

Catholic Women's League Australia Inc.

ABN 91 323 005 375

Member Organisation of the World Union of Catholic Women's Organisations
NGO in consultative (Roster) status with the Economic and Social Council of the United Nations



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Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia
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Thank you for the opportunity to contribute a Submission to the Senate Finance and Public Administration Committee regarding the Inquiry into Item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007.

Forwarded herewith is a submission prepared by Mrs Margo Nancarrow, National Bioethics Convenor, on behalf of Catholic Women's League Australia Incorporated.

Yours sincerely

Karyn Kammann

Karyn Kammann
National President CWLA (Inc)

2 October 2008

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SUBMISSION TO THE SENATE

Senate Finance and Public Administration Committee

re the

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

on behalf of

CATHOLIC WOMEN'S LEAGUE AUSTRALIA Inc

Catholic Women's League Australia Inc (CWLA Inc) is a national, non-government and non profit organization of 7000 women who believe in "promoting the spiritual, cultural, intellectual and social development of women" and who demonstrates a commitment to the dignity and value of all human life and the maintenance of a caring and compassionate society. CWLA Inc is a also member of the World Union of Catholic Women's Organisations (WUCWO), an international non-government organisation which has a membership of 30 million women in 95 affiliated organisations and has consultative status on five councils of the United Nations, is recognised by the Holy See and maintains relations with seven Vatican departments.

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Dear Sir or Madam

Re “*Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007*”

Introduction

We note that Item 16525 specifically relates to the payment of Medicare benefits for the 'management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease'. We also note that the Senate passed a motion 16 September 2008 to refer 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. It is hoped that our few comments may be taken into account when that report is being developed. In essence Item 16525 of the Medicare general medical services table can be used to fund second trimester abortions.

The members of Catholic Women's League Australia Inc (CWLA Inc) firmly believe that all human life, at every stage and in every condition, has dignity and is valuable and valued. This means that our value as a human person belongs to us simply because we are human beings, and so the life of a human person is of such great worth that it can never be deliberately destroyed

ISSUES FOR CONSIDERATION

Medicare Australia is an Australian government agency and plays an integral role in the Australian health sector. Its objective is to assist in improving health outcomes in Australia (<http://www.medicareaustralia.gov.au>) As Australians we value Medicare and the services provided to assist in keeping us healthy and give help with costs of treatment when we are unwell. Medicare **item 16525** does not actually do this but rather destroys life albeit at a very early stage

In fact information supplied on the Medicare website points out under the heading, *What's not covered by Medicare?* - medical services which are not clinically necessary. So why is taxpayers money being used for procedures deemed unnecessary when there are alternate ways of medically and psychologically assisting women in circumstances of gross fetal abnormality or life threatening maternal disease'? Women (and their partners) who find themselves in such a distressing situation need different types of services that could be provided with a different Medicare benefit item if some funds were freed up from the disallowing current item 16525.

Life threatening maternal disease

“Life-threatening maternal disease” is being interpreted by people supplying abortions to justify a Medicare claim for abortions frequently performed for “psycho-social” reasons. Medical and obstetric care has advanced to a high degree of success for treating women who may have a concomitant illness. Late abortion is never needed to save the mother – induced birth is far safer for both mother and child.

Intrauterine fetal death

The members of CWLA Inc note that the variety of 'conditions' mentioned under this item and believe that 'for intrauterine fetal death' needs separate and special consideration. It is the only reason where a termination of pregnancy could be considered or in fact an induction could be the preferred option.

Intrauterine fetal death is really a another issue and no doubt a number of claims under item 16525 may relate to management of second or even third trimester labour following intrauterine fetal death. If this motion is passed by the Senate and item 16525 is disallowed then the Minister for Health would need to add a new item covering this procedure to the Medicare schedule.

Viability

We believe that we as Australians should not have our tax dollars used for destroying unborn babies at a stage when some of them could survive outside the womb. More and better care is being delivered in Australian Neonatal Intensive Care Units for babies at earlier and earlier gestation times. The ability to survive outside the womb is not totally dependent on gestational age however, and frequently there can be a miscalculation of fetal age. The fetus may in theory be potentially viable if provided with intensive care after delivery.

A paper published in the BJOG: An International Journal of Obstetrics and Gynaecology following a 10-year analysis of abortions for fetal anomaly in the West Midlands in the UK reveals that, 102 (3.2%) babies out of 3,189 were born alive after abortion. Live births had occurred in 18 out of 20 maternity units surveyed.¹ There has been a suggestion that the number of cases might be 2.4 times higher than those recorded in the UK national statistics. These were all babies aborted for 'medical' reasons. "To end a wanted pregnancy because of severe foetal impairment is, understandably, a very difficult choice for women and couples", Ann Furedi, chief executive of the British Pregnancy Advisory Service has said. She also asks the question, "If 102 out of 3,189 babies aborted for reasons of impairment are born alive, then how many healthy babies must be surviving?"

Of course usually, the foetus will not survive the procedure because guidelines issued by such august bodies as the Royal College of Obstetricians and Gynaecologists said it had "very strong" guidelines on terminations of pregnancy after 22 weeks - if there are signs of major foetal abnormality and the patient has requested an abortion, the patient should be offered a lethal injection for the baby. They do state however that if the baby is born alive, palliative care should be provided till the baby dies.

The effects of disallowing this item.

The effects of disallowing this item could mean that money could be redistributed to allow for more positive health maintenance projects and support of pregnant women rather than destructive processes. There is more evidence becoming available that abortion can have deleterious effects on women's future physical and psychological health. Medicare funding should not be used to kill future Australian citizens and cause damage to our women and mothers.

The members of CWLA Inc firmly believe that,
Item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007, as contained in Select Legislative Instrument 2007 No. 355 and made under subsection 4 (1) of the Health Insurance Act 1973 should be disallowed.

1. Wyldes M, Tonks A. Termination of pregnancy for fetal anomaly: a population-based study 1995 to 2004. BJOG 2007;114:639-642.