



Pregnancy Help Australia Limited

(Australian Federation of Pregnancy Support Services Inc. T/as)
Supporting positive choices

ABN 76 146 214 012

1 October 2008

Christine McDonald
Committee Secretary
Senate Finance and Public Administration Committee
Parliament House
CANBERRA ACT 2600

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

Thank you for the opportunity to submit to the above Senate Inquiry.

The Australian Federation of Pregnancy Support Services Inc, t/as Pregnancy Help Australia (PHA) is a non-denominational and non-party political organisation which provides an organisational structure for state, regional and local pro-life pregnancy support service centres with the purpose to offer mutual support, advice and service.

One of the principles member agencies are required to agree to is that, in their work, they are not to be judgmental and not to use manipulative methods or shock tactics whether by way of speech, pictures or videos, and that each of its staff and volunteers undertakes to abide by the life-affirming ethos of PHA.

It is with this position that the following submission is made. It should also be noted that PHA is funded by the Department of Health and Ageing. However the comments and opinions provided in the attached submission in no way reflects that of the funding body.

Yours sincerely

Lynn Mabey
Executive Officer
Pregnancy Help Australia

Encl.

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Inquiry into the subject of the motion for disallowance of item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007

Terms of Reference

On 16 September 2008 the Senate passed the following motion:

- (1) That the subject of the motion for disallowance of item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007 be referred to the Finance and Public Administration Committee for inquiry and report on and not before 13 November 2008.
- (2) That the committee in particular report on:
 - (a) the terms of item 16525 of Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007;
 - (b) the number of services receiving payments under this item and the cost of these payments;
 - (c) the basis upon which payments of benefits are made under this item; and
 - (d) the effects of disallowing this item.

Item 16525¹ Management of second trimester labour, with our without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease, not being a service to which item 35643 applies (Anaes.) Applicable Fee \$267.00

The second trimester pregnancy covers weeks 14 to 26 of a pregnancy. It is unfortunate that management of intrauterine fetal death is also included in this Item along with management of gross fetal abnormality or life threatening maternal disease. It is the opinion of this organisation and its members that no mother should be expected to carry to term of 40 weeks any child which dies in utero. In these instances there would be an expectation that medical practice is to intervene and manage such a situation with dignity for all concerned.

Partial birth abortions can only be viewed as being a barbaric medical procedure and is described in Senator Barnett's briefing (refer Attachment A). Another method of second trimester and late term abortions is the administration of prostaglandin to induce delivery. In these instances the baby is born alive. As it is the intent of the mother not to preserve that life, then there is no medical intervention to save that life and the baby is left to die.

It should be noted that late term abortions are not needed to save the life of the pregnant mother, as an induced birth is far safer for both mother and child. Concern is also raised regarding the emotional well being of the mother who has a late term abortion. Is it appropriate then that Medicare funds claims under Item 16525 where it has the potential to harm the mother?

Modern medicine is documented to show surgery can be undertaken on the foetus in utero to take corrective measures, as in the case of Leah Bowlen at 22 weeks pregnancy.²

¹ Page 252 Health Insurance (General Medical Services Table Regulations 2007)

² http://www.smh.com.au/news/science/surgery-inutero-to-save-leahs-legs/2008/06/08/1212863437103.html?s_cid=rss_news

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Paradoxically, Neonatal Intensive Care Units in Medicare funded hospitals around the country are treating babies born prematurely. Statistical data indicate that babies born at 27 weeks as having a 90% survival rate³.

What does 'gross fetal abnormality' mean in an unborn child? A child who will be born with irreparable damage to the organs⁴ and not being able to sustain life? It can also be interpreted by some medical practitioners to include such chromosomal conditions which indicate they may have Down syndrome or skeletal dysplasia-achondroplasia (dwarfism).⁵ There is no benchmark for this medical term.

With medical advancements forging ahead in our modern society, pregnancy is no longer seen as life threatening to the mother, and babies born with the above mentioned chromosomal conditions are able to live happy and fulfilling lives in their communities.

