

Submission to the ***Senate Finance and Public Administration Committee*** Inquiry into the

**"Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013."**

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I refer to the issue of whether Medicare funding should pay for sex selection abortions in Australia.

I support the proposal to stop the use of Medicare funding for "gender selection" abortions.

Looking at the Terms of Reference of the Inquiry:

1. **The use of Medicare funding for the purpose of gender selection abortions;**

Current research appears to indicate that, whilst a significant number of Australians support the concept of Abortion, the vast majority of these supporters (well over 90%) are opposed to gender selection abortion. It seems that the younger generation are the most strongly opposed.

Good governance would therefore note this overwhelming view and reject the use of our (tax) funds via Medicare to fund gender selected abortions.

Why should the policy regarding abortions differ from current policy regarding IVF births, where gender selection is prohibited for cultural and social reasons?

2. **The prevalence of gender selection - with preference for a male child - amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children;**

My personal experience has been, inter alia, with the mainland Chinese society, where for 20 years my professional activity involved close contact with various levels of that huge community.

The preference for male children, enhanced under the one child policy, was a common point of discussion. It was clear that female babies were being widely aborted to enable families to achieve the coveted son.

The social difficulties this has produced (especially for the young males) are now well known and well reported.

This is a (large scale) example of the social dis-benefits of gender selection based abortion policies.

In Australia, various sub-cultural groups seem to be trending towards sex based abortion practices. They are clearly a minority, but their preferences are not "socially neutral", and constitute a threat to the well being and preferences of the majority (as expressed in

the relevant polling). I am not agreeable to funding (via Medicare) a parent who decides to abort a child on the

basis of gender alone.

The great majority of the medical profession would, from comments made, welcome a clear prohibition on gender selection abortion practices so that their ethical and legal position was unambiguous.

3. **The use of Medicare funded gender-selection abortions for the purpose of 'family-balancing';**

- The discussion on this matter is widespread and is present in Australia, UK and Canada. I understand that MP's in the British and Canadian parliaments are expressing concerns at gender selection abortions for family balancing purposes and legislation is under consideration.
- My objection to using family balancing reasons for gender selection abortions is as follows:
  - a. This area of discussion is highly subjective
  - b. Precedents could lead to complex and expensive legal challenges by aspirants.
  - c. Where do the rights of the aborted children fit in the overall picture? Where is their advocate?
  - d. The appended case study in Melbourne was recently posted by the Herald Sun. It shows a complex situation generated by the expectation that children can be gender-selected. In a society where requests for adoption exceed available babies, the self-serving process of gender selection abortion seems unethical and regrettable.



The desire for a girl led to this couple aborting twin boys and seeking approval to use IVF to have a daughter. Picture: Trevor Pinder *Source: Herald Sun*

**A COUPLE so desperate for a baby girl that they terminated twin boys are fighting to choose the sex of their next child.**

The couple, who have three sons and still grieve for a daughter they lost soon after birth, are going to the Victorian Civil and Administrative Tribunal to win the right to select sex by IVF treatment.

They say they want the opportunity to have the baby daughter they were tragically denied.

An independent panel, known as the Patient Review Panel, recently rejected the couple's bid to choose the sex of their next child using IVF.

They have gone to VCAT in a bid to have that decision overturned.

VCAT recently ruled that it has the power to review the Patient Review Panel decision. It will hear the couple's case in March.

So determined are the couple to have a girl that they recently terminated twin boys conceived through IVF.

The couple said it had been a traumatic decision to make but they could not continue to have unlimited numbers of children.

If their test case fails, they say they will go to the US to conceive a girl.

The couple, who cannot be identified, conceived their three boys naturally.

The woman - in her thirties - says she loves her sons but would do anything to have a

daughter.

The man said: "After what we have been through we are due for a bit of luck. We want to be given the opportunity to have a girl."

The woman, who is consumed by grief over the daughter who died soon after birth, admits she has become obsessed with having a daughter and it has become vital to her psychological health.

Victoria's Assisted Reproductive Treatment Act 2008 bans sex selection unless it is necessary to avoid the risk of transmission of a genetic abnormality or genetic disease to a child.

All IVF clinics in Australia must stay within National Health and Medical Research Council guidelines that say sex selection should not be done except to reduce the transmission of a serious genetic condition.

4. **Support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortions';**

I have been provided with the following information regarding United Nations agencies who have expressed grave concerns about sex selection or gender selection abortions:

- a) The **UN** condemned sex selection abortion in a 2011 Report:  
[http://whqlibdoc.who.int/publications/2011/9789241501460\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf).
- b) The **UN** estimates up to 200 million females are demographically missing worldwide: <http://www.un.org/events/women/iwd/2007/factsfigures.shtml>
- c) A recent study by the **United Nations Population Fund (UNFPA)** revealed that in Albania 112 boys are born for every 100 girls, while in Kosovo and Montenegro the figures are 110 and 109 boys for every 100 girls respectively:

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>.

d) The **Council of Europe** in a November, 2011 resolution voiced its concern over the rising trend of prenatal gender selection:

<http://www.telegraph.co.uk/health/9794577/The-abortion-of-unwanted-girls-taking-place-in-the-UK.html>.

I receive a news dispatch from a UN observer group most weeks. The rising concern at abortion practices generally, and especially gender selection abortions, is clear. The cross over between protection of a woman's reproductive function, and abuse of that function, is concerning.

Australia should side with those seeking to protect the natural reproductive process, and legislate against violations of that process. We are not a third rate nation.

##### 5. **Concern from medical associations in first world countries about the practice of gender-selection abortion, viz. Canada, USA, UK**

As I noted above, the China situation is now out of balance due to gender selected abortions. The Lancet medical journal commented on this issue in August 2011.

The Indian Medical Association and the Medical Council of India have now asked doctors to cease selective abortions of female fetusus.

The following "first world" medical associations have made some statement opposing sex selection abortion:

**The Royal Australian and New Zealand College of Obstetricians**

**Australia – NHMRC**

**National Association of Specialist Obstetricians and Gynaecologists - Australia**

**American College of Obstetricians and Gynaecologists**

**American Association of Pro-life Obstetricians and Gynecologists**

**American Society of Reproductive Medicine ("ASRM")**

**General Medical Council of UK**

**British Medical Association**

**Canadian Medical Association**

## **Society of Obstetricians and Gynaecologists of Canada**

### **In Summary**

My support for the "Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013." is based on:

- Concern for the wellbeing of society and family life
- Observations of other cultures where sex selected abortions has produces social tensions.
- Concern for the ethics of the medical profession
- The expressed views of the great majority of those who do support abortion
- As well as the views of those who do not support abortion
- The rights of unborn children
- Concern that components of minority cultures entering Australia are brought into compliance with Australian social and cultural practices rather than the other way around.