412 Magill Road, Kensington Gardens, SA 5068

Tel. (08) 8431 8196

28 July 2006

Committee Secretary, Community Affairs Committee, Dept. of the Senate, Parliament House, A.C.T. 2600

Attention: Senator Humphries

Dear Senator Humphries,

Birthline Pregnancy Support Inc. Management Committee submission on the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005.

Originally, Birthline Pregnancy Support Inc. intended to make no submission to the Senate Committee, relying on the Australian Federation of Pregnancy Support Services to represent our interests as an affiliated member. However, in written and verbal submissions made to your Committee by others, Birthline Pregnancy Support has been named on numerous occasions, various allegations have been made, wrong information given, and faulty generalisations asserted about all 24-hour pregnancy counselling services listed in the Adelaide White Pages. These generalizations include Birthline by implication. Consequently it is necessary to give your Committee correct information about Birthline, and to explain the reasons for our total opposition to this Bill.

In her second reading speech, Senator Stott-Despoja mentioned various concerns she has about Pregnancy Counselling Australia, and went on to say "However, Birthline, the group behind this service.......". Subsequently this erroneous and misleading coupling of the two organisations has also been made in the *Australian* and the *Independent Weekly* newspapers. Birthline Pregnancy Support **is not and never has been** in any way associated with Pregnancy Counselling Australia. Birthline is an affiliated member of the Australian Federation of Pregnancy Support Services. Pregnancy Counselling Australia is not a member. Birthline is an entirely independent incorporated organisation with no connection to either Right to Life or Right to Life Australia. Pregnancy Counselling Australia is connected to Right to Life Australia. As the South Australian affiliate of the Australian Federation of Pregnancy Support Services which has a 24-hour 7-day service, Birthline receives most if not all the pregnancy help line calls made within South Australia.

Birthline is fully committed to non-directive counselling, using that term as it is

Generally understood and accepted. This means a compassionate, respectful, person centred, non-judgemental exploration of feelings, values and options, with as much accurate information as the client needs or wants. The aim is to enable the client to make her own fully information decision. A non directive counsellor does not give advice or her own experience or opinions, impose her own values, blame or shame the client, thrust unwelcome information of the client, or try to force an immediate solution. The general principles behind different areas of counselling are the same but each area has its particular specificities. In the case of an unplanned pregnancy, the main danger is precipitate action taken under the stress of very strong emotions - panic, shame, isolation, fear of abandonment – often under great pressure from other interested parties and in ignorance of salient and important facts - the very antithesis of an informed choice. Non-directive counselling offers the opportunity to validate the client, defuse some of the emotion, provide information and explore all the options. Birthline believes that some quiet time (a minimum of several days and ideally longer) to absorb and think over everything that has been explored, with the chance to ask further questions or pursue particular issues is essential. An abortion is such an irrevocable decision that it is doubly important for a woman to feel that she is comfortable with it before proceeding. For this reason Birthline believes that a referral for abortion (or anything else) at such an counselling session is totally inappropriate because it is suggesting action before the decision can be properly made and may influence a woman's decision as well as laying her open to be pressured into this particular action by an interested party.

Birthline Pregnancy Support's reasons for not referring callers for abortion are:

- 1. We do not believe that this is consistent with best practice non-directive counselling for unplanned pregnancy as explained above.
 - Counselling is about decision making. A counselling service is not appropriate for those who have already made a firm decision. If they are having difficulty in accessing abortion services this is because those services have failed to advertise themselves adequately. It is not the responsibility of Birthline to make good that deficiency.
- 2. It is our experience, that when many ring asking for an abortion, this may well not be what they are truly seeking. When offered the opportunity to explore the issues they are happy to engage in the counselling process and get the chance to make an informed choice, something they would have been denied if we had taken their request at face value and simply provided the referral.
- 3. A small but steady number of clients telephone Birthline because they are suffering post abortion grief. In our experience these women do not want to have anything to do with those who were instrumental in their own abortion or connected to abortion in any way. Because we do not refer for abortion, Birthline is available to offer help and support to suffers of post abortion grief.

- 4. Birthline respects the right of counsellors to take no part in actions which are contrary to their values, in the same way as nurses and doctors are not obliged to take part in procedures to which they may have ethical objections.
- 5. Ethics aside, Birthline has no confidence in abortion services to reliably provide true non-directive counselling.

It is bad practice for pre-abortion counselling to be provided by abortion services. There is alack of transparency here which lays those services open to the charge of vested interests, either ideological or monetary. Similarly, performing the abortion directly after the counselling session does not permit any space for quiet consideration or a "cooling-off" period. Making the appointment for the abortion procedure before the counselling has taken place applies pressure to proceed with it. Women speak of feeling as if they are "on a conveyor belt" and unable to get off.

All the women telephoning Birthline who regret a recent abortion make complaints about the counselling provided by abortion clinics. These include: a lack of information about the consequences of abortion; statements taken at face value and not explored; options mentioned but not explored; being given the 'brush off' when telephoning about physical or emotional complications after the abortion; counselling being too brief; uninterested counsellors or counsellors who relate their own abortion experience.

