

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

UNDERSTANDING LAW AS A DETERMINANT OF HEALTH: THE EXAMPLE OF ABORTION CARE

Michael Thomson, UTS & University of Leeds

Social Determinants of Health



The Social Determinants of Health

[The] unequal distribution of health-damaging experiences is not in any sense a natural phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. [These] are responsible for a major part of health inequities between and within countries.

WHO Commission on the Social Determinants of Health (2008),1.

[Health is determined by] the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

WHO Commission on the Social Determinants of Health (2008) 1.

A globe showing the Indian Ocean region, with various countries and cities labeled. The text is overlaid on the map.

CONDITION DETERMINANTS

WHO Commission on the Social Determinants of Health (2008)

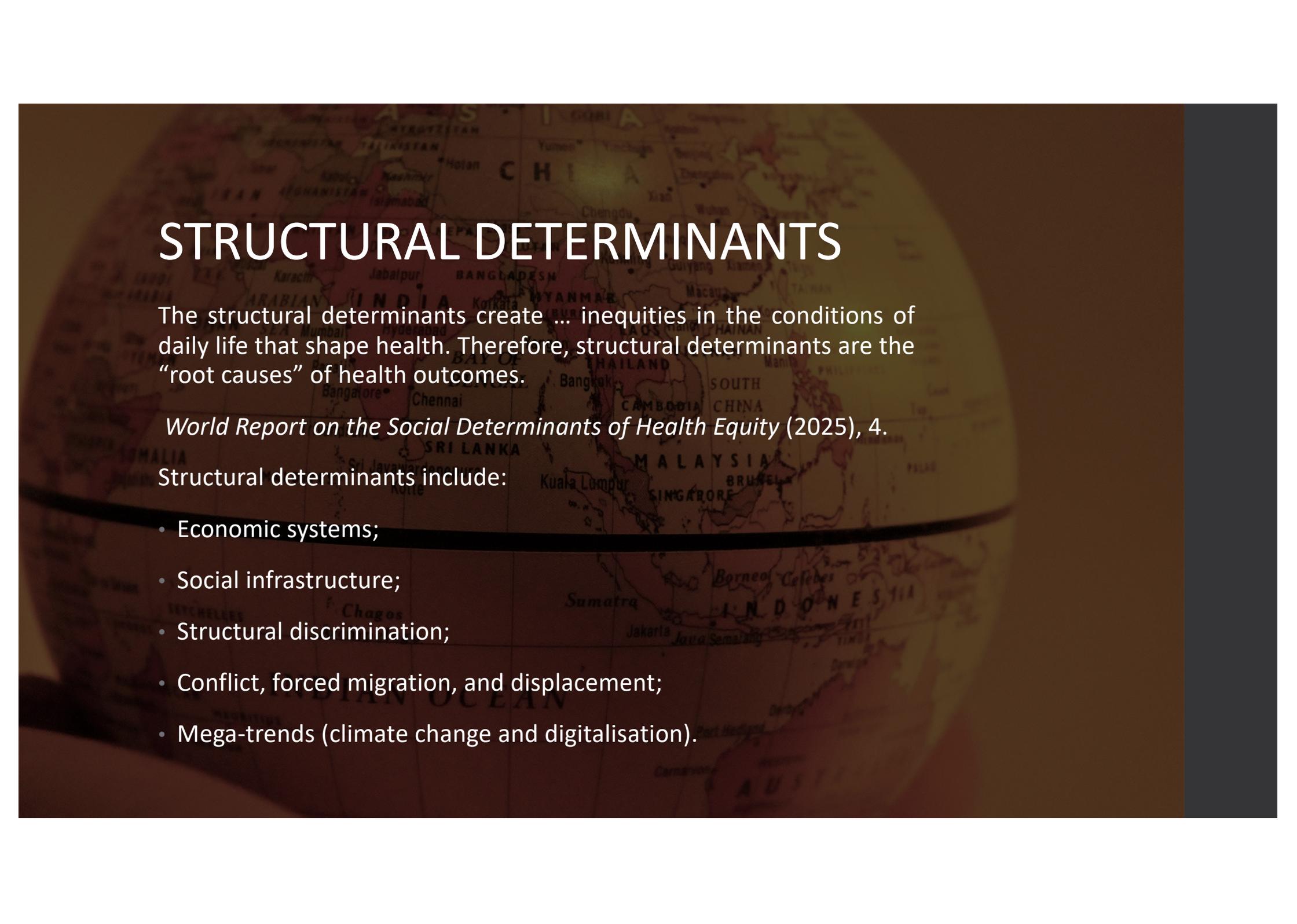
- Early life;
- Living environments;
- Employment and work;
- Social protection;
- Health care



