

**Submission to the Senate Inquiry into
TRANSPARENT ADVERTISING AND NOTIFICATION OF PREGNANCY COUNSELLING
SERVICES BILL 2005**

Introduction

The Royal Women's Hospital (RWH) supports the intention of the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005. We believe that women dealing with unplanned and/or unwanted pregnancy have the right to high quality, professional counselling, advocacy and support services, which are informed by codes of ethics, provided by health professionals accountable to their peers and professional bodies, and supported by research and evidenced based practice.

The following submission:

1. Describes the RWH's model of care of unplanned pregnancy counselling and support services, and provides the reasons for its commitment to quality service provision
2. Explains concerns about organisations that fail to deliver adequate standards of practice and which use misleading advertising regarding their services
3. Provides recommendations about best practice in the field of unplanned/unwanted pregnancy counselling

1. Royal Women's Hospital

The Royal Women's Hospital is the largest specialist hospital in Australia dedicated to improving the health of women. Each year, RWH cares for more than 300 000 women, from 165 different nationalities, who follow 42 different religious faiths and speak 60 different languages. The RWH is committed to providing the highest quality of clinical care, information and support available.

Improving Women's Health and Wellbeing

Comprehensive women's health care includes the provision of abortion services. It is estimated that a third of Australian women will have an abortion at some stage in their lives¹. A woman's decision about her pregnancy needs to be informed by accurate, unbiased information about all of her options.

The World Health Organisation (WHO) reports that abortion is one of the safest medical procedures when performed by health professionals with proper equipment, correct technique and sanitary standards². Restrictive legislation is associated with a high incidence of unsafe

¹ The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), (2005), *Termination Of Pregnancy: A Resource for Health Professionals* <http://www.ranzcog.edu.au/womenshealth/termination-of-pregnancy.shtml>, p.5

² World Health Organisation (WHO), 'Chapter 1 - Safe abortion services: the public health challenge', *Safe Abortion: Technical and Policy Guidance for Health Systems*, http://www.who.int/reproductive-health/publications/safe_abortion/safe_abortion.pdf, p.14

abortion³. The fact that women will seek abortion regardless of its legality and availability, demonstrated worldwide in both developed and developing countries, sends the powerful message to political and health systems that a majority of women believe they should have control over their reproductive lives, and this is confirmed by research into community and health professional attitudes.^{4, 5}

RWH's Pregnancy Advisory Service

The RWH is Victoria's leading public provider of services for women with unplanned and/or unwanted pregnancy. It provides comprehensive counselling and social support, clinical, medical and surgical services for women.

It has delivered these services for over 30 years, and prior to that provided medical and surgical care and support for women suffering the sequelae of illegal abortion by unqualified providers.

It provides a professional and accountable counselling and advocacy service in relation to decision making about all options relating to pregnancy, supporting women with either continuing or terminating a pregnancy.

The Women's has particular expertise in the provision of services to women who are marginalised, disadvantaged, and dealing with complex psycho – social issues such as domestic violence, assault, crisis, homelessness, mental illness, and women who are culturally and linguistically diverse, or newly arrived refugees or migrants.

RWH's Pregnancy Advisory Service (PAS) provides services in the context of a broad continuum of women's sexual health and reproductive services at the hospital, ensuring that every woman who contacts the service is provided with impartial, skilled and professional support and is offered referral to a full range of reproductive choices, including antenatal care, support, parenting support or other care arrangements for a child and abortion.

It is this experience in working with some women who may be vulnerable socially as well as emotionally, alongside a well developed knowledge of the complexities and issues facing women with unplanned pregnancy, that motivates adherence to high standards of practice and which we consider fundamental to any service responding to women in this situation.

The RWH also has a significant role in the provision of training of, and consultation to, health professionals in this area.

