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ADDRESS TO PARLIAMENT HOUSE QUEENS HALL GATHERING 6-10-08

I thank the DoctorsConscience group for providing the opportunity for the voices of Victorian nurses to be heard hear today.

I am not here representing all Victorian nurses – that would be a presumptuous assertion. However, there are over 80,000 registered nurses in Victoria – and I speak on behalf of those many nurses who have a conscientious objection to their participation in an abortion on religious, cultural, personal or ethical grounds

There is a Code of Ethics for Nurses in Australia- the most recent version of this Code was released in August 2008. In this recent edition, the provisions for conscientious objection for nurses have increased. So the question must be asked, is this Code worth the paper that it is written on?

Through this legislation, it would appear that nurses will be forced to be accomplices in abortion against their reasoned conscience. This is completely in opposition to current practice in Victoria and limits the nurse's freedom of thought, conscience and religion.

Why are nurses so unjustly treated by the provisions stated in this Bill?

The Victorian Law Reform Commission (VLRC) encouraged the general public and various interest groups to place submissions on the impact of decriminalisation in Victoria. There were over 500 submissions. Professional medical groups such as the AMA and various Royal Colleges presented their submissions on the impact of this Bill upon medical professionals in Victoria. However, out of these 500 submissions, not one was from a professional nursing body. Neither the Australian Nursing Federation, the Victorian Nurses Board, the Royal College of Nurses or Midwifery or the Australian Nursing and Midwifery Council placed submissions to the VLRC on behalf of the 80,000 registered nurses in Victoria.

It is clear that any nurse with a conscientious objection who is asked by a patient to advise on (or to perform, direct, authorise or supervise) an abortion is obliged to refer the patient to another nurse whom the first nurse knows does not have a conscientious objection. This is in clear violation of section 14(2) of the Victorian Charter of Human Rights and Responsibilities Act, as well as Articles 18.1 and 18.2 of the International Covenant on Civil and Political Rights. Therefore the Bill needs to include a statement that makes clear that nurses, and all other health workers, have the right to conscientiously object to playing any role in abortions.

Now all of this is legal speak. Let me placed all of this into clinical reality for the nurse using some possible scenarios – for I think that this has been missing in the discussions of this Bill and its clinical implications for the nurse.

- You have already heard from the obstetric experts that the term 'emergency abortion' is a misnomer. However, if the Bill was to be enacted as is, all a medical practitioner needs to say to the nurse is that they deem the procedure

as such an emergency and by law the nurse has to assist in the abortion despite holding a conscientious objection. We have heard that there is no such medical emergency, and with this proposed legislation doctors that perform the abortion do not even need any obstetric or gynaecological surgical experience. Therefore a nurse may object on the grounds of they think the woman's health may be compromised due to the lack of experience of the surgeon but still have to assist in the abortion. This is a reasoned and valid objection on behalf of being a patient advocate and a moral agent in the clinical setting. However, this Bill if enacted would place both the pregnant woman and the registered nurse in a vulnerable position both professional and medically.

- In August 2008, the Herald Sun reported that the Premier, John Brumby stated that a school should have consulted a young student's parents before helping her get the contraceptive pill. In a Bill being supported by the same premier, a School nurse can be accredited by the Nurses Board of Victoria to administer an abortifacient drug to a teenage girl to procure an abortion without parental consent, or even a medical review. As one school nurse recently informed me when I was asking her about this scenario, she can't even administer Panadol to a student - but now this law is permitting her to procure an abortion on a teenage girl, who may not much older than a child herself, without her parents knowledge. This same school nurse also made the valid point that in Government schools it may become a requirement for the role descriptions of the School Nurse to include accreditation to give abortifacients – should not the School then make it public to all parents that the school nurse in this education institution has this accreditation? Again, as a duty of care to the girl and to the relationship the teenager has with her parents, a nurse through his or her reasoned conscience should be able to say no to not only the administration of the abortifacient but even a referral on the grounds that she does not believe that the abortion is in the best interest of the vulnerable teenage girl.

In both of these case scenarios, a claim for conscientious objection by the nurse is on the grounds of rational, reasoned objection to the abortion being harm to the woman. A nurse may also hold religious, cultural or ethical objections also to such treatment. Victorian Parliamentarians must consider that registered nurses are moral agents, not just automatons who undertaken an action under direction without thinking or reasoning the implications of their involvement in the procedure.

I would think that this is what is expected by the Victorian public of their nurses – and I hope that the same public will support those Victorian nurses who hold an objection to their direct and indirect participation in an abortion to be free to appeal to their conscience in their clinical practice.