THE AUSTRALIAN FAMILY ASSOCIATION

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THE SENATE
STANDING COMMITTEE ON FINANCE AND PUBLIC ADMINISTRATION

SUBMISSION from the AUSTRALIAN FAMILY ASSOCIATION to Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulation 2007

PREAMBLE

As the Terms of Reference of this Inquiry are quite restrictive, it is necessary to point out the stance of the Australian Family Association on the issue which Senator Barnett's Bill addresses, and our members expect no less from us.

First, the AFA is totally opposed to the deliberate termination of the lives of unborn children, and in the case of second trimester abortion we are confident that we are reflecting community attitudes. The definitive study, conducted by the Southern Cross Bioethics Institute in 2005, *Give Women Choice: Australia Speaks on Abortion*, showed quite clearly that in spite of a general support for the right to abortion (63%) the community rejects it morally, wishes to reduce its incidence, wants mandatory counselling, and views late-term abortion with abhorrence. Another national poll in 2005 also found that 67% of Australians were opposed to Medicare funding for second trimester terminations.

The procedure itself inflicts hideous pain on a sentient human being, with no analgesic or anaesthetic relief. Various methods of late-term abortion, such as *partial birth* (banned in the USA) and *dilation and curettage* (dismemberment) of a live foetus, are such heinous abuses of human rights that the community would rather not know the details. Indeed, Australia's most seasoned abortionist, Dr David Grundmann, told Nine Network's Sixty Minutes on April 17, 2005, 'I don't think that you or the public needs to know'.

However, when asked the direct question, as posed by the Southern Cross Bioethics Institute, the community does not support late-term abortion, and this surely translates to disquiet about the contribution of public funds towards second semester terminations. Certainly there was outrage some weeks ago when it was revealed that baby bonuses had been paid to women who had had deliberate terminations of pregnancy after 20 weeks of gestation, the outcome being recorded as stillbirth.

The reasons for which deliberate terminations occur are also open to question. Diagnosed foetal abnormality is the most common reason given, but where late-term abortion occurs, this raises other questions which are at odds with society's professed commitment to the rights of the disabled. Judgements are made about quality of life, and involve a denial of the obligations of society to support its most vulnerable members. To make such judgements is to approach the slippery slope of eugenics, while endorsing ideals such as the perfect or designer baby.

We all know why there are so few Down's syndrome people in the community now, yet we laud the spirit and relative quality of life enjoyed when we view accounts in the media of some who are far more profoundly disabled. The Independent Living Movement, founded in the USA in the 1960s as another civil rights movement, but for the disabled, articulates the view that 'persons with disabilities have the same right to participation, to the same range of options, degree of freedom, control and self-determination in everyday life that other citizens take for granted.' If these people are not allowed to be born, such ideals become a mockery.

IN RESPONSE TO THE INQUIRY TERMS OF REFERENCE

1. The terms of Item 16525

The principal problem with this item is that it does not distinguish between deliberate termination of a pregnancy and the necessary procedure for the expulsion of a foetus, whose death has been caused by accident or natural complications.

(a) As stated above, 'life-threatening maternal disease' requiring termination to save the life of a mother is a thing of the past, as a result of medical developments, which are now available in a society such as ours. In fact, Victorian records reveal no cases where second or third semester terminations were carried out to preserve the physical health of the mother. Actually, the denial of ill-effects of abortion on the mother is quite a blatant distortion of both common experience and actual research, and generally relies on some very selective citing of studies, while neglecting the bulk of recent findings. Post-abortion trauma is a well-established condition, often leading to prolonged psychological suffering and many cases of suicide revealed in long-term studies. Two large out-of-court settlements in Australia, hinging on inadequate information from the abortion providers, have recognised the reality and magnitude of this suffering. Physical effects of abortion have also to be recognised, ranging from damage to the uterus affecting subsequent pregnancies to the well-researched link between abortion and susceptibility to breast cancer. Those who protest that women will be left to die without this funding are using an emotive argument with no factual basis.

(b) Intrauterine foetal death is of course a situation requiring the 'management of second trimester labour' – to bring about an abortion - in the interests of the survival and health of the mother. It should be provided for in the Table as a new stand-alone item.

(c) Termination for 'gross foetal abnormality' is radically different from the other two criteria and thus should not be under the same item heading. It is also notoriously abused in the case of Down's syndrome, dwarfism and other conditions which could hardly be described as 'gross'. In any case, intra-uterine or foetal surgery has been shown to be effective in correcting cases such as spina bifeda. In reality, the proportion of terminations recorded as second trimester which take place in private clinics suggests that the term 'gross foetal abnormality' is as often treated with a broad interpretation as is the term 'life-threatening maternal disease'.

RECOMMENDATION: that Item 16525 be withdrawn and replaced with a new item to provide for management of second trimester labour in the case of intrauterine foetal death and perhaps the rare cases of 'life-threatening maternal disease'.

2. **The number of services receiving payment under this item and the cost of these payments.**
   It can only be assumed that many of the 600-800 abortions for which payments are made each year throughout Australia are undertaken for reasons other than intrauterine foetal death. The $267 payment is apparently appropriate for the procedure, but the total cost to Medicare funds ($157,250 in 2007) would decrease if the two pretexts for including deliberate terminations under Item 16525 were removed.

3. **The basis on which benefits are paid under this item**.
   The presumption of innocence, which assumes that the termination is performed by a qualified practitioner and in accordance with the relevant state law, is quite inappropriate in the case of deliberate termination of a pregnancy. This is precisely because late-term abortions are *not* covered under Medicare and so the Item 16525 is being notoriously abused by a broad interpretation on the part of medical practitioners, especially in private clinics, who have a financial – in some cases ideological – stake in the termination. An assertion of professionalism, especially on the part of private abortion providers, is no guarantee of the integrity of the process.

4. **The effects of disallowing this item**
   (a) It would remove an anomaly where the purpose of the item is being circumvented. The actual life of the mother is almost never at risk in continuing a pregnancy, and 'gross foetal abnormality' is so ill-defined that quite trivial "defects" can become pretexts for termination.
   (b) Given community concerns about late-term abortions, especially of viable babies (from 22 weeks – ie second trimester), it would reflect the community's wishes not to encourage them. Public financial support of any practice is ipso facto public approval; withdrawal of support is withdrawal of approval.
   (c) It would be a public declaration that support for those with physical handicaps is not an empty gesture. We might gasp and the disabled might protest at Professor Singer's claims about relative right to live, but if we fund termination of pregnancy on the grounds of 'abnormality' we are being hypocritical.
   (d) While the number of second trimester terminations carried out under state laws might remain unchanged, the temptation to represent some third trimester abortions as second trimester would be removed.
   (e) It would remove the anomaly under which some women have collected the Baby Bonus after having had a termination at 20 weeks or more gestation.
   (f) It would be asserting the right of the Commonwealth, as the provider of funds, to determine that payments went only to those intended to receive them in the original Health Insurance Regulations.

CONCLUSION

The removal of Item 16525 and its replacement with a new item providing for intrauterine death would remove an anomaly in the General Medical Services Table. This would reflect community concerns about the incidence and implications of second trimester and late-term abortion.

John J. Morrissey,
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