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7 October 2008

Submission to the Senate Standing Committee Inquiry into Item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulation 2007

I wish to make a submission on parts (c) and (d) of the Terms of Reference.

(c) Payments under this item are made to patients who have had a termination of pregnancy performed in the second trimester (14 to 26 weeks gestation) by a private medical practitioner. The item is supposedly restricted to fetal death in utero, gross fetal abnormality or a serious threat to the mother's life. It is apparent that these restrictions are not being adhered to in the private sector.

The great majority of late pregnancy terminations for gross fetal abnormality or life threatening maternal disease are performed in the public sector – usually in a tertiary referral maternity hospital where a specialised Feto-Maternal Unit is established. In this setting the patient is given extensive counselling prior to the procedure and she (and her family) are given support by a team consisting of an obstetrician, a midwife, a social worker, a clinical psychologist, a neonatologist and (if necessary) a geneticist. The procedure is performed in a special area which is separate from the normal labour ward but which is near to emergency facilities in case there is a need to manage any unexpected complications. In cases of fetal abnormality beyond 20 weeks gestation, an Ethics Committee considers the request for termination and rules on whether or not the anomaly is lethal or severely disabling. As an example, a termination of pregnancy for Down's Syndrome (trisomy 21) with no structural fetal abnormality would not normally be permitted beyond 20 weeks.

There is no evidence that any such safeguards exist in the private sector.

(d) Should item 16525 be disallowed, it is important that funding for second and third trimester termination of pregnancy be continued in public hospitals. There is no doubt that there is a legitimate need for this procedure but there would appear to be very few genuine cases in the private sector. Disallowance of item 16525 will not stop this procedure in the private sector but it will stop public funding and it may direct more cases to the public hospitals where they will be better managed. An alternative strategy could be to restrict the item number to intrauterine fetal death only.

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