CONDITION DETERMINANTS

World Report on the Social Determinants of Health Equity (2025)

- Early child development;
- Adolescent support;
- Education;
- Social connection;
- Work and employment;
- Food environments;
- Housing;
- Basic amenities (water, sanitation, energy);
- Transport and mobility.



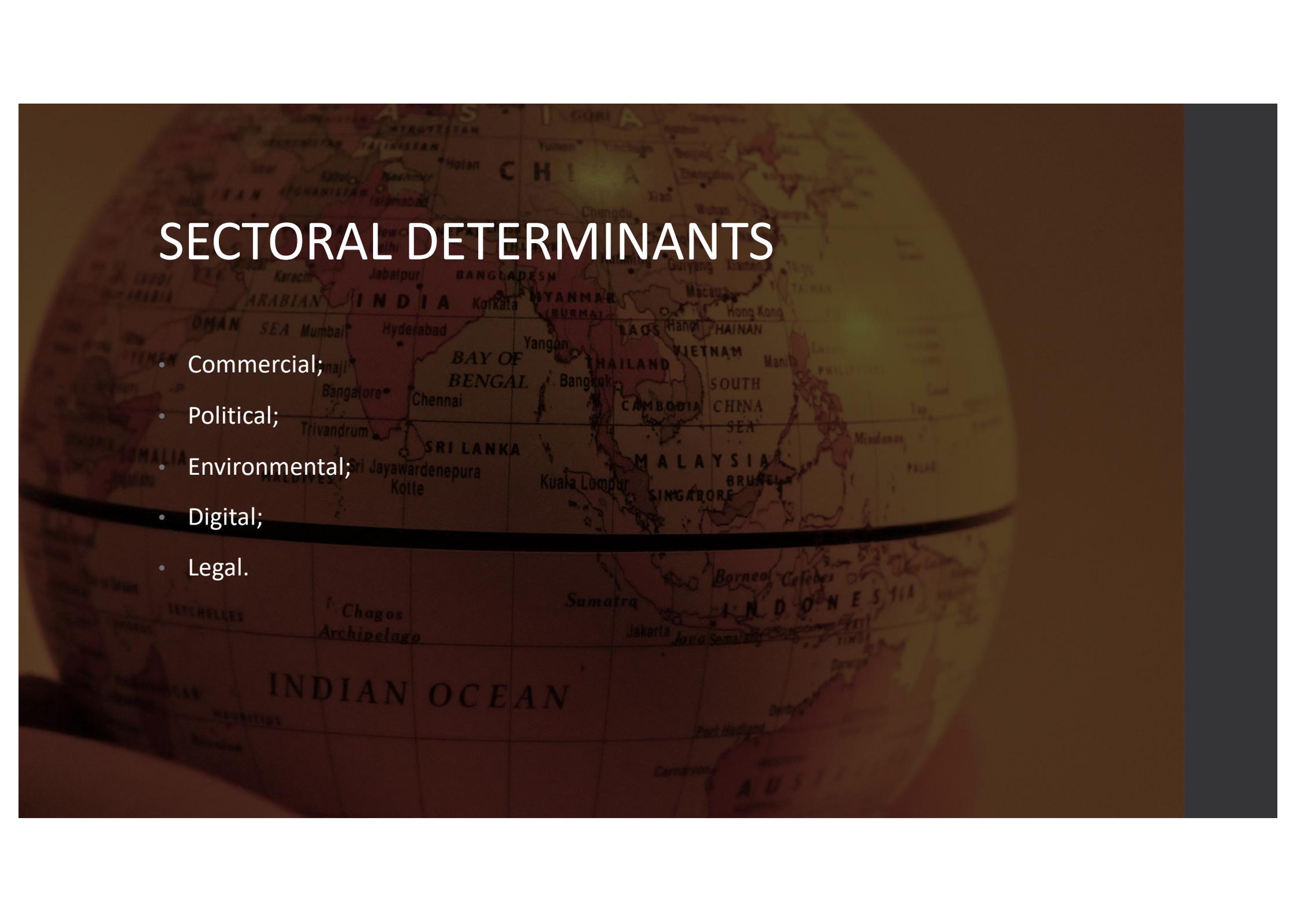
STRUCTURAL DETERMINANTS

The structural determinants create ... inequities in the conditions of daily life that shape health. Therefore, structural determinants are the “root causes” of health outcomes.

World Report on the Social Determinants of Health Equity (2025), 4.

Structural determinants include:

- Economic systems;
- Social infrastructure;
- Structural discrimination;
- Conflict, forced migration, and displacement;
- Mega-trends (climate change and digitalisation).



SECTORAL DETERMINANTS

- Commercial;
- Political;
- Environmental;
- Digital;
- Legal.



Despite a comprehensive diagnosis and set of actions recommended... in 2008, progress on reducing inequalities in health has been slow, and inequity is killing millions. To enable improvements in living conditions and address underlying structural determinants, change is required, from policy-setting and legislation, through to implementation. Governments and politicians are in the driving seat.

World Report (2025)

LEGAL DETERMINANTS OF HEALTH





Justice is good for our health.

N. Daniels, B.P. Kennedy and I. Kawachi, 'Why justice is good for our health: The social determinants of health inequalities' *Daedalus* (1999) 128(4): 215.



Adults with higher educational attainment live healthier and longer lives compared with their less educated peers.

[Empirical studies] have documented “the gradient” whereby more schooling is linked with better health and longer life.

A. Zajacova and E.M. Lawrence, ‘The relationship between education and health: Reducing disparities through a contextual approach’ *Annual Review of Public Health* (2018) 39: 273-89, 276.



ABORTION CARE

Throughout history, misguided, out-dated, arbitrary, or discriminatory laws have caused great harm. Punitive laws, for example, can discourage marginalised individuals from accessing care, restrict reproductive rights, and enable discrimination.

L.O. Gostin, J. Monahan, J. Kaldor et al., 'The legal determinants of health: harnessing the power of law for global health and sustainable development' *Lancet* (2019) 393: 1857-1910, at 1857.



While States and Territories have approached decriminalisation differently, NSW now simultaneously over- and under-regulates abortion care.

B. Baird, M. Thomson, A. Dawson, D. Bateson, K.I. Black, & S. Shilbury, 'Public responsibility for abortion care and the role of law' *Medical Law International* (2024) 25(1), 12-34, 21.

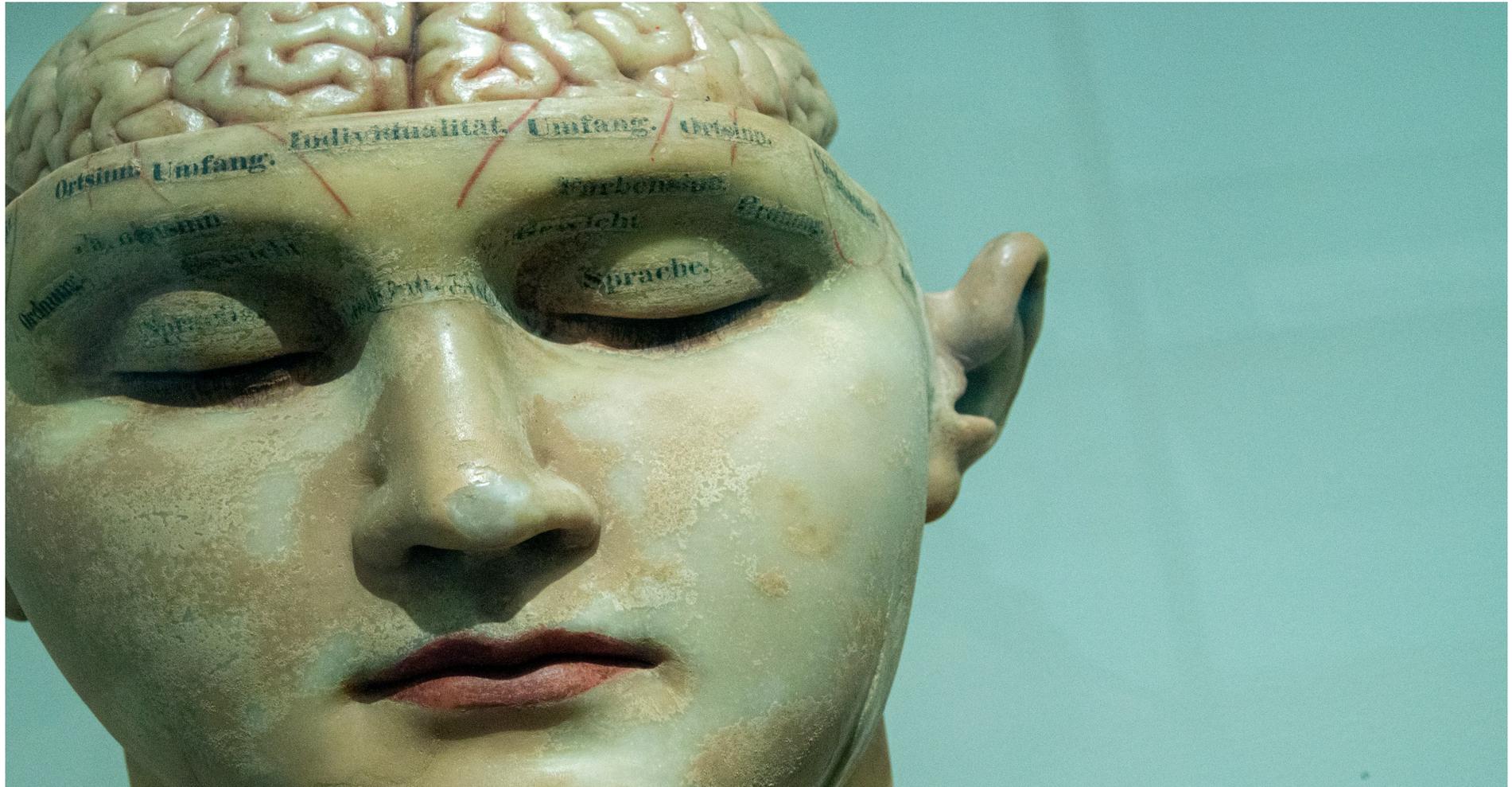


ONGOING PROBLEMS

- NSW has a *de facto* private model of service delivery, with the majority of abortions performed in private clinics or, in smaller numbers, by not-for-profit organisations;
 - The private/market determined nature of delivery means most services are based in large urban areas;
 - While medication abortion is available, uptake by GPs in private practice remains low. In 2023 licenced prescribers of MS-2 Step comprised less than 10% of all GPs in NSW;
 - Provision of abortion in public facilities is very low (approximately 0.7% in 2020);
 - With the exception of this very small number of abortions provided in the public sector, accessing an abortion in NSW usually means paying a fee. This can range from \$50 to over \$7000.
-

Reproductive freedom requires that abortion laws are not only liberalised, but reconceptualised to prioritise individual autonomy and decision-making and to guarantee access to the full range of abortion options.

K. Mayall, L. Ajayi & C. Gruer, 'Global progress in abortion law reform: a comparative legal analysis since the International Conference on Population and Development (1994–2023)', *Sexual and Reproductive Health Matters*, (2025) 33:1, 2499324



Thank you!

michael.thomson@uts.edu.au