

Submission

on

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

to the

Senate Finance and Public Administration Committee

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by

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In 1996 I was appointed Chairman of a Committee of the Queensland Branch of the Australian Medical Association (AMAQ) with the aim of developing a policy on the issue of Late Second Trimester Termination of Pregnancy. There was at that time (as there is to this day) controversy over this issue. The Committee heard argument from various experts on both sides of the debate and deliberated for several months before presenting a policy statement which was adopted by the Branch Council of AMAQ.

I would like to bring this policy to the notice of the committee of inquiry as it provides a basis for defining special categories where Medicare funding might reasonably be given in this difficult area.

The policy adopted by AMAQ was:

Regarding the procedure of late second trimester termination of pregnancy the policy of the Queensland Branch of the Australian Medical Association is that:

In circumstances where there is a serious threat to the physical or mental health of the mother, the preservation of the life of the mother is paramount.

A neonate of equivalent gestational age to a foetus in the late second trimester is usually viable with the use of technology and medical care.

There is a duty of care to the foetus in the late second trimester of pregnancy.

Given this duty of care, the practitioner performing a late second trimester of pregnancy must be able to demonstrate :

1. that in the case of a viable foetus, that the foetus could not reasonably have been delivered alive, but necessitated a destructive procedure such as cranial decompression.
2. in the case of risk to the life of the mother, that specialist obstetric and psychiatric opinion could not reasonably propose an alternative to foetal destruction.

The Queensland Branch of the Australian Medical Association opposes late second trimester termination of pregnancy except in the gravest of circumstances such as:

1. lethal foetal chromosomal abnormality.
 2. severe foetal malformation where there appears little possibility of independent life.
 3. unequivocal risk to the life of the mother where no other medical procedure would suffice to save the life of the mother.
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