

Committee Secretary
Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

**Inquiry into the Health Insurance Amendment
(Medicare Funding for Certain Types of Abortion) Bill 2013**

**Submission from the Social Issues Executive,
Anglican Church, Diocese of Sydney**

Submitted online:

April 24th 2013

Thank you for the opportunity to make a submission to this inquiry. We write on behalf of the Social Issues Executive (SIE) which has been appointed by the Anglican Diocese of Sydney to advise the Diocese and comment on public policy issues.

We support the bill, and as the Committee examines it we ask Senators to consider that:

1. The discriminatory overtones behind the rejection of usually female fetuses, cannot be condoned in a community that seeks to uphold and promote the good of girls and women. Any acceptance of gender-selective abortion sends entirely the wrong message to the Australian community apropos the good of women. Although we think the operation of the proposed new law will be compromised (see point 2), its symbolic importance will shape community attitudes, and serve notice on anyone who seeks to pressure a woman toward a gender-selective abortion. We accept abortion in general less than do many in the community (see point 5); however, we suspect that many other Australians would join us in rejecting this insidious new extension of the practice.
2. The number of abortions conducted in Australia on the basis of gender is hard to determine, as no comprehensive data on abortion is collected anywhere except S.A. Therefore the Bill's intention may be compromised until such time as adequate data collection is implemented. Reluctance to do so to-date, probably for ideological reasons, diminishes this polity's capacity to make truly evidenced-based policy in relation to abortion. We call for more comprehensive data collection on abortion in every State.
3. We recognize that abortion is legal in Australia, that many are not hostile to it, and that Medicare funding of abortion is deemed justifiable both for the sake of a mother's wellbeing and due to fetal abnormality. But no medical justification can be given for abortion on the basis of gender. It is a choice based on family 'balancing' or cultural preferences only. As such it is an elective procedure for non-health related reasons and should not be covered by Medicare as it does not fulfil the requirements of the legislation. In a climate of economic

pressure on the healthcare system, it is unjust to allocate public funds to an elective procedure which is not required for health.

4. Under legislation in Australian states, abortions for fetal characteristics are justified on grounds of abnormalities such as genetic disorders or congenital malformations. Gender selection cannot be justified in these terms. While in the past gender selection was used to identify sex-linked abnormalities of the fetus, with the development of genetic screening this is no longer the case.
5. We recall that abortion involves the killing of an unborn human being, and regard abortions as almost always unjustified. Except in cases where a pregnancy threatens a mother's life, abortion unjustifiably kills innocent human beings. Therefore an abortion obtained due to a prejudice for one gender over another, is equally egregious.
6. We wonder if there are signs of unease in the community at the sheer number of abortions in this country. We understand the polarizing nature of debate about abortion, but suggest nonetheless that now is the time to help and enable pregnant women to reduce, not increase, this number. The Senators might therefore also consider what policies might be deployed so that more women could deem babies 'wanted' rather than 'unwanted'.

We thank the Committee for the opportunity to contribute to the Inquiry, and wish it well in its deliberations.

Yours sincerely

Dr Megan Best

Rev. Dr Andrew Cameron

for and on behalf of the Social Issues Executive,
Anglican Diocese of Sydney