



**Submission to the Community Affairs Committee in relation to the
Health Legislation Amendment Bill 2005.**

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The Women's Department is part of the Students' Association Flinders University (SAFU), the representative arm of Flinders University student organisations of which all Flinders students are members. More than half the 15 110 students are women, and it has been a longstanding priority of the Students' Association to fight for equity on campus. In keeping with their member-directed principles, SAFU created the Women's Department by referendum of students in 1988. Currently the Women's Department consists of a Women's Officer and a Research Officer who work with a volunteer Women's Action Group to ensure representation of all female students. The key concerns of the Women's Department are to ensure that study at Flinders University is accessible to all female students, by ensuring necessary services, and preventing discrimination on campus. In keeping with these goals, the Women's Department runs awareness campaigns, provides a referral service and engages with students individually when required. Our involvement with our students often extends far beyond their on campus study-related activities, as accessibility can mean overcoming obstacles related to finances, health, disability, or family responsibilities. As such the Women's Department of SAFU would like to express our concerns about the proposed Health Legislation Amendment Bill 2005.

Our key concern is related to the section below

At the end of section 19A

Add:

(3) The Minister may, by legislative instrument, determine that medicare benefits are not payable in respect of professional services rendered in specified circumstances.¹

Our opposition to this change can be considered in relation to two key concerns.

1. Universality of Medicare and women's confidence regarding the provision of health services

Medicare is a strong system of universal healthcare, which Australian taxpayers have shown their willingness to support for many years. Under the current Medicare system the community shares the cost of ensuring a basic standard of healthcare for all Australians, something which can only be a good thing in the long run.

Well supported, preventative healthcare minimises a myriad of other costs to government and taxpayers, such as long term care, disability support, unemployment benefits when people are forced out of the workforce for health reasons, public housing and other expenses related to poverty caused by chronic illness and unreliable access to healthcare.

One of the greatest strengths of Medicare is its universality, and the Australian people's confidence in the system. It is integral to this system functioning effectively that all people have equal access to Medicare support. Perhaps of more importance, is their faith in this equality of access, so they do not avoid taking action over arising health problems because of a fear of unexpected costs.

This is of particular concern to women, who, by virtue of their reproductive role, often have far more contact with the health system than men. The costs related to reproductive health, childbearing and the ongoing care of children, would be impossible without a system of universal publicly funded healthcare. In addition to this, women are concentrated in the lowest earning industry groups, with less long term job security than men, meaning that healthcare costs can be prohibitive.

Giving the Minister for Health discretionary power over whether Medicare payments are made or not completely undermines the concept of universal healthcare. All Australians deserve equal and reliable access to the health services which are deemed to be covered by Medicare, for the good of the whole community. All Australians, and women in particular, need to be confident that all appropriate aspects of their treatment will be paid for, without exception, for without that confidence, their engagement with healthcare providers will change irretrievably. Less, or more anxious, engagement with healthcare providers will

¹ http://parlinfoweb.aph.gov.au/piweb/view_document.aspx?ID=2080&TABLE=BILLS

inevitably lead to higher rates of chronic illness, greater hospital expenses, and far greater care costs for the whole community.

2. Misuse of this provision for ideological reasons

Our other key concern about this proposed amendment, is that it is open to misuse. The community is currently engaged in debate about access to abortion for Australian women. Control of our reproductive abilities, through contraception, reproductive healthcare and access to abortion are integral to women's equality in Australia, and the Government should be committed to ensuring gender equality, including financially supporting means to avoid unwanted pregnancy.

Despite statements to the contrary made by our political leaders Australians are still in favour of providing access to safe abortion for women. Research states that 42.4% of Australians "strongly agree" and 38.8% "agree" that women should have the right to choose an abortion².

Recent public statements by our current Minister for Health Tony Abbott indicate that he is of the opposite opinion. The quote below is one of many opportunities he has taken to expose his religious objection to the funding of abortion services in Australia.

Why isn't the fact that 100,000 women choose to end their pregnancies regarded as a national tragedy approaching the scale (say) of Aboriginal life expectancy being 20 years less than that of the general community? ... When it comes to lobbying local politicians, there seems to be far more interest in the treatment of boat people, which is not morally black and white, than in the question of abortion which is. Oddly enough, no local Christian has ever asked me how, as a Catholic, I can preside over a Medicare system which funds 75,000 abortions a year.³

It is of great concern that we would hand discretionary power over the funding of Medicare services to a Minister whose personal objections to certain procedures are so at odds with the proven wishes of the community he represents. The universality of procedures funded by Medicare is a convenient way of protecting Australians' access to all kinds of healthcare from such conflict between public intention and Ministers' personal beliefs.

² The Australian Survey of Social Attitudes 2003 dataset Australian National University ACSPRI Centre for Social Research, quoted by Australian Reproductive Health Alliance Information Brief

³ From "The Ethical Responsibilities of a Christian Politician" , an address by The Hon. Tony Abbott to the Adelaide University Democratic Club available at <http://www.tmc.org.au/Adelaide/McAuley.PDF>.

Because of our concerns about the difference of opinion between Minister Abbott and the community, and the restriction of access to abortion services in NSW since the middle of this year because of a funding clampdown⁴, the Women's Department of SAFU is suspicious that this proposed amendment is a plan to restrict access to abortion in Australia but bypass the appropriate legislative structures in doing so. Given the widespread support of the current system of provision of abortion services, the Government should be aware that it would face great public opposition were it to introduce a law to ban access to abortion, but the amendment currently being considered is a "backdoor" way of restricting access to abortion without facing public scrutiny.

The SAFU Women's Department sincerely hopes that this is not the case, but recommends that the Committee consider the ways in which this amendment could be misused and abused, particularly given the evidence specified above. As such the SAFU Women's Department expresses our grave opposition to the Health Legislation Amendment 2005.

⁴ <http://www.smh.com.au/articles/2004/08/05/1091557996926.html>