

Community affairs legislation committee

Ref : Transparent advertising and notification of pregnancy counselling services bill 2005 (from Dr B S Vanrenen 7/8/2006)

In downloading Hansard transcripts on this subject it appears we need some definitions .

Pregnancy potential in humans is basically a twenty year program in a male female partnership where procreation is the accepted outcome.

The accepted obligation is that the product be wanted at an appropriate time in that partnership, thereafter to be loved, nurtured , provided with guidelines and educated to be able to survive on their own and depart the nest !

For many reasons the pregnancy itself may be terminated before it is ready for delivery. These are many and varied :- Medical , gynaecological ,obstetric , Genetic, psychiatric , social and economic!

The present discussion appears to centre on the social aspects of inappropriately timed pregnancies, which are many and varied and may be at any time in their reproductive years, unmarried or married with children .

Between 1951 till 1974 women with late periods automatically called on a convenient local Aussie G P for checking to see if there was a pregnancy present , hopefully or hopefully not.

The usual routine Was to check dates ,take urine for a pregnancy test And when that was positive to do a cervical visual examination then a bimanual Examination to check out position size and softness to confirm a positive and inform the patient .

No further talking till she was dressed and seated across the desk ,to give time for her to get her thoughts together . By many I was greeted with a happy smile, but I never ever assumed that until I was very sure ,as for many it was not an appropriate finding .

Of the latter some returned with their partners and are still together today with their families.

Others with no such luck. We then discussed the options available in that era (not available today)

Options available then

1 **To continue** on their own to term, some how ,others with family help but this was uncommon and perhaps frowned upon . a few succeeded capably and got help in the future (married).

2 Adoption.

The 30's depression Orphanages run by most of the religious denominations and other charitable bodies took over ante natal care and arranged the adoptions to waiting infertile married couples.

There almost seemed a balance between need and availability

For the single teenagers and unmarried twenty year olds ,this allowed them to continue their pregnancy and later return to the main stream of life as an unencumbered single female.

Most coped with adoption and got on with their life.

Later to meet and marry and create their own families at an appropriate happier time in their life's journey.

.From 1954 till 1974 I provided honorary services as a G P to the Berry St (foundling home) Baby Hospital in East Melbourne Vic. checking and caring for babes till adopted. as well as giving antenatal care and delivery to a few privately, prior to adoption.

3 Termination of pregnancy.

For many reasons : we have available: - At our public teaching and womens hospitals, Gynaecology and Obstetric Consultants for complicated problems .and specialized clinics for this procedure.

.Most decisions are sorted out shortly after diagnosis and therefore Counsellors should all accept that decision and allay and support them in whatever decision they have reached ,over those shorter or longer course of events.

The stumbling block here , seems to be about ,that group of counsellors wanting to prevent what is referred to as an Abortion ,and maintain the pregnancy to term There is no other option by that particular group in that ,they only provide short term support for a live babe to be born . but there is no long term massive financial help over those expensive first few years. for those ,and there is no adoption to fall back on in today's environment.

The highest legal court for all Australians. Is the High Court in Canberra A.C.T. But , for about 26% of our population there is a higher “Supreme Commander “ who is against all terminations.and artificial Contraception .

Paradoxically in 1969 it was noted that 50 % of requests for Abortion in Australia came from this same group .

Like all other non committed G P’s (not part of the above Group) . when our patient has made a firm decision to proceed with an early termination , in spite of all the old wives tales she has heard in the past, we are able to reassure her that all the well trained Doctors who perform these operations, at their well appointed clinics ,well staffed with kind and understanding personal ,they will leave everything normal for a future pregnancy at an appropriate time.

That is their worst fear!!!

Next their referral to the Doctor ,making the appointment time, passing on patient instructions for anaesthesia , fasting , clothes to wear, Fees, support and transport, there and post operatively from.

The referral letter to the doctor contain necessary information as required, Blood groups, etc as usual.and instructions to the patient to find their way there.

Our phone availability at any hour Follow up and contraception for all!

This **is** against the nature of women but, all through their lives they will be called upon to make very difficult but responsible decisions and so they have earned my very great respect as a family Doctor over 50 years of privileged responsibility to each unique being, ; female and male

NOW

From 1974 with it’s immediate massive political and social and economic (great unemployment) changes .Political correctness **Adoption was anathema to the labor socialists** .We will pay you to have your babe ; wonderfull idea but. As in many other areas it failed to properly fund this expensive program But the girls were sucked in, sadly for birth mother and babe.even today.

With almost no adoption for 30 years we know where most of the inappropriate pregnancies are today(alive but are they really wanted) unfortunately ,due to the fact that Whitlam and his parliamentary colleagues 1974 bribed them financially into having their babes ,but never ever gave them the necessary income to properly rear that child , hence the very unfair mess we see about us today ; no winners!

!Perhaps it is time to weigh the balance and outcome :--practical versus ideological. For the betterment of all concerned .

I at different times employed two very fine receptionists who adored their” adopted parents” no fuss.

Out of 50,000 patients about a hundred adopted males and females who had consulted with me had grown up as very fine , respected and successful citizens, grateful and affectionate towards their “parents” My awareness was due to the facts of adoption presented as part of the routine questioning into the family medical history section of our standard database.

Working under Englands 1865 Hygiene legislation Adopting parents were given total responsibility . to nurture and prepare them for life. (Contact by the birth mother or later visa versa by the adoptee was forbidden.)

Since 1974 that law has been rescinded so that numbers of my female patients have now experienced that relaxation , some happily, but most causing great stress ,Nor do I think their offspring had real benefit in the meeting and then returning to their frightened Adoptive parents, It caused a hiatus in all their lives some times destructively causing many years of hurt and depression.

The only constant is change: with new untried, and tried and failed , airy,imaginative, principles that in the last 33years have caused chaos in Australia and recovery is still slow.

How many of these imported ideas have really worked, against feet firmly on the ground with true Aussie innovative ideas that do work.

I V F has only taken up part of the waiting list of infertile couples in our country, hence the foreign coloured adoptees. we see today for those couples who accept the privilege and responsibility of nurturing and preparing them for life ahead.

With the absence of or overworked local community doctors (G P’s) in new high density residential inner metropolitan areas ,outer suburbs and country areas all over Australia ,those who used help these ladies through the above problems in the past are not available today.but other organizations are.

From my long term experience, no distressed woman should ever be faced with an argument about her decision, hurtfull as it may have been to her to reach, but to be understood ,given kindness and accessibility and help through that desperate time.

We do need the help but only from organizations and counsellors who will accept the patients decision and give every support relative to that decision.

That should be the sole condition by which every organization offering these services to the whole population of Australia may obtain tax payers money from the Commonwealth Government

.Signed this seventh day of August 2006

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P S Just in case that a nasty rumor is raised about me. In 1968 as a legally qualified medical practitioner in the state of Victoria with full and usual responsibility I referred a patient to an experienced doctor for termination of pregnancy, just as I would do in all other matters as indicated to consultants and teaching Hospitals . With easy availability to the above and a very busy and demanding family G P practice there was never any need for me to perform such surgery, or be in anyway involved !! B.S.V.