Submission

To

The Standing Committee on Finance and Public Administration

Of

The Australian Senate

Inquiry Into

Item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007

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1. Introduction.

Thank you for the opportunity to comment on the disallowance motion of Medicare item 16525 as tabled in the Senate by Senator Guy Barnett (Tas).

The Catholic Church is well known for its opposition to abortion being an integral part of our consistent ethic of respect for human life from conception to natural death. Life is the most fundamental of goods and the right to life the most fundamental and inalienable human right.

"Abortion performed for any reason and at any stage of pregnancy is always the tragic and unjust taking of innocent human life… (T)herefore, we realize that any reduction in the number of abortions would be an improvement."[1]

The demands of justice enjoin us to speak for the marginalized, the weak and the defenceless of whom unborn children must certainly be the most vulnerable.

As Cardinal Pell observed, any step that we can take to reduce the numbers of abortions in Australia should be welcomed and we note that this is in keeping with the majority opinion in Australia today.

In saying that, we would add that our opposition to abortion does not imply some sort of callous indifference to the plight of women in crisis at an unplanned or difficult pregnancy. On the contrary, the Church through her agencies and affiliates seeks at all times to support such women. The Australian Catholic Bishops Conference is, at this time, promoting such support throughout Australia as a response to that need.

[1] Cardinal George Pell, *Cardinal's Comment*. The Catholic Weekly 21/09/08

2. Executive Summary.

We support the proposal to disallow Medicare item 16525. Such an action would send a very clear message to the Australian public about the value of life, support for women's health and the value of Australians living with a disability.

The procedures for second trimester abortions are brutal. We know that infants have survived being born at 21 weeks which effectively means that abortion at this stage is the destruction of a viable human life.

We believe that a disallowance of Commonwealth funding for second trimester abortions in private clinics sends a very positive message that is consistent with public sentiment on the need to reduce the number of abortions in Australia.

We find the wording of item 16525 to include undefined terms that appear to have allowed broad interpretation by clinicians in private abortion practices. Financially supporting abortions for g*ross fetal abnormality* is contrary to Australia's commitment to the UN Disability convention and issues surrounding genuine *life threatening maternal disease* should be dealt with in a hospital setting.

Leaving the interpretation of these terms to clinicians in private abortion practices creates a conflict of interest that, we believe, would not be tolerated in other business practice.

All human life is intrinsically valuable and the right to life of every individual, inalienable. We find it unacceptable that the Commonwealth should continue to be directly involved in the destruction of human life through Medicare funding.

3. The Law and Public Policy.

The law is a teacher. It teaches us about how our society views certain issues and actions and is broadly understood to embody notions such as the common good. Likewise, governments of all persuasions give endorsements and support for certain public and private actions and behaviours through policy initiatives that, directly or indirectly, send a message.

While the legality of abortion is a states issue, the Commonwealth does, in reality, express an endorsement of some sort through Medicare funding of second trimester abortions.

We recognise that the disallowance of Medicare item 16525 would only directly affect second trimester abortions carried out in a private clinic. While we hope that, in every case, this change would save the life of a child, it may be that, as a result, some of these procedures will be carried out in a public hospital. Even so, the public message that the Commonwealth is serious about supporting the public sentiment of reducing abortion, particularly at a gestational age where the child is viable outside the womb, will make a significant difference over time.

4. Definitions.

16525 Management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease, not being a service to which item 35643 applies.

There appears to be no defined meaning of *Gross fetal abnormality* and *life threatening maternal disease* which suggests that interpretation of these terms is left at the discretion of the clinical practitioner. (see section 5)

It may well be that an attempt to define the extent of an abnormality under this item would be problematic. To do so would be to virtually define out of existence a subset of the human family. To fund abortions for *gross fetal abnormality* tends to support a view of human life radically consistent with eugenics. (see section 8)

By contrast, a *life threatening maternal disease* would seem to be a straightforward matter of diagnosis. By implication, we would have thought that the presence of such a diagnosis would mean that the woman concerned would be best cared for in a hospital, rendering this Medicare item redundant in such cases as the procedure would be covered under the state grant scheme. We find it hard to imagine that a woman with a significant life threatening maternal disease would present at a private clinic rather than a hospital.

Certainly, with modern medicine, there would be few, if any, maternal health problems during confinement that cannot be managed without risk to mother and child.

5. Conflict of Interest.

Leaving the decision of the interpretation of Medicare item number 16525 to abortion providers creates a clear conflict of interest. The abortionist stands to gain financially from his or her decision to interpret the woman's

circumstances or that of her unborn child (abnormality) in terms of this item number.