Birthline Pregnancy Support Inc. opposes the Bill for the following reasons:

- Instead of adopting the meaning of "non-directive" in common usage, or as used and understood by the counselling profession, the Bill invents a specific and highly idiosyncratic definition. This will have a number of consequences:
 - a) It will deceive the general public and politicians who have not studied all the submissions and have no specific knowledge of pregnancy counselling. "Non-directive counselling" and "transparent advertising" are such motherhood concepts that all are immediately in favour of them without realising what the consequences of this Act will be.
 - b) We can speak only for South Australia but we believe this point will apply generally. Only those services which refer for abortion and therefore do not follow best practice (as explained earlier in this submission) and which may also have procedures and practices which are directive by nature (as referred to earlier) can be identified as non-directive, whilst those that do follow best practice and are truly non-directive cannot be so identified. A bizarre inversion of reality!!

- c) If agencies which do not refer for abortion are not permitted to advertise in the Health & Help page of the White Pages (as the Bill decrees), there will be no pregnancy counselling services listed there in South Australia. This will increase, not relieve, the distress of women in crisis, and will do nothing to increase access to abortion clinics for rural or city women. (That, as mentioned before, is caused by the failure of those services to advertise effectively). The bulk of Birthline's work is in assisting or counselling women who have problems related to an ongoing pregnancy or general queries about such matters as contraception or fertility. These women too will be denied access to help by this Act.
- d) If the Bill is amended to allow pregnancy counselling agencies to advertise on the Health & Help page of the White Pages with the rider 'does not refer for abortion', the net effect will be to deter a significant number of callers who could have benefited, without in any way improving access to abortion services. During the community debate about pregnancy counselling, and to a lesser extent in the Senate Committee hearings, there is confusion and blurring of the distinction between discussion of and giving information about abortion and referring for abortion. There is a general perception that not referring for abortion is the same as not fully exploring this option. This is definitely not the case at Birthline. As pointed out previously, many callers initially requesting referral are pleased to engage in counselling. This Bill interferes with their ability to obtain it and may prevent women who are subject to outside pressure from phoning Birthline for support.

The net effect of Section 7 of this Bill (even if amended) is to disadvantage many without helping anyone, not even those annoyed because they mistakenly rang a counselling service when they did not want counselling.

- 2. If enacted, the Bill as it stands will undermine its own stated objects because:
 - a. It will not prohibit misleading advertising and notification because it allows abortion service providers associated with faulty practice and process, and with procedures of a directive nature to pose as non-directive services.
 - b. As noted above, the Bill in practice will limit choice rather than promote it.
 - c. By limiting access to 24 hour counselling services, the Bill does nothing to improve public health.

- d. No non-directive counselling service should ever give 'advice' on dealing with unplanned pregnancy. This Bill will do nothing to improve access to information and services.
- 3. The penalties proposed are extraordinarily punitive, out of all proportion to what we have argued is a purely technical offence. There has been a good deal of public support recently for appropriate and comparable sentencing. The prescribed penalties offend against any sense of natural justice. They appear designed to bankrupt charitable organisations.
- 4. This Bill is unnecessary. Current advertising and notification is clear, direct, and in no way misleading. Our advertisement, which is worded 'Birthline Pregnancy Support. All options discussed', gives a completely clear, accurate, and succinct description of the services offered. A great deal has been made in the Senate Committee hearing of distressed people reading and misunderstanding advertisements. No wording or legislation can ever completely ensure against this possibility. The proposed legislation will disadvantage the many for the sake of a few without actually helping even those few.

Finally, we would like to make some remarks about the allegations made against Birthline in the written and oral submissions to the Senate Committee. Without knowing the exact nature of most of these, we can guess that they may be similar to those circulated widely in an email earlier this year - though none of them were ever referred to us for investigation. For example, there was an alleged complaint that a client was told by Birthline that if she had an abortion, she would get breast cancer. Every doctor knows that patients under stress may not able to absorb information very accurately. Many clients with an unplanned pregnancy are highly stressed and may not be able to distinguish the fairly subtle difference between 'will', and 'may', and 'have an increased risk of'. This is a problem that counsellors need to be aware of and should try to minimise, but it is not a good reason for withholding important information. That would be patronising. There is no absolute insurance against the occasional client misunderstanding information.

On the question of the connection between abortion and breast cancer, and infertility, it is true that the jury is still out. In both cases there is sufficient weight of evidence to justify the opinion that women deserve accurate and truthful information in these areas of particular concern to them. This is especially true for women with a close family history of breast cancer.

One case of post-abortion grief counselling described in the Senate hearing and attributed to Birthline can only, if correct, be roundly condemned. It so contravened every principle by which Birthline operates that one wonders if this was a case of counselling by another agency being incorrectly attributed to

Birthline. Such mistaken identity has occurred before, as mentioned at the beginning of this letter. Birthline of course has a complaints procedure and is not so foolish as to deny the possibility of any fault. Our commitment is to providing good service to our clients and our wish is to have all serious complaints referred to us. They can then be properly investigated and, if substantiated, prevented from ever occurring again.

Yours faithfully,

Dr Eric Nicholls MBBS (Adel) Chairman, Birthline Pregnancy Support Inc.

Dr Don Reid, MBBS (Adel), FRACP Vice-Chairman, Birthline Pregnancy Support Inc.

Mrs Barbara Englehardt, BSW (Uni. of SA) Director, Birthline Pregnancy Support Inc.

Dr C.M. Louise Howell, MBBS (Melb) MSc (Soc. Med.) (Lond) Member of the Birthline Pregnancy Support Management Committee, Birthline Pregnancy Support Inc.