

## **THE HEALTH INSURANCE AMENDMENT (MEDICARE FUNDING FOR CERTAIN TYPES OF ABORTION) BILL 2013**

### **BACKGROUND**

On 21 March 2013 the Senate referred the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013 for inquiry and report.

The proposed amendment is:

17A Medicare benefits not payable in respect of certain types of medically induced terminations

(1) Notwithstanding any other provision of this Act, or of any regulation made pursuant to this Act, a medicare benefit is not payable in respect of a professional service if:

(a) the professional service involves a medical practitioner performing:

(i) a medically induced termination on a pregnant woman; or

(ii) a service that relates to or is connected with performing a medically induced termination on a pregnant woman; and

(b) the termination is carried out solely because of the gender of the foetus.

### **TERMS OF REFERENCE**

The broad terms of reference for the Inquiry are:

1. The unacceptability to Australians of the use of Medicare funding for the purpose of gender selection abortions;

2. The prevalence of gender selection - with preference for a male child - amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children;

3. The use of Medicare funded gender-selection abortions for the purpose of 'family-balancing';

4. Support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortions';

5. Concern from medical associations in first world countries about the practice of gender-selection abortion, viz. Canada, USA, UK.

For ease of reading, this submission is organised under each of the terms of reference. The views expressed are those of the author.

## KEY ISSUES

*1. The unacceptability to Australians of the use of Medicare funding for the purpose of gender selection abortions;*

There is no evidence that the Australian electorate is in favour of the gender selection abortions let alone their funding through the Federal Government.

*2. The prevalence of gender selection - with preference for a male child - amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children;*

I understand that there is sex-selective abortion in countries where cultural norms favour male over female children. This is supported the disproportionate ratio of males to females. This sex ratio is highest for China at around 1.19 (Source: World Bank, Gender Statistics Highlights from 2012 World Development Report, February 2012).

Using the same dataset, the sex ratio at birth in Australia is now around 1.06 males/female.

The world average for 189 nations is 1.05 and for some reason or other Australia is already just outside the 95% confidence level for the mean (0.003). Of course, this may be a statistical artefact.

As the cultural mix of Australia changes over time, there is every reason to suspect that such influences will dominate.

At present there is no valid indication of the number of gender-based abortions in Australia and it is possible that the bid to ban Medicare funding for abortions is merely a symbolic action. This does not detract from the importance of the Amendment.

*3. The use of Medicare funded gender-selection abortions for the purpose of 'family-balancing';*

No specific comment.

*4. Support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortions';*

It is not a remarkable statement on my part to say that the passing of this Bill would provide support for the efforts of the United Nations to end such discriminatory practices.

*5. Concern from medical associations in first world countries about the practice of gender-selection abortion, viz. Canada, USA, UK.*

No specific comment.

## RECOMMENDATIONS

1. Irrespective of the prevalence of preference for males in some ethnic groups or families, any support for gender-selection-abortions further entrenches this attitude.

Notwithstanding the impact that any funding may or may not have, it implicitly associates the Federal Government with gender discrimination. In essence it is tacit recognition of such attitudes.

2. It is possible to adopt a highly emotive stance on such issues but such reactions should be avoided in Australia if we wish to maintain a civil response to ethical differences.

Nevertheless my experience as a psychologist is that the decision to abort has long-term adverse consequences for the mother's mental health, personal and social adjustment.

3. There are substantive ethical and moral reasons to support a right-to-life that are not possible for me to explore fully in the time available or with the resources at my disposal. They are relevant but possibly beyond the terms of reference of the Senate Committee.

It suffices to indicate that in this submission I wish to draw the Committee's attention to support any reduction in the more than 1 million abortions that have been conducted since 1993, especially where the rationale for such abortions is not life-threatening.

Thank you for the opportunity to make this submission.

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