The abortion providers' financial gain is not necessarily restricted to the Medicare payment. It may well be that, outside the regimen of item 16525, the woman may well find the total procedure cost prohibitive and decide to either present at a public hospital or not proceed at all. Either way, this represents a risk of loss to the business and the provider.

There is clearly a risk of coercion implicit in this regimen. It is not right that the Commonwealth should allow such a risk to exist.

6. Viability.

Senator Barnett's briefing paper on this issue cites a number of examples of babies born as early as 21 weeks gestation and suffering little or no lasting effects of such premature birth.

Recently, Dr. Manuel Bajo Arenas, president of the Spanish Society of Gynecology and Obstetrics (SEGO) said that abortion procedures conducted on fetuses older than 22 weeks gestation should be referred to as "destruction of a viable fetus" because this more accurately reflects the reality. He was referring to an ethics report of the SEGO committee commenting that, in cases where it appears to be medically "appropriate" to interrupt a late-term pregnancy, *"Why destroy the child within? Induce labor and try to save it."* [2]

From the time when an unborn child can safely survive outside the womb there are clearly other options available other than abortion. It is worth considering at this point that both abortion methods used in second trimester abortions (and later) actually 'deliver' the child. (see section 7)

7. Late term abortion procedures.

We recognise abortion at any stage and by any method as the deliberate destruction of a discrete human entity – a member of the human family. All abortion methods, therefore, are intrinsically abhorrent.

Late term abortion procedures are particularly brutal and, as we have already noted, intend to deliver dead a fully formed human being capable of living outside of the confines of the womb.

[2] *Spanish Gynecologists Denounce Post-viability Abortions, LifeSiteNews.com.* 18 July 2008 http://www.lifesitenews.com/ldn/2008/jul/08072103.html

Partial birth abortion, banned in the United States in 2003, manipulates the child in the womb into the cervical canal feet-first (breech). The child is then drawn outside the canal to the point where only the head remains inside the mother. It is then that the base of the skull is punctured and the brain is suctioned out, immediately killing the child, before the full delivery.

By this method, the neck of the cervix becomes a lethal legal instrument instead of a portal to life. A moment later and the child is fully born. If the procedure were to be carried out after full birth, the action would be considered as criminal.

Induction of labor using prostaglandin to induce delivery and intracardiac potassium to kill the infant before delivery is designed to deliver a dead child. But this is not always the case. Senator Barnett's briefing paper tells us that 15% of post-20 week abortions performed using this method in 2005 resulted in the delivery of living infants who are 'left to die'.

We find cause to seriously question how either of these brutal procedures can be tolerated in Australia. By financially supporting such procedures the Commonwealth is effectively endorsing these practices.

8. On Disabilities.

> *States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.*
> (Convention on the Rights of Persons with Disabilities Art. 10)[3]

The preamble to this convention, recently signed by Australia, talks about 'equalization of opportunity' for persons with a disability. The right to life expressed in the convention and elsewhere is surely the most basic of opportunities from which all other opportunities draw meaning.

It is inconsistent, to say the least, that the Commonwealth should support this convention and disability support services in general while, at the same time, supporting and financing abortions based precisely upon the presence of a disability. The fact that such abortion funding has been made for such minor disabilities as a cleft palate or missing digits makes a mockery of *gross fetal abnormality* and, we believe, every disabled person by association.

Women's Forum Australia's comprehensive evaluation on the available literature on abortion reports one researcher as commenting that, "*the*

[3] http://www.un.org/esa/socdev/enable/documents/tccconve.pdf

provision of prenatal testing for fetal abnormality and selective termination of affected fetuses will result in mothers being blamed for giving birth to children with disabilities."[4] It is the experience of this writer that this is, indeed, the case. Again, we can see at work here an unintended message arising out of a public policy supporting prenatal screening.

9. Women's health.

The *Women's Forum Australia* (WFA) work cited above lists 15 distinct significant health issues for women following abortion, both physical and psychological. These include depression, post-traumatic stress disorder, self-harm, miscarriage in later pregnancies, infection and perforation and breast cancer.

It is simply not good enough that we should accept the position that such complications do not affect all women who have had abortions. We imagine that if complications of this severity were to be seen to accompany other procedures to a similar degree as found by WFA, that formal inquiries would follow.

ENDS

[4] *Women & Abortion – An evidence Based Review* (2005) by Selena Ewing, Women's Forum Australia