Best Practice

RWH's PAS practice is consistent with a number of Australasian and international standards of practice^{6, 7, 8}, which ensures that all women who use the service receive supportive

³ WHO, 'Legal Framework of Abortion', *Unsafe Abortion Global and Regional Estimates of Incidence of Unsafe Abortion and Associated Mortality in 2000 –4th Edition*, http://www.who.int/reproductive-health/publications/unsafe_abortion_estimates_04/estimates.pdf, p.3

⁴ ACSPRI Centre for Social Research, (2003), *The Australian Survey of Social Attitudes 2003*, ANU, Canberra

⁵ Marie Stopes International, (2004), *General Practitioners: Attitudes to Abortion*, Melbourne

⁶ Best Practices in Abortion Care (2004) *Guidelines for British Columbia*

⁷ Counselling Advisory Committee (1998), *Standards of Practice for the Provision of Counselling*, New Zealand Abortion Supervisory Committee

⁸ Abortion Providers Federation of Australasia (1998) *Standards of Practice and Guidelines for Member Facilities*

counselling, information and advocacy, as well as access to in - depth decision making counselling.

While it is a shared concern of government, education, health and community organisations to prevent unplanned pregnancy, the reality of unwanted pregnancy is an ongoing issue of great importance facing thousands of Australian women. It is in the interests of the community that women experience positive and trusting relationships with health services, as this enhances their use of services for sexual and reproductive support and information.

Women's Experience of Unplanned Pregnancy Decision Making and Abortion

Research confirms that few women experience abortion as traumatic, dangerous and difficult, as long as certain conditions prevail such as non-judgmental support, acceptance, respect, support, advocacy, freedom to choose and factual information.⁹ According to RANZCOG, a comprehensive literature review has found that abortion rarely causes immediate or lasting psychological harm in healthy women¹⁰.

It is also recognised, however, that unplanned pregnancy can be experienced as a crisis by some women, either in relation to the complexity of the decision about the pregnancy, or where pre-existing social or emotional concerns combine to create a potential risk to women. For instance, the Women's provides services to many women facing complex social, medical and emotional issues, such as:

- homelessness
- language and cultural barriers
- isolation
- mental health issues or other disability
- women who are victims/survivors of recent or current domestic violence or sexual assault and /or are at risk of violence or other form of coercion¹¹
- women at risk of self harm or other harm
- women requiring referral regarding any medical emergency;
- high risk pregnancy

The availability of a professional response, tailored to every women, which can provide a comprehensive risk assessment and offer appropriate responses such as counselling, referral, crisis intervention, advocacy and care, is a basic and essential service to which all women have a right.

PAS has undertaken a number of service user evaluations^{12, 13} and women consistently report that they want:

- Factual information
- Unbiased support and advocacy
- Respect, non judgement

⁹ Buttfield, Barbara, (1996), *The Experience of Abortion, in An Information Paper on Termination of Pregnancy in Australia*, Commonwealth Dept of Health and Family Services, Australian Government Publishing Service

¹⁰ RANZCOG, *ibid*, p.25

¹¹ C. Pallitto, P. O'Campo (2004) *The Relationship Between Intimate Partner Violence and Unintended Pregnancy: Analysis of a National Sample From Colombia*, International Family Planning Perspectives Volume 30, Number 4, <http://www.agi-usa.org/pubs/journals/3016504.html>

¹² PAS (2005) *An Analysis of the experience of women accessing abortion through the RWH Pregnancy Advisory Service* (unpublished)

¹³ PAS (1999) *Pregnancy Advisory Service Pathway Evaluation – Women's Experience of RWH PAS*, RWH (unpublished)

- Opportunity to make a considered and informed decision without coercion, pressure or influence

2. Feedback from Women about Practices in some Pregnancy Counselling Services

Frequently women have initiated discussion with our PAS service about their experiences of previous contact with some pregnancy counselling services or “false providers”¹⁴ - that is, organisations which appear to offer professional services, but which actually function from a position of judgement rather than impartiality. Many women have stated that the contact has resulted in them becoming fearful, distrusting and anxious about services and counselling.

Women have reported to PAS in the context of a confidential counselling discussion that following contact with some pregnancy counselling services, they:

- Have experienced a sense of disapproval and judgement, thereby furthering psychological distress;
- Were provided with misinformation and exaggerated claims about the medical risks of abortion, for instance about the risk of medical complications such as infertility, permanent injury and breast cancer; or that that they would wake up during the procedure;
- Were provided with misinformation and exaggerated claims about the emotional risks of abortion such as that the majority of women will experience trauma, lifelong depression and unresolved grief following abortion;
- Were informed about the surgical procedure in a highly exaggerated way designed to misinform and instil guilt and disgust;
- Felt confusion, fear and guilt, thereby strengthening feelings of immobilisation and doubt, resulting in presentation at abortion providers at a much later gestation which increased the medical risks.

