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The Senate Finance and Public Administration Committee
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RE – INQUIRY INTO ITEM 16525 IN PART 3 OF SCHEDULE 1 TO THE HEALTH INSURANCE (GENERAL MEDICAL SERVICES TABLE) REGULATIONS 2007

(MEDICARE FUNDING FOR ABORTIONS BETWEEN 14 AND 26 WEEKS GESTATION)

Thank you for the invitation to make a submission to this Inquiry.

The Christian churches are sometimes criticised for speaking up on matters such as abortion. We enter this debate simply as citizens expressing a view about the common good and the principles that are needed to protect the common good. As a community we do need a public morality, an agreed set of values that guide our conduct. We feel a need to speak on behalf of women who deserve better than abortion, and on behalf of unborn babies whose humanity is denied by abortion.

Australians have been found to have deeply conflicted views on abortion, as revealed by the Sexton Marketing Group study and reported in the book "Common Ground?" Two out of three (67 per cent) of Australians are opposed to Medicare funding of abortions performed in the second trimester (14 to 26 weeks). Some 87 per cent of us want to reduce the number of abortions while retaining the right of a woman to access abortion. And a full 98 per cent want a woman to have full information about the risks of the procedure before making her choice.

Your Inquiry is timely, in that in the coming week the upper house of the Victorian parliament is to consider an Abortion Law Reform Bill that would allow abortion on request throughout the nine months of pregnancy right up to the time of birth. Simply on request up to 24 weeks, and after 24 weeks with the nod of two abortion clinic doctors. There are no counselling provisions, no parental consent for under-17s, and doctors who have a conscientious objection to abortion will be legally required to refer a woman to an abortionist on request.

Item 16525 refers to the 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.

Item 35643 refers to evacuation of the contents of the gravid (pregnant) uterus by curettage or suction curettage. Suction curettage is the most common method of surgical abortion used in Australia, generally between 7 and 15 weeks of gestation, with some 95 per cent of reported abortions using this method.

Terminations at a later gestation, from 15 weeks onwards, are generally done by dilatation and evacuation or dilatation and breech extraction (also called partial birth abortion). This latter procedure involves piercing the base of the fetal skull and suctioning out the fetal brain to ensure the baby is dead before delivery. In 2003 this method of abortion was banned by the United States Congress as "gruesome and inhumane and never medically necessary", and this ban was upheld by the US Supreme Court in 2007. In Australia an abortionist can claim item 16525 for doing partial birth abortions on babies as advanced as 26 weeks who would weigh 1000 gm and be viable outside the womb.

We have read claims by some Victoria doctors that late term abortions (after 20 weeks) are being denied to women with fetal abnormalities. The Victorian Health Department survey of perinatal deaths appears to indicate that these claims are false. At 23 to 27 weeks gestation (when other prem babies are receiving special care in the hospital nursery) the 2005 survey shows that 108 normal babies were aborted for "psychosocial" reasons, which is five times the number terminated for suspected fetal abnormality. Late term abortion for psychosocial reasons is by far the largest single cause of "stillbirth" in Victoria. Over 99 per cent of these late term abortions are done by private operators, not in public hospitals.

In cases of genuine stillbirth during the second trimester where a fetus dies in utero from natural or accidental causes there is no moral question raised by the need to induce and manage labour to achieve the delivery of the stillborn infant. A Medicare item such as 16525 obviously remains appropriate for genuine stillbirth where the fetal death is not the result of a deliberate termination of pregnancy.

Item 16525 is also claimed for abortions for "gross fetal abnormality". No definition of this term is given, with the Department advising that this is "a clinical decision for the practitioner". There are reliable reports of abortions being done after 20 weeks gestation for 'abnormalities' suspected but not proven, for minor conditions such as missing fingers, and for easily treatable conditions such as cleft lip or cleft palate. This can be seen as discrimination against a person with a disability and as a breach of the UN Convention on the Rights of Persons with Disabilities (which Australia has signed).

Similarly where item 16525 is claimed for abortions for "life threatening maternal disease" this is seen as "a clinical decision for the practitioner". This provision can be subject to very wide interpretation by the abortionist concerned. Here it is relevant that many women report being coerced into having abortions against their own will, pressured by partners or family or employers or others. In a study by the Elliot Institute in the USA, 64 per cent of women noted such coercion. They experienced not the freedom to choose but the duty to comply.

Many women report that they receive effectively zero counseling when seeking "pregnancy advice" at abortion clinics. "Of course that's the right choice, Dear, we'll fix it for you this morning" appears to be the usual standard. Private operators have an obvious financial incentive in performing abortion procedures.

There is growing evidence that many women later regret their abortions, with some suffering lasting damage to their physical and/or emotional health. In March 2008 the British Royal College of Psychiatrists warned that women can be at increased risk of mental health disorders if they have abortions. The College noted that women should be counselled on this risk, stating "Consent cannot be informed without the provision of adequate and appropriate information." Which raises the question – how can doctors recommend an abortion on mental health grounds when psychiatrists are finding that abortion actually increases the risk of mental health problems?

The scheduled fee for item 16525 is currently $267, with the benefit of 85 per cent paid being some $226. On the rare occasions when a second trimester abortion is performed in a public hospital there will be no Medicare fee. The fees charged for second trimester terminations at a private abortion clinic vary, with fees of over $4,000 being reported for post-20 week abortions in Victoria.

There appears to be an accidental loophole in our laws that allows women who have an abortion after 20 weeks gestation to claim the baby bonus of $5,000 where the doctor doing the abortion reports it as a stillbirth. It is reasonable that the Commonwealth Government pays the baby bonus for genuine stillbirths on compassionate grounds. The relevant Minister (The Hon Jenny Macklin MP) writes that the baby bonus claims are strictly administered and the relevant Act requires that a stillborn child be 'delivered', which excludes terminations of pregnancy. But a doctor performing a termination after 20 weeks by the partial birth abortion method, or by inducing labour and ensuring baby is born dead by injecting potassium chloride into the fetal heart, may well claim to be 'delivering' a stillborn baby. It is reported that some abortion clinic doctors assist women in claiming the $5,000 bonus so that they can recover the $4,000 plus fee to pay for the late term abortion. I submit that this is a loophole worthy of the attention of your Inquiry as needing to be closed.

If you wish to have further information on any of the points I have made please feel free to contact me, and please keep me on your mailing list for any reports that arise from your Inquiry.

Yours sincerely,

DR ROBERT POLLNITZ