



# AUSTRALIAN CATHOLIC BISHOPS CONFERENCE

## General Secretariat

24 April 2013

The Secretary  
Senate Finance and Public Administration Committees  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
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Dear Sir/Madam

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

The Australian Catholic Bishops Conference (ACBC) is a permanent institution of the Catholic Church in Australia and the instrumentality used by the Australian Catholic Bishops to act nationally and address issues of national significance.

The Catholic Church and its agencies (the Church) contribute in a wide variety of ways across the spectrum of Australian society. As an integral part of its core mission, the Church seeks to assist people experience the fullness of life. It is concerned with all that impacts on human dignity and wellbeing for the common good.<sup>1</sup>

The Commonwealth Government and its agencies have an important role in promoting the common good, considering the range of interests and what is required in justice and for the good of all the community.<sup>2</sup>

The Catholic Church is well known for speaking on behalf of the voiceless unborn child and for offering support to women who are pregnant in difficult circumstances. The Church rejects the paradigm that pits mother against child and does not accept that the best outcome for a woman facing an unintended pregnancy is an induced abortion. Instead the Church looks to a world that is life-affirming and addresses the reasons why some women who are pregnant are so desperate they would consider an abortion.

The ACBC therefore opposes sex selective abortion, whether abortions are aimed at female or male unborn children.

The ACBC notes there are additional ethical issues surrounding sex selective abortion beyond the serious concerns the Church holds about the loss of human life. Australian academic Wendy Rogers and colleagues argue sex selective abortion (SSA)

“... is morally unjustified because it does not reflect an autonomous choice for women and generates serious harms for both women and men. SSA perpetuates discrimination against women and destabilises important social structures such as family formation.”<sup>3</sup>

### **Current restrictions on sex selection**

The National Health and Medical Research Council (NHMRC) has issued Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research, which are legally enforceable.<sup>4</sup> The NHMRC recommends restricting sex selection in assisted reproductive technology (ART), with a significant exception:

Sex selection is an ethically controversial issue. The Australian Health Ethics Committee believes that admission to life should not be conditional upon a child being a particular sex. Therefore, pending further community discussion, sex selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition.<sup>5</sup>

The ACBC does not accept that sex selective abortion is appropriate for medical reasons. The Guidelines also do not apply to abortion, but to ART.

### **The prevalence of sex selective abortion**

Sex selective abortion overseas tends to be targeted at female unborn children and in countries like China is causing serious demographic problems.<sup>6</sup> Last year a number of press stories in the United Kingdom suggested doctors in Western countries do agree to perform abortions where parents do not want a child of a particular sex.<sup>7</sup>

A number of Australian commentators have argued there is a lack of evidence that sex selective abortions are taking place in this country.<sup>8</sup> A lack of evidence is not sufficient to find there is no problem unless a serious effort has been made to investigate the issue. International experience would suggest it is likely there have been sex selective abortions in Australia and that further investigation is warranted. It would also suggest it is wise to take precautions to discourage sex selective abortions being performed in Australia.

Kippen et al do not rule out the occurrence of sex selective abortion, but argue it is unlikely there is a large number:

Attitudinal and behavioural data indicate that, on the whole, Australians either have no preference or a preference for at least one child of each sex, rather than a preference for sons over daughters or vice versa.<sup>9</sup>

But there is a risk that:

... widespread use of sex-selective technology could lead to a preponderance of first-born boys; where a preference is expressed, Australians tend to prefer first-born sons over first-born daughters.”<sup>10</sup>

It would appear that sex selective abortions are not occurring in large numbers in Australia, but there is a valid concern that abortions may be being sought on the basis of the sex of the child and there is a serious risk that this will occur. The bill before the Senate is an important step to help reduce that risk. There is also a good argument for a public education program for women using maternity services, emphasising the dignity and value of girls.

### **An alternative approach**

The National Association of Specialist Obstetricians and Gynaecologists has suggested an alternative approach to reducing sex selective abortions. The Association suggests government:

... require laboratories which perform MBS [Medicare Benefits Schedule] funded antenatal chromosome testing to not release the sex of the embryo except for specific medical indications eg Haemophilia, Duchene’s muscular dystrophy etc until after 20 weeks, which is when they can find out by ultrasound anyway. It will be very unlikely anyone will terminate a pregnancy after that for a non medical indication.”<sup>11</sup>

It would be worth considering whether such an approach would be helpful. However the ACBC does not support any medical exceptions that would allow for an abortion to take place.

### **Public opinion**

Research testing Australian views on abortion has found “sixty-four to 73% of Australians think the abortion rate is too high, depending on whether we posed the figure of 90,000 abortions per year or one in every four pregnancies aborted – both of which are conservative estimates ...”.<sup>12</sup> The research also found that while Australians wanted fewer abortions, they did not want abortion to be illegal. A similar market research study found 51 per cent of Australians were “... opposed to abortion for non-medical, that is for financial or social reasons (which comprise 98% of all abortions) – and 53% are opposed to Medicare funding in those circumstances.”<sup>13</sup>

Researchers from the University of Melbourne and the Australian National University recently found that 80 per cent of Australians disapprove or strongly disapprove of sex selective abortion, with a further 16 per cent neither approving nor disapproving and 4 per cent approving or strongly approving.<sup>14</sup> The study also found:

... most respondents in our in-depth interviews were opposed to the use of sex-selective technology. Opposition to these technologies was grