my view, a child can be considered a viable infant as early as 22 weeks, and the use of the word 'viable' meant that the lives of children who could live outside the womb were not terminated. This new law will not allow viable infants to be aborted within the law. Again, that comes back to my concerns about that 24-week rule.

It appears that a woman who does not manage to obtain an abortion by a medical practitioner can perform the abortion herself. This would pose a risk to her health, and therefore it would be impossible for a doctor to refuse a woman an abortion if she threatens to do it herself. The way in which this law is written makes sure that there is no possible way that a woman can be refused an abortion for any reason. If the purpose of the law is to safeguard women's health, why is it not prosecutable for a woman to perform an abortion on herself, as she is not qualified to do so and would endanger her health? This bill is not about improving the health and safety of women but rather their ability to procure an abortion under any circumstance, despite concerns about their health and safety.

We have already heard a good deal of the pro-choice and pro-life arguments, but they all hang on the issue of when life begins. I have chosen a passage which appears on the website of the Atheist Foundation of Australia in which Carl Sagan is quoted as having said:

> If you deliberately kill a human being, it's called murder. If you deliberately kill a chimpanzee — biologically, our closest relative, sharing 99.6 per cent of our active genes — whatever else it is, it's not murder. To date, murder uniquely applies to killing human beings. Therefore, the question of when personhood … arises is the key to the abortion debate. When does the foetus become human? When do distinct and characteristic human qualities emerge?

I believe it is before 24 weeks.

Other Australian jurisdictions are battling with much the same issues. I come from a border area, so cross-border issues are a constant fact of life for me. I will spend the little time remaining to me talking about how I view the regimes of other states and territories.

I believe the law in the Australian Capital Territory is unclear, and there is little case law to help in interpretation. In New South Wales the 1971 Levine ruling established that an abortion is lawful if there is an economic, social or medical ground or reason upon which a doctor could base an honest, reasonable belief that an abortion is required to avoid serious danger to a pregnant woman's life or to her physical or mental wellbeing. That danger might arise at any time during the pregnancy. In 1994 the Levine ruling was reinterpreted and applied in a restrictive way in the Superclinics case.

I believe the law in Tasmania is unclear, and there is no judicial ruling to clarify what happens there. Western Australia is a long way away, given that I am talking about cross-border issues, as is the Northern Territory. It is interesting to note that in Queensland the District Court ruling in *re McGuire* confirmed that the interpretation of the law offered in Victoria by the Menhennitt ruling also applies in Queensland.

South Australia is a little different. Its legislation, enacted in 1969, clarified and generally liberalised the state's abortion law. Under that legislation an abortion cannot be performed at a late stage of pregnancy, possibly from around 22 to 23 weeks. South Australia has, I think, the most liberal of the laws.

Where does this leave us? The concern that haunts me regarding this bill is whether it is more about affirming a specific ideology than improving abortion-related law and the overall health of women.

Mrs MADDIGAN (Essendon) — I rise to support the government's bill, and I will be opposing the amendments that have been circulated. I must say I find it somewhat ironic that we are debating this bill this year, in which we celebrate 100 years since women got the vote — when women first got the right to have a say in the laws that affect them.

If you look at the debate that led up to the passing of the bill — and of course many bills that were introduced into the house were lost — you will see that there was a very strong paternalistic view from the all-male Parliament of the time. The view put forward very frequently was that it was the men's role to make decisions affecting women, who were much better off at home looking after the children and the house. Some very strong attacks were made on working women, suggesting that they did not have the capacity to make these decisions themselves. I would find it ironic if, 100 years later, this still male-dominated house made the decision that this house has the right to tell women in this state what they should do.

More personally, I would have a great deal of difficulty in not supporting this bill. That is mainly because of the way that it has been brought into the house. The Labor Party has ruled that we will have a conscience vote on abortion, because it is very strongly of the view that it is a deeply personal issue on which people have the right to make up their own minds based on their own moral judgements, backgrounds and other reasons. Even though the bill is a government bill, the Labor Party has said that Labor members do not have to vote along party lines. We have given ourselves the right to vote the way that suits us best based on our own personal views. How could we come into the house and say, 'We have the right to make this moral judgement for ourselves, but we will not give the rest of Victoria that same right'?

I have been a member of this house for 12 years, and while some members might believe themselves to be morally superior to other Victorians, I can assure them that the rest of the Victoria does not agree with them. I have confidence that the Victorian community has the intelligence, the sense and the capability to make decisions for themselves on an issue which, as has been acknowledged by all parties in the house, is deeply personal.

Whilst the provision of some of the information we have heard about — perhaps from people outside this house — is well meaning, the information shows a misunderstanding of pregnancy and pregnant women, particularly women in the later part of their pregnancy. Very few women in this house who have been pregnant have not wished to have a full-term, healthy baby. That is the situation where all pregnant women find themselves. To suggest that women would go off and have late-term abortions without any thought — that they would wish to have them — shows a great misunderstanding of the intelligence and sense of Victorian women and of the bonds they have with their foetuses.

In relation to doctors, there has been some suggestion that doctors would carelessly perform abortions. Not everybody who seeks an abortion gets one; doctors do refuse abortions when they do not think the circumstances justify it. Late-term abortions are only performed when the foetus is at great risk, or in fact dead, or when there is a severe risk to the mother. That is not likely to change, because this is not in the nature of the community, of pregnant women or the medical staff — the doctors and nurses — who work in this area.

I had the opportunity to attend a briefing from the Monash Medical Centre. The staff who are involved in performing late-term abortions because of the ill health of the foetus or the mother spoke about how difficult it was for them to undertake that task. We have to understand that people do not willingly have abortions, especially late-term abortions. It is a very difficult decision. To suggest that making current practice into law will change this is quite wrong. If you look at the evidence from other countries where abortion is legal, you see that many of them have abortion rates that are much lower than that of Victoria.

It is very hard to sustain an argument that bringing the Menhennitt decision into law will change the situation in Victoria. Some people have said we should leave it as it is, but if you think about it, that is leaving things the wrong way round. It is the Parliament that should make laws for the state, and the courts should interpret and follow those laws. We have done it the other way round since 1969, but it is quite logical that this Parliament should be making a law that affects all Victoria. There are some significant problems with the way Medicare benefits are available to people. Unless you are in a private health scheme you cannot have a scan in the first three months of your pregnancy. I think that is wrong, and I would like to see it changed. That would be of great assistance to people.

Finally, I think people know that if this bill is defeated, abortions will continue in the same way as they have since 1969. For those who do not agree with abortion, and I respect their views, we know from past history that prohibiting things does not stop actions occurring in the state — and it will not stop abortions occurring.

All it will mean is that people's lives will be put at risk. If you go back in the history of Victoria, even to the early days of settlement, abortions have always been available from doctors if you are wealthy enough to afford them. People could always find doctors to do it. The people who died from poisoning or blood loss were poor people who could not afford proper medical treatment and went to backyard abortionists. unfortunately will not stop them. Unfortunately, trying to prohibit abortions will not stop them. Like all members in this house I would like to see fewer abortions, and I would like to see more education about birth control, but that is really a different issue. That is not what this bill is about. I support the bill because it gives the men and women of Victoria the right to make decisions for themselves in the same way that we have allowed ourselves to make our own decisions on a matter which is deeply personal for each individual in this state.

Amendments circulated by Ms CAMPBELL (Pascoe Vale) pursuant to standing orders.

Ms BEATTIE (Yuroke) — I rise to support the bill and will not be supporting any amendments. It is often said that conscience debates in this house are the most illuminating debates that can be had in Parliament, and certainly it is my experience that members draw very much on their own life experience or that of those known to them. Sometimes these debates can be intensely personal. My views on the matter and my reasons for supporting the bill are quite simple. I believe that if a choice is to be made to terminate a pregnancy, it is a matter between a woman and her medical practitioner. I do not believe it is the right of a politician or legislator to interfere with that. I do not believe it is the right of any external group to tell a woman, in conjunction with her doctor, what is best for her. With those few words, as I said, my reasons for supporting this bill are quite simple. I believe women in conjunction with their doctors are capable of making the judgements that are best for them in all the circumstances.

Mr HODGETT (Kilsyth) — I rise to speak against the Abortion Law Reform Bill. I do not support the bill and will be voting against it. I say at the outset that I have received numerous submissions on this bill in the form of letters, email messages, submissions, reports, journals, books, DVDs and online video messages and film clips. I thank the many community members, interest groups and constituents who have contacted me for their submissions. I have spent a considerable time examining each submission and have taken an active interest in the views expressed both in support of and against this bill. I believe it is incumbent on any elected individual at the very least to read and consider all the material that people take the time to prepare and present in relation to an issue. I also thank the many members of this Parliament who have provided information and arranged briefing sessions to assist all members to inform themselves about the debate and the views for and against it.

Abortion is a very sensitive, emotional, contentious and complex issue and one on which members of the community hold a variety of views. I appreciate and respect the views expressed by members of the community, and I have the greatest respect for the very sincerely held and considered views of the members of this house. As much as I respect and understand the views of those supporting this bill, I have to say I do not share them. This bill requires us to carefully examine our attitude to human life. It raises moral and ethical questions about what life is, when it begins and whether it is right to terminate a pregnancy in any circumstance up to and beyond 24 weeks. I have heard many opinions on when life commences. Life is an integral whole from conception to death. We must not arbitrarily divide human life into parts, some of which are to be respected and protected and some not.

Dr Adrian K. Thomas, an obstetrician and gynaecologist, wrote to me yesterday. Dr Thomas, commenting on the status of the foetus, states:

> The foetus is human and it is alive. A foetal heart can be detected on ultrasound at approximately six to seven weeks after the last menstrual period.

I listened to the contribution of the member for Monbulk, who is also the Minister for Sport, Recreation and Youth Affairs. The minister talked about the experience of seeing on ultrasound his first child in the womb of his wife. I have seven children and, like anyone who has had a child, I can relate to the experience of viewing the baby on ultrasound during the pregnancy. The baby is alive, and through modern technological advances being able to view an ultrasound is truly a very moving and amazing experience. I oppose the bill because I believe that life, at whatever stage of development, is sacred. I do not support or agree with the concept that the value of human life is variable depending upon what stage of life one is at.

I note the view expressed by the Australian Catholic Students Association, which states:

> The bill would allow abortion on demand for pregnant women up to 24 weeks gestation, and allow abortion after 24 weeks if a few basic conditions are met. It entrenches the easy availability of abortion up till the birth of the child.

> This creates the anomalous position where, on the one hand, 24-week-old premature babies may survive outside the womb with their lives protected under law, but on the other hand, unborn babies inside the womb may be destroyed with ease.

In my view the bill does not reflect community concern about the frequency of abortion and late-term abortion. It is more liberal than current practice and will be likely to increase the rate of abortion. I have heard it stated in the debate today that there are over 20 000 abortions each year in Victoria. This is a major concern in itself. Whilst I acknowledge the deeply conflicted and vulnerable state of many women struggling with unexpected pregnancy who feel that they have no option except to choose an abortion, I oppose the bill on the moral ground that abortion is the taking of innocent and vulnerable human life. This bill in effect provides for abortion on demand — that is, the destruction of embryonic human life without limits.

This debate has required me, like all members of the house, to search my conscience and my moral, ethical and religious beliefs. I cannot support the destruction of life that this bill allows. In closing I thank our leader and our party for allowing a conscience vote on the bill.

Mr MORRIS (Mornington) — In some ways the members of the 56th Parliament may be thought to have drawn the short straw because we are the ones who have the opportunity, or the obligation, depending on your point of view, of considering the decriminalisation of abortion. Despite the strength of feeling on the matter and despite the fact that it has been almost the omnipresent issue of politics in this state for 40 years although not always on the next page, the legislature has been prepared to let the courts determine the law. I have a problem with that. We are elected to be law-makers and in that spirit I am pleased to be part of the debate this evening.

It is well known that in his famous speech to the electors of Bristol in November 1774 Edmund Burke said:

> Your representative owes you, not his industry only, but his judgement; and he betrays, instead of serving you, if he sacrifices it to your opinion.

I think rarely has that comment been more relevant to the deliberations of this place.

This Parliament has already considered two pieces of legislation said to be controversial: the stem cell bill and the relationships bill; and it is true they have generated a reasonable amount of correspondence and discussion in the community and in this house. Yet in reality they were nothing more than a pale imitation of controversy compared with the reaction to this bill. Had I not known better, I might have thought that the bill proposed not to simply decriminalise abortion but to deregulate it entirely. I must say the ebb and flow of discussion has been largely what I expected. On the one hand we have had a loud clamour for option C, for the right to choose; and on the other hand we have had outright condemnation of any change to the present act, no matter that it has been observed only in the breach for many years.

There is no doubt that emotions run high whenever this matter is discussed, and public discussion on this issue has not been so much debate as a statement of views, an expression of prejudice. I use the word 'prejudice' in the sense that for most people the matter has been prejudged. Today, though, we are engaged in remaking the law in Victoria, and that requires us to take a broader view. To quote again from same Bristol speech of Mr Burke, he said:

> … government and legislation are matters of reason and judgement, and not of inclination;

This is no easy choice to make and I do not make it lightly. But in determining my vote on this bill I hope that I am using my reason and my judgement, and that I have set aside my prejudices and emotions and reached a conclusion that best serves the community of this state.

The intent of the bill is clear. It removes the provisions relating to abortion from the Crimes Act and extinguishes any residual common-law offence that may be revived by the repeal of those sections. It provides a statutory framework for the termination of pregnancy by a registered medical practitioner both before and after the 24-week cut-off. It ensures that any person who is not a medical practitioner and who performs an abortion can be charged under the Crimes Act, and it amends the definition in the Crimes Act of serious injury to include the destruction of a foetus other than in the course of a medical procedure.

The last two points are almost free of controversy and I do not propose to comment further on those. The extinguishment of any common-law offence under the proposed new section 66 of the Crimes Act is a necessary and relatively uncontroversial provision. That brings us back to the central points: should abortion be removed from the Crimes Act and, if so, by what rule should it be regulated?

The law of abortion in this state is inextricably bound up in the decision of Supreme Court Justice Menhennitt in *R v. Davidson*. Prior to 1969 Victorian courts had largely been guided by the British case of *R v. Bourne*, which was heard in 1939. Essentially the Menhennitt

ruling was an interpretation of the statutory term 'unlawfully', which is not defined in the Crimes Act. Two points from that judgement are relevant to today's debate:

> … it appears to me that necessity is the appropriate principle to apply to determine whether a therapeutic abortion is lawful or unlawful within the meaning of section 65.

And further:

> The principle of necessity imported by the use of the word 'unlawfully' in section 65 of the Crimes Act 1958, in my view imports the two elements of necessity and proportion.

It appears that the government of the day immediately recognised the importance of the ruling, and the then Attorney-General, Mr Reid, issued a statement — apparently they issued statements in those days rather than press releases — that in the view of the government Menhennitt's ruling was the new abortion law for Victoria. But the moderating influences in Menhennitt's ruling were necessity and proportion. Those are subtleties that I firmly believe have been lost for many years.

In reaching my decision I have considered a number of questions. Should the legislation enshrine the 1969 legal interpretation? Should it recognise the reality of 2008 medical practice? Should the legislation continue to treat abortion as a criminal offence, as many have called for — that is, should abortion remain a criminal offence and the law be enforced? Because that was the clear message I was getting: that abortion is a crime and should remain a crime and offenders should be prosecuted. The last option I quickly discarded for both practical and philosophical reasons.

On a practical level I wonder whether the law has ever achieved anything. I am old enough to remember the debates and the revelations that followed Menhennitt's judgement, and if one thing is clear it is that prohibition does not work. It did not work then and it does not work now. It simply drives the process underground. Recriminalisation of abortion — because that is what it would be — will also do little or nothing to reduce the number of abortions, and there are far too many abortions. I endorse entirely the comments of the member for Kilsyth. There are far too many abortions occurring in this country. That has to be part of our consideration. We need a comprehensive strategy to reduce the number of unwanted pregnancies, and that should be a not negotiable sequel to this bill. But making criminals of our doctors and their patients is not part of the solution.

On a philosophical level, much of the debate has turned on who makes the choice. Who will make the best choice? The current statutes say that abortions are illegal and there is no choice. The Menhennitt ruling essentially gives the choice to the doctor with those riders that I have talked about earlier. Option B, the present bill, gives the choice to the woman. Morality, ethics or even a particular philosophy are not qualities of a society that we can legislate for, nor should we. Nor should society seek to impose its views on the individual. The person best placed to make the choice is not someone in the courts or the medical profession but the person most closely concerned — that is, the woman who is pregnant.

I want to touch briefly on the pre-24 weeks and post-24-week issue. It is an emotive issue, particularly when it is characterised as late-term abortion. The numbers are low, and that is no justification, I certainly agree. In the brief provided by the parliamentary library the statistics show that in 2004 there were an estimated 20 474 induced abortions in Victoria; of these, 29 were performed at beyond 22 weeks, which amounts to slightly more than 1 in 1000.

As a parliamentarian, I do not make a good clinician. Clearly a distinction needs to be made. I am prepared to be guided on the appropriate point for differentiation in the decision-making process. I understand that the point accepted by senior members of the medical profession is 24 weeks, and I am prepared to accept that point — 22 weeks might be an option, but I am prepared to concede to the profession.

In conclusion, this is not perfect legislation; there are many things I might have changed. The law it replaces has been fundamentally altered from the written statute. In effect, the law says one thing and means something entirely different, and it has clearly failed. This bill is a step in the right direction. It brings the law of the state into line with current medical practice and with the law as most Victorians believe it to be.

It places the responsibility for the decision to terminate a pregnancy fairly and squarely where it should be. It gives us the opportunity to banish once and for all this old debate about decriminalisation, which is a distraction from getting on with the job that we should really be tackling — that is, ensuring that the number of abortions in this state is substantially reduced. I commend the bill to the house.

Mr DELAHUNTY (Lowan) — Firstly, I commend many of the presentations that have been made here tonight. I particularly commend the member for Monbulk on his excellent presentation, for which I give him great credit.

Since I have been in this Parliament I have made many contributions to debates on medical treatment, particularly in relation to IVF (in-vitro fertilisation). I did so after a lot of reading, discussion and research, as I have also done on this issue. Tonight I want to make my contribution to the debate on the Abortion Law Reform Bill. This bill will not get my support because it goes against the values under which I have lived my life, and it goes against the values I strongly believe in.

I say up front that one of the greatest joys in life — for me, the greatest joy in life — is the birth of your own children. Seeing our children grow and now seeing them produce more loving children is a great thrill for my wife, Judie, and me. Our greatest joy is to see our children producing their own children, who are our grandchildren. We now have four grandchildren, with another due in October.

I have supported IVF to assist other couples who would love to have children. We have adoption laws in this state to assist couples to love and hold their own child. This bill goes against my values and against the opportunity for more children to be born. This is a life-and-death issue. It is about the killing of a foetus, a human being.

Back in 2003 the government brought in legislation titled the Health Legislation (Research Involving Human Embryos and Prohibition of Human Cloning) Bill. One of the purposes of that bill was to amend the Infertility Treatment Act 1995 to make fresh provision for the regulation of certain activities involving the use of human embryos. Even the government at that stage admitted that they were human embryos. Victoria led the way in IVF legislation back in 1995, and I say again that we should be putting all our energies into giving those people the greatest gift of life — that is, to let them have children, as happens through the use of IVF.

I have heard many times during this debate today that we should be giving women the choice as to whether or not they have an abortion, but what about the unborn child who cannot speak? What about the fathers? They also have some rights. I understand that the woman is the one who is to make the final and very difficult and complex decision regarding an abortion, and there are many complicating factors which I do not have time to go through in this debate tonight. That is why I endorse giving as much support as we can to the woman in making her decision.

I have the read the Victorian Law Reform Commission (VLRC) report which identified three options. There is option A, which really codifies our current practice but moves the law from the Crimes Act to the Health Act. There is option C, which is really abortion on request. Thankfully that option has not come into this place today, but when will we see that type of bill introduced? It might not be far down the track.

This bill, as all members know, is an adaptation of option B. It is a two-tiered approach up to and post 24 weeks. It provides that a registered medical practitioner consider the medical circumstances and the woman's present and future physical, psychological and social circumstances. I can understand that there needs to be consideration of the woman's present physical condition, and I know that the medical practitioner also needs to take into account her psychological condition, but I am deeply disturbed that a medical practitioner is making an assessment on the woman's social circumstances without advice from specialists.

It disturbs me greatly that there are nearly 20 000 abortions per year in Victoria — that is, approximately one for every three live births. These unborn children would be loved and treasured: if not by their family, then by their adoptive family. I was pleased to be able to get some figures from the parliamentary library which show that the number of adoptions in Australia has dropped sharply: from 9798 in 1971–72 to 585 in 2004–05. It is interesting that 74 per cent of these adoptions were from countries outside Australia. As you can see, there is an enormous demand for children for adoption, and I think this is something we have overlooked in this debate.

Like all members, I have been contacted by many individuals and groups. I also sent information to many organisations such as women's groups, health groups, churches and various others in relation to this bill. I was keen to get their views, but I thought it would be hypocritical if I did not declare early on that after hearing the second-reading speech and looking through the bill I had decided I could not support this bill. But I wanted to hear the views of my electorate, and I, like many members, received letters, faxes and various other comments from across my electorate, from across Victoria and probably from across the world. I congratulate all those who have given me their views, whether they support or oppose the bill. I said I would use some of their comments in this house, and I will do that now. I will not use names, because I do not believe that is appropriate, but one letter states:

> I understand that this would be a very sensitive and possibly emotional issue with people arguing from a variety of experiences, backgrounds, beliefs, morals and understanding …

> I struggle with abortion being allowed at all; however, I do understand the need to care for the wellbeing of a mother whose life would be put at risk if a pregnancy continued.
>
> …
>
> I am concerned about the future possibilities of our society if this bill is allowed to pass through. It seems to simply be a 'bill' about making the choice easier for people to have an abortion if they no longer want to have a child.

I also received a letter from a doctor who supports the legislation, and I think some of the comments he put in his email to me are very telling. He said:

> Unfortunately abortion is a very common worldwide procedure; it is estimated that 46 million voluntary terminations of pregnancy occur worldwide each year, with 27 million outside the legal system, and only 3 per cent occurring in developed countries. Where abortion is illegal and women cannot access safe procedures, unsafe illegal abortions account for more than 30 per cent of maternal deaths.
>
> Unwanted pregnancies are a universal part of human sexuality. The key to tackling abortion numbers is not by trying to reduce access to procedures; it is by sex education and the promotion of safe contraception, and the empowerment of women and young people in the use of contraception.

The doctor went on to say:

> Currently health practitioners are at risk of committing a criminal act by merit of the ambiguous laws around abortion. This is not the case with other medical procedures.

I also have another letter which I will go through in summary. It states:

> Abortion is known to do long-term psychological harm to mothers who have an abortion.
>
> There are many couples willing to adopt an unwanted child in Australia.
>
> Lax laws on abortion can encourage promiscuous sexual behaviour which is very destructive of healthy relationships between men and women.

The last letter I want to quote is from the Australian Catholic University, which is based in Brisbane, Sydney, Canberra, Ballarat and Melbourne. This organisation teaches our nurses, and its letter deals with conscientious objection to the participation in treatment that procures an abortion. The letter states:

> Essentially, economic rationalism and professional discrimination is driving the deliberate omission of the ability of nurses to conscientiously object to their participation in any intentional procedure or treatment that procures an abortion. This response is an affront and total disrespect to all nursing professionals by the Victorian state government.

This bill proposes a major change from the current practice, and one of the main concerns I have is with the conscientious objection clause. A health practitioner with a conscientious objection can only decline to take part in an abortion if they find someone else who does not have a conscientious objection and refer their patient to that person. A health practitioner who refuses to comply with this requirement can be subject to professional discipline, including loss of right to practise. Overall I have many other concerns, but I say again that there are 55 abortions occurring a day, and I do not believe this bill is addressing that. For those reasons and for many others, I will not support this bill.

Ms GREEN (Yan Yean) — I am very pleased to rise in this place and speak in support of the bill before the house. I am very pleased that the bill has been presented by the government. For too long this Parliament has abrogated its responsibility to have a proper legislative framework for this common medical practice in this state. I understand that this is an extremely difficult debate for many and for most of us in this place, but I am immensely proud to be a member of a party that allows its members to have a conscience vote on this legislation, and I respect those who will not have the same view as mine.

I was really heartened when the Premier, shortly after becoming Premier of this state, took the very wise decision to refer this matter to the Victorian Law Reform Commission and to direct it to inquire into and report on this difficult matter of law which has been in the criminal statutes, where I do not believe it belongs. I have attended briefings by the Victorian Law Reform Commission, and I want to thank it for the detailed information it has given us as members and for the three options it came up with. It is very important that the government's direction to the Victorian Law Reform Commission was that the government wanted legislative options that were as close as possible to current clinical practice. It is also very important that we legislators support the medical profession in doing the work it does, and it is anathema in the 21st century that the medical profession could be subject at some point to criminal sanctions.

The same applies to women who, whatever their circumstances — and I do not think it is right for any of us to judge what those circumstances might be — may feel the need to have an abortion. I was raised a Catholic, and I have spoken before about how this has influenced my values, my political direction and the way I think. I was educated in Catholic schools, including a single-sex girls school, which gave me a great education and, I think, very good values. My parents were both members of Right to Life. I respect their views but I do not share them, and I know that will cause my mother some pain. I think what is really

important about this debate is that we are having a conscience vote. It is really about our own consciences.

I clearly remember the day I became pro-choice, and that was at the age of 10. I am the oldest of four girls, and my then two sisters and I were sitting with my parents watching a matinee movie at a time when my mother was heavily pregnant with my youngest sister. We were watching a movie in which an unmarried woman had become pregnant and had been in labour in a hotel room for some two or three days. She was without a partner, and she was discovered by her brother, who was a priest. He had to make a moral decision — or a medical decision — about whether to save the life of his sister or the unborn child. He chose the unborn child, and his sister died.

I remember my sister Gabrielle and I looking at our parents and saying, 'Is that the right thing?', and both my parents saying, 'Yes. That is absolutely what God would want'. We looked at our mother, who was heavily pregnant, and we said, 'So, Dad, if Mum was having difficulty in delivering this baby who we haven't met yet, you would decide to save the baby's life and not Mum's. Why would God want us not to be raised with a mother, even though we're going to love the baby when the baby's born?'. It was a real ethical decision for my sister and me at that time. We just could not see why God would want us raised without a mother when we had not even met the new baby. I thought about that long and hard at that time and throughout my life, and I have supported many women and many friends who have had to make the difficult decision at different times.

We have to recognise as legislators that many women are choosing to have children at a later stage in their lives, and that sometimes means there is an increased risk of abnormalities affecting that much-wanted child. Medical advances mean that miscarriages can be stopped and so too nature's way of saying that the pregnancy was not right. This can mean that pregnancies will progress and a mother will find out that she is carrying a child with a profound disability. I would never judge a woman who made the decision to abort then. I have supported women in that situation and I would do it again. It is for that and many other reasons that I support the bill before the house.

We have been lobbied by all sides in this debate. In the time that I have been the member for Yan Yean, since 2002, about 20 people have lobbied me one way or another on this important ethical dilemma; some were for, some were against. I hope those who are against will understand the way I have come to my decision. I particularly remember that an elderly lady in Whittlesea whom I have become very close to just said, 'Danielle, this is the right decision to make. It was the right decision for my mother. It is the right decision for my daughter. It is the right decision for my granddaughter. Women should have the right to choose and we should not judge'.

This bill will not lead to more abortions. I was very heartened by what the health minister had to say in his earlier contribution; namely, that there is no evidence anywhere in the world where legislation has been introduced that decriminalisation has led to an increase in abortions. I think it is selling women short to think that legislating in a proper way to reflect current clinical practice and the common law would lead to an increase in abortions. I do not believe this will be the case.

Earlier I talked about my family and about my parents being right-to-lifers. My grandmother was also a very strong Catholic. Although she attended mass every Sunday, she still firmly believed in the right of a woman to choose and that we should not stand back and pass judgement on this important matter. Ethically for me it is very important to support this bill. I am very pleased that the government has taken such an informed process in using the law reform commission and coming up with three models, and I think that model B will be the most supported model by the majority of the community and certainly those who have lobbied me.

I will flag now that I understand there are a number of amendments before the house. I think it is important that this bill be supported in its current form. I think particularly those members who might be concerned about the 24-week matter should inform themselves of the difficulties that women might face in having testing for particular abnormalities and that the results of a lot of these tests are not available until well past 20 weeks. I think that is something that needs to be sincerely taken into account by those who might be thinking about changing that process.

I very much want to thank the law reform commission for its work on this. I want to thank my constituent Jo Wainer for her work over many years in supporting women in this difficult area and flying the flag and also for giving me some very sound advice in how I could prepare the members of my family who may not feel as comfortable about my decision. I want to thank members for the way they have conducted themselves in this debate, and I commend the bill to the house.

Amendments circulated by Ms LOBATO (Gembrook) pursuant to standing orders.

Mr BLACKWOOD (Narracan) — I rise to join the debate on this critical issue with grave concern for what the outcome of the debate could be. This bill, if successful in passing through both houses of Parliament, will sanction the destruction of human life for whatever reason up to 24 weeks. I respectfully plead with my colleagues to really think about and understand exactly what this bill will allow and whom it will affect if it is adopted.

As the eldest of 11 children, the father of six, uncle of 35 and grandfather of nine — and I know members are going to say 'typical Catholic' — and having witnessed the joy at the arrival of each and every one of these precious gifts of life, I feel very strongly about the sanctity of human life and our responsibility to protect it to the best of our ability. Having said that, I must say that my family and I have been very fortunate in not having to face the terrible situation of having to consider an abortion. I feel for all of the families and individual women who have been placed in that situation. I accept that I will never really understand what it must be like to be faced with such a decision.

While I am strongly opposed to this bill I want to put on the record that my voting against it does not in any way suggest that I am passing judgement on those who have, for whatever reason, felt it necessary in their personal circumstances to have an abortion. To pass judgement on anybody for whatever reason is unchristian. I strongly value the Christian ethics of respect, love, acceptance and forgiveness of others, but with those Christian values comes the need to respect, value and protect human life. Allowing abortion on demand up to 24 weeks completely contradicts what should be our first and most critical consideration.

Babies have been known to survive from 22 weeks with the outstanding assistance of our magnificent doctors and nurses who fight relentlessly to ensure a premature baby is given every chance to survive. Why would we now suggest that it is okay to end the life of a perfectly healthy baby at any time up to 24 weeks for whatever reason? Have we really considered the options? Have we really provided those options to an expectant mother who may feel abortion is her best option or may be trying to decide what is the best thing for herself and her baby? By allowing abortion on demand up to 24 weeks, are we actually suggesting it is okay to take this action as a form of contraception?

If we really value human life, should we not be providing education about the physical and emotional risks of abortion and the options other than abortion for teenagers before they get pregnant? Do we have in place appropriate and easily obtainable education, support and counselling services for women who feel it necessary in their circumstances to consider the option of abortion? And more importantly, do we have these supports in place and easily accessible for a woman and her family after having a termination?

We have many families today desperate to adopt a child. Have we considered solving two problems here: an unwanted or inappropriate pregnancy being financially and morally supported through to full term with a view to providing a beautiful healthy baby to a family who would be absolutely over the moon with joy at the opportunity to adopt?

This bill does nothing to address what I consider to be critically important aspects of the whole process. I believe this clearly signifies the failure of the bill to uphold the value of human life and take genuine steps to maintain the short and long-term health and wellbeing of women.

I worry about our medical professionals with the way the structure of the bill may place our medical professionals in a difficult situation. Under the guidelines of the bill, pharmacists and nurses will be expected to supply or administer drugs to women up to 24 weeks of pregnancy without the supervision of a medical practitioner. This may well result in doctors, nurses and pharmacists having to act against their own moral, religious or cultural beliefs. This poses the question: is it a breach of human rights to force another to support an act they may be strongly opposed to?

I was contacted by a great number of medical practitioners who insisted that I oppose this bill because of the risk it poses to them and their profession. I have had an overwhelming number of contacts from constituents and concerned Victorians asking for my support in having the bill defeated; in fact something like 96 per cent oppose the bill while only 4 per cent support it.

The Victorian Law Reform Commission could have suggested options to the government that would have enabled the structure of the bill to put in place actions and direction that would lead to the reduction of abortions currently taking place in Victoria. In my view the bill does nothing to address this issue; in fact it does the opposite. After taking all of that into consideration, I have arrived at my position based on my responsibility as a Christian to preserve the sanctity of human life. I take that responsibility very seriously, and I will be opposing the bill.

Business interrupted pursuant to standing orders.

Sitting continued on motion of Mr BATCHELOR (Minister for Community Development).

Mrs POWELL (Shepparton) — Firstly, this is a very important piece of legislation for Victorian women. They have been calling for the legislation for many years. The main purpose of the bill is to reform the law regarding abortion.

After much soul searching and a lot of discussion with many people that I respect, I will be supporting the bill. This is not a debate about whether we agree or disagree about abortion. If this bill is defeated, abortion will still be available to women in Victoria; but it will still be in the Crimes Act, and there will still be uncertainty about when an abortion is legal and when it is not.

One of the reasons I am supporting it is because abortion will be dealt with in the Health Act rather than the Crimes Act. In 1969 Justice Menhennitt set the legal precedent in which an abortion was lawful, and his ruling sets out the matters the prosecution must prove to satisfy to a jury that a termination of pregnancy was unlawful; but his ruling is unclear about when a termination of pregnancy is permissible and when it is not.

I believe there has been concern about abortion being in the Crimes Act even from the judiciary. In the 21 years since the Menhennitt rule was formulated not one person has been charged with performing an unlawful abortion in Victoria. The Victorian Law Reform Commission was asked to advise the government on legislative options to decriminalise abortion when performed by a medical practitioner. The commission provided detailed advice to the government in its fairly extensive final report. I believe it has taken a year for those findings to be recommended.

The commission held 36 meetings and received over 500 submissions. The commission also convened a panel of experts from relevant health professionals to advise them on current clinical practice. It was identified that there needs to be clarity and certainty in the law, and safe, quality health services, including access in a timely manner. The commission looked at three options. The option they put before the government was recommendation B, and the government has accepted that recommendation.

This legislation establishes a clear framework for performing an abortion: a registered medical practitioner may perform an abortion on a woman who is not more than 24 weeks pregnant, and the bill also sets out the circumstances in which a registered medical practitioner may perform an abortion on a woman who is more than 24 weeks pregnant.

The Victorian Law Reform Commission found that 94.6 per cent of abortions occur before 13 weeks, 4.7 per cent occur after 13 weeks but before 20 weeks, and less than 1 per cent are performed after 20 weeks. I think it is probably fair to say that most members are concerned about late-term abortions. It is probably the issue that I had the most difficulty with, and, like other members of Parliament, I queried the need for allowing late-term abortions.

I spoke to a number of health professionals, and one of the examples I was given by the women's health experts was that a number of women go to their doctor to have tests done; then they are told their baby may have a severe abnormality and a termination is advised. The woman actually wants to have that baby, so she waits a bit longer, at which time she is told that she may need to wait even longer, when the baby has developed further. So she waits for further tests and screenings as the baby develops. If there is no provision for late-term abortion post 24 weeks, it may mean that that woman will abort that baby early, and then find to her regret that it is not as severely abnormal as she was originally told.

It is important that there be that window of opportunity for women to have the screenings and to make that decision based on proper screenings and blood tests, and so forth, so that that baby has every chance of survival.

I have spoken about the legislation to a number of people who have very different expectations of me. Some of them tell me it is a woman's choice and that lawmakers should stay out of the equation. Others say it is a decision that should be made between the woman, her partner and her doctor, and that we should all respect those choices. Others want me to oppose the legislation because they oppose abortion rather than because they oppose the legislation.

I think many of them do not realise that if this bill fails, abortion is still allowed in certain circumstances, but with the same uncertainty about the legality; so this bill does not confirm or oppose abortion, it puts in place some frameworks about how abortion can be accepted. I do not believe that this legislation will increase the number of abortions. There have been some concerns about that. My belief is that women do not choose to have abortions as a form of contraception. A lot of people say young girls will have an abortion if they find out they are pregnant. There is no way a person would choose to have an abortion. It is the most traumatic

procedure that anybody would want to have, and I know there are long-term mental and physical risks, so, rightly, a woman would not choose to have an abortion just because her pregnancy was unwanted.

I believe women agonise over a decision to terminate their pregnancy, but in the end it is their decision, and they have to live with that decision. In a way it is a conscience vote very strongly for them, and what we have to do then is give them all the support they need to be able to make an informed decision. We need to ensure that when they go to the doctor, that doctor provides them with all the necessary information: if they want to keep the baby, where to go; if they want to have an abortion, the safest way to do that; and if they want to adopt that baby out, the process in place to effect that adoption. But we have to give the woman as much support as she needs.

A number of people have asked me, 'Who speaks for the baby?'. The answer, I believe, is that the mother speaks for the baby, and we need to respect that right, whether we agree or disagree with the decision they make.

A number of members have talked about gynaecologists and other medical practitioners who oppose the bill and who have huge concerns about it. I have received letters from gynaecologists and health specialists who support the legislation and give very strong reasons for supporting the legislation. I agree with the comments by the executive director of Women's Health Goulburn North East, Ms Susie Reid, who says that the Victorian Law Reform Commission report is a milestone for Victorian women who today are one step closer to the right to make decisions about their bodies, their fertility and their lives.

We need to do everything we can to reduce the number of abortions. An unwanted pregnancy is something that can end in abortion, and it would be a better outcome were we to put in place the process where women decide not to have abortions but to keep their babies. There needs to be better education for young people, both girls and boys, and access to information for women who have unwanted pregnancies. We do not need the threat of prosecution and a jail sentence. That is not the best way to make a long-term decision about a baby that you have to care for for the rest of its life and the rest of your life.

I am the mother of two wonderful sons and a grandmother of a wonderful grandson who is three years old. I say: let us put in place an environment where women want to raise their babies rather than have abortions — without the threat of going to jail, but in a supportive and loving environment where we can all support the women to make the best decisions for themselves and their babies.

Mr WELLER (Rodney) — I rise to speak on the Abortion Law Reform Bill 2008. I have some serious concerns about the legislation and will oppose the bill on a number of grounds.

From the outset I make it very clear that I strongly support a woman's right to choice about her health and reproduction, but in saying that, I also believe we must do all within our power to help support women in making sure that their choice is an informed one.

My position on this bill is guided by my own beliefs and personal experience, but is also cognisant of my role as a representative of the people of the Rodney electorate and the many representations that have been made to me. I have received many letters and phone calls from constituents about the issue of decriminalising abortion; the vast majority of those representations have been opposed to the legislation.

The aim of the bill is to decriminalise abortion in a way that reflects current community standards but which does not result in an increase in the number of abortions, nor restrict current access to services. Members who support the bill believe it simply affirms the status quo and reflects current clinical practice. They are entitled to that view, but I strongly disagree with that view.

This bill does not reflect current community standards and current clinical practice. It is too liberal; it goes too far. Under this bill, late abortions are defined as those where a pregnancy has exceeded 24 weeks gestation. Abortions before that gestation period are regulated in the same way as any other medical procedure and would be a private decision for a woman in consultation with her doctor, the only requirements being the woman's consent and that the procedure be performed or supervised by a medical practitioner.

Once a pregnancy has passed 24 weeks gestation, the abortion would be lawful if two or more doctors determine that the abortion is necessary to prevent the risk of harm to the woman if the pregnancy continued. Essentially the legislation opens the way for abortion on demand at any stage up to 24 weeks gestation. I do not believe that under current clinical practices women are able to arrange for an abortion as easily and as far into their pregnancies as that. I do not believe that is in accord with current community standards. Twenty-four weeks is too late. These days babies can be saved at 22 or 23 weeks gestation. The requirement

of 24 weeks does not reflect today's advances in care for premature newborns.

Under the bill, a registered medical practitioner may perform an abortion on any woman who is more than 24 weeks pregnant if the practitioner reasonably believes the abortion is appropriate in all the circumstances and has consulted at least one other registered medical practitioner who shares the same belief. This is not enough. I strongly believe that the second opinion must come from a medical specialist, not the general practitioner in the next consulting room at the same medical practice.

The legislation does not propose any mandatory requirement during any stage of the pregnancy for a woman to undergo counselling or to have a cooling-off period. I believe that any woman considering an abortion at any stage of the pregnancy should be required to see a doctor, obtain a second opinion from a medical specialist, undergo mandatory counselling and have a cooling-off period.

The current reforms are too liberal and, I fear, will result in an expansion of the extent to which terminations occur in this state. The reforms do not provide women with the support and guidance warranted in making such a serious decision about the future of the unborn child.

In legislating on such a controversial, ethical, moral and philosophically charged matter, we would be far better served by investing money and resources into education to ensure that women do not reach the point where they are faced with making this difficult decision in the first place. We should be taking a more proactive approach to educating the community on these matters rather than legislating in such a way that opens the way for abortion on demand. That fails to provide women with the level of support they deserve and fails to address the underlying issues which lie at the very heart of the abortion debate. I will be opposing the bill.

Mr ROBINSON (Minister for Gaming) — This is a very difficult and divisive debate for all of us. It is a debate in which a fair percentage of Victorians hold hard and fast rules, which ensure the decision we make individually and whatever decision the Parliament makes collectively will categorise us instantly in the views or opinions of those Victorians.

I want to commence by acknowledging the very difficult role that the ministers for women and health have played. It is a difficult position that they have been put in, but they are doing it with grace and fortitude. They are copping more than their share of unfair criticism along the way.

In determining my view I have attempted, as other members have, to look beyond the question as to whether abortion is right or wrong. I appreciate that strong views exist and have existed for a long time, but I want to commence by acknowledging, as other members have, that abortion services have been provided in Victoria in the past and will be provided in the future regardless of the fate of the bill. The debate here is whether this bill is an acceptable means of contemporising Victorian law and establishing it with greater clarity and certainty for the first time in respect of abortion services.

The context is that for almost 40 years, since a ruling by Justice Menhennitt, Victoria has permitted the development of abortion services within its mainstream health system. These services have been based on a ruling that was convoluted and imprecise, a ruling that I am sure even Justice Menhennitt would not have believed could possibly have served as the legal basis for the provision of abortion services for so long. I say this because Justice Menhennitt's ruling was hardly a robust legal edict. It was convoluted; it set out to define circumstances in which a therapeutic abortion was lawful. The actual judgement, according to the report, states:

> For the use of an instrument with intent to procure a miscarriage to be lawful the accused must have honestly believed on reasonable grounds that the act done by him was (a) necessary to preserve the woman from a serious danger to her life or her physical or mental health (not being merely the normal dangers of pregnancy and childbirth) which the continuation of the pregnancy would entail; and (b) in the circumstances not out of proportion to the danger to be averted.

That judgement has never been tested in the Supreme Court in this state, yet the provision of services has grown.

Approximately 19 000 abortions are performed per year, the vast majority of which are undertaken prior to 13 weeks and some 99.3 per cent of which are undertaken before 20 weeks. All of this is based on the legal obscurity of Justice Menhennitt's 1969 judgement. How could this be so? I can only conclude that over almost 40 years, through some intervening 12 Victorian parliaments, through governments of both persuasions, through the comings and goings of thousands of health professionals in the public and private sector, through countless judges, lawyers, police officers, commentators and the lives and experiences of millions of Victorians it has remained the basis of services that are provided today because there has been

no overwhelming appetite to revisit the issue. That stands as an unarguable fact. That is because, despite the emergence of abortion practices which utilise criteria unquestionably broader than the literal interpretation of Justice Menhennitt's 1969 ruling, in my opinion Victorians overwhelmingly support the right of citizens of this state — namely, women — to access abortion services. Victorians may not necessarily agree with the conditions under which the services are provided in every instance, but I am strongly of the view that they overwhelmingly support the rights of women to access them in appropriate circumstances.

All of this gives rise to a threshold question in this debate — that is, should the state contemporise the criteria under which abortion services are provided in Victoria? I believe the answer is yes, not because in respect of every one of the 19 000 or so abortions that are performed in Victoria each year every Victorian would agree that the decision was the right decision in the circumstances but rather because a rejection of this threshold question gives us a very stark choice.

One option is that we continue to allow an imperfect legal judgement to serve as the underpinning of the provision of abortion services, which contributes to inconsistencies and uncertainties and pretends somehow that these services are provided in direct accordance with the ruling. Another option is that we run the risk that in the absence of certainty we will see at some stage in the future a reversion to a tighter and more literal interpretation of Menhennitt in which the test of serious danger to life and health of the mother would be the key and enduring criteria. Neither of these are acceptable outcomes.

I am particularly concerned that a literal application of Menhennitt would create a situation in which a woman who did not wish for whatever reason to carry a child to full term would be forced to do so. That would be the effect of a literal application of the Menhennitt ruling in some instances, and the member for Caulfield earlier in the debate made that point quite well. I cannot help but think and conclude that this would be an untenable situation. It would ultimately lead to a return of some of the appalling practices of the 1960s and earlier. Insofar as the bill attempts to contemporise the law relating to abortion, it deserves consideration and support.

In respect of the threshold question, I am prepared to offer the bill my support, albeit qualified support to some extent, because the second question that occurs to me is whether the procedures and controls proposed by the bill represent an adequate governance of the practices in Victoria. Like other members, I am keen to ensure as part of a restated law on abortion that some of the inconsistencies are reduced and that a framework is formed that is capable of serving the state's citizens for years to come. I am of the view that the bill could be improved by some of the amendments that have been introduced.

My keen concern, and I believe this reflects the view of many residents in the Mitcham electorate, relates to late-term abortions. Clause 5 of the bill proposes an increased procedural obligation via additional consultation with practitioners for pregnancies beyond 24 weeks, but it is not absolutely clear to me why 24 weeks was chosen. The report demonstrates variation in the practices of abortion services at all stages of the pregnancy. For example, the Choices Clinic at the Royal Women's Hospital provides abortions for women with pregnancies up to 18 weeks; Monash has processes for abortions that differ, for women with pregnancies up to 14 weeks, between 14 to 24 weeks and beyond 24 weeks; the Austin provides early-term abortions for women with pregnancies up to 20 weeks; private clinics all provide abortions for women with pregnancies up to 14 weeks, some for women with pregnancies up to 18 weeks and one provides for later gestations; and in late-term situations panels apply for women with pregnancies up to 23 weeks at the Royal Women's Hospital and for women with pregnancies up to 24 weeks at Monash Medical Centre.

Despite these variations, which in part stem from the legal uncertainty of the Menhennitt ruling, the bill proposes we draw a line at 24 weeks. I believe, however, it would be more appropriate at 20 weeks. My reasoning is simple: the Victorian Law Reform Commission report acknowledges that over 99 per cent of abortions are performed before 20 weeks, the diagnostic tests are almost always applied before then and there is a continuing practice under the Births, Deaths and Marriages Act where birth certificates are issued for stillborn children after 20 weeks. That brings with it the added dimension of burial requirements, and I think that is a very heavy obligation that would fall upon people who are considering an abortion at that point.

My point is simple: if the state believes that it is appropriate that birth certificates be issued in cases of stillbirths from 20 weeks gestation, I do not think it is unreasonable to accept that at 20 weeks, additional consultation should be required. I do not believe this represents an undue pressure on the approximately 200 Victorian women who find themselves in that position each year any more than the current hotchpotch of practices across hospitals, which creates burdens where referrals to other hospitals would be necessary.

In respect of the other amendments circulated, I am prepared to consider them on their merits. I have some concerns about the position of medical practitioners with provisions in the act and the procedures laid down for them if they have an objection, but I will be prepared to weigh those amendments on their merits as this debate continues.

This is a very divisive and difficult debate for all of us. However, I have confidence that between us we can formulate a law which will serve the people of Victoria well into the future — far better than the imperfect Menhennitt ruling has done over the last 40 years.

Ms DUNCAN (Macedon) — I rise this evening to support the Abortion Law Reform Bill, and I do so for a number of reasons, but I would like to highlight two in particular. Firstly, the bill reflects community sentiment on this issue; secondly, it reflects the current clinical practice.

Having said that, I am acutely aware that there are many diverse views in my electorate and across the state as a whole on this issue. I also know that these views are often strongly held and are often irreconcilable.

I support this bill because it gives women the right to choose. I do not support this bill because I am pro-abortion. I do not know anyone who is, and it upsets me greatly to hear people talk about those who are pro-life and those who are pro-abortion. I do not know anyone who is pro-abortion. The decision to terminate a pregnancy is a very difficult one for any woman at any stage, but this bill is not about what I would do or what any one of us individually would do. This debate is about whether or not I would tell another woman that she cannot make that choice. It is not my decision to say yea or nay; it is her decision and her choice, and this legislation gives her that choice.

I believe, as stated in the terms of reference given to the Victorian Law Reform Commission, that this legislation will neither expand the extent to which terminations occur nor restrict current access to services. This legislation removes the anomaly between the Crimes Act and the law. This legislation decriminalises abortion and distinguishes between early and late-stage abortions. This two-stage model reflects current clinical practice in Victoria and is consistent with the gestational threshold in British abortion law. This legislation will make amendments to the Crimes Act, which will mean that, should a medical practitioner perform an unlawful abortion, they will be subject to professional rather than criminal sanctions. With or without this legislation, abortions will continue to occur in this state. This legislation will remove the legal ambiguity that women and medical practitioners have operated under for many years.

I would also like to congratulate the Victorian Law Reform Commission for its comprehensive report, for its level of consultation and for the professionalism it has brought to this issue.

I also take this opportunity to thank the women who came to see me about this legislation. Many told their personal stories and expressed their heartfelt beliefs that led them to either support or oppose this legislation. Regardless of their positions on this bill, they all spoke with honesty and respect for all involved. It is a privilege to be in this position as a member of Parliament, and I feel very privileged and honoured that they should share so much of their lives with me. Their approach stands in stark contrast to some others who would seek to demonise those who do not share their views. I am proud that we live in such a vibrant democracy, and I am proud to support this bill. I commend the bill to the house.

Dr NAPTHINE (South-West Coast) — I rise to speak on the Abortion Law Reform Bill, the purposes of which are:

(a) to reform the law relating to abortion; and

(b) to regulate health practitioners performing abortions; and

(c) to amend the Crimes Act 1958 —

(i) to repeal the provisions relating to abortion; and

(ii) to abolish the common law offences relating to abortion; and

(iii) to make it an offence for an unqualified person to perform an abortion; and

(iv) to amend the definition of ***serious injury*** to include the destruction of a foetus other than in the course of a medical procedure.

This is a very controversial piece of legislation in that it requires all Victorians, particularly members of Parliament who ultimately have to vote on it, not only to examine their consciences and listen to the considered opinion of experts but also to listen to the voice of experience of their constituents and ordinary Victorians who also have a view on this very important issue.

I congratulate the speakers who have gone before me, and I also wish to recognise the speakers who will follow me. This very considered debate is being conducted in the best interests of getting the best

outcome for Victoria and in the best traditions of the Westminster system. I believe it is being conducted by members putting their views firmly and strongly, but without rancour or division.

I will explain what I have done in dealing with this controversial legislation and outline the views or concerns that I have about the legislation in its present form. I have read in detail the report of the Victorian Law Reform Commission, which provides the basis for this legislation and an analysis of the situation with regard to abortion law in Victoria and across other jurisdictions.

I made it clear to people in my electorate that I was very concerned to hear their views and opinions. I received considerable correspondence, phone calls and emails. I attended local meetings and held discussions with people who hold various views. I listened to and learnt from my electorate, and I thank all the constituents who took the time and made the effort to have their views made known. All those people have views on aspects of the bill, some being vehemently opposed to it while others are very much in favour of it; and others still who believe it does not go far enough and who support what is described as model C in the Victorian Law Reform Commission report.

I also have analysed the bill, and I will go through some of that analysis shortly. I wish to place on record that while I cannot put myself in the position of women who are dealing with an unplanned or unwanted pregnancy, I do have, as much as I can from the position of being a man, a degree of empathy, sympathy and support for women who are in that position, whatever their circumstances, and women who are making very difficult decisions that affect them and the unborn children that they are carrying.

I also come from the position of being a person who was raised in a large Catholic family. I went to a Catholic school and have my own moral and ethical concerns, although I would hardly describe myself as a practising Catholic today, which will be something of a disappointment to my aunties who are nuns in various religious orders. Nevertheless, I do have a degree of background in care, compassion and humanity.

I have some concerns about the legislation before the house. Irrespective of whether one is pro-choice or opposed to abortion, I think the legislation has some flaws which I hope some amendments may improve. I am concerned that there is a lack of provision for compulsory counselling. It is essential for a woman making such a decision — and for her partner and her family — that such a decision is the best decision possible, is based on the best information and is made in the best circumstances. I know that is always difficult in these stressed and strained situations, but I think an informed decision always provides the best outcome in the short term, the medium term and, in particular, the long term. Some form of compulsory counselling is essential for that informed decision.

I was involved in the drafting of the in-vitro fertilisation (IVF) legislation that formed the basis of the legislation that has now stood Victoria in good stead for a decade or more. Compulsory counselling in respect of IVF was an important part of that legislation, and I believe it has stood the test of time. It is important in helping women and their partners make the right decision, or the best decision in the circumstances, and particularly in helping them live with that decision in the medium and long term. Therefore I urge the house to look at amendments that provide for compulsory counselling.

I am concerned about clause 8, which deals with conscientious objection. It is repugnant that a doctor who has a conscientious objection to abortion — and many doctors and health practitioners do — will be forced by this legislation to refer a woman to a practitioner who they know will perform an abortion. I think that is wrong. Many health professionals and health organisations have spoken against that clause. It is appropriate that the legislation be amended so that if a health practitioner has a conscientious objection to abortion, they should inform the woman and her partner of this and suggest that they seek further medical advice. To go a step further than that, as provided in clause 8(1)(b), and impose a legal obligation on that health practitioner to refer a patient to someone they know will perform an abortion is repugnant and wrong, and it should not be in the legislation.

Given the time I will not go into detail on clauses 8(3) and 8(4), but I fail to understand them. They refer to a person with a conscientious objection having to perform an abortion in an emergency. I asked at the briefings for an explanation of the circumstances where that would occur, but those giving the briefing could not explain them. The officers and Dr Brook tried to explain and outline some such circumstances, but they could not do so.

Regarding clauses 4 and 5, I have particular concerns with the 24-week period. If we are to change the abortion law, then I concur with the member for Mitcham — the Minister for Gaming — with respect to a limit of 18 or 20 weeks rather than 24 weeks. A 24-week limit is inappropriate. I have read the Victorian Law Reform Commission report and studied the other reports. An 18 or 20-week limit would be

more acceptable to me and, I believe, the community. I find it inconsistent that stillbirths after 20 weeks must be reported to the Victorian Registry of Births, Deaths and Marriages, yet the bill allows abortions up to 24 weeks with just the opinion of a medical practitioner.

Clause 5 contains provisions regarding late-term abortions. If there are exceptional circumstances where a late-term abortion is requested or required, we certainly need a more robust system of approval than simply the requirement for a second medical opinion. Whether it be ethical teams, obstetrician-gynaecologists or counsellors, a more robust system is essential.

In summation, I have looked at the legislation as presented to the house, listened to my community and listened to the technical experts on this issue, and I find that I am not in a position to support the bill as it stands at the moment. I will be interested to listen to the debate on the various amendments to the legislation and hear how they are considered by the house, but if the bill is put to the house unamended, I will vote against it because I simply cannot support many of its provisions.

Ms LOBATO (Gembrook) — Firstly, I would like to say that earlier this evening I rang my home to check on my children. My mum, who is looking after them, said, 'I have just seen you on tonight's news, Tammy, and they are calling you an anti-abortionist'. I said, 'Oh, really? That reporter did not actually ask me my position'. I found that quite amazing. It is very simplistic to categorise people as anti-abortion or pro-abortion without considering anything in between as to why people believe as they do. Tonight I wish to place on the record how I respond to the bill before the house.

Abortion is an issue that touches each of us. It provokes not only heated community debate but also a wide range of opinions that are totally incompatible. In the end what I, like every other member of Parliament who must consider this legislation, have had to grapple with is my own conscience. I have to reconcile my vote on the Abortion Law Reform Bill 2008 with my own beliefs on the right course of action. I will not be supporting the legislation as it stands now, not because I am an anti-abortionist but because of the bill itself. This is despite the fact that I strongly support the concept of decriminalisation of abortion. There you go: I support decriminalisation, but I will not support the bill. Given the fact that this bill has a high chance of being passed by the Parliament my responsibility extends not only to explaining my own vote but also to pointing out the deficiencies of the bill as I see them in order that any bill that is passed is better for my intervention.

My opposition to this bill does not have a foundation in religion, but it does have a foundation in morality — a humanist morality that is not drawn from any specific code or belief system. However, my decision to vote against this bill is not due to lofty, unnameable ideals; it is grounded in the facts and practicalities of abortion as it is practised in this state. First I will discuss the established evidence about abortions in Victoria and then I will use that as a starting point to debate the implications of the causes of the bill.

Current figures on abortion show that in Victoria 94.6 per cent of abortions occur before 13 weeks, 4.7 per cent after 13 weeks but before 20 weeks and less than 1 per cent after 20 weeks. This raises the question: why is the 24-week limit proposed for abortions on demand in this legislation? The 24-week cut-off applies to a minuscule number of cases and is not the accepted point at which an abortion is considered late term. At 20 weeks gestation the baby bonus can be claimed. It is now accessible to parents of stillborn children on compassionate grounds. At 20 weeks any baby that is aborted must be given a legally recognised burial. Establishing 24 weeks as a cut-off is allowing an abortion to occur at a time when a foetus is capable of surviving as a baby. On the front page of the Waverley *Leader* of 19 August 2008 appeared the picture of baby Holly. Holly was born prematurely at the Monash Medical Centre in Clayton in April this year after 24 weeks gestation. She is now at home with her parents.

This legislation would have greater merit if the standard for abortion on demand were more in line not only with current practice but with international standards, which are generally set at 16 to 18 weeks in terms of the classification of late-term abortion. No-one argues that the decisions facing women who wish to proceed with an abortion are difficult and complex. The difficulty and complexity increase with gestation. It is common in a range of medical situations to seek additional advice from a range of medical practitioners in these cases. Most complicated procedures involve a range of experts to assist. In place now in our public hospitals for late-term abortions are panels comprising health professionals — termination review panels. These have been used effectively as part of good clinical practice, yet in the proposed legislation there is no mention of panels and no requirement for such panels to be used in even the most complex of cases. The new legislation does not include in its scope the recognition that these difficult decisions may need to be made with support and professional advice.

The fact that it is not until 24 weeks gestation that a woman needs to have any demonstrable reason for an abortion means that women, who are now key players in complex decision-making processes in conjunction with doctors and others, will under this legislation have to make that decision, which we must assume still has the same level of complexity, without the guidance of a panel or counsellors.

It has been claimed that this legislation is derived from the Menhennitt ruling, under which women could gain access to lawful abortion. I disagree with this assertion. The Menhennitt ruling stated that an abortion was lawful when it was necessary to preserve the woman from a serious danger to her life or her physical and mental health, not being merely the normal dangers of pregnancy and childbirth. The proposed legislation does not reflect this ruling at all. The new proposal is that before 24 weeks there are no limits to the lawfulness of an abortion. It is only after 24 weeks that the registered medical practitioner must have regard to all relevant medical circumstances and the woman's current and future physical, psychological and social circumstances.

The new law then would allow the normal effects of pregnancy and childbirth to be considered as grounds for an abortion after 24 weeks on physical, psychological and social grounds. It also allows the decision to abort to be made not with regard to the current circumstances of the woman but to future unspecified circumstances that may in fact never eventuate. So abortion after 24 weeks can be made by supposition as to what may happen at some stage in the future without establishing fact.

Another concern relates to the obligations placed on those with conscientious objections to abortion. The proposed legislation states that registered health practitioners who have a conscientious objection to abortion must inform a woman of that but then refer her to another practitioner who does not have a conscientious objection. What this means in practice is that a conscientious objection is invalidated because the practitioner is obliged under the law to assist a woman to obtain an abortion if she wants one. This is not allowing her or him to behave in a manner that is consistent with their conscientious objection.

It is argued that this promotes a woman's right to make decisions about her own health care, yet it does a disservice to only advocate for a woman's powers of decision making when her decision comes up against the conscientious objection of a doctor. The right for women to make choices about health care is defined in relation to abortion in this legislation in a way that can never be accessed by women in any other avenue of health care. In most areas of health we now value informed decision making through the utilisation of supports. This legislation runs counter to that trend as it advocates for decision making in the absence of the supports that we are realising are so crucial to our health care system. The supports are not tools to deny independent decision making. Rather, supports are a recognition of the complexity of decision making. Giving power to a woman in the decision-making process is far more complex than merely advocating that a doctor must do as she asks.

In the *Age* of 22 August pro-choice advocate Leslie Cannold wrote that women are most likely to consult the biological father when faced with a problem pregnancy. She said that women ask these questions: does he want a child now or ever? What role will he play in raising it? What support might he provide if she decides to go it alone? What Ms Cannold is actually saying is that a woman is not free to make a decision through following her own beliefs and wishes at all but that that decision is dependent as much on the presence or absence of a supportive partner and his availability to assist with any child that is born. Decisions made about abortion are not necessarily the signifying of women's independence but rather may be an indication of their reliance on men, and their responses, to determine the outcome of a pregnancy.

Now that there is no reference to the mental and physical health of a woman when procuring an abortion in the first 24 weeks of pregnancy, how will women respond when faced with an unsupportive partner who lays down an ultimatum such as, 'Choose between me and the baby'? To espouse feminism is not just to simplistically state that a woman may do with her body as she pleases. It means that a woman's powers of decision making do not rest on the reactions or views of her male partner and that her body and abortion are not used as last resorts to continue in a relationship.

I wish to speak about clauses 6 and 7, to which I will be moving amendments. They relate to drug-induced abortions. My belief is that all women should be entitled to the same level of health care, regardless of whether the abortion is a chemical or surgical one. The distinction between types of abortion sells short the women who opt for the use of drugs to induce abortion. All abortions should be supervised by medical practitioners, and there should not be scope in the law which would allow for a fully formed foetus, whose death needs to be legally recorded, to be delivered dead in a suburban house.

I firmly believe that if the amendments proposed succeed, we will finally have the thorough and well considered legislation Victorians deserve.

Amendments circulated by Mr CLARK (Box Hill) pursuant to standing orders.

Mr PALLAS (Minister for Roads and Ports) — I rise to support the Abortion Law Reform Bill 2008. Abortion is a contentious topic within this house, and there are many emotional arguments on both sides. Historically courts and the legislature have struggled with law over the person or the law of the body — prostitution, stem cell research and euthanasia. As a community I believe we need courage and wisdom to have these debates civilly and with compassion. There will never be complete consensus on the issue of abortion, but I hope that as a Parliament we will make the tough decisions that provide the best legislative framework to assist those women who face the tough decisions relating to termination.

This bill has been a long time coming. No-one has been charged with performing an unlawful abortion for 21 years, yet we are only now updating 50-year-old legislation. I want to commend the Minister for Health and the Minister for Women's Affairs for taking this historical step and bringing the Victorian Law Reform Commission's recommendations to fruition. I will be voting for this bill because it takes the important step of removing abortion from the Crimes Act and reflects current clinical practice. I make this decision not lightly but with an understanding of the gravity of the decision for women in our community. It is a fact that the decisions we make define us, and the decisions we make by omission also define us. I cannot in conscience accept a system where the law determines that which I believe to be inextricably bound with the circumstances of the individual. Very few events affect a woman's life as intimately or as personally as bearing a child. I believe this is one area where the legislature should maximise the choice of the individual and minimise its interference in that choice. I do not rise here to debate the moment that life begins, but I wish to repeat what I have said previously in this Parliament: life without hope is mere existence.

I believe we need to offer women in Victoria the ability to make real choices about their own bodies, to safeguard lives and the quality of those lives. It is not the right of the legislature to impose its views on women when facing one of life's hardest decisions or to intervene but rather to provide options and support for women in this situation.

We have an obligation to ensure the health and the safety of all Victorians and to provide the best possible legislative framework within which our society should function. We have a responsibility to ensure our legislation is updated to reflect current community feeling and practice. As a government we have not and will not shy away from the tough decisions, and bringing this matter before the house has been a significant process. The Victorian Law Reform Commission provided us with three options to reform the legislation, which provoked intense public debate about which model is most appropriate. I support this model because it provides Victoria with a framework through which abortions, like any other medical procedure, can be monitored and administered in the safest possible way.

In relation to the form of this bill and the relevant model, I support the law reform commission's option B as it performs the key function of removing abortion from the Crimes Act 1958. It also enables women to make informed choices about their pregnancy with the aid of their general practitioner in private and without pressure. It does not allow a foetus to be removed right up to the moment of birth but rather recognises that there are thresholds for decisions and that situations may not enable decisions to be reached within the time frame of 24 weeks. Instead it provides the option of termination post 24 weeks with the consent of at least two different qualified medical practitioners.

The choice of 24 weeks as the threshold is the common limit in current clinical practice in Victoria. Only 1 per cent of abortions occur after 24 weeks, but it is important to provide this option and the regulatory framework to ensure that in those 1 per cent of cases people will be provided with the best support that these incredibly difficult decisions require.

Another important aspect of this bill is its recognition that some medical practitioners are opposed to terminations on religious grounds. Instead of forcing medical practitioners into situations that they are uncomfortable with, or putting the patient in a situation where they are denied a procedure, the bill puts the onus on the medical practitioner to refer the patient on to another doctor who does not share the same opposition. This element is important in ensuring the rights of all parties in this process. I commend the bill to the house.

Mr K. SMITH (Bass) — This is a very important bill, but it fascinates me that, as important as it is, the bill itself consists of only six pages. There are another three pages that repeal the Crimes Act but only six

pages deal with abortion reform. I find that quite fascinating.

I rise tonight as one of many members who will speak on this important issue. It is an issue of conscience; it is one of personal belief; and I think it is one of reflecting our constituents' beliefs. It is not an easy issue, but it is one that we, as members of Parliament, have to make before our peers and before our constituents.

Members have been inundated with opinions for and against this issue. Do we support or do we not support it? Currently about 20 000 abortions are being carried out in Victoria each year. Further, 1 per cent of abortions are being carried out after a period of 20 weeks gestation, and we are bringing in legislation basically to extend that to 24 weeks. This is a bit of a sticking point with most people. I think there would have probably been greater support for what has happened if the government had accepted the Victorian Law Reform Commission's option A.

I will go back over a little bit of the history, because I can remember the days of the backyard abortionists. They were days when women had to make a decision whether to have an abortion and then find an abortionist who would not kill them but would ruin their bodies so that they could never have a child again. It was always a risk that women faced with these backyard abortionists.

Some of our respected qualified doctors decided that this was an opportunity to make a quid — and it was a quid in those days. With the protection of some corrupt police they thrived until one of them, Dr Ken Davidson, was charged under the Crimes Act 1958 by police led by the chief of homicide, Frank Holland.

What followed in 1969 was in a way quite unexpected. A virtually unknown but respected judge, Clifford Menhennitt, gave a ruling that opined that:

> … for therapeutic abortion to be lawful I think that the accused must have honestly believed on reasonable grounds that the act done by him was necessary to preserve the woman from some serious danger. As to this element of danger, it appears to me in principle that it should not be confined to danger of life but should apply equally to danger to physical or mental health provided it is a serious danger not being merely the normal dangers of pregnancy and childbirth.

Since that time women have been having abortions. Up to 20 000 a year are being carried out under that piece of legislation in line with the ruling by Justice Menhennitt. In turn it gave a direction to qualified doctors on lawful abortions and, in doing so, got rid of a lot of the backyarders who were out there.

Dr Davidson was cleared of the five charges he faced. Strangely, this led to my involvement in the construction of the Fertility Control Clinic in East Melbourne. I was a plumber in those days, and it was my job to do the plumbing works on that establishment. The work was done for a number of doctors, including Dr Bertram Wainer, who visited the premises when we were there. He was there to provide a service to women in clean and clinical conditions after counselling with his trained staff, who cared about their patients.

I was involved with the plumbing side of the work, and I became aware at the completion of the job that someone high in the former Melbourne and Metropolitan Board of Works wanted to have some drainage works tested that we had not touched; we had had nothing to do with them. We had not dug them up because we had not had any need to. This was a sort of extension of the intimidation that the builders and the doctors had faced from some of the religious zealots who had worked against them from the start of the job, not unlike the protesters who intimidated the workers and the women going into the clinic. It was a disgrace that that happened, and of course we know about the protester who thought it necessary to shoot a security guard who was there trying to protect the women.

For 36 years this clinic has operated for the women of Victoria, as have the Royal Women's Hospital, the Monash Medical Centre and other medical facilities. About 20 000 abortions per year are now being carried out under the Crimes Act, and less than 1 per cent of those are carried out on women who are over 20 weeks gestation. This seems to be the sticking point in this whole piece of legislation, but of course there is a genuine need. Now the government wants us to support the decriminalisation of abortion in this state. It wants to allow abortion on women up to the 24th week of their pregnancy.

Last Sunday, as a lot of other members may have done, I celebrated Father's Day with my wife and my three sons and their wives and our five grandchildren. I have had the great pleasure of seeing pictures of some of my grandchildren while they were still in their mother's womb, and I must say that it was an absolute delight to see them and to be involved with them from when they were tiny newborn babies, when I was at the hospital with my sons celebrating the birth of their children.

I spoke to members of my family during the day as a group and asked for their advice on whether I should be supporting this bill or not. They are all mothers, they all care, they all have an understanding of the issues and they all have young children. Each of them raised concerns with me about the 24-weeks cut-off point. I

did not give them a briefing; they had obviously been reading the papers and had an understanding of the issue. They raised concerns about the lack of provision for counselling in the legislation. They all said no, I should not support the bill. Other members and I have received hundreds of emails and letters, and I must say that I have been a little bit concerned about some of the photographs of abortions that have been sent out. The electorate officers who open my mail were confronted with some of these images, and it had a real effect on them.

In short, I support the right of a woman to decide on her pregnancy and her right to make a decision to have an abortion. I believe that the current legislation under the Crimes Act is satisfactory to serve the women of Victoria and to give them some sanctions if the legislation is abused — and that is something about which we have to be careful. There have to be some sanctions so that this legislation cannot be abused. I do not believe it will not lead to more abortions; I think it will lead to more abortions being carried out. I looked at some of the other information that was provided, and I could have supported option A, which would move abortion from the Crimes Act and bring it under the Health Act.

When I said earlier I was going to vote against this bill one of the members on the other side of the house said, 'You are a bit of a complex character. You support euthanasia but you cannot support abortion on demand'. Yes, I may be a complex sort of a character, but I have my beliefs. I believe in euthanasia, but I also believe in not supporting this part of the legislation. I believe in a woman's right to have an abortion and to make that decision. In conclusion, I will not be supporting the bill before the house, but I will be listening to the arguments that will be put forward in regard to the amendments.

Mr CARLI (Brunswick) — I rise to support the Abortion Law Reform Bill. It is an important piece of legislation which will decriminalise abortion in Victoria. The proposed law will remove abortion from the Crimes Act and will reflect, I believe, current medical practice. I say from the outset that I support a woman's right to choose. She should be able to make the choice that is best for her without fear of prosecution or fear of being considered a pariah.

Essentially we do have legal abortions in Victoria. That is a situation that has been around since 1969 as a result of a common-law judgement, but I believe the situation is currently complex and contradictory. It is really important that we create a situation where women have, and will always have, access to safe abortions and that we finally get rid of the fear and the danger of backyard abortions which the previous speaker highlighted as being really common prior to the Menhennitt decision in 1969. We certainly want to get rid of that risk, but we also want to ensure that women do not fear prosecution as a result of an abortion and that medical practitioners do not face prosecution as a result of performing an abortion.

The bill will regulate abortions in the same way as any other medical procedure. The woman's consent will be required, and an abortion will be available up to 24 weeks gestation. Late-term abortion will be lawful if at least two doctors determine that it is necessary for medical or psychosocial circumstances. This is consistent with medical practice. I have been to various briefings and heard about the current practices that are being undertaken in Victoria. We are dealing with the situation as it exists. I do not see that this legislation will be responsible for creating more abortions. I recognise that it is always difficult to discuss late-term abortions — anything that exceeds 24 weeks — but by adopting current practice we are meeting the recommendations of the Victorian Law Reform Commission, which was given the task of examining current practices and providing options to the government for removing abortion from the Crimes Act.

Of the three models that were presented, I think the one we have carried forward, which is essentially option B, meets the objectives of government and ensures that we meet current practices and rid ourselves of abortion in the Crimes Act. The situation in Victoria is made legal by the decision in 1969 of Supreme Court judge, Mr Justice Menhennitt. He set out the circumstances under our common law in which an abortion would be legal, but the current laws governing abortions are inadequate, contradictory, inconsistent and unenforceable.

I think it is really bad public policy to continue to be in the situation where our statutes are so far out of kilter with our common law and we have these laws which demonstrate no coherent public policy framework. The current laws are not clear on the rights of pregnant women, they are not clear on the rights of the medical profession and they are not clear on the rights of the foetus or the father. I think with this piece of legislation we clarify those issues of rights and obligations. We have a clear public policy framework, which is essentially around the rights of women to a legal and safe abortion.

Clearly the abortion issue raises very major ethical and moral questions, and they are certainly being debated in

this house. They are issues that are very strongly felt by all members. They come from people's differences in terms of their moral compasses, if you like. Regardless of that, I do not believe abortion belongs in the criminal justice system. It is an issue of individual conscience and an issue which all people need to make up their minds about, and certainly pregnant women need to make up their minds about, in deciding whether they should or should not terminate a pregnancy. It should not, however, involve criminal sanctions against a pregnant woman or medical practitioner. That is the basis of this important piece of legislation. It ensures, in the case of an abortion done under the care of a medical practitioner, that neither the pregnant woman nor the medical practitioner will be subject to any criminal sanction — in fact that such an abortion will be clearly legal.

The law on abortion, I believe, needs to be clear, and it needs to be easily understood. At the moment it is neither clear nor easily understood. I think the proposed legislation reflects current clinical practice and, probably more importantly, reflects community standards, which favour decriminalisation. Like most members here I have had an enormous number of discussions with people in my electorate, both pro-life and pro-choice, religious and political groups. They have come to me with very different ideas about what should happen. I think, however, it is very important that we recognise that we have a situation in Victoria which in essence allows for abortions, and we should ensure that the statutes reflect that and take the criminal sanctions out of the Crimes Act and ensure that we totally decriminalise abortion so that the statutes meet current practices and community expectations. I think this has been an important debate for this house, and I believe this piece of legislation should be supported. I certainly will support it, and I will not be supporting amendments.

Mr WAKELING (Ferntree Gully) — It gives me pleasure to rise to contribute to this historic debate on the Abortion Law Reform Bill of 2008. As has been mentioned by members speaking before me, this is going to be a vote that will be determined by members' consciences, which is a rare opportunity for us as members of Parliament to express our personal views in this house and to cast our votes accordingly. As other members have done, I have certainly looked at my conscience and my personal values in regard to this important bill.

After giving it much thought and after much consultation with my community, I have decided I will not be supporting the bill. I have consulted widely with many within my electorate — residents, church groups and other organisations — and I must say I have been overwhelmed by the number of emails, letters and general discussions I have had with residents on this important issue. Regardless of people's views, it is certainly a highly emotive issue. I would like to thank those from my electorate, both supporters and opponents of this bill, who have enabled me to meet with them to discuss their views.

I gave a clear commitment to people in my electorate that I would consult with all interested parties to give them the opportunity to express their views to me. I will state from the outset that I do not wish to pass judgement on women in our community who choose to go through this process. I know abortion is a very personal issue for them and for their immediate family, and I certainly do not believe anyone in this house should in any way cast any aspersions on women who choose to go through it. I am sure many women who have an abortion do not wish to be in that situation.

The starting principle that I have in regard to abortion reform in this state is that I believe the Menhennitt ruling has served the state well. My personal view is that that provision should be retained and that the bill that has been presented to this house clearly moves beyond the current Menhennitt ruling. As members would be aware, sections 65 and 66 of the Crimes Act currently provide for abortion. The interpretation of those provisions was dealt with in the 1969 Supreme Court trial of Dr Charles Kenneth Davidson, who was accused of performing an abortion.

Justice Menhennitt, in his 1969 ruling, indicated that an abortion would not fall within the provisions of section 65 of the Crimes Act if it was done to avoid an otherwise inevitable consequence such as serious danger to the woman's life, if the consequences would have inflicted irreparable physical or mental harm, if no more was done than was reasonably necessary and if the act was not disproportionate to the dangers to be avoided. It is my opinion that the Menhennitt ruling has served Victoria well since 1969 and has provided Victorian women with the right to have safe abortions in appropriate circumstances. I believe that the bill currently before the house has certainly moved beyond that situation.

The overwhelming reaction of the constituents I have spoken to in my community has been one of strong opposition to the bill. It should be noted that there have been a range of views expressed not only by those who are supporting it but by those who are opposing it; there are those who oppose any form of abortion, and there are those who oppose option B and option C in the Victorian Law Reform Commission report. To take up

the point that was made by the member for Gembrook, it is very difficult to put people into pro-abortion and anti-abortion positions because people have varying views in terms of whether or not abortions are appropriate in certain circumstances.

There are three main areas of the bill about which I have concerns. The first area is that relating to the arbitrary 24-week gestation period being the determining factor as to whether or not a woman is required to seek the assistance of a second opinion from a doctor. I am a father of three, including an eight-week-old child, and I have just been through the whole process. When this discussion was first taking place my wife was clearly pregnant at 24 weeks gestation, and it gave me the opportunity to determine visually whether or not somebody in those circumstances appeared to be in a situation where an abortion was appropriate.

I am not a doctor, and there are circumstances in which women will be required to have a termination, but that situation provided me with a very stark opportunity for observation in light of the debate we are currently having. We have a dilemma in this state where we are seeking to allow terminations at 24 weeks, whereas a stillbirth at 20 weeks has to be reported to the Registry of Births, Deaths and Marriages. I believe that is a contradiction in terms of the current debate.

Another concern I have is in regard to the conscientious objection provision. The way this legislation has been drafted means it is abhorrent because of the requirement for medical practitioners to perform an abortion in emergency circumstances when they obviously do not wish to participate, and also because of the requirement for them to advise the woman and require that she go to another doctor. The way that issue has been dealt with is inappropriate. This is clearly contradictory with the Hippocratic oath, which requires doctors to save life, not to take life.

The third area of concern I have about this bill is the lack of provision of mandatory counselling. We provide counselling, and rightly so, when marriages break down. We provide counselling with respect to financial issues. We obviously provide counselling following trauma. But in this area of termination counselling is not being provided, and it is an opportunity wasted.

I appreciate that this is a conscience vote. I appreciate that there are varying views on both sides of the debate. I believe all members have handled this in an appropriate manner. Despite the actions of some people in the community, I believe that overwhelmingly the community has handled this in an appropriate way. Having said that, in light of the bill being to the house and the fact that it goes beyond the Menhennitt ruling, which served the state well, I will not be supporting this bill.

Mr STENSHOLT (Burwood) — The Abortion Law Reform Bill is a bill which I and other members have thought long and hard about. It certainly raises many issues which are not easy to consider and causes concern to many people. I have received representations from all perspectives, and I thank all those people who have made representations to me. I respect them all and I hope they will respect my own grappling with these issues. In dealing with them I do so as a legislator seeking the best for my community. I deal with them as a person with a family, with five children, five grandchildren and another on the way and as a person with beliefs and faith in life experiences, as well as being a thinking person seeking to resolve the issues that the bill raises.

I understand the intent in bringing this bill before the house. It seeks to clarify, first of all, the existing operation of the law in relation to termination of pregnancy, and removing from the Crimes Act offences relating to the termination of pregnancy. Certainly I see no merit in continuing with a criminal overlay with respect to abortion, particularly for women. In making what is a very difficult decision, the threat of criminal sanctions does not help women.

The decision to have an abortion, particularly after the first few days and weeks of pregnancy, is an increasingly difficult one. Few, if any, women welcome this situation. I believe it is a less than perfect choice, and this legislation deals with these less than perfect choices. According to research undertaken by the parliamentary library research service there are over 20 000 abortions each year in Victoria. Surveys have shown that the community would prefer fewer abortions while understanding that recourse is often taken to abortions. This bill offers the occasion to significantly increase Victoria's family planning and pregnancy support services.

I have accordingly suggested a new part to the bill to give effect to that. As this will cost more, I have sought from the government agreement to a message from the Governor to enable my amendment to be debated. I hope this is forthcoming before the consideration-in-detail stage, and I have been advised that this will be considered in good faith by the minister.

I am concerned that the further a pregnancy goes the more serious the moral and medical issues become. I

refer specifically in this regard to a submission by the Anglican Diocese of Melbourne to the Victorian Law Reform Commission, and hence I agree that late-term abortions should be undertaken only with proper regulation. I also agree that in framing the bill we should have close regard to the existing legal principles and medical practices — and the Menhennitt principle has been related by many other members. The bill as drafted goes beyond current arrangements and legal principles. I have accordingly proposed amendments that are specifically in line with the language of model B in the Victorian Law Reform Commission report. I also argue that late-term abortions should be referred to a panel which must include a psychiatrist where mental health issues are to be considered.

I note table 5 in the current issues brief prepared by the parliamentary library research service which shows the trebling of late-term abortions due to maternal psychosocial indications over the last five years. Many cases have come from interstate. I am also concerned about medical professionals who have a conscientious objection, and I refer the house to clause 8. My amendment argues that they should not have to refer a woman on but only provide her with a schedule of family planning and pregnancy support services prepared and made widely available by the department. I have also circulated an amendment seeking to make explicit under clause 6 that the supply of abortifacient drugs be usually done on a written prescription.

Under my amendment to clause 11 I have sought to ensure that doctors acting outside the terms of the act face similar penalties as nurses or pharmacists. In other words, there are criminal sanctions or fines; simply going before a panel of peers is not sufficient. I am sure the Queensland experience in regard to doctors would be some guide to us.

Finally I believe very much in an ounce of prevention and a pound of care. Compassion, care, information and support are key actions that need to be present as our society supports women and mothers. Family planning advice is very important — there should be more of it. Pregnancy and maternity support services should also be available so that all women receive proper advice and care. There should be more such services here in Victoria. I look forward to all sides of Parliament supporting this call for further pregnancy support and family planning services in Victoria.

Mr R. SMITH (Warrandyte) — I rise to speak on the Abortion Law Reform Bill 2008. Whether an individual is pro-choice or pro-life, I think it is fair to say that all members of this house and of our communities would agree that too many abortions are being performed in Victoria.

Many organisations are attempting to educate or counsel young women on the issue of unwanted pregnancy and how to avoid it through safe sex practices. A women's health group in my electorate conducts some education programs with secondary school students on the topic of safe sex so that unwanted pregnancies can be avoided. The group says it has been looking — unsuccessfully, I might add — for state government funding for a program that would have the capacity to reach more of our young people. What I find frustrating about this bill is that it does nothing to address the issue of reducing the number of abortions in this state. There is nothing in the bill on education and nothing on counselling, which is why I feel strongly that the government's focus is wrong.

Despite various interest groups and others attempting to make this issue a debate between pro-choice beliefs and pro-life beliefs, I do not believe it is. It is actually a debate about maintaining or changing the status quo. Despite abortion currently having a place in the Crimes Act, most would agree that we live in a pro-choice society, where those who feel they need to seek an abortion are able to. Although I feel strongly that far too many abortions are being performed in this state, my views would be described as pro-choice, and with those views, I believe in that respect that the current practice has served us very well in past years.

I understand and sympathise with the fact that there are times when individuals are compelled, for a variety of reasons, to make this difficult decision. With that view I condemn those who harass others who feel that they have had to make those decisions. None of us should tolerate those who harass and vilify others who have made this difficult choice. I strongly support the concept of protest-free zones around areas such as the Fertility Control Clinic in East Melbourne. While I have those pro-choice beliefs, I echo the comments made earlier by the member for Monbulk about the tactics of some pro-life groups. Their actions do no favours for their cause, and I hope that they soon come to realise that.

In my opinion, clause 8 of the bill, which deals with the conscientious objection of medical practitioners, is unacceptable. Some colleagues have put to me the argument for clause 8(1), citing that it may be difficult for a woman who has summoned up the courage to visit a doctor about an abortion to be rejected by the doctor because of their personal objections; she may not have it in her to pursue other avenues. I respect this argument, but ultimately I disagree with it as a

justification for clause 8, because I do not feel that medical practitioners with a conscientious objection should be made to shoulder the responsibility of unwanted pregnancies.

Abortion inflames the core beliefs of people. I do not believe that we can legislate to compel people to act against those core beliefs, and I feel that we will overreach our authority here if we do so. I have received too much correspondence from individuals in the medical profession who are vehemently against clause 8 to ignore their views. It is worth noting that I received an enormous amount of correspondence from medical practitioners who are against this bill and barely a handful from practitioners who expressed concerns about potential prosecution, which supporters of the bill regularly raise.

I will not be supporting this bill. One of the reasons is that the vast majority of individuals in my electorate who contacted my office asking me to reject the bill. I have a measure of responsibility to them as their representative in this place.

Further, it seems to me that this is a poorly drafted bill, lacking the substance you would expect from a bill dealing with such an important issue. The depth of issues raised by members in their proposed amendments are examples of the range of concerns which have not been addressed in this bill and which I believe should have been. There are too many abortions being performed in Victoria; this bill does not address that. There is not enough counselling or education surrounding abortion; and the bill does not address that. The Premier himself said nothing will change with the introduction of this bill and that there will be no fewer abortions as a result of the bill. It is a real shame that that is the reality.

Mr HUDSON (Bentleigh) — No-one comes to speak in this debate on abortion law reform without having to grapple with the profound ethical, legal and practical health issues that it involves. Abortion represents a troubling failure of contraception, relationships and our endeavours to create an environment in which all women feel adequately supported in their mothering role. Like many members of Parliament I am concerned about the number of abortions in our community, but I do not believe that we can deal with the issue of abortion by making it a criminal act.

Even when I have spoken with pro-life activists about this issue, hardly anyone asserts that women who undergo a termination should be treated as criminals through the courts. However, despite this, it is argued that we should retain the laws against abortion in the criminal code as a statement of public policy. For many people this is satisfied by the current ambiguity in our abortion laws. There is a 1958 law which makes it an offence to unlawfully procure a miscarriage, but it does not say when it is unlawful to do so; and there is judge-made law which states that an abortion is legal where the medical practitioner believes on reasonable grounds that a termination was necessary to preserve the woman from a serious danger to her life or her physical or mental health — the 1969 Menhennitt ruling. That ruling reflects the deep ambivalence in our society towards abortion. Most Australians support finding ways to reduce the number of abortions while still giving women the right to freely choose an abortion.

However, this debate has a history, and we cannot afford to ignore it. In the 1960s under sections 65 and 66 of the Crimes Act, without the benefit of the Menhennitt ruling, illegal abortions were still performed, often at a huge risk for women. Leslie Cannold described it distinctly in her review of the documentary *Abortion, Corruption and Cops — The Bertram Wainer Story*. She states:

> Crochet hooks, castor oil, slippery elm bark, syringes full of Lifebuoy soap and Dettol. Sepsis, gas gangrene of the uterus, hysterectomies on 12-year-olds, deserted pregnant wives taking their children and jumping off the St Kilda pier and women waiting, scared and alone, on a dark windswept corner of Bourke Street for the stranger's car that would take them, huddled beneath a blanket on the floor of the back seat, to the backyard abortionist. And if they haemorrhaged on the kitchen table, the best they could hope for was to be dumped on the corner near the Royal Women's in the hope that someone would find them in time. Many died.
>
> …
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> For women of means, the illegal procedure would be provided by a qualified gynaecologist in the comfort of a private hospital. Poor women took their chances with well-meaning … 'Vera Drakes' or similarly unqualified 'backyarders'.

All this and the graft and corruption endemic in the police force under this legislative regime is graphically shown in the footage of this time. No-one suggests that we should go back to this, but we would if abortion was a crime and women and their doctors were prosecuted through the rigorous enforcement of the criminal law. That would not only be a grave mistake but it would be out of step with public opinion. It is perverse to criminalise abortion when the vast majority of people in the community — irrespective of their own ethical views — believe it should not be subject to criminal prosecution.

The solution to the tragedy of unwanted pregnancies does not lie in the law. More liberal abortion laws will not increase the rate of abortion in the community any more than restrictive laws will reduce it. A 2007 study by the Guttmacher Institute of New York and the World Health Organisation of worldwide estimates of the rates of induced abortion concluded:

> Unrestrictive abortion laws do not predict a high incidence of abortion, and by the same token, highly restrictive abortion laws are not associated with low abortion incidence. Indeed, both the highest and lowest abortion rates (worldwide) were seen in regions where abortion is almost uniformly legal under a wide range of circumstances.

Instead the rate of abortion is related to the rate of unplanned pregnancy and the availability and use of contraception in the community. Today we are here debating the fine points of a law that will have little or no impact on the rate of abortion in the community, but we will end up with a law that is an expression of public policy in this area. However we need to recognise that the law has limits because the law cannot adequately define all the circumstances in which an abortion will be considered by a woman in consultation with her doctor. In the end only the woman concerned can make the decision as to whether or not she wants to continue with her pregnancy.

Like many people I am troubled by late-term abortions. As a community we have to find ways to reduce the number of woman who are forced to have them. However, most abortions are performed in the first eight weeks of pregnancy. Late terminations account for less an 0.7 per cent of all terminations. In Victoria in 2005 there were 309 abortions post-20-week gestation, 129 of which were for foetal abnormality and 180 for psychosocial reasons. It is in the interests of women that testing for severe foetal abnormality occur as early as possible in the first trimester.

The Victorian Law Reform Commission has raised concerns that public hospitals are not funded for first trimester screening tests, only for a second trimester ultrasound. The Royal Women's Hospital has stated that this is because first trimester tests have been available for less than 10 years, and there is always a lag between new technology and funding. Under this system a woman may not receive a clear diagnosis until at least 22 weeks into pregnancy, unless she has arranged for a private test. It is unacceptable that women in public care have an inferior test with lower detection rates and a later diagnosis for a major foetal abnormality. Such a late diagnosis can only make a termination for these women who choose it a more traumatic experience.

Parents weigh up many factors when considering whether to terminate a pregnancy for these reasons, including the severity of the abnormality and its impact on them as carers and other immediate family members. Complications arising from late diagnosis should not be one of them, and I hope that following the debate on this bill the government will correct the funding anomaly. This bill recognises that late-term abortions are more problematic, and as a consequence requires a determination by two independent doctors.

In the course of this debate a number of amendments will be moved. These relate to issues such as whether the 24-week demarcation should be lowered, the requirement for an assessment panel, including a psychiatrist, the insertion of mandatory information and compulsory counselling provisions and issues in relation to family planning and pregnancy support services. I have considered all these amendments carefully and have come to the conclusion that while they are well intentioned they do not add anything to the legislation. Most late-term abortions performed in public hospitals are undertaken at the Royal Women's Hospital and the Monash Medical Centre. I have great faith in the expertise of these hospitals, and I am impressed with the processes they have put in place to consider the difficult and complex issues associated with terminations after 24 weeks gestation. Both hospitals have termination review panels and dedicated foetal management units. These units comprise multidisciplinary teams which include obstetricians, midwives, geneticists, paediatric specialists, sonographers and a psychiatrist. Both also make specialist counselling available.

At the only private clinic conducting late-term abortions, which is in Croydon, an abortion must not be performed without the woman first attending a separate consultation with another doctor. Counselling must be offered to all patients, and a psychological assessment is required before a late-term abortion proceeds. Doctors also have a professional duty to disclose all the risks and benefits of the procedure.

Access to expert counselling in making a difficult decision is essential and all women should be offered it, but it would be counterproductive to make counselling compulsory. As the Royal Women's Hospital has indicated, forcing an unwilling woman into counselling will not help her talk or listen, nor is it likely to change her decision.

Late-term abortions often involve difficult and complex issues. No woman would make that decision easily. They can involve cases of sexual abuse, incest and rape. They can also involve 14-year-old girls who do not

know they are pregnant or women who are too sick, disabled or poor to shoulder the responsibilities of motherhood. We should not make it more difficult for them.

This legislation cannot second-guess all the circumstances in which a late-term abortion might be contemplated. We can only establish a legal and regulatory framework in which such decisions can be made taking into account all the relevant medical, physical, psychological and social circumstances. Having looked at the report and the evidence, I am satisfied that the three health services where late-term abortions are provided are well regulated and that the requirement for two doctors to agree to a late-term termination is a sufficient safeguard. I am also satisfied that this bill reflects current clinical practice. I commend the bill to the house.

Mr THOMPSON (Sandringham) — Convenience or conviction? How do we as a legislature balance the competing ends of convenience in terminating unwanted pregnancies with Judaeo-Christian principle and conviction underpinning the sanctity of human life? Rabbi Dr Shimon Cowen, director of the Institute for Judaism and Civilization, said that, in short, life may be taken only to preserve life, whether of an individual or of society, and that killing for lesser reasons is prohibited. The Menhennitt ruling contains wise jurisprudence balancing the psychological and physical wellbeing of the mother with the principles of necessity and proportion.

I will be strongly opposing this bill. It does not reflect current practice. It does not provide for late-term termination review panels. It does not mandate the provision of information regarding counselling options. There is an incongruity with other state legislation which accords rights to the foetus in transport accident legislation, workers compensation legislation and victims of crime legislation.

I shall give voice to the views of a number of women. The first is from a correspondent to my office who is 24 weeks pregnant and the mother of three small children. She said:

> I understood that abortion usually occurs because women find themselves in difficult circumstances. I also understand that many of you, as politicians, desire to protect women from further trauma, by removing the threat of prosecution.
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> …
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> I believe that the answer to this complex issue lies elsewhere. The answer is one that embraces both women and unborn babies, because both are deserving of our respect and protection.
>
> …
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> In some ways one doesn't need to argue the value of the unborn baby, since we have all seen the 3D pictures and read the amazing development that happens with each passing week. We know they are human, alive and (I believe) incomparably valuable.
>
> But what about the women? What of their hardships? I believe that pregnant women in difficult circumstances don't need legal abortion, they need support and courage. They need friends who can help them embrace motherhood, and face its challenges with courage and determination (and where motherhood is a foolish option, they need support to embrace the possibility of adoption, which also incomparably blesses the life of an infertile couple). Motherhood and adoption are decisions that take courage, but I believe women have what it takes …
>
> In terms of right now, however, I see the role of politicians as being to uphold or create laws that protect the innocent. The unborn baby is clearly innocent, having no control over their mother's difficult circumstances. This cannot be ignored. A woman's circumstances can potentially be turned around or even positively embraced, but the abortion of a baby is irreversible. Yes, abortion law needs to be clarified, but this clarification needs to focus on unquestionably protecting the innocent unborn baby.

A professional sonographer wrote to me and said:

> An 18-year-old comes in for a dating scan — she makes comments like 'Isn't that cute?', 'Are those the legs?'. I told her when the baby was due and her response was, 'Well that doesn't matter as I am getting rid of it — like the last one.
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> My next patient was an IVF patient who was in her late 30s and was on her twelfth treatment (big cost) and she was pregnant and bleeding. Unfortunately she lost the baby — she was uncontrollably weeping for about 20 minutes. How I wish I could have been God and swapped the results over!

One view makes life valueless; the other enshrines the sanctity of life.

I cite these words from a victim of rape who stood firm when many members of her family thought she should have an abortion:

> All the hatred I felt towards those men disappeared when I saw the baby … it was the most moving sight. She was the good that came out of something bad.

A pro-life advocate related the fine and wonderful story of a Fairlea women's prison inmate who discovered she was pregnant. Although she believed that an abortion was the only option, she was wisely encouraged by the prison nurse to have the baby. As it turned out, it was the only child that the lady ever had.

A couple of years ago a local resident asked me about my political perspective on abortion. I outlined my general support of the Menhennitt ruling and canvassed the circumstances of pregnancies resulting from rape and incest. The lady subsequently wrote to me and said:

> My baby might have been aborted. She was conceived as a result of rape; in fact, gang rape.
>
> I can only imagine the horror of that conception, the physical pain and the mental agony her young mother experienced afterwards. I can only imagine because I became the adoptive mother of this baby. Where did her mother find the courage to confront the trauma and to tell others and seek the help she required? From what I have been told her own family, and in particular her father, were a great strength and help to her during the pregnancy and birth. That her baby lives and has grown into the most beautiful and compassionate young woman is a testament to this mother's courage and selflessness.
>
> Our daughter grew into an artistic, athletic young career woman, sensitive, loving and caring towards family and friends. She was told of her background, and did seek out her birth mother with our blessing.

Wikipedia records the biography of Bernard Nathanson, a founding member of an American pro-choice lobby and a director of New York's largest abortion clinic. Nathanson wrote that he was responsible for over 75 000 abortions. He later reconsidered his views on abortion and became a staunch supporter of the pro-life movement. I understand the development of the ultrasound led him to reconsider his views on abortion.

I will be proposing an amendment to the bill, which may provide a counselling pathway for mothers to be supported in their pregnancy. As one of my constituents recorded:

> Dare to believe that life is not a problem to solve but a gift to cherish.

There is an interesting story that I use by way of example or illustration of the impact of just one person's decision to put conscience before convenience and career. Chiune Sugihara was a Japanese diplomat to Lithuania early in World War II. This dedicated Christian and his wife demonstrated remarkable altruism and self-sacrifice, risking their own lives and career to save the lives of thousands of Jewish refugees. Late one July morning in 1940, Consul General Sugihara awoke to the roar of a large crowd of Jewish refugees outside the consulate gate in the city of Kaunas. Most had fled from the Nazi advance across Poland, but once again the Nazis were advancing and the refugees were about to be trapped in Lithuania. Word had spread that there was one source of hope. They might be able to travel through the Soviet Union into Japan and on to freedom in the Caribbean, if the Japanese consul would provide them transit visas from the Japanese government.

Ignoring the risk to his promising career, this 40-year-old diplomat immediately wired Tokyo for permission to write the visas. His government rejected his inquiries three times, so he and his wife made a rapid decision: they would spend every spare second, day and night, before they were to be evacuated writing as many visas as possible. Six thousand Jews escaped to freedom. Sugihara risked his career for conscience. For him, the sanctity of life meant everything. Tens of thousands of those escapees' descendants are alive today because of one man's actions. In 1985 he was awarded Israel's highest honour as one of the Righteous Among the Nations.

The amendment that I will move during the consideration-in-detail stage relates to the opportunity for mandatory counselling information to be provided to women who would be seeking the advice of a doctor regarding the termination of a pregnancy. That information would be compiled by a representative committee of experts, who in turn may delineate relevant information for the person seeking a termination. It is my view that, even if just a handful of lives are saved through women being able to seek some constructive counselling rather than being shuffled through a profit-making clinic without full and clear independent advice, this may provide a pathway for lives to flourish.

There is the outstanding example of an African-American woman who had been conceived in a ditch, and who had a magnificent voice. A park was named after her in later life. There is a story of a radio presenter of some marvellous music, who told the story of a couple who had no intention of having children. The woman found she was pregnant. They went to dinner the night before undertaking an abortion process. As they were at dinner, the singer at the venue sang a song called *Mighty Lak' a Rose.* The wording of that song delineates the marvel of young and early life. It reduced them to tears and they elected not to proceed with the abortion. The person who told the story was the ABC presenter whose life was the result of the decision not to seek an abortion.

There are other examples where women have been supported, encouraged and counselled. I consider it a grave deficiency in the current legislation that there is not that pathway to independent counselling that gives women a full choice in relation to this issue.

Mr PANDAZOPOULOS (Dandenong) — I rise to support this bill in its entirety and to commend the leadership of the Premier and the Leader of the Opposition in showing at an early stage through their bipartisan support that they are prepared to tackle together some very difficult legislation that reflects the reality that we have with us. It is not a different, perfect world we live in where we have no abortions and where

everyone who falls pregnant has the courage, as we heard from the previous speaker, to keep and raise the child. This is a law about the practical realities based on history.

We have heard from many different members about what used to occur when we did not have the Menhennitt ruling. Of course we are perhaps lucky that we have what may be in some regards the coward's act of Parliament, the Crimes Act, that we can fall back on if this legislation is not passed. I think the Crimes Act is a coward's act. It is an ass of a law. It is law that does not work. It does not reflect the reality. We have a Crimes Act that says abortion is illegal, yet what we do as a society is sit there and say, 'It is a bad law. Menhennitt changed all that'. In normal circumstances, if we as legislators were confronted with a bad law that had been determined as such by a court, as Justice Menhennitt did in 1969 — if there was a common-law right and therefore the law in the Crimes Act was not consistent with a common-law right — we would come here and amend that law.

We very often amend laws because we get them wrong or we find that other laws or common law restricts the ability of Parliament to legislate on some of these matters. Yet on the Crimes Act what we have been doing is sitting around for a number of years, recognising and accepting — as many of the people who have spoken in this debate accept— that abortion, the difficult decision that it is for all women, in effect has become a right that has evolved as a clinical practice and an approach that most people in the house are generally satisfied with, even some of the people who have indicated in the debate so far that they will not support the bill to regulate it under the Health Act because we have got the Crimes Act. All I say is that people look to us as legislators to make good laws and not bad laws.

That is why I support this legislation: because it means we are finally enshrining the clinical practice in the Health Act and not pretending that it is a criminal act that we will never do anything about. We do not intend — and if it is wrong, I think members should have the courage to say it — to make criminals of women who have abortions. We do not intend to make criminals of doctors and medical staff who support women with their abortions. We do not intend to make criminals of those other people — family members who support those women in the very difficult decisions that they have to make — because if that was our intention, we would be doing very different things. If that is not our intention, what we should do is have proper laws that set the clinical practice and allow for a proper regulatory regime. That is exactly what this bill does.

I will not support a number of the amendments. I see some of the amendments as well intentioned while others are an attempt to have it both ways. When we have legislative debates it is normal for people to say, 'The legislation is drafted badly', 'It has not been well considered', or 'It has not been well consulted on', and then we get proposals about putting things into legislation that we normally would not put into other pieces of legislation. A previous speaker said that we provide counselling for marriage and financial management. We certainly do not legislate for it. That is a very different sort of argument. If we are not prepared to pass this law in the same way as we pass other laws and we want to amend it by bolting on a whole lot of stuff that does not work in a practical, legal sense, again we will create bad law.

The process that we have gone through with the Victorian Law Reform Commission has been a well-considered approach by people who, in all fairness, have much more expertise in these areas than we have as novices. Our task is to reflect the views of the community, but in a debate like this it is very hard because people have a different starting point. We do not ask every single member of our community and consult them in every way about every detail of the bill, because that would be totally impractical. Everyone comes to this debate with a genuine view but also some bias. At the end of the day, with all the amendments that will be flying around here tomorrow, we run the real risk that we will again create — even if the bill is passed as a health act — more bad law that future legislators will have to deal with. Maybe that is part of the evolution of this type of legislation.

We know with comfort that other jurisdictions have tried what we are trying to do here. It has worked quite well in Western Australia. Earlier in the year the House of Commons had a debate about late-term abortions and it reaffirmed the 24 weeks. It had the same sorts of amendments — 22 weeks and 20 weeks — so why do we think that we are reinventing the wheel with this debate?

Maybe we are not prepared to stand up to our own consciences. This is termed a conscience debate, but the practical reality is that for some people it is a conscience debate and for many it is not. Whilst I may disagree with people who take a very religious approach or a different ethical approach from mine on this legislation, I certainly respect the fact that they have a longstanding view on this sort of matter. I find it difficult to accept, and I am prepared to be a critic of this, that some people will not vote with their conscience on this issue because they will vote on other things, like the marginality of their seat or on their

status within their party and the way they are perceived in their party, because all of us would like to continue as members of Parliament. However, that does not make a conscience vote; that is a different vote indeed. Let us not hide behind this issue as being about conscience for everyone. It is for some people, and it is easier to spot those where it is genuine, but I think it is from all sides, if you want to be blunt about it. I am prepared to be a straight shooter on this sort of stuff.

In my 16 years in the Parliament we have normally tried to correct legislation where we have recognised that there is an anomaly. Clearly in this case there is an anomaly established as clinical practice that we accept and that we are finding difficult. Hopefully we have the courage to stand up in this debate, and in the Legislative Council if the bill passes in here, to finally correct the historic imbalance. Part of the evolution of the recognition that we will not, in effect, make criminals of people who undertake abortions or provide those medical support services is that we need to give confidence to the medical fraternity, to those people who are making decisions, that with a better debate and better knowledge we can build up better support.

Justice Menhennitt stopped the undergrounding of the horror of the illegal abortions that members have talked about, but we still have a sort of underground discussion because we have a Crimes Act that does not allow for a proper informed discussion to give members of the medical fraternity the confidence they need to be able to genuinely deal with these sorts of things and not fear that maybe some time in the future someone might change their mind about these things and might want to enforce the Crimes Act. I believe that when we are left in this position, we need to say that if this has been happening since 1969, if people have not been charged for 21-odd years, maybe it is time we had the courage to finally regulate under the Health Act.

That is exactly what this bill is about; it is exactly what we are doing with this. We should recognise the great difficulties for women who find themselves with unwanted pregnancies for all sorts of reasons, and who are being supported by their loved ones to make a tragic decision. Yes, it may be a decision they regret. There are many things all of us do which we later regret, and that is one of the biggest decisions that women have to make.

I believe the Crimes Act makes that decision much harder. I believe the Crimes Act makes this whole process much more inhumane. I respect the sanctity of life, but this is not a debate about when a foetus is a life; that is a very different sort of debate. This is a debate about whether we want to continue to be hypocritical or whether we want to accept the reality. That is what this bill is about: it is about the reality we are facing. Let us finally recognise that.

Mr KOTSIRAS (Bulleen) — I stand to speak briefly on the Abortion Law Reform Bill. As we have heard today, members have deeply held differences of opinion about abortion. I respect all the views that have been put forward today. I also thank all the people who have written to me over the last few weeks and who have come to see me at my office, to put forward their views on this legislation. I respect their views and do not make any moral judgement on their stance. But I have my own views, and this bill does not alleviate any of my concerns nor change the views I have held since I first came into Parliament in 1999.

No matter how you describe it, abortion is the killing of a life. However, can I say at the outset that I support Victoria's current position on abortion, and in particular the Menhennitt ruling. I believe abortion is acceptable if the mother is suffering a medical emergency or was a victim of rape or incest. Some will disagree with this view, but I cannot agree with someone having a child under those circumstances if they do not wish to do so. Unfortunately the bill goes beyond that and in some cases it goes too far. It will increase the number of abortions in this state. While many will disagree with this assessment, I have not been convinced by anything I have read so far that this will not be the case.

Life is precious to me, and we must cherish life and celebrate the beginning of life. Pregnancy should be a special time for parents. Each week of pregnancy is a time for major changes in your life. Last week my niece lost her first child. Life is sacred and individuals need to realise that. Unfortunately some take life for granted. If a child is normal and healthy, why destroy its life?

We should be doing more in education, not saying to individuals, 'It's okay if you get pregnant. You can have an abortion up to 24 weeks of your pregnancy or later with the approval of a second doctor'. Educating the public about reproductive health and how to prevent unsafe and unwanted pregnancies is essential. We have to deal with the reasons why people make certain choices. We should provide all the necessary resources to ensure that individuals get the information they need to make the right decision. We should also ensure that once a woman becomes pregnant, she has access to high-quality pre-natal care. Good information, good education and good health care can make a difference and perhaps save a life.

Abortion should not be used as a means of contraception; I cannot accept that thinking. It is not

about choice because both males and females are often restricted in what they can do. It is about life, and as I said at the beginning, life is precious and valuable; it is something we must preserve. We must not provide an open door to abortion where individuals use it as a means of contraception. For these reasons I will be opposing this legislation.

Finally, I hope that whatever our personal view is on this legislation, we join together to take action to improve the quality of health care for women and reduce the number of abortions in this state. I will look very carefully at the amendments that have been put forward and will decide whether to support or oppose them when they are moved in the house.

Mr TREZISE (Geelong) — I rise to speak in support of this important bill, the Abortion Law Reform Bill. At the outset let me say that I will not be supporting any of the amendments. In speaking in support of this bill I take the opportunity briefly to congratulate the Minister for Women's Affairs and the Minister for Health, who have obviously overseen the passage of this legislation not only through this house but also through the public consultation process following the release of the final report of the Victorian Law Reform Commission. Obviously both ministers have worked under extreme personal pressure over the last couple of months, given the moral and ethical issues that have been raised by the nature of the legislation.

Like all members of this house I fully realise that a diverse range of opinions and beliefs are held within the community, and for many these beliefs are deep seated and based around people's personal, ethical and moral standards and values. I can assure the house that in preparing myself for this debate and vote I have at all times ensured that I have respected people's beliefs and points of view, including all those opinions that were put to me by people in my electorate of Geelong. I may not have agreed with many of the views and I may not have agreed with how some people went about getting their message across, but I have attempted to respect their views. Like other members, I have received hundreds of letters and emails from constituents and organisations in which they have put their points of view from either side of the debate.

From my own personal point of view I support this legislation for two basic reasons. I support it, firstly, because I firmly believe it is a woman's right to choose whether or not she will terminate her pregnancy, and secondly, because this legislation does not promote abortion but reflects current clinical practice and provides legal certainty for medical and other health practitioners. I also make this very important point: where similar legislation has been implemented there has not been an upsurge in the number abortions. In those cases the rate of abortion has remained consistent and reflects the rate of unplanned pregnancy and the use of contraception.

This legislation will make the position of a woman who is considering having an abortion far more secure than is currently the case, because the bill decriminalises abortion in Victoria by removing it as an offence under the Crimes Act 1958. Importantly this legislation is not about whether or not an abortion can take place, because regardless of whether this legislation is passed, abortions will continue to be performed in Victoria. Much of the correspondence I have received and in much of the public debate I have heard, many of the arguments have revolved around objection to abortion per se. As I have said, this debate is not about whether abortions can or cannot take place in Victoria. For me this legislation enshrines in state law the principle that a woman has the right of choice. I am the proud father of two teenage daughters. As far as I am concerned — and I know they agree with me — should they ever find themselves faced with this choice, it will be a choice that will ultimately be theirs and theirs alone. I support the legislation and will not be supporting any of the amendments.

Mr O'BRIEN (Malvern) — It is sometimes said that abortion should be safe, legal and rare. Today in Victoria abortions are safely performed by qualified medical practitioners in professional clinical settings, as they should be. Today in Victoria abortion is legal, pursuant to the ruling of Justice Menhennitt of the Supreme Court of Victoria in the 1969 decision of *R v. Davidson*, an exceptional piece of jurisprudence to which I will return. However, tragically, in Victoria today abortion is anything but rare. The parliamentary library's very informative current issues brief records that in excess of 20 500 abortions were induced in Victoria in just one year. That some 56 abortions are performed each and every day in this state tells us that we have a problem in our society.

We have a problem when an understanding of sex education and birth control is so lacking amongst men and women that so many accidental pregnancies occur. We have a problem when men do not take responsibility for their actions and walk away from women, who often feel isolated, alone and without support as a consequence. We have a problem when so many women feel that abortion is their best, or indeed their only, available option.

Instead of debating the Abortion Law Reform Bill I would rather the time and talents of this Parliament were applied to developing practical measures to reduce the demand for abortions in Victoria. In doing so we may assist many women to avoid being in the incredibly difficult position where a measure such as abortion need be pursued. That would be an endeavour which I believe would unite this Parliament and the Victorian community. However, my duty is to speak on the bill at hand.

The Victorian Law Reform Commission (VLRC) was charged by the government to develop proposals to decriminalise abortion that reflect current community standards. Personally, I have grave concerns that this bill will disturb the community consensus that has developed around the 1969 ruling of Mr Justice Menhennitt in *R v. Davidson*, which set out circumstances under which abortion may be lawfully performed in Victoria. In a wise and far-sighted decision, Justice Menhennitt ruled that abortion is not unlawful where the medical practitioner honestly believes on reasonable grounds that the act is necessary to preserve the woman from some serious danger. One of the beauties of the common law is that it is eminently adaptable. So it is that the Menhennitt ruling's concept of 'serious danger' has been interpreted widely to encompass factors well beyond mere physical danger, with the practical effect that abortion has been safely and legally available at the option of the woman in Victoria for decades. That there has been no prosecution launched under the abortion laws for more than 20 years is testimony to this fact.

While not everyone agreed with the Menhennitt ruling or the clinical practice which followed, I believe that the vast majority of Victorians accepted that state of affairs and continue to do so today. I count myself among that majority. It is that community consensus, developed over nearly 40 years, that is threatened by the bill before the house. I regret that the government did not adopt the VLRC's option to codify the Menhennitt ruling in legislation.

Contrary to the government's claim, I do not agree that this bill merely reflects current clinical practice or current community standards. The bill permits abortion on demand at any time up to 24 weeks gestation. It also permits abortion at any time between 24 weeks and birth with the concurrence of just two medical practitioners. I am very concerned that this bill will lead to a significant increase in the number of late-term abortions performed in Victoria, with a consequential increase in the destruction of viable human life. As a consequence, I am unable to support this bill in its current form.

I also have concerns with a number of other aspects of the bill. One is the lack of adequate protection for doctors and other health professionals who have a genuine conscientious objection to abortions. If a conscientious objection is to mean anything, then surely it must mean the right to remove oneself from anything to do with abortion. To my mind this is inconsistent with a legal obligation requiring a conscientious objector to refer a patient to an abortion provider.

Another concern is the availability of abortion on demand at up to 24 weeks gestation. Twenty weeks would seem to me to be a more appropriate place to draw the legislative line. I note that 20 weeks is the time after which terminations are recorded by the state as births and perinatal deaths, and also that 99 per cent of abortions occur within the first 20 weeks of gestation.

On a personal note, having experienced the thrill of seeing and feeling my unborn children react to music while still in their mother's womb, I am deeply uncomfortable with the notion that a 24-week-old foetus is not a sentient creature deserving of more consideration than this bill provides. I am also gravely concerned that the agreement of just two medical practitioners will facilitate late-term abortion — conceivably right up to the time of birth. As a Parliament, as a society, are we prepared to rejoice in the miracle of survival of a premature baby while facilitating the abortion of a near-term child still in the womb?

It is easier for us as politicians to say that this is none of our business, that it is solely a matter for the conscience of others. But we are legislators in a society that is based on the rule of law precisely because laws offer protection to all — whether weak or strong. In discharging our duties we should not forget the most vulnerable amongst us.

Mr PERERA (Cranbourne) — I feel very fortunate to be here on this historic occasion, to have the opportunity to participate in this important debate and to support abortion law reform. I dedicate my contribution to all the women very dear to my heart — my late mother, my wife, my daughter, my daughter-in-law and, of course, my granddaughter, Jasmine. This debate is not about the rights of a woman versus the rights of a foetus; it is about whether the woman who holds the foetus in her body is the appropriate and best person to represent the interests, rights and needs of the foetus. The bill recognises that it is a woman's exclusive right to make decisions about her health, her reproductive life — including pregnancy — and the health of her children.

Most of those who oppose the bill do so based on their fundamental belief system, most often dictated to them by a third person or group. They remain entrapped in this belief system, unable to think outside the square. These belief systems do not recognise the suffering that could be inflicted upon the child and the mother in the real world if continuation of pregnancy remains a legal imperative. As legislators, members of this Parliament cannot afford to be guided by any of these fundamental belief systems or those who dictate them.

As legislators we need to consider historical developments, understand the realities of the present and take a pragmatic approach to deliver justice to society in general and to women in particular. Motherhood should never be a punishment. Pregnancies and abortions will continue regardless of whether this legislation is passed. At present on average a GP would refer 10 to 15 patients to public abortion clinics. Most major hospitals offer this procedure, and a number of abortions take place in private clinics as well. I am sure all support mechanisms, including counselling, are available in these places. At present nobody who requests a termination of pregnancy is turned away, whether it is up to or beyond 24 weeks of gestation. Over two decades nobody has been sued for terminating a pregnancy.

It is time to grow up and modernise the law to reflect the realities of our society. This bill will clarify the ambiguity for women and doctors, who are at present at risk of prosecution under the Crimes Act. The bill will remove the stigma surrounding women having abortions and abortion providers in today's enlightened and caring society. The bill will encourage medical practitioners to be trained in the area and improve women's access to reproductive and family planning health care.

Abortion is a reality in Victoria. The best estimates suggest 20 000 terminations take place each year, despite the fact that abortion is illegal under criminal law. At present abortions are performed under the protection of the 1969 ruling of Supreme Court judge Clifford Menhennitt.

Let me make a comparison with Sri Lanka, a developing country with a population of about 19 million, about four times that of Victoria. In Sri Lanka abortion is not allowed on any grounds unless the pregnancy poses a real threat to the woman's life. However, about 700 abortions are carried out every day in Sri Lanka — an annual total of 250 000. This is about 12 times the rate in Victoria. This proves that tighter, restrictive laws do not reduce the number of abortions. These more restrictive laws have only ensured that illegal abortions are performed in Sri Lanka. Sri Lankan women endure the worst kinds of physical torture, and the number of maternal deaths has increased due to unsafe abortions.

In Victoria the situation was no better 40 years ago. Women, mostly from low-income backgrounds, suffered at the hands of unqualified, quack operators or backyard abortionists. Abortions were performed in the back shed or on the kitchen table without anaesthetic. To stop women screaming in pain at the time of the surgery, rags were stuck into their mouths. Utensils were sterilised by using boiled water from the kitchen. Abortion was the second most common cause of death of women in Victoria before the 1970s. The high rates of death and serious injury associated with unsafe and illegal abortions prove that those who oppose decriminalisation are blind and indifferent to the realities of women's lives. Those who oppose legally terminating pregnancy are ignorantly trying to wind back the clock and reproduce the situation that existed 40 years ago.

Fortunately, history does not repeat itself. In 1972 Dr Wainer established Australia's first public abortion clinic in Victoria, making abortion accessible, affordable and safe. It is appalling that 36 years later we need to have this debate to decriminalise abortion. Justice Menhennitt's ruling should have instigated this debate and a legislative amendment 39 years ago. It is incredible that there are some in today's society who continue to believe that laws against abortion will stop abortions, in spite of obvious evidence to the contrary. A 2007 study by the Guttmatcher Institute in New York and the World Health Organisation revealed that non-restrictive abortion laws do not predict a high incidence of abortion and by the same token that highly restrictive abortion laws are not associated with low abortion incidence. Western Australia decriminalised abortion 10 years ago. The abortion figures in Western Australia declined, from 8217 abortions carried out for women aged 15 to 44 in 1999 to 7828 in 2005, a drop of 389 in six years.

The only things that laws against abortion do is make abortions dangerous, turn women into criminals, produce thousands of disadvantaged children and create wide disrespect for the law. Anguish, depression, mental torment and trauma can be experienced by a woman before and after her decision to terminate a pregnancy. It is not a decision taken lightly. It should not be made more difficult by a decision not to decriminalise abortion. I commend the bill to the house and wish it a comfortable passage through both houses of Parliament without any amendments.

Mr NORTHE (Morwell) — I wish to make a short contribution to the debate on the Abortion Law Reform Bill. This topic came to me in 2006 when I was preselected for The Nationals to contest the state election in that year. One of the first questions that was posed to me was what my stance on abortion was. Given the notion that the then Bracks government was going to decriminalise abortion in the state, what was my opinion of that? That was quite confronting at that time. Since then, like other members of the Parliament, I have received a substantial amount of literature and information from a range of groups and individuals, many from within the Morwell electorate, who have expressed a diverse range of opinions on this issue.

It has been interesting to listen today to some of the opinions of members, varied as they are, and to their explanations of how they have come to the conclusions they have on this topic. I agree with the minister, who stated in the second-reading speech that some of our views on this topic are shaped by our own personal, ethical, moral and religious values. I might say that some of the literature we as members of Parliament have received I find to be quite immoral in a sense. Some of the literature has even been about how voting trends appear on a member's stance on these particular subjects, and to be honest I find that quite appalling. I have determined my own opinion on this debate by considering the opinions of my constituents and — mostly — my own values and those of my family. This is an important topic that needs to be given the greatest consideration. As a father of three children, in considering where to head in this debate, I think about how circumstances may have been different for them.

I have listened to the contributions of the Minister for Sport, Recreation and Youth Affairs and the Minister for Regional and Rural Development, and I share their concerns about the literature that has been issued by some of the proactive groups in this debate. The Advertising Standards Bureau upheld some complaints about the literature dispersed to a number of homes not only in my electorate but in other electorates throughout Victoria. I want to make it quite clear that just because people objected to the type of literature that was received at that time does not necessarily mean that they objected to or supported abortion. While we have varied opinions in this debate heard from both sides of the fence, some of the literature dispersed was quite offensive to a number of people. A friend of mine had the unfortunate experience of suffering a late-term miscarriage and was extremely upset, as one can understand, on viewing some literature delivered to her mailbox.

We received an extensive amount of literature and correspondence in relation to the bill, but I want to relate a phone conversation I had with a lady in my electorate who said that she had for many years supported abortion in particular circumstances but had the unfortunate experience of recently delivering a stillborn baby and had changed her opinion quite extensively. She had the opportunity of viewing the stillborn baby and could not quite comprehend the circumstances where on the one hand we invest so much in saving the lives of premature babies but on the other hand we are able to have abortions up to 24 weeks gestation. It was quite an emotional phone call, and while it did not sway my decision totally it made me aware of the circumstances of some people and that we should be protecting the sanctity of life.

I recognise the terrible situations that many women and families face when women become pregnant. In the event of a woman who has been raped falling pregnant, or when a baby has significant medical issues, the decisions that a woman and a family have to make are absolutely horrendous, and I recognise that. I also recognise the government's courageous efforts in bringing this legislation before the Parliament. However, I still have many concerns. I respect the decisions of women who have abortions. At the moment it is a woman's right, but it should not be to the exclusion of fathers and families. During the debate many members have expressed the need for better support mechanisms for women and families, and I certainly support that notion. I want to commend the member for Polwarth for his contribution, which was very much in line with my thought process, and that is about protecting the most vulnerable in our communities. I thought his contribution was spot-on.

As I said before, I am trying to comprehend the fact that on the one hand we invest so heavily in trying to save the lives of premature babies in particular, but on the other hand we are looking at relaxing legislation on abortion. I find that not quite right, and it is something that we should be concerned about.

Other aspects that are outlined in the second-reading speech are that a woman who consents to or assists in the performance of an abortion on herself by an unqualified person is not guilty of an offence; and there has been much debate surrounding the fact of conscientious objection. Subclauses (3) and (4) of clause 8 make it clear that registered medical practitioners and registered nurses who have a conscientious objection to abortion are nevertheless under an obligation to perform or assist in an abortion in an emergency. I do have a number of concerns about that particular aspect of the bill before us today.

I respect the contributions of other members, their thoughts and how they have reached their conclusions on this. However, in summary, I do not support this bill.

Mr FOLEY (Albert Park) — I rise to support the bill before the house. I will be supporting the decriminalisation of abortion through removing this procedure from the Crimes Act. I will be opposing those amendments that have been tabled that seek to deflect the bill from the course set by the government's reference to the Victorian Law Reform Commission (VLRC). I do so because, firstly, that position reflects the interests, as I perceive them, of women and those who support women faced with the choice of having to consider abortion as an option in their lives. Such a choice should not be considered a crime, even if it is no longer applied as a result of common-law interpretations of that law.

Secondly, that position reflects the best traditions of what public policy that impacts on people's private lives should be about. That is empowering women to make a decision as to what is appropriate in their life circumstances. In the instance of abortion, these are at times difficult and morally loaded decisions, and I agree they are far from easy. But these are decisions made rationally, knowingly and in consideration of the total circumstances of their life and their reproductive choices, a decision that is made by somewhere between one in three or one in four women during their lifetime.

In doing this I am persuaded that the bill does not increase or decrease the likelihood of abortions being taken up as an option by women. I am persuaded by advice from those sources that are best placed to give it that this reflects existing medical practice and procedures, particularly around the issue of post-24-week abortions, whilst recognising the extremely small numbers and limited application when it comes to such late-term abortions.

This is a position that I believe recognises the historical suffering and inhumanity that these unenforced and unenforceable laws, and the cultural attitudes that lie behind them, should no longer be given the legitimacy of the cover of the criminal code. Perhaps from such a historical point of view this position needs to be a statement made by this Parliament to those women who have suffered and died unnecessarily at the hands of these laws that treat a procedure that has always been with us and, so long as ill-timed pregnancies and human frailty continue, will continue to be with us.

I would like to think that this bill offers us, the state, an opportunity to settle a debt we collectively owe to the likes of Carolyn Jamieson, who died on a doctor's table seeking an operation that only two years later would be considered de jure, or legal, in 1967; or in my own electorate the likes of an unconscious Elizabeth Ritchie, who was arrested when police kicked down the doors of the Elwood sly abortion practice of Ronald Hill in the 1930s; or the likes of Mary Lewis who died in terror-stricken agony, according to reports at the court, from an abortion procedure gone wrong. There are many others, all women. Women from all walks of life across the past 150 years of this Parliament's operation who found themselves on the wrong side of the law for simply taking an appropriate choice as to where their life circumstances might be at that time.

In this regard I refer the house to the timely work by Gideon Haigh, *The Racket — How Abortion Became Legal in Australia*, for the sad history of double standards, corruption and exploitation that has accompanied abortion throughout this state's history, and the relationships between bad laws, bad police, bad medical practice and bad outcomes for women. It makes a sobering and convincing companion to the necessarily technical report of the VLRC.

In regard to my personal circumstances, I am drawn back to my Catholic childhood. One day in the early 1970s I returned home to the care of my grandmother from my local Catholic primary school, laden with anti-abortion material distributed by the nuns. Some of it was of the same vintage and quality that we have seen distributed in recent times — it all came back to me. Proudly I demonstrated my support for the church's position, only to have Nan round up the material and declare, 'What is other people's business is their business, and no-one can judge what goes on in other people's lives'. It was such a lesson in humility from a working-class girl from Flemington who as a young woman lived through the Depression when birth rates went into decline and backyard abortions were dangerous and common, and it continues to resonate in my mind today as I listen to this debate.

Despite her staunch Catholicism and its underpinning of much of her family and community life, Nan would have been a supporter of this bill. She would have supported it because it allows other people's business to be their business. It takes their business beyond the realm of criminal law from where in all reality it has been removed for over 30 years. She would have seen that it recognises the position of women in arriving at a difficult outcome appropriate for their lives in the least distressing circumstances possible. She would have supported it on the grounds of justice and compassion.

Today, women faced with difficult decisions do not need our censure. Whilst support in appropriate

circumstances is warranted in cases of abortion, that is not the subject of this bill. Nor should it be. Support in difficult medical procedures, whether it be an abortion or a potentially traumatic procedure of any kind, is an important issue. Abortion is not of itself the special exception that justifies some of the foreshadowed amendments we have heard about today. Mechanisms are in place that will determine each such case and circumstances on their merits. Let that continue to be the case. Equally, the VLRC has found no evidence justifying the need for special circumstances for either mandatory counselling or many of the other measures sought by those proposing amendments in good faith.

The same principles apply to the procedures surrounding those in the medical profession with moral objections to abortion. The bill respects such beliefs but respects even more the decision of a woman as she seeks to then have that abortion in a timely and safe manner. That is an appropriate balance. The bill should stand as is.

To arrive at this decision, I have consulted widely. I have met with representatives of pro-life groups and of the Ad Hoc Interfaith Committee, and I have met both locally and through party forums with different religious communities. I have established that there is a very diverse field of views amongst the faith communities. In this regard I refer the house to the winter 2008 edition of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) journal, *O & G*, entitled *Ethics and Religion in O and G*. This edition sets out the differing and complex moral, spiritual and religious views of many different faith groups on issues, including abortion. Suffice to say that all the main religious traditions in this state and many of the emerging ones consider abortion a complex and multifaceted issue. Whilst some strands of different traditions oppose it, others support the position before this house. It is far from a straightforward position.

It is a complexity that has reached into my own family as members of my extended family in their Catholic mainstream position firmly oppose this bill and have urged me to do so — in a kind, family-embracing kind of way. But I will not be rejecting this bill and will be disappointing them tonight. However, I will not be disappointing the vast number of women in our community who do not consider a crime the decisions they have made and will continue to make around abortion.

I have also consulted my party members locally, and I have considered in great detail the VLRC report and briefings and the material from the many groups that have provided their views to me. I do not pretend that there are not strong views that are counter to mine. I respect those views as genuine and heartfelt. I just do not agree with them. I maintain that this bill recognises the valid choices that women in this community make every day. We ought to give those decisions the decency of them not being considered a crime. I urge the house to take another step in the collective stumble towards a just result for women and to support this bill.

Mr BURGESS (Hastings) — This bill has been by far the most difficult matter I have been required to consider in my short time in Parliament, possibly in my life.

It would have been difficult enough if the consideration was between the mother's rights, needs and health, and those of the unborn child; however, the implications in my view are much broader. The way a community treats its most vulnerable is, in my view, a clear commentary on the worth of that community. This debate, therefore, will, in my view, reflect directly on us as legislators, and through us, on our communities. I have consulted widely both within and outside my electorate. I would like to convey my deep gratitude to those who spent the time and made considerable effort to assist me to explore in depth this most difficult of subjects.

There are in excess of 20 000 abortions performed every year in Victoria. In anyone's view that is far too many. Abortion will always be a topic that will attract dramatically different views throughout the community. I feel deeply for women who, through circumstances, are forced into submitting themselves and their unborn child to abortion. However, I find it impossible to believe that the solution provided by this bill is the very best we can provide.

Abortion is defensible in circumstances such as rape, incest and significant abnormality. Rape and incest would generally be apparent at the time of conception and in most circumstances allow a decision to terminate to be made within the first trimester of pregnancy. Detection of abnormalities can occur at any stage throughout the term.

I believe abortion should be the option of last resort. A decision to terminate a pregnancy should only be made through a process of balancing which path will produce the least harm. In simplistic terms, the view advanced by Justice Menhennitt in *R v. Davidson* was whether a continuation of the pregnancy would do more harm than terminating it; in other words, does the pregnancy pose a real threat to the physical or mental health of the mother? Where the answer to this question is yes, an

abortion is justified; where it is not, an abortion should not occur. In an ideal world this decision should be taken before 12 weeks gestation; however, especially in circumstances of foetal abnormality, I recognise that this is not always possible.

I acknowledge that while the discovery of an abnormality may not occur until later in the pregnancy, it may still satisfy the 'least harm' test. Of course the longer the gestation, the more the balance will tip in favour of the pregnancy continuing.

From the information I have sought and obtained both through my community consultations and from experts in the field, and from what I have already said, it is my view that, except in circumstances of significant abnormality, no abortion should be performed after 20 weeks gestation.

I believe wholeheartedly in this approach, because it is consistent with my belief that as human beings we should do no harm; I also believe that doing no harm is an obligation we in this place take on when we put ourselves forward to serve our communities.

Insufficient resources have been invested in investigating the array of circumstances that conspire to put a pregnant woman in a position where she believes she has no other option than to abort.

No speaker has indicated that they did not believe 20 000 abortions a year in this state was too high, and therefore it is surprising and deeply regrettable that this bill does nothing to address the underlying causes and circumstances that contribute to the high number of abortions occurring in our community.

The bill, as advanced, goes too far in that it provides no limitation on abortion up to 24 weeks, and between 24 weeks and full term, the restrictions in practice are unenforceable. I will be voting against the bill.

An article by Stephen Drill in the *Sunday Herald Sun* of 7 September, entitled 'Abortions blamed on social pressure', states:

> Teens who have abortions fear they will be shunned at school if they become mothers, a clinic has claimed.
>
> Some women in their 40s also felt they would be ostracised by peers and workmates if they continued with unplanned pregnancies, according to East Melbourne's Fertility Control Clinic.
>
> The revelation comes two days before the state Parliament debates whether to decriminalise abortion and allow women to have terminations up to 24 weeks.
>
> A *Sunday Herald Sun* investigation has also shown:
>
> > A married mother of two aborted her third pregnancy at the request of her husband because he said it would put them under financial stress.
> >
> > A career woman in her 40s had a termination partly because she was worried her employers would look down on her.
> >
> > A married mother had an abortion because she was worried what her friends would think of her having a child after a 10-year break.
> >
> > A childless 42-year-old woman who was abandoned by her partner regretted terminating her pregnancy. She called on men to take more responsibility.
> >
> > …
>
> The clinic's psychologist, Susie Allanson, said concerns about what other people thought were one factor in a complex decision.
>
> > 'A woman is between a rock and a hard place because there is still is stigma attached to being a young single mum and there's stigma attached to having an abortion', she said.

We need to use every option and tool available to us to reinstate the value of families, children and parenthood. In Australia in 2008 should a women ever be in a position to have to say, 'I cannot afford to have this child and therefore I must get rid of it', or, 'My friends will think less of me and so I have to have it terminated'?

Have we really reached a point where our community considers that in some circumstances it is more shameful to have a child than to abort it? While it would produce difficulties for a government to simply say, 'We will support you and the child', should we not be working to resolve the attitudes and prejudices that impose such a situation rather than condoning or indirectly encouraging the destruction of an unborn baby? Surely we should be using our combined intellects and resources to come up with ways to preserve life and not to end it.

The most basic rule for law-makers of our civilisation must be to do no harm. That principle imposes the obligation upon us to address the cause, not simply assist in the disposal of the unwanted baby.

A concept that has been repeatedly put forward throughout the contributions to this bill is that all it is doing is recognising the community's views and practices. With great respect, I do not believe this bill accurately reflects the views of the community and I do not believe our role as legislators is to codify common practice. Legislating to reflect common practice is intellectually lazy, an abrogation of our responsibilities

and dangerous. By taking that approach, we accept the occurrence of 20 000 abortions per year in our state.

Some members have pointed out that late-term abortions represent a small percentage of procedures. My response to that is that regardless of the small number, each termination takes the life of a soon-to-be-born child. With that in mind, surely one is too many.

Other members have detailed the grotesque process through which late-term abortions are obtained. I can only state that the procedure is not something that most people would allow to happen to an animal. Given that 20 000 abortions is too many, by simply accepting the existing conduct we also completely ignore the opportunity to investigate the reasons leading to that conduct and considerations of strategies intended to reduce the number of abortions. The prevention of just one abortion should surely make our efforts worthwhile.

I believe that, having been elected to represent our communities, we have been given an enormous honour, and with that honour comes a responsibility and obligation to lead, provide a vision, and where appropriate set standards. It is an abrogation of our duties to say we are merely reflecting what is currently happening in the community. Hoon activity has reached epidemic proportions throughout our community, but we do not consider legislating to allow it just to reflect common practice.

Our Parliament is the representative of our people and we must take the opportunity to lead our youth by example. What sort of message are we sending our children? What does the phrase 'consequences of actions' mean? Given the message that we send to our children regarding personal responsibility and consequences of actions through an abortion-on-demand approach to unborn human life, is there any wonder that our children are confused about what is expected of them?

I repeat that it is my view that we should always act on the basis of doing no harm, and in the case of abortion the measuring stick should be whether continuation of the pregnancy would cause more harm than to terminate. We should be using our resources to ensure that there is no such thing as being shunned or ostracised for being pregnant; there is only help, support and admiration for the mothers of our community. We have managed to effectively convince our entire population that drink driving is unacceptable, that smoking is bad for the smoker and the broader community, and we undertake campaigns to ensure our community views a person with a disability as just another person, but we make little effort to elevate the role of motherhood to where it belongs. After all, without it there is nothing else.

In the 1970s there were somewhere in the vicinity of 20 000 adoptions per year in Australia. This year there will be less than 200. Yet there are more couples than ever wanting to adopt; there are just not enough children to go around. Is it not worth the extra effort to save the lives of the children that would otherwise be terminated, and by the same action help these childless couples achieve the dream of their lives?

It concerns me that the terms of reference provided to the Victorian Law Reform Commission did not seek to identify and address at least some of the causes of women seeking abortions and what strategies could be adopted or actions taken to assist in reducing the number of abortions. In terms of the issue of counselling, I believe it must be a compulsory aspect of the process of obtaining an abortion. An abortion is a very serious matter and must be treated as such. It is surely a minimum requirement that the person or persons facilitating the procedure satisfy the requirement that the person wanting the abortion is fully informed; compulsory counselling can be an effective way of ensuring that this is satisfied. It must also be observed that there is a dramatic inconsistency between the requirement that a death certificate be issued for a baby that is stillborn post 20 weeks gestation, yet this bill will allow a termination at 24 weeks.

In conclusion, as a community we will rightly be judged by how we treat our most vulnerable, and there is no-one more vulnerable than a child in-womb that is entirely reliant on its mother for its every need. Today those babies are also reliant on us to protect them. I commend a course of action which creates a climate of opinion that encourages men to be more responsible in their relationships with women and legislative augmentation of their financial responsibility for their progeny. In our community we have a great many rights and freedoms; however, no right or freedom is limitless, particularly where another's life is involved. The right of an individual to choose is an attractive concept, but our obligation to our community is of greater importance.

Ms MUNT (Mordialloc) — I am very pleased to be able to rise tonight to speak in support of the Abortion Law Reform Bill. I have made a point of being in the chamber for most of the day to listen to the contributions on both sides of the argument, and I have been struck by the depth of thought that has been put

into the contributions by members on both sides of Parliament, the arguments for and against the bill, and the great consideration that members of Parliament have put into their thought processes in considering this bill.

A great deal of information has been provided that we have all taken a great deal of care to consider. There have been briefings from the department, from other members of Parliament, from other jurisdictions and from medical practitioners. In my office last week I had representatives from the Kingston Pastors Network, and that was in addition to all the individual emails and visits I have received and the comments I have heard from just speaking generally to my constituents. There has been a great deal of information for members to consider in coming to their decision, in addition of course to their personal ethics on this particular point.

I have to say that I would not categorise myself as being either pro-life or pro-choice; I think I am both. I am pro-life. No-one easily comes to a decision to have an abortion; that is a decision about a life, and a woman has to consider that very carefully when she comes to make her decision, based on a whole range of reasons; but in the end it is a matter for her to decide, so I am pro-choice as well.

I was struck by the measured contribution from members of the Kingston Pastors Network. For me, that was a very informative meeting. They came to me as representatives of their local church to voice their concerns about this bill, but they understood — because they read the Victorian Law Reform Commission report and the proposed legislation — that this legislation is not so much a referendum on abortion per se as a clarification of the law in relation to abortion. I thought that was a very profound understanding that came from the Kingston Pastors Network.

They also impressed upon me, of course, that they believe in the sanctity of life and are uncomfortable with abortion per se, but they understood that this was not a referendum on abortion, and I found that very interesting and very informative. They were concerned about the level of support services provided to women at the time they make their decision, and I think that is a fair and reasonable observation to make.

Members have taken pains to go through the technical aspects of the bill; given the points that have been raised in the chamber here today with regard to counselling, the length of gestation and matters of that nature, I am quite comfortable with the approach that has been taken with this bill.

I congratulate the Minister for Women's Affairs, who is in the chamber with us tonight. She has steered a very reasonable and measured course through this process and provided any information that MPs may have needed for their consideration. I would also note that the Leader of the Opposition and the Deputy Leader of the Opposition support this legislation, and the Premier and the Deputy Premier support this legislation, as do the Minister for Women's Affairs and the Minister for Health. That is a fair indication that the leaders of the main sides of politics in this chamber support this legislation as it gives clarity to the law.

This law is based on the recommendations of the Victorian Law Reform Commission, which also put a lot of effort into trying to clarify existing practice and put a law in place to do that. I commend it also for all its work in this regard. I believe very strongly that we cannot go back to the old days when women's lives were put at risk. Also, we cannot continue with a situation, as is the case now, where women are at risk of facing a criminal charge for making the choice.

I support this legislation, and I will not be supporting any amendments that are moved in the chamber. My reason for that is also fairly straightforward. We have gone through a lot of education about this law and what it entails. I have not had a chance to fully consider the ramifications of the amendments that have been presented to me in the past 24 to 48 hours in the way that I had the chance to consider the legislation and the recommendations of the Victorian Law Reform Commission. Even if I believed that some of the amendments may have merit — and I am not saying that I do — I would not support them in the house at this time. This legislation has to stand as it is. I support the legislation, and I commend the bill to the house.

Mr CLARK (Box Hill) — The fundamental starting point for a debate about abortion is whether there is one interest directly involved or two interests. If we are talking about one interest alone — that of the woman — then there is logic and reason in saying that abortion is ultimately about a woman's right to control her own body. If we are talking about one interest alone then our consideration of the proposed legislation goes directly to issues of ensuring fully informed decision making, protecting against coercion, avoiding conflicts of interest and exploitation and providing appropriate social support for the various possible decisions a woman might want to make.

However, if we are talking about two interests, that of the woman and that of a separate entity inside the woman, then we must start with fundamentally different issues. If we are talking about two interests,

we must decide what the nature of those two interests is and what ethical and legal rights and protections ought to be accorded to each interest. These are profound questions that go to the core of our understanding of both what is and what ought to be, about existence and about ethics. It is now almost beyond debate that there are two human lives directly involved in an abortion. Scientific advances in biomedicine, ultrasound technology and the use of DNA put beyond doubt that a separate human entity is created at the time of conception.

The question is not about taking human life — that is indisputable — rather it is about whether we should ethically or legally accord any status or any rights to that entity or have any other consideration of its interests. This is a question neither science nor logic alone can answer. The answer needs a starting point, and it may be there is no starting point that we would all find satisfactory, but we can start towards an answer in a range of ways.

We can look at our growing understanding of equality of all human beings over the course of human history. There was a time when it was regarded as morally permissible for us to conquer, exterminate or enslave human beings of other tribes or other nations, but that time is long past. The time when we denied legal protection or conferred only limited protection on strangers or outsiders is long past. The time of lawful slavery is long past. We can look at our inherent nature as human beings and what laws are logically needed to provide for our welfare as human beings, given our inherent nature. We can look at international covenants and conventions which make no distinction of status based on being born or unborn. We can look at Victoria's own Charter of Human Rights and Responsibilities, which implicitly recognises that an unborn child is a person because it expressly excludes the charter's application to laws relating to abortion or child destruction, which is something which would be unnecessary if an unborn child were not a person in the first place.

We can also look at our attitudes towards an unborn child when the child is wanted. We do not then call it a foetus, we call it a baby. We cherish it, we want to protect it, we confer legal redress if it is injured. How then can we say suddenly that this entity has no status or no interests, just because we want to abort it?

We can also look at how we react to cases of child abuse. We rightly are appalled at the cruelty and hurt that are inflicted on young children, often by those who are responsible for their care. We rightly demand that the law and child protection services do their utmost to protect young children from such abuse. If we demand those protections for a child from the moment after birth, how then can we not find it equally abhorrent to see violence and suffering inflicted on a child in the hours or days before its birth?

For all of these reasons, each of us should at the very least accept that there is some form of separate second interest involved in any discussion about abortion. Once you get to that point, the next question becomes: what is the nature of that interest? I believe that the arguments I have presented lead to the conclusion that the unborn child should be accorded the rights and status of a person — in other words, that from the point of conception it should be treated as a separate human being with moral equality to the rest of us, and in particular that our law and our conduct should confer and uphold a right to life in all human beings from the point of conception. However, I can understand and respect views that hold that at least at some stages of pregnancy the second interest involved is important but different, or that the interest becomes greater the more developed the foetus becomes.

Yet what I cannot understand is how any of us can support a bill that legalises the unrestricted killing of children right up to the point of birth. As pregnancy progresses it becomes more and more obvious that we are killing a human being with thoughts and feelings and hearing and memory and capacity to feel pain. Regardless of our views on abortion overall, surely we should not want that, we should not allow it and we should not facilitate it happening. Yet this is what the bill does.

The bill legalises child abuse right up to the point of birth. It allows the unborn child to be killed by saline solution, by stabbing in the back of the skull, and by numerous other methods. We would oppose anyone doing any such thing to a child the moment after birth. How then can we allow and condone it up to the moment before birth?

The bill contains no effective restrictions on abortion at any stage. The requirement of two doctors is a sham. You can have Dr X and Dr Y, in rooms side by side in the same abortion clinic, conferring and agreeing. The test they apply and agree on is 'whatever is appropriate', which in practice means whatever those two abortion clinic doctors say is appropriate.

The bill contains no protection whatsoever of any interest the foetus may have. There is not even a requirement to take reasonable steps to avoid pain to the foetus. A research ethics committee would never

allow to be done to a laboratory mouse what this bill allows to be done to an unborn child.

It follows from what I have said that a number of the arguments put forward in favour of this bill do not hold up. Once you accept there is a second interest involved, a woman's right to control her own body can no longer be maintained as the sole consideration. It remains a right that the law should uphold and protect, but like so many other rights it cannot prevail regardless of the rights of others; it has to be reconciled with those other rights. As well as this, at a certain stage of development a child becomes viable. If a woman's control of her own body were the only concern, it would be easily resolved by a live birth rather than an abortion.

Opposition to abortion also cannot be dismissed by saying it is about imposing one's morality on others. If there were only one interest involved, such an argument might be another way of saying it was ultimately a woman's right to decide. But we do not refrain from protecting children from child abuse once they have been born on the grounds that doing so amounts to imposing our moral views on others. It certainly does amount to imposing our moral views on others. We are imposing our moral views on anybody who wants to harm that child — and so we should. That is part of our inherent duty, and we do it with every law we pass that directs people as to what they can and cannot do. One of our core roles as legislators is to protect the vulnerable in the community. Once you accept there is a second interest involved in an abortion, it is part of our job to be willing to protect that interest.

The existence of a second interest involved in abortion also refutes the argument that abortion should be regulated no differently to any other medical procedure. An abortion is not like any other medical procedure because almost uniquely among medical procedures there are two interests involved. One of those interests is not in a position to defend itself through its own means; it relies on society and the law for protection.

Even if we totally disregard the interests of the foetus in the abortion debate, this bill is still gravely deficient. Abortions are procedures that can have profound and life-changing consequences for women, with long-term physical, emotional and psychological consequences which can be both serious and far from obvious. The procedures are ones where it is known that a significant number of women are under physical or emotional coercion to undertake and which young women may be compelled to undertake by male relatives in order to cover up incest or other sexual abuse. You would have thought that in such a context proponents of this legislation would have gone to great lengths to incorporate measures for the protection of women, the protection of children, safeguards against family violence, the empowerment of women, the overcoming of social disadvantage and exclusion and consumer protection against exploitation by unscrupulous operators. Yet the bill contains none of these things.

Even on the test of Hillary Clinton and others of 'safe, legal and rare', what the government is proposing is a failure. Where is the policy package to reduce abortions, to provide alternatives, to empower women to say no to coercive pressures and overcome social disadvantage and stigma so they can continue with their pregnancy?

The bill is also an assault on the rights of health professionals. The proponents of this bill either have no comprehension of what it means to have a conscientious objection to abortion or else they are introducing a measure designed to force those with conscientious objections out of the health professions. The so-called conscientious objection clause is in fact a compulsory participation clause. The requirements it imposes on health practitioners who have conscientious objections will actually compel the practitioner to do what they object to. Although the bill before us goes through the illusion of having some regard to a second interest, it is in fact calculated to have no regard whatsoever to a second interest. What this bill will condone and facilitate is an affront to our humanity.

Mr BROOKS (Bundoora) — At the outset I would like to commend all members of this place for the approach taken to reforming the law of abortion. I also commend the Victorian Law Reform Commission on its report which was built upon consultation with the community and guided by expert clinical and legal advice.

This has been a difficult decision for me, and it has certainly been a difficult debate that has stirred emotions within the broader community. However, we have generally seen a very thoughtful and respectful approach by those involved. I confess that the more I have learnt about the process of abortion through the process, the more I dislike it. The consideration of the legislative political framework around late-term abortions in particular has been extremely confronting.

A foetus by definition is a form of human life and much of the debate on this bill has centred on the legal or medical status of that form of human life as it develops from conception through to birth. It also calls into question the rights that that form of human life should have against the rights of a woman to make decisions about her body and the foetus she carries. What is left

to balance the impacts on women who would otherwise seek access to safe abortion against the rights of an unborn foetus from conception through to birth?

While my initial reaction to a law of abortion is one of opposition, I believe those opposed to or concerned about abortion have a responsibility to put forward an alternative legislative framework. The question I have asked myself is: if I were to oppose this bill, what would I support in its place? What would I do to bring this about? How does any government respond to the circumstances that lead to a women deciding to have an abortion? Should we say that because we do not like the practice of abortion that we should restrict access to safe, legal abortion services? History has shown us the impact of such restrictions on women's health.

I cannot support an approach to abortion and women's health that would see women carry unwanted pregnancies to term or even seek unsafe abortions as has been the case in the past. In considering this bill I have weighed these issues and have come to the following conclusions: abortion should not be regulated under the Crimes Act; women seeking abortion should have access to safe supportive services; and late-term abortions where foetal viability is high deserve a high level of consideration by medical practitioners such as the current clinical practice at the Monash Medical Centre.

I have decided to support this bill, but there are some aspects of it that I believe can be improved, so I will be supporting a number of amendments. Firstly, I think many Victorians — certainly those I have spoken to about this issue — are supportive of a woman's access to safe abortion services, but they are also concerned about late-term abortions and I believe stronger and broader clinical advice can only help in any decision regarding a late-term abortion. Therefore, I will support an amendment that requires a panel to consider late-term abortions and to provide written advice. Given that some medical practitioners hold strong personal or in some cases religious views about abortion, any legislation should respect those views and not force an objecting medical practitioner to make a referral to another practitioner who is known not to have an objection to abortion.

At the same time it is important that the woman involved is not left without information and support in whatever decision she ultimately makes, so the creation of a schedule by the Department of Human Services, which lists family planning and pregnancy support services, is a sound option. Medical practitioners would have the option of referring the woman to another doctor who does not have an objection to abortion, or to provide the woman with the schedule of services.

The Scrutiny of Acts and Regulations Committee has reported on this matter and asked members to consider whether there are other ways to ensure services for women without limiting the rights of some medical practitioners to the human right of freedom of belief. I believe this is striking the right balance.

If the amendments that I outline fail to win the required support, I will still support the bill because I strongly believe that leaving the practice of abortion in the Crimes Act is unacceptable, and there is a need to bring legislation up to date with current clinical practice. Legislating for abortion is a difficult process which involves each member drawing on their own values and addressing fundamental questions such as when does life begin and how do we compare the rights of a pregnant woman with the rights of an unborn child or foetus? I have attempted to make my decision with a sense of compassion and reason. I must say I am not comfortable with my decision, but I know for sure that I would be much more uncomfortable with any of the other options that are available.

Mr HELPER (Minister for Agriculture) — I wish to make a short presentation, and I will keep it short because of the incredible thoughtfulness of the ideas that have been presented by so many of my colleagues in this chamber today.

I have listened to a large part of the debate, as most other members have, with a great degree of interest, and I express my gratitude to members for their presentations on both sides of the debate. Like other members I have received feedback from many members of my electorate and more broadly from the community of Victoria, and indeed further afield. In accepting the passion with which views on this issue are held, I thank the vast majority of those who have made their views known to me. However, I am disappointed with a small number of those representations which were not within the spirit of the respect for different views that the debate in this chamber has demonstrated today.

The ethical framework that individuals take to this issue, be it here or in the community, is a product of the individual's life experience. It is based on our background and on our life experiences; it is based on our experience with those surrounding us and on our religious beliefs or the absence of them; and of course it is based on many other factors also. Therefore, I would contend that there is no right or wrong ethical view on this matter.

It is with this in mind that I again express my respect for the way in which we have conducted this debate today and for the views of individuals in our community. Having said this, we as legislators face two and not one ethical question. Firstly, the issue of abortion itself, and secondly, what, if any, right we have to impose our view on others, particularly women facing extremely difficult decisions in their lives.

On the first question, my view becomes clear when I say that I support the bill before the house. On the second ethical issue of whether we have the right to intervene in a deeply personal decision to be made by a woman, I believe we do not, particularly not by applying a criminal offence if her choice is to have a termination. For those reasons I support the bill before the house.

Ms BARKER (Oakleigh) — In August 2007 the Premier indicated that advice would be sought from the Victorian Law Reform Commission on options for abortion law reform, and specifically on removing abortion offences from the Crimes Act 1958, to modernise and clarify our laws to achieve a balanced outcome and reflect community sentiment and existing clinical practice. I believe it is appropriate that the medical procedure of termination not be included in the Crimes Act.

