

22 June 2006

Chairperson  
Senate Community Affairs Legislation Committee  
Parliament House  
CANBERRA ACT 2600

Dear Senator

I write in reference to your current inquiry into Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005.

You are no doubt aware that the Catholic Church conducts up to 15 percent of Australia's health care systems. It is the major private provider of acute obstetric and gynaecological services.

As the Bill currently stands, the definition of a 'pregnancy counselling service' involves 'the provision of advice or information services to women.... regarding options in relation to pregnancy, childbirth or termination of pregnancy'.

We consider this definition to be too broad in its scope, as it would cover the provision of advice and information for patients admitted in hospital in the course of a hospital episode. Is this the intent of the Bill? If so, it places an onerous obligation on the hospital to advertise the nature of its advice when patients have already been admitted by medical specialists fully cognizant of the Catholic hospital's philosophical approach to pregnancy, childbirth and termination.

Secondly, it is important to clarify the Bill's intention of "referral to termination of pregnancy service where requested".

Catholic hospitals do not directly refer people to termination services. Best practice care requires that patients receive the information they need before consenting to medical treatments. However, it is vital that decisions involving medical treatments are made in conjunction with a medical professional. As the Bill stands, non-medical counselling services would be obliged to refer people directly to termination services and by pass medical professionals who are able to provide advice separate to the provision of termination services. This runs counter to best practice principles.

Even at this level the Bill can be criticised as being too permissive of the promotion of termination as an option for pregnant women. To single out the reference to termination services implies a specific bias in favour of such services. Interestingly, the same approach is not proposed for referral to adoption services for pregnant women. We seek your clarification of this issue.

We would be prepared to elaborate on the above if your Committee so determines.

Yours sincerely

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