In August 2005, the then AMA President, Dr Mukesh Haikerwl said in a media release: 'the inconsistencies and confusion about abortion law from State to State to Territory were clearly set out in an article last year in the *Medical Journal of Australia*. In the August 2004 MJA article, "Abortion: time to clarify Australia's confusing laws", L J de Crespigny and J Savulescu explain that:

- The ACT is only jurisdiction where abortion has been removed from criminal statutes
- WA clarified its abortion laws in 1998 but only after two doctors were charged with unlawful abortion
- Abortion laws are unclear and complex and vary from State to State. In Victoria, an abortion is not "unlawful" if a doctor believes that the abortion is necessary to preserve the woman's life or her physical or mental health
- Committees have been established in hospitals and elsewhere to consider abortion, which further intrudes into the doctor-patient relationship

Laws in four jurisdictions are still based on an 1861 English law - the Offences against the Person Act⁶

Medicare ensures that all Australians have access to free or low-cost medical, optometrical and hospital care while being free to choose private health services and in special circumstances allied health services.

Medicare provides access to:

- free treatment as a public (Medicare) patient in a public hospital
- free or subsidised treatment by practitioners such as doctors, including specialists, participating optometrists or dentists (specified services only)

Australia's public hospital system is jointly funded by the Australian Government and state and territory governments and is administered by state and territory health departments. Medicare enrolments and medical benefit payments are administered by Medicare Australia through its network of Medicare offices and other information claiming services. Contribution to the health care system is based on income and is made through taxes and the Medicare Levy.⁷

³ <http://www.prembaby.org.au/10/survival-statistics/>

⁴ <http://sixtyminutes.ninemsn.com.au/article.aspx?id=259272>

⁵ http://www.mja.com.au/public/issues/186_07_020407/ger11260_fm.html

⁶ <http://www.ama.com.au/web.nsf/doc/WEEN-6FA4DU>

⁷ <http://www.medicareaustralia.gov.au/about/whatwedo/medicare.jsp>

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As the laws regarding abortion vary from a state to state or territory, and are governed by the relevant state or territory, claims made under Item 16525 should be disallowed.

The information contained in the statistical table provided in Senator Guy Barnett's brief, '*BRIEFING PAPER ON MEDICARE FUNDING OF SECOND TRIMESTER AND LATE TERM ABORTIONS*' (refer Attachment A) states that;

'... it is noted that since 1994 the Australian taxpayer has paid abortionists about \$1.7 million to perform over 10,000 second trimester and late term abortions. In 2007 the Australian taxpayer paid over \$157,250 for 790 procedures under item 16525. Nearly all of these procedures would have been second trimester and late term abortions.'

However, in a Parliamentary report '*NSW Parliamentary Library Research Service, Briefing Paper No: 09/05*'⁸ written by Talina Drabsch in 2005, it is noted on p12 that:

'...Medicare data should be used with care. Whilst abortions are partly funded by Medicare the item numbers that correspond to the termination of pregnancy include procedures other than induced abortions, such as those undertaken as the result of a miscarriage. Medicare data is also limited in that women who have an abortion in a public hospital as a public patient do not claim the rebate. Some other women who are eligible for the rebate may choose not to lodge a claim for various reasons.'

Therefore it can be assumed that the figures provided by the Medicare Benefits Schedule (MBS) Item Statistics Reports in Senator's report could be incorrect given the information provided in Ms Drabsch's report in 2005.

Summary

Medicare is Australia's universal health care system introduced in 1984 to provide eligible Australian residents with affordable, accessible and high-quality health care.

Medicare was established based on the understanding that all Australians should contribute to the cost of health care according to their ability to pay. It is financed through progressive income tax and an income-related Medicare levy⁹.

Given the information provided above and that contained in Senator Guy Barnett's brief it is the opinion of PHA that Medicare should not be used to pay for:

- late term abortions which are based on psychological/social reasons;
- any late term abortions as the medical procedure itself is viewed by many as being a cruel and barbaric operation;
- late term abortions which may impact on the mother both psychologically and physically and cause indirect maternal death or self harm.

Therefore PHA supports the disallowance of item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007.

⁸[http://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/0/4b0ec8db3b4a730dca2570610021aa58/\\$FILE/Abortion%20&%20index.pdf](http://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/0/4b0ec8db3b4a730dca2570610021aa58/$FILE/Abortion%20&%20index.pdf)

⁹ <http://www.medicareaustralia.gov.au/about/whatwedo/medicare.jsp>