For instance, a woman who was experiencing sadness shortly following a TOP, inadvertently called a “pro-life” pregnancy counselling service, which responded by sending lawyers and counsellors to visit her daily in her own home, urging her to take legal action against the RWH, to claim damages through litigation. She subsequently used RWH services for post abortion support.

Another woman was given inaccurate and outdated information about the medical risks of abortion, and told she would be unable to attend her church for 3 years if she had an abortion. She subsequently accessed surgical services much later in the gestation following a period of intense isolation, anxiety and immobilisation, and while she recovered well physically and emotionally, holds distrust and anger that the service she initially contacted had contributed to her emotional stress, and potentially to her physical stress.

Women have said that they have felt misled, manipulated and unsupported in their contact with some pregnancy counselling services and would not have contacted them had they known of their philosophical position.

As noted, the realisation of an unplanned pregnancy can constitute a crisis for some women, which predisposes some women to the potential to be especially vulnerable. Therefore, the responsibility of service providers for skilful, sensitive and comprehensive response is critical and fundamental.

¹⁴ a term used by the National Health and Medical Research Council (1996) draft Enquiry report “*An Information Paper on Termination of Pregnancy in Australia*”;

3. Best Practice in the Field of Unplanned/unwanted Pregnancy Counselling

While there is not one single professional body which regulates counsellors, there are a number of accredited and professional organisations and associations which have developed and maintain accepted standards and codes of ethics.¹⁵

Professional Codes of Ethics

Many national and international professional bodies such as medical,¹⁶ ¹⁷ social work,¹⁸ psychology and counselling service use codes of ethics, which guide professional and ethical practice. They encourage sensitivity to the potential vulnerability of people seeking health care, and describe the required standards of care such as:

- Integrity – honesty, reliability and impartiality
- Respect for human dignity
- Competence
- Social Justice

Such codes describe that the first responsibility is the well being of the patient or client, and uphold the importance of:

- informed consent
- self determination
- autonomy
- the capacity to function independently and to act without undue coercion pressure or stress.

They also acknowledge the existence of personal moral judgement or religious belief by the health professional, and advise actions which should be followed should they prevent a health professional from providing such a service i.e. where a conflict of interest exists.¹⁹, ²⁰.

Regulation, Qualification, Accountability, Supervision and Training of Counsellors

The professional codes exist to regulate:

- the practice competence required
- the keeping of records
- the need for education, supervision and evaluation of health professionals
- accountability and liability
- and to encourage research, the development of evidence based practice, and peer appraisal.

¹⁵ Australian Association of Social Workers, Australian Psychological Society, Australian Institute of Welfare and Community Workers

¹⁶ Australian Medical Association Ltd (2003) *Code of Ethics*

¹⁷ <http://www.ranzcog.edu.au/about/pdfs/codeofethics/pdf>

¹⁸ Australian Association of Social Workers (1999) *Code of Ethics* Canberra

¹⁹ AMA ibid

²⁰ AASW ibid

Conclusion

RWH PAS services are provided in the context of a broad continuum of women's sexual health and reproductive services at the hospital, ensuring that every woman who contacts the service is provided with skilled and professional support and is offered referral to a full range of reproductive choices, including abortion, antenatal care and parenting support or other care arrangements for a child.

The RWH supports increased government funding of comprehensive unplanned pregnancy counselling services. It believes that an area of health care as crucial as unplanned pregnancy should be subject to high standards of professional practice as demonstrated by existing professional bodies and organisations.

It is imperative to recognise the difficulties marginalised or vulnerable women have in accessing professional services, and their right to sensitive and comprehensive support encompassing the short term and longer term implications of an unplanned/unwanted pregnancy.

The RWH supports professional practice which requires impartial and non judgmental service, and the transparency of any "conflict of interest". It supports services which describe their philosophy upfront, and supports regulation which prohibits misleading and deceptive advertising. It is committed to supporting services which improve public health. It is of great concern that some pregnancy counselling services are not transparent about the limitations of their service and are unable to provide impartial, comprehensive services.

We would welcome the opportunity to collaborate with government and support initiatives to develop standards of practice and guidelines for all unplanned pregnancy counselling services.

The RWH would be pleased to provide further evidence in support of this submission.

16.6.06