The law reform commission's work was extensive. Its report has provided all Victorians with detailed information and advice. In reading the report I paid particular attention to the section on current clinical practice. As we all know, the bill before the house reflects the suggested model B — a two-staged approach based on 24 weeks gestation. I indicate my support for the bill.

This has been a very interesting debate in my community. It has been a long debate because the issue has been longstanding and the suggestion of decriminalisation has also been fairly longstanding. There have been a number of very strong representations by people fiercely opposing this bill. However, I have also noted that the majority but not all of those representations have been fiercely opposed to abortion. The opposition is not to the decriminalising of abortion and removing a medical matter from the provisions of the criminal code but is based on the position that abortion should not occur under any circumstances.

Representations in support of decriminalisation were very much supportive of model C prior to the introduction of this bill. Since the introduction of the bill I have discussed or corresponded with those residents as to why model B is considered to best reflect current clinical practice and provide women and health practitioners with clarity, and they have accepted my views on that matter. Of particular interest to me have been the comments of local residents that this current debate has surprised them because they believe that abortion is legal. When told that it is still included in the Crimes Act, they have clearly indicated to me that this should no longer be the case.

I have received a wide range of correspondence and emails, as have all members, from many organisations who have expressed views both for and against the bill. I have as much as possible read that information and accepted that they are presenting me with considered information. However, I have not accepted the leaflets that have been circulated in my electorate which have caused a great deal of trauma and anxiety for many families and particularly for women and children.

I have approached this issue from a number of personally held positions which I have been clearly indicating for some time. Firstly, I support choice for women where the very difficult and personal decision to terminate a pregnancy is discussed and determined by a woman and a qualified medical practitioner. For some time I have clearly indicated that I support decriminalising this choice when it is made by a woman and a qualified medical practitioner. I, like many others, indicate quite clearly that I am not pro-abortion; I am pro-choice for women within an appropriate legislative framework.

Because I hold the positions I have been indicating for some time that I hold, I have drawn in particular on two pieces of information that have come to my attention. They have been very useful to me both in discussing this with my local community and in terms of some of the aspects of the bill. I respect greatly both organisations that have provided me with the information. One of those pieces of information is from Family Planning Victoria, which I note has announced its support for the bill in its current form. It states, and I quote:

> We consider this bill an important and much-needed improvement to the Victorian health service. It brings Victorian law into line with current practice and gives certainty to Victorian women and their doctors.
>
> If passed, it will enable Victorian women and their doctors to make health-care decisions, safe in the knowledge they are acting legally, and that is vital to a safe and effective health service.

The letter goes on to say:

> Counselling should be available for those women who request it, but as the need for counselling is a clinical decision, mandatory counselling has no place in legislation.

I further refer to information I have received from health professionals at the Royal Women's Hospital, including Dr Chris Bayly, who is a consultant gynaecologist and the associate director, women's services, and a number of other consultant gynaecologists, nurses, midwives, psychiatrists, social workers, general practitioners and obstetricians.

I understand this article was reported in the *Age* of 3 September 2008. It is very extensive and I will not go through it all, but I will refer to some of it. It states:

> As doctors, midwives and counsellors at the Royal Women's Hospital who work with women considering abortion, we welcome the Abortion Law Reform Bill 2008 as a major step forward in ensuring the continued provision of high-quality clinical services.
>
> The legislation won't change the thoughtful and careful process that women and their health-care professionals currently undergo in arriving at a decision to terminate a pregnancy. There is no international or local evidence to suggest that regulating the process of abortion through legislation will make abortion 'easier' or increase the number of abortions.

I totally agree with this. It further states:

> Abortion is never 'easy' — it defies belief that clarifying the law would make more women seek abortions.

As I said, the information from the Royal Women's Hospital is very extensive and I will not go through all of it. However, I refer to a further section, which states:

> Care for women considering abortion is, like all health care, governed by a broad range of regulatory and professional requirements, which set standards for care. These include the need for informed consent, reference to practice guidelines and monitoring and supervision arrangements.

The letter concludes by saying:

> The legislative treatment of abortion as a health issue will improve care and inform prevention activities and early intervention for women. It will support research and training programs so that future health professionals will be able to provide good quality care to the next generation. Our community deserves nothing less.

I have indicated already that I support the bill. I come to this from a personal position that I have held for a long time and also in considering a great deal of information that has been brought to my attention and also considering the report from the Victorian Law Reform Commission. I commend the bill to the house.

Mr SCOTT (Preston) — I also rise to support the bill. In making this contribution I thank all members who have participated in the debate and the tenor in which the debate has been conducted in this house.

I raise one issue about which I disagree. The member for Malvern indicated his support for the common law rather than Parliament as being a useful mechanism for dealing with such issues. While I may be misrepresenting his position I would be happy to be corrected by him at a later date. As a general principle I regard parliaments in a democratic society as being the appropriate vehicles where possible to resolve complex issues of morality within society. While courts have an important role in protecting the rights of individuals they should not be the primary mechanism for resolving complex issues of morality and of how society functions. Parliament is the supreme body that has the pre-eminent role in this matter.

I have thought about this issue quite deeply, although it is no secret that I am a person who takes the pro-choice view in general in these matters. The essential reasoning that has led me to support the bill in a broad sense was the effective legality of abortion as it exists currently, and a belief that abortion in those circumstances should not reside in the Crimes Act. It should be regulated as a matter of health rather than be in that act.

I prepared for this speech some statistics indicating the majority support in the community for abortion, but on reflection I think it would be disingenuous to say that my position is driven by how popular or not the issue is in opinion polls, surveys or the like. I am sure that if my view were in the minority I would be voting exactly the same way today, and I respect those who take a position on their moral view which is in accordance with what may be the majority position in the community. This is not a matter where members of Parliament should act simply as delegates of the majority view in the community. It is about fundamental life issues where they make a decision on how they view the world and what their fundamental morality is. I am sure, as I said, that if my position was the minority position I would still be voting the same way as I am today in supporting the bill.

It is not a perfect bill or a bill that I would generate if I had to write it in its entirety, not that I would be capable of doing that. Nonetheless it is my intention to support the bill, and I believe it is important that women who are dealing with a difficult issue and wrestling with their consciences at the most fundamental level about whether they should continue with their pregnancy should do so under the auspices of health rather than the

Crimes Act. I support the bill and will be happy to support it in the house.

Ms RICHARDSON (Northcote) — Over the last few months I have received a great many representations from individuals and organisations on the bill before the house. I would like to thank them for raising their concerns with me and for giving me the chance to understand their views. Many have expressed concern over the difficulty of the decision facing members of Parliament. While consideration of all the material has not been easy, to my mind nothing compares with the gravity of the decision to terminate a pregnancy, yet for so many different reasons that is precisely and sadly the tough decision taken by roughly 19 000 Victorian women every year. In fact it is the second most common surgical procedure for women in Australia, with approximately one in five women having made the choice to terminate their pregnancy. The 1969 Menhennitt ruling outlines the circumstances by which a 'lawful' abortion may be preformed and has guided abortion services in Victoria ever since. However, abortion has remained an offence under the Crimes Act. Resolving this discord between abortion remaining in the Crimes Act and the ruling of Justice Menhennitt is what this bill seeks to address.

The Abortion Law Reform Bill will also bring Victoria's legislative framework into line with current clinical practice and broad community views. Framed in response to the Victorian Law Reform Commission report, the bill will not increase the number of terminations performed or restrict access to services. Under model B outlined by the VLRC, where a woman is less than 24 weeks pregnant the abortion will be a private decision for the woman in consultation with her doctor. Over 99 per cent of abortions take place prior to 20 weeks gestation. For the very few abortions that take place post 24 weeks, an abortion will only be able to occur if two registered practitioners consider the abortion appropriate in all circumstances.

In short, the bill decriminalises abortion, underlines the current clinical practice and in my view rightly reasserts the principle that this difficult decision is for a woman to make based on her own conscience and personal circumstances. This is not a decision that I, the government, the Parliament or anyone else should dictate to her. In the same way that I could not in good conscience tell a parent of a child with little or no prospect of survival to keep or remove life support, I cannot in good conscience dictate to a woman what she must do when faced with a decision of whether or not to terminate her pregnancy for whatever reason. I cannot in good conscience tell the woman whose baby has died or who carries a baby that has little or no prospect of survival post birth that she must continue with that pregnancy either. I cannot in good conscience tell an incest or rape victim to carry on with their pregnancy or dictate to a woman faced with harsh life circumstances or feelings of utter despair that she must carry on with her pregnancy. No matter what my view is, it is mine and mine alone and should only impact on my choices and on my life.

Today this house has heard principled positions put by members on both sides of this debate. No-one holds the moral high ground or, I hope, would claim to do so. However, there is one significant piece of common ground all sides of this debate share — namely, a desire to reduce the number of abortions. Too often extremist views and misinformation can cloud this important objective and the common goal held by all. For example, worldwide data shows that decriminalisation of abortion along with wide knowledge of and availability of contraception and sexual health education are the surest ways to reduce abortion rates. Let me make it clear: abortion rates are lowest in countries that have legalised abortion. According to the World Health Organisation there was a decline in the number of abortions worldwide between 1995 and 2003. The decline in abortion was greater in developed countries, where nearly all abortions are safe and legal, than in developing countries, where more than half are unsafe and illegal. The lowest rates in the world are in western and northern Europe, where abortion is accessible with few restrictions.

This worldwide trend has led some anti-abortionists to support the decriminalisation of abortion. This downward trend is also reflected here in Australia. According to the *Medical Journal of Australia* the abortion rate in Australia declined from 21.9 per 1000 in 1995 to 19.7 per 1000 in 2003. In Western Australia the decriminalisation of abortion did not buck this trend, with abortions falling from 8217 in 1999 to 7828 in 2005. There is no evidence to suggest that the decriminalisation of abortion in Victoria will do anything to increase the number of abortions, and it is expected that our rates will continue to decline.

However, there is evidence to show that where abortion is illegal it is often unsafe. Perhaps the strongest voices in support of the bill come from women who remember the challenges facing women prior to the Menhennitt ruling of 1969. From their stories we learn that criminalising abortion in Victoria did not reduce the abortion rate, but it did endanger the health and lives of women. The imposition of legal sanctions, the pushing of women into backyard and life-threatening abortions has never been and could never be claimed as a pro-life position. However, no matter on what side of this

debate you fall, we must build on the common ground of seeking to reduce the number of abortions. That search will not be aided by adopting extreme positions, and historically we know that extreme positions do not generally lead to good policy outcomes.

We know there is no single solution, but let us talk about prevention, let us talk about supporting women on low incomes and the long-term goal of women gaining economic parity with men. Let us please, once and for all, abandon the notion that abstinence and proper sex education reduces the number of abortions.

I would like to take this opportunity to acknowledge and thank all the women who have campaigned on this issue. I must confess to the blokes out there, be they fathers or not, that I have listened most closely to the opinions of women on both sides of this debate, as I have always held to the view that where there is doubt on this issue we should trust the voices of women.

I would also like to acknowledge former Premier Steve Bracks, who agreed before the last state election that this matter would be brought before the Parliament in line with Labor Party policy. He then granted leave to Candy Broad, a member for Northern Victoria Region in the Council, to bring her private members bill before the ALP caucus and introduce the bill in the upper house. His decision was the precursor to this important bill. I would like to acknowledge our current Premier, who honoured this commitment and who along with the Leader of the Opposition has supported this important bill. I would like to also congratulate the Minister for Women's Affairs and the Minister for Health for their work in bringing a well-considered bill before the house.

Finally, as the bill supports current clinical practice, I intend to support the bill without amendment. I commend the bill to the house.

Mr HOLDING (Minister for Finance, WorkCover and the Transport Accident Commission) — I rise to contribute to the debate on the Abortion Law Reform Bill. I support the bill. In reaching this view I am guided by the experiences of women — some close friends — who have sought these services in the course of their lives.

As a young man with no children it is perhaps hard for me to understand just how difficult this decision must be. Regulating abortion services through the Crimes Act with the uncertainties inherent in the common law only make it more difficult. When black-letter law is so out of step with current practice, perhaps the community can turn a blind eye. However, we as legislators cannot. This is perhaps our only chance to ensure that our law reflects sound, clinical practice. That is why I support the bill.

Mr HOWARD (Ballarat East) — In commencing my contribution to this debate I want to say that when I decided I wanted to stand as a candidate and was subsequently elected to this Parliament, I did so with a clear sense that I would always vote according to my conscience in a way that I genuinely believed was in the interests of the people I was elected to represent. My strong Christian upbringing and ongoing Christian commitment was and continues to be a driving force for me and provides guidance to the way I interpret my role as a community leader.

The issue before us clearly presents a challenge and, in the light of the huge degree of heartfelt community feeling expressed about the bill, it is not one that any of us could come to decide on lightly. I come from a position where I believe that there is nothing as wonderful in life as the reproductive process. Having witnessed the birth of two of my children over the last six years, the sense of exhilaration and excitement in that process is still strong in my mind. I love watching my children grow and develop, all too quickly, and sharing their upbringing with my wife, albeit being aware that in my role I am not with them as much as I would like to be.

I am pleased that I have not been in a position of having to make a personal decision about whether a pregnancy should be terminated, but I know of many people close to me who have. Of the situations I have been close to, I know that these have been awful decisions, not taken lightly. A family member diagnosed with cancer in the early stages of a wanted pregnancy presents the closest example. I was relieved when my wife, during pregnancy testing, was encouraged to believe that there were no known disorders present in our developing children, but I know of cases where the advice was of the likelihood of an abnormal child. While I respect those mothers and couples who determine to go ahead with such pregnancies, I make no negative judgement on those who take the difficult decision to terminate.

My decision regarding this bill is guided also by the stories of backyard abortions which came to light in my younger days. They were dreadful stories. I do not want our society ever to go back to those days. The decision I have made, in full light of my Christian reflection and my experience of life, is to support the bill. Like most members of our community I would like to see all pregnancies carried to birth, but I recognise that for a range of reasons this cannot be the case. I am concerned

by the present level of abortions taking place and hope to see that level reduced.

As someone involved in bringing forward legislation I understand the advice coming from the Victorian Law Reform Commission that the present legislation is outdated. The Victorian Law Reform Commission's advice is that the present legislation contains too much legal uncertainty and, as we know, no-one has been charged with performing an unlawful abortion in this state for over 21 years now. Our legislation in all areas has to represent what we practise. It should be reviewed regularly and updated to ensure it is still able to be practically enforced, and that its wording and practice represents community values. The decision before us now is whether to stick with the present legislation and enforce it or whether to update it to represent a practical and legally enforceable alternative which recognises the reality of society.

In my view if members vote against this bill, in support of the views put by many of the well-meaning correspondents whom I have heard from lately while we continue to have the current level of criminal sanctions placed against abortion and attempt to enforce it, we are simply turning our back on reality and forcing some expectant mothers back onto the path of those dreadful backyard abortions. I cannot support that approach.

I am satisfied that the bill has been well considered and well drafted by the Minister for Women's Affairs and by the Minister for Health and their departmental staff, and I congratulate them on the drafting of the legislation. I do not accept the view that the passing of this legislation will increase the number of abortions taking place before 24 weeks after conception, nor do I accept that the passing of the bill will see an increase in the very small number of terminations which may occur after the 24-week gestation period.

I believe my role in this house is to bring about good legislation. However, when not voting on legislation my role is to work with the community to address community issues in a practical way. I want to work with community members to ensure that sex education in our schools is improved, and it is my view that the church and other community members should also try to share more directly a view about values in relationships.

I want women who become pregnant to know there is a broad range of support closely available which may encourage them to want to continue with a pregnancy. In a community where I know of so many couples who so dearly want to be parents but are unable to do so naturally, it would be wonderful if we could make it easier for mothers not wanting to raise a child, or not feeling capable of raising a child, and who would presently see no option but abortion, to feel comfortable about continuing with the pregnancy and allowing others wanting to parent a child to take up that option. I know that such options cannot be taken lightly, are very emotional and can be complicated, but I believe there are paths forward in this area which need to be better explored. I believe all women put in the position of having to consider the need to terminate a pregnancy should be offered a broad range of counselling and support, both through formal channels and through family and the broader community.

My view on the issue of abortion is that this bill provides the correct path in recognising the reality of life, and I support it. For those who want to reduce the number of abortions taking place — and I include myself in that group — our job is not to be critical of legislators who support the bill, nor is it to judge those who see no option but to terminate a pregnancy. Our role is to work as community members to change the circumstances where some women see the need to terminate their pregnancy, either to help reduce the chances of unwelcome pregnancies, or to provide greater opportunities for them to see positive reasons why they may determine to continue with the pregnancy.

In saying this I continue to recognise that there will be many very challenging situations where I would understand and respect a woman's decision to terminate, and in such situations I would also want to see a broad range of ongoing support mechanisms put in place to assist the woman and her partner through this very difficult process.

There is much more I could say on the issue of abortion as it is a very complex emotional area where circumstances will vary from situation to situation. However, I will leave my contribution on the general content of this bill at this point and may speak more specifically on issues which may be brought forward via amendment during the consideration-in-detail stage.

I appreciate and respect the broad range of views on this issue shared by constituents. I will continue to be available to speak with my constituents more about this issue as I will on other matters. I hope they listen to and respect my position, and if they do not agree at least understand why I have chosen to vote as I will on this bill.

Mr LUPTON (Prahran) — I want to make it clear precisely what this bill is about and what it is not about.

This bill is about removing terminations of pregnancy from the Crimes Act without changing current clinical practice in Victoria. This bill will not result in more abortions; it will remove the shadow of the criminal law from a situation in which the criminal law has no place.

This bill is the result of a reference to the Victorian Law Reform Commission that sought advice on options to remove abortion offences from the Crimes Act 1958 and clarify the existing operation of the law with regard to existing clinical practice and existing legal principles in line with the government's commitment to modernise and clarify the law so that it reflects community standards without altering current clinical practices.

This bill is not about being for or against abortion. I do not think it is appropriate to speak of this issue in that way. I do not know anyone who is in favour of abortion. I, for one, would be happy if we reached a situation where no abortions were performed, but that is not the reality. We need to ensure that education and awareness are used to reduce the number of unwanted pregnancies. Women should rightly be supported appropriately in their choices.

As I said, this bill is about removing abortion from the Crimes Act without altering current clinical practices. This is a medical and women's health issue. It is not an issue where the state or the government should intervene between a woman and her doctor. It is not appropriate that the Crimes Act should be applied in that way. The community would not accept women and doctors being prosecuted today, and the law needs to reflect that fact. This is about difficult, emotional and tragic situations where women have to make decisions and choices about their health and future. It is not appropriate that the state intervene through the criminal law between a woman and her doctor in that decision.

Abortion is an issue upon which people's views differ. People are entitled to differ in their views and opinions, but I do not believe that another person's opinion, no matter how strongly held, should be imposed over the clinical needs of the woman concerned. That should be a matter for a woman in consultation with her doctor.

As members of Parliament we have been contacted by many people about this issue. I do not believe my deliberations in this place should be determined by conducting a straw poll of people who contact me, although I do listen to and respect views that are put respectfully. Through my discussions I have been informed of the views of those people, and I have taken note of their views. My views are also informed by my life experience, including that of being a father of five children.

Through my discussions I also know that there are many divergent views in the community, in particular among people of different faith communities. I want to relate one incident to illustrate how opinions on this issue can be unexpected and complex. Some time ago I met with a group of Catholic clergy to discuss this issue. They told me that they had come to the conclusion that abortion should be removed from the Crimes Act. This was not because they favour abortion — self-evidently they do not; they want fewer abortions, as I do myself — but they had seen that the decisions and consequences facing women needed to be addressed by care and support, not by the criminal law, and that while abortion remained in the Crimes Act these matters were perhaps not being addressed in the most caring and supportive way. I was surprised and heartened by what they had to say. I think it showed an ethical and humanitarian approach to this issue. Evidence from around the world shows that this enlightened approach is the most effective way to reduce the number of abortions.

This bill establishes a clear framework based on current clinical practices. There is no evidence to support the contention that under a clarified legal framework women will simply choose to get pregnant and have an abortion. This is a difficult decision for a woman to make, and clarifying the law does not make that decision an easy one. I cannot imagine how difficult such a decision would be. I cannot imagine making the decision myself, but we have to understand it is the myriad circumstances of others that need to be considered. I am very conscious that as a man I will never be faced with having to make such a decision for myself, but I know that women do not and will not make decisions to have abortions lightly. Neither is there any evidence to suggest that the number of unwanted pregnancies will rise under a clarified legal regime.

So why is it necessary to clarify the law? There has not been a successful prosecution for abortion in Victoria for about 40 years. Since the Menhennitt ruling in 1969 abortion has been regulated by a judicial interpretation of the meaning of 'unlawfully' in section 65 of the Crimes Act. That ruling provides that an abortion is lawful when 'necessary' and 'proportionate'. Within the terms of the ruling, abortion is legal in Victoria. But the current law is not widely understood because it is vague. It suffers from the difficulties many common-law rules suffer from — it was devised to fit the circumstances of a particular case and has then been squeezed and stretched to fit the myriad circumstances

that were probably never envisaged at the time. That is why a statutory clarification is appropriate. There is a lack of clarity for women and medical practitioners. It is appropriate that the law be clarified. It is appropriate that abortion be removed from the Crimes Act in such a manner that will not alter current clinical practice. This bill achieves that objective, and I will be supporting it.

Mr LANGDON (Ivanhoe) — It is with a heavy heart and after a great deal of examination of my conscience that I speak on the Abortion Law Reform Bill. I have listened to many members of this house speak in the debate, and I respect many of their views. I know some members have exhibited a lot of passion about this issue one way or the other, and I respect their views in particular.

I have not gone out to my electorate and sought a straw poll or taken into consideration the very few letters but quite a lot of emails I have received from around the state and the country. I believe that it is up to me to make that decision as a matter of conscience and not to conduct a straw poll on the issue. I am one of those people who are very much pro-life but also very much pro-choice. I do not believe that as a legislator I have the right to dictate to anyone who is in the position of having become pregnant and who for whatever reason is making a decision to not continue with that pregnancy.

I am a father of three very delightful children, and I have had enormous pleasure being their father. I know a few people have mentioned that we have just celebrated Father's Day, and one of the great pleasures in life is being a father on Father's Day.

Mrs Maddigan — You should hear what they say about you.

Mr LANGDON — That is a fair comment. I must admit that this year I have been faced with enormous challenges as a father. Sometime in late February my oldest daughter, Kate — who is known to many members of this house; she has been coming in here since I was elected — after a long and loving relationship with her boyfriend, Will, discovered at the age of 17 years and 5 months that she was pregnant. Like many women of that age, she had to make a choice, and I respect her views greatly. I am very proud that she has decided to continue the pregnancy and keep the baby. Yesterday she said that today she will be five weeks and four days away from giving birth, if the baby comes on time. There have been a few anxious moments in the meantime. But if my daughter had decided to take a different path or there had been difficulties with the pregnancy, I would have supported her, no matter what. It would have been her choice. I know my daughter exceptionally well, and she would take that choice exceptionally to heart, as I believe most women would.

I will support the bill fully, and I will give consideration to a few of the proposed amendments. I wish to take this opportunity to put on the record the respect I have for my daughter for making what was a very difficult choice for a woman of 17½ years of age. I think she will be a wonderful mother, as are most women. Again, I will support the bill, but I also have a great deal of respect for those people who will propose amendments. I will listen to their thoughts sincerely and consider what I can do. However, on general principle I am totally supportive of the bill. As I am both pro-choice and pro-life, I commend the bill and the intention behind it.

Mr NARDELLA (Melton) — I support the bill before the house. It codifies the existing situation within Victoria. With regard to these important issues and questions, it is the role of this Parliament to make it clear what the situation should be within our society and community. The Menhennitt ruling clarified, through the common law, what the situation is — that is, that abortion is permissible under certain guidelines. Generally speaking abortion has been allowed since the ruling in 1969. However, there have been problems with that ruling, with late-term abortions and with a number of individuals who have hounded women who have had abortions, sought information about them and tried to push their point of view by using these women. That is inappropriate. This legislation clarifies the situation so that people cannot hound women who have made these very difficult choices.

An extensive process was undertaken by the Victorian Law Reform Commission regarding this question. This is appropriate. Discussing and debating this is one of the things we need to do as legislators, and this is an appropriate way for us to be informed. We were given those various options, and the bill has now finally come before the house. It is the role of Parliament to undertake these considerations; it is the role of a parliamentarian to consider these questions, as hard as they may be, and then, finally, to make decisions.

I believe it should be the woman's right to choose. Women should have control over their own bodies. That is one of the most critical things that the bill enshrines in legislation. Rather than relying on rulings by judges or on the views of non-legislators in society, it is the role of this Parliament to make that decision. It certainly makes that decision for pregnancies before

24 weeks, and then there are appropriate mechanisms for pregnancies after 24 weeks.

It is also a working-class question. In the past, working-class women could not get a legal abortion. They went to backyarders, they got sick and they died; they paid for this privilege, to break the law at the time. Middle-class and upper-class women could always procure a clean, sterile and professional abortion. Because they could pay they went into specialist rooms. It was usually called 'having a curette'. Many honourable members today — or yesterday, in actual fact — have mentioned the personal stories of women who had abortions in the past. Again, in the main, they were working-class women who found themselves in that position.

It is interesting that the vast majority of people in this Parliament today — and the honourable member for Bass talked about it in his very good contribution to the debate earlier — have not seen the corruption or the deaths at the doorsteps of hospitals. They have not gone through, or assisted women to go through, the desperate situations that occurred before the 1969 ruling. They have not lived through those situations. In the same way we, members of this house and members of this society, have not lived through polio or tuberculosis or the X-ray caravans. I remember the X-ray caravans, but when you talk to young people today, you see that they have no idea about those things, just as a lot of us do not understand now the real problems and the real issues that women and their partners had in regard to the procurement of an abortion. In fact the procurement of an abortion destroyed their lives, destroyed their fertility or almost killed them.

I also want to talk about education, an issue that has already been talked about in this debate. I agree with what a number of members have said, but I think we need to become serious about education. We need to get real about education, both within schools and outside of them. We also need to provide condom vending machines, just as we provide sterile needle deposit facilities in a number of places. They should be available to all. They should be available in the schools, and they should be available in the railway stations. They should be available in such places just as they are available at airports and elsewhere within our society.

There should also be a TV advertising campaign for teenagers and young adults. I agree with other members that the 20 000 abortions we have here in Victoria is too high. But when you then take the next step and say that there should be real education programs and condom vending machines should be available extensively within our society, then you get the real philosophical and religious barriers to those things occurring.

People cannot have it both ways. They cannot argue that 20 000 abortions are too many but then say that there should not be access to condom vending machines or real education programs. I am not referring to programs about abstinence, which represent an unreal situation, which in many instances do not work and which do not reflect what occurs in our community. I am referring to programs that would cut through the religious prejudices and barriers that have so far meant that they have not been put in place. Contraceptive alternatives should be available for women so that we can reduce the number of abortions in our society. For me that also means the use of RU486. There are two ways of aborting: one is the physical way and the other is the chemical way. I think RU486, a debate about which has been had at the commonwealth level, is one means that should be utilised much earlier for women so that they do not go through this other process which is much more invasive.

I want to quickly touch on the idea of a 20-week restriction. The 20-week restriction does not work in Western Australia. Why does it not work in WA? Because the women from WA who are past 20 weeks come here to have their abortions. Again, in Australia that relates to moneyed status, but the restriction does not work. The West Australian restrictions are much greater than ours. My understanding is that no woman whose pregnancy is past 20 weeks can get an abortion in WA. The result is they come over here. To reduce the gestational limit to 20 weeks might make it harder, but it would not mean anything in a real sense because the number of such abortions is very small. They are done primarily because of deformities or other medical conditions. I do not think that is the way to move forward. I support the bill before the house.

Debate adjourned on motion of Mr McINTOSH (Kew).

Debate adjourned until later this day.

Remaining business postponed on motion of Mr BATCHELOR (Minister for Community Development).

ADJOURNMENT

The SPEAKER — The question is:

That the house do now adjourn.

Manufacturing: government performance

Mr WELLS (Scoresby) — I raise a matter of concern with the Treasurer, and the action I seek is that he ensure the release of the state's manufacturing and freight and logistics policies. The reason I am asking the Treasurer is because of the massive job losses which are taking place and the impact that is going to have on the Victorian state budget, which is his responsibility. The electorate of Scoresby relies very heavily on its manufacturing industry in such areas as Caribbean Gardens Estate and the surrounding areas of Rowville, Knoxfield and Scoresby. Recently the Treasurer was asked on the *Stateline* program where the state's manufacturing policy was. He avoided the question, answering it by saying:

> … we changed the tax rates on land tax, payroll tax and on WorkCover premiums because they were the things that manufacturers said to us clearly would assist them in creating those jobs — some of those jobs that I have managed.

The Treasurer was then asked a second time where the manufacturing policy was, and it was pointed out that the Minister for Industry and Trade had promised the policy would be released 600 days earlier. The Treasurer, on his second attempt, said there had been a review into the car industry by the former Premier, Steve Bracks, indicating that that was the Victorian government's manufacturing policy. The Treasurer was then asked a third time where the manufacturing policy was, and he said he would respond to the Bracks review. At that point the journalist said surely a response to the Bracks review could not be the manufacturing policy.

Victoria relies heavily on manufacturing. It represents about 15 per cent of gross state product. A freight and logistics policy was promised in 2000, and to date we have had absolutely nothing apart from the policy's numerous name changes. Now that the economy is turning down we find that the government is asleep at the wheel. Had this state had manufacturing and freight and logistics policies or, better still, had the policies implemented, we would not have these massive job losses. We want to know when the Treasurer is going to release those policies.

Small business: government assistance

Mr STENSHOLT (Burwood) — I wish to raise a matter for the Minister for Energy and Resources, who is at the table. The action I seek from the minister is that the Victorian government provide support for small businesses to help them reduce their energy usage and consumption of other resources. There are a lot of small businesses in my electorate, and I have a pretty close relationship with them. I know that we are heading for a carbon constrained future here in Australia. The Garnaut second report was released just the other day, and with the federal government looking to introduce a carbon pollution reduction scheme, it is becoming very important for small businesses to reduce their energy footprint. Every part of Victorian society needs to do something to address the challenge of climate change. Individuals, households, large corporations and governments must share this responsibility. Many of us have talked about this issue and have probably taken action ourselves in this regard, and the government is implementing targets for energy reduction.

In Victoria about 96 per cent of businesses are small businesses. They are responsible for nearly half the private sector employment — some 43 per cent. We all know they are the lifeblood of the economy. Small businesses use resources such as energy for lighting, for machines, for computers and for many other purposes. Reducing that usage is good business for small businesses and an important part of our battle to reduce Victoria's carbon emissions. Reducing the energy usage will help the bottom line of small businesses. We are about assisting small businesses to save on energy costs and improve their environmental reputation. I ask the minister to provide assistance and expertise as well as information and advice to small businesses. The Victorian government should be doing its bit to help small businesses to come up with environmentally friendly initiatives and to reduce their energy dependence.

Rabbits: control

Mr WALSH (Swan Hill) — I raise a matter for the Minister for Agriculture. Traditionally council responsibilities could be summed up by the three Rs: roads, rates and rubbish. But the Brumby government is making a manipulative attempt to add the responsibility and the cost of a fourth R — rabbits. The carrot is a slice of the Future Farming strategy — just a few million dollars spread over four years. Shared between 79 councils, this slice becomes a crumb for each council. In the Mallee alone working estimates put the annual cost of rabbit warren ripping on roadsides at $300 000. The minister knows that it is not and never has been a council responsibility to be involved in controlling rabbits on roadsides. That is why councils have for months been refusing to swallow the bait and assume responsibility for the control of pest animals.

But while this stand-off between the state government and councils drags on, rabbit numbers are on the hop. As the minister is well aware, spring is breeding season for Australia's most prolific and destructive pest.

Landcare officers and land-holders are warning that the optimum time for rabbit control is passing. The cooler months of autumn and winter should have been used to conduct arguably the single most effective long-term rabbit control method, warren ripping. Ripping warrens removes the cool, sheltered places to which rabbits retreat from predators and successfully rear their young. Instead they are breeding largely unimpeded, each pair producing as many as 40 young a year.

I share with members an alarming statistic: even after an 80 per cent reduction, rabbits will regain their former numbers after a single year. A solitary year of inaction has damaging consequences for the environment and land-holders for years to come. Rabbits damage native plants and prevent revegetation, create soil erosion and compete for food with native fauna. Rabbit numbers can be managed with poisoning, fumigation, fencing, biological controls and warren ripping. Such measures require specialist knowledge, and councils have little understanding or experience in this area. Conversely, Landcare groups have decades of experience in controlling rabbit numbers and limiting the damage these pests cause. Landcare groups operate rabbit control field days and eradication programs and have established targeted rabbit action groups. Their officers work closely with local contractors who know each area and the history of past control efforts.

I ask the minister to allocate the proportion of funding earmarked for pest control under the Future Farming strategy direct to Landcare groups for rabbit control on roadsides until a resolution can be found to the stand-off between government and councils over responsibility for pest animals.

Hadfield Park, Wallan: funding

Mr HARDMAN (Seymour) — I wish to raise a matter for the Minister for Regional and Rural Development. The action I seek is for the minister to provide funding for a project to improve Hadfield Park in Wallan. Wallan is a rapidly growing community and the Bracks and Brumby governments have invested strongly in this community by providing enhanced infrastructure and services in the time that they have been in government. Major investments include — and this is not an exhaustive list — a new secondary college; a 24-hour-capable police station; upgrades to the primary school, the fire station, the railway station and its car park; new bus services; a massive increase in train services, including later into the night, more regularly throughout the day and more regularly on the weekends.

Members of the Wallan community also deserve quality open space and a sustainable park that meets the community's needs. They need a place where they can meet and a place they are proud to take visitors. The project that the Mitchell Shire Council has put to the Minister for Regional and Rural Development has a number of components, including the installation of water tanks and associated pumps and plumbing, the installation of a water-efficient irrigation system and the utilisation of water-sensitive urban design principles to improve the quality of stormwater run-off from the Hadfield Park car park prior to that water entering the Wallan Creek.

People in the Wallan community know about water restrictions. Prior to the Bracks and Brumby governments taking water from Melbourne north of the Great Dividing Range to Wallan to support that community's water needs, they were on stage 4 water restrictions. They are now on stage 3a restrictions, the same as Melbourne people. They have been on water restrictions for a very long time. The project includes the installation of drought-resistant native gardens and trees and the installation of park furniture, solar lighting and interpretative signage throughout Hadfield Park**.** It also includes the development of walking trails through the park, linking up with the retail precinct. The project also provides for the protection of the Wallan Avenue of Honour, something the community is very proud of.

Mitchell Shire Council has made application to the Small Towns Development Fund, which is a great initiative of our government, to fund this worthy project which will improve the amenity and livability of the town of Wallan. Wallan residents deserve a quality and sustainable open space, and this project will provide that. I urge the minister to fund this project.

Dental services: Ringwood

Mrs VICTORIA (Bayswater) — I ask the Minister for Health to dramatically increase the funding to the Ringwood community dental clinic. This government is seriously lacking when it comes to looking after the oral care of people in the outer east. Hundreds of dental patients in the region are given little option but to travel long distances because of the crippling wait for dental services in Maroondah and Knox. Additionally, and incredibly, there is no public dental service in Maroondah for schoolchildren aged between 5 and 14 years.

Before the 2007 federal election the Labor members opposite constantly complained that they could not get extra dental funding from the federal government due to the coalition being in power. I can now hear a pin

drop. The Rudd government has not been the knight in shining armour they thought it would be. Ultimately when it comes to funding dental care the buck stops with the states. This government has added no new chairs to the Ringwood clinic since its election. The ratio at our community dental clinic, which serves an eligible population of almost 37 000 residents, is 1 chair to over 12 000 people. The ratio the Department of Human Services has as its target is less than half of that, with 1 chair to 5000 people.

This community clinic has been at its current site with its current staff allocation of two and a half dentists since 1985. That is over 20 years, during which time the outer east has grown manyfold. There is good news though. I have often heard from constituents how amazing the staff at this clinic are. The real shame is that their facilities are in desperate need of upgrading and expansion. Over recent weeks we have seen the Brumby government attempt to woo back abandoned voters in the outer east, but the reality is that dental patients are being ignored. There are constituents of mine who have been waiting for over two years for dental services, with more time on the waiting list to come. Imagine having dental work done and needing a follow up. Then imagine that that follow-up appointment is about two years away. How the Brumby government can ignore human beings in this way astounds me. The people who utilise this service do so because they are not able to afford private dental rates, not because they enjoy living with discomfort and pain.

Additional funding was allocated to denture services, which took the wait at Ringwood from a disgraceful three years to a still unbelievable eight months. We have seen the minister give additional funding to other clinics in the outer east under the dental waiting times grant program, although he did not bother to show up when announcing this funding, cancelling at the 11th hour. There is no reason why Ringwood should miss out on adequate funding increases as well. Once again I call on the minister to take action and increase funding to the Ringwood community dental clinic immediately so that more dental chairs can be made available to the people of the outer east.

Essendon Airport: future

Mrs MADDIGAN (Essendon) — I would like to raise a matter for the Minister for Planning in the other house. It relates to Essendon Airport. What I would like the minister to do before the airport closes, in the short time between now and when the federal government makes that decision, is in fact — —

Mr Walsh interjected.

Mrs MADDIGAN — I would like to know that, too. I would like the minister to speak to the federal government about getting some state planning controls over Essendon Airport. Because it is commonwealth land, at the moment Essendon Airport operates with no planning policies — either state or council policies — applying to that site. Now the residents of Essendon really have the worst of both worlds. Firstly, they have an airport which is a great nuisance to them and secondly they have a huge site on which development is going ahead but in relation to which they have no rights at all. Because you cannot make money from a general aviation airport, which is actually understood by the owners of the airport, unlike the member for Swan Hill, the Essendon Airport Corporation is undertaking on the site a huge expansion program which has nothing to do with aviation but at the moment is mainly very large car yards as well as shops, Australia Post and other buildings.

A massive development for which there are no planning controls at all is going on around the airport. That is of great concern to the community as well, because one would assume that at some stage, when Essendon Airport closes and possibly comes under the auspices of state planning policies, it will be too late. The site will have been so highly developed in such a higgledy-piggledy way that it will be really an eyesore in the area again. The residents of Essendon — —

Mr Walsh interjected.

Mrs MADDIGAN — Exactly! The member for Swan Hill identifies it exactly. The poor residents already have a nuisance in the airport; they do not want another nuisance to replace it. It is essential that we have state planning policies which apply to it, in which case some of the land can be used for community purposes. There is a great demand for extra sporting accommodation as well as several other community facilities in the Essendon area. I would like the Minister for Planning to speak to the commonwealth government to get the same planning powers for that airport as we currently have for Avalon Airport.

Water: desalination plant

Mr K. SMITH (Bass) — I would like to address my adjournment matter tonight to the Premier, John Brumby, and ask him to come down to Wonthaggi and address the people on what we see as a lack of real consultation regarding the desalination plant. The Premier can send his little mate — the Minister for Water — down to see us, but we really want to see the Premier. I asked the people around the district if they

would like to put on a dinner for him as the people in Shepparton did, but I could not find any takers.

The Premier and the government can gag the local people down there with threats of legal and monetary sanctions, but they cannot gag me. In regard to this desalination plant I would like the Premier to explain to the people why there is such a huge cost to deliver 150 gigalitres of water and to upgrade it to possibly 200 gigalitres. We know that they are talking about $3.1 billion, but the Auditor-General said that the figure was a bit on the low side. We know it is going to be a PPP (public-private partnership), probably with a French company because they seem to have the market on all water products, but we are going to be locked into that contract with that company for probably the best part of 35 years. We know that we are going to be in a position where we are going to have to buy — we, the people of Victoria — that water whether we need it or not. We do not know where we are on the drought at the moment, but we know that we are going to have to pay for that water because there will be a legal and binding contract.

I also want the Premier to explain to the people down there about Kwinana in Western Australia. We know he did not build that, but we know what a disaster it has been. It was about a sixth the size of the plant that is planned for down at Wonthaggi. We know that it was closed down because of the water that was being pushed out, which is exactly the same process as is planned for Wonthaggi, reverse osmosis. We know the plant had to be shut down because the amount of salt that was being pushed out was taking all the oxygen out of the water. The worst part of this, of course, is that when that closed down, there was a shortage of water.

I also want the Premier to explain to the people what they are going to do with the 200 gigalitres of brine that will be laced with 3 million litres of chlorine, 150 000 litres of caustic soda and 120 000 litres of hydrochloric acid and pumped out into Bass Strait. All those chemicals are needed for the process of reverse osmosis and to take all the impurities such as the salt out of the water before it goes into the process. I want him to come down and explain to the people the real need for this plant, because I do not believe it is needed. The Premier has not given us a proper explanation of what it is about, and we know that the pollution that is going to spew out of this thing is going to be equivalent to 280 000 vehicles.

Skye Recreation Reserve: pavilion upgrade

Mr PERERA (Cranbourne) — I raise a matter for the attention of the Minister for Sport, Recreation and Youth Affairs. The action I seek is for the minister to meet with representatives from the Skye Cricket Club and Carrum United Soccer Club to discuss the need for an upgrade of the existing facilities in the Skye Recreation Reserve pavilion. I have had the pleasure of meeting with representatives from both the Skye Cricket Club and the Carrum United Soccer Club who have advised me that their facilities are in dire need of redevelopment. I can confirm that that is the case as I have seen the facilities firsthand. It is my understanding that representatives from both clubs have met with Frankston council officers to discuss the redevelopment of the reserve pavilion. Part of the discussions that took place related to the actual cost of the redevelopment and the timing of the redevelopment.

I have also been advised that the Frankston City Council is aiming to get between $250 000 and $400 000 from its future capital works program for the redevelopment, which would mean a further contribution would be required from each club of 25 per cent of the project cost. Both clubs are very concerned about the requested 25 per cent contribution as both are typical grassroots sporting organisations run by mums, dads and volunteers. The clubs do not receive money from gate sales or kitchen canteen sales and overall have nominal income streams. Both clubs are simply doing it very tough. The other matter raised by the clubs is that both are concerned about the timing of the redevelopment. They have advised me that if the redevelopment were to go ahead, the clubs could be waiting for over three years.

The main concerns relating to the current facilities include: the cricket club uses the current facilities seven days per week for training and playing, from MILO cricket programs to seniors; each club is charged approximately $5000 in annual rent, which is payable to the Frankston council; both clubs are unable to attract more girls to join due to the lack of toilet facilities; the current facility does not have changing rooms, showers or a canteen, and has outside toilets and a septic system that should have been replaced some time ago; there is no gas on the site and the roof is in poor condition; the reserve needs to have at least two soccer grounds; the soccer club does not have enough lighting for night games; there is a disabled boy and a disabled parent who are unable to use the toilets as there are no disabled facilities and no wheelchair access; and the redevelopment has been in the City of Frankston's five-year plan since approximately the year 2000. The soccer club proudly hosts over 200 players in the 7-to-16-year age group and a further 68 players over the age of 16 years — —

The SPEAKER — Order! The member's time has expired.

Driver Education Centre of Australia: Careful Cobber program

Mrs POWELL (Shepparton) — I would like to raise an issue for the Minister for Education. The issue is the government's cutting of funding for the Careful Cobber road safety education program at the Driver Education Centre of Australia (DECA) in Shepparton at the end of this year. The action I seek is for the minister to reinstate the funding for this important and popular program.

This program was started in Shepparton by Eric Montgomery, AM, a former highway patrol officer with 20 years of experience in the Victoria police force. He witnessed many tragedies on our roads and too often had to tell parents that their child or children had been killed or seriously injured. He started road safety demonstrations to secondary school students in the early 1970s, then started a driver training complex at Shepparton. In 1975, with support from the education department, he helped develop a teacher training program for the 24 teachers who were active in traffic education in schools throughout Victoria.

The Careful Cobber program, which started in the late 1970s, was designed by three primary school teachers. In 1985 the Careful Cobber cars were built with the assistance of two designers from General Motors Holden and Ford. The program is endorsed by hundreds of thousands of schoolchildren across Victoria and supported by teachers, principals and parents. Schools will need to know in the next eight weeks that the program is continuing to allow them time to organise their visits to DECA. Today I presented a petition bearing 4287 signatures of people opposed to the government's decision to cut the funding and asking the government to reinstate the funding for the Careful Cobber program. It is an important practical driver education program which teaches primary school students the importance of road safety and how to share the road safely.

Since the department of education wrote to schools right across Victoria advising it was ceasing the funding for this program at the end of the year, my office has been inundated with calls from angry community members, parents and students. I was principal for a day last week at the Mooroopna Park Primary School, and I spoke to the teachers and the principal, Catherine Hair, who were furious at the removal of funding and the government's decision to replace the program with a school-based program. I have had 103 letters from students who have written to me, and I will present these letters to the Premier.

Each year over 150 primary schools utilise the program at DECA. Some 250 000 students have participated in the program over the past 28 years. The government states there is no research to prove that this type of program works. This unique program has never been assessed, and those who have been part of the program say it does work. I ask the government to reinstate the funding so that the Careful Cobber program can continue at DECA at Shepparton to allow students an opportunity to be part of this huge community safety program and so that parents and teachers who support the program can be assured it will continue into the future. On Facebook at the moment there are about 1600 members from right across Australia who are giving their support to this program.

Country Fire Authority: Whittlesea brigade

Ms GREEN (Yan Yean) — The matter I wish to raise is for the attention of the Minister for Police and Emergency Services. The action I seek is for him to seek confirmation from the Country Fire Authority (CFA) that the proposed site for the new Whittlesea fire station has indeed been secured. Recent speculative local media reports have caused unnecessary uncertainty for the hardworking volunteer firefighters of the Whittlesea fire brigade, which I am quite disturbed about. This brigade is led by Ken Williamson, who has stepped into the shoes of the wonderful late Des Parker, who died suddenly last year. The brigade members do not deserve having any uncertainty about their future station. These great volunteers need to be reassured that the government's election commitment to support them by building a brand new station will be delivered.

On the subject of emergency services in the township of Whittlesea, the Whittlesea ambulance station is currently under construction. It has a crew in place and has been operational for almost a year now. The Whittlesea CFA volunteers need the same sort of certainty, so I urge the minister to have the Country Fire Authority confirm that the land for the new station for this warm and growing community is in fact secure.

Responses

Mr BATCHELOR (Minister for Community Development) — The member for Burwood is certainly one of the hardest working members in this Parliament. He works hard in his electorate, and it comes as no surprise that he is seeking to assist the small businesses

in and near his electorate. It also comes as no surprise that he is making this request for action.

The member is correct in identifying small business as an important partner in our work towards a low-emission energy future for Victoria, and that is why the Victorian government is helping small businesses to reduce their energy use. Part of our action campaign is the Grow Me the Money initiative. Grow Me the Money is a free program for Victorian businesses that are interested in environment sustainability. The program provides small businesses with a step-by-step guide to saving money and reducing their resource consumption. It is a joint initiative of the Victorian Employers Chamber of Commerce and Industry, the Environment Protection Authority and the Brumby Labor government.

This government is a partner in the program because it knows that climate change is taking place, and it knows that all of us need to take action — sensible action and affordable action — to tackle this challenge. As well as providing advice and assistance and mentoring, the Grow Me the Money program provides detailed case studies for businesses to replicate. These case studies explain what smart companies have done to reduce resource usage and save money. They want to be able to reduce their energy consumption and thereby make a contribution to the environment and also make a contribution to lowering their costs.

I refer the member for Burwood to the actions of a local company, Vega Press, located in Notting Hill, which is not far from his electorate in Burwood. This is a great example of the success of the Grow Me the Money campaign. Vega Press began as a small family business but today occupies some 5000 square metres of office and factory space in Notting Hill. The business is now a member of the Grow Me the Money platinum club, such is the success of its achievements. It has achieved outstanding leadership in environmental sustainability for its industry and for the size of the enterprise.

In 2005 the business decided to implement the international standard for environment management systems. The overall idea was to establish an organised approach to systematically reduce the impact of environmental aspects which an organisation could control. To gain certification Vega Press needed to demonstrate how its operations had become more environmentally sustainable, and one of the ways it was able to do this was by working with the Grow Me the Money program. Through this program it was able to thoroughly reform its energy use, its water use and its waste production. The business acknowledged that its participation in the program had been central to Vega's success.

Since February 2007 the company has been able to reduce its peak demand by almost 25 per cent by improving electrical circuits within its establishment. Vega Press has also reduced its electricity usage by some 225 kilowatt hours per year by improving its lighting. It has installed a Light Eco unit which is an energy efficient system for fluorescent lighting. This enables the lights to operate at economy mode. As well as saving Vega money, this prevents some 324 tonnes of carbon dioxide from entering the atmosphere each year. Finally, Vega installed a sky cool roof coating which prevents sun heat from penetrating the large metal roof area and it draws out excess heat, in turn cutting the air conditioning costs.

This local company, Vega Press, is a great example of what can be achieved when the government, industry and organisations such as the Victorian Employers Chamber of Commerce and Industry work together. I encourage other small businesses, not only in the Burwood area but throughout Victoria, to take up similar opportunities to participate in the Grow Me the Money initiative and reduce their costs and help the environment at the same time.

I thank the member for Burwood and I assure him that the government will continue to work with small businesses such as Vega to reduce their energy usage and consumption of other resources. The savings that small businesses are able to make will help them to improve profitability, create jobs, help our environment, and at the same time continue to make Victoria and indeed Burwood a great place to live, work, raise a family and reduce energy use.

Mr ROBINSON (Minister for Gaming) — The member for Scoresby raised an issue for the attention of the Treasurer in respect of the manufacturing, freight and logistics policy, and I will pass that on.

The member for Swan Hill raised for the attention of the Minister for Agriculture some concerns about rabbit programs — I think I have got that right — and I will pass that on.

The member for Seymour raised for the attention of the Minister for Regional and Rural Development a funding issue pertaining to Hadfield Park in Wallan, and I will pass that matter on.

The member for Bayswater raised for the attention of the Minister for Health an issue in relation to public dental services in the region; I will pass that on.

The member for Essendon raised for the attention of the Minister for Planning concerns about future planning controls over Essendon Airport, and that will be passed on.

The member for Bass raised for the attention of the Premier issues in relation to the desalination plant, and that will be passed on.

The member for Cranbourne raised for the attention of the Minister for Sport, Recreation and Youth Affairs the need for facilities discussions in relation to two local sporting clubs, and that matter will be passed on.

The member for Shepparton raised for the attention of the Minister for Education concerns about the Careful Cobber program at the Driver Education Centre of Australia in Shepparton. I will pass that matter on.

Finally, the member for Yan Yean raised for the attention of the Minister for Police and Emergency Services concerns about the need for confirmation of the proposed site of the Whittlesea Country Fire Authority station, and that will be passed on.

The SPEAKER — Order! The house is now adjourned.

House adjourned 2.30 a.m. (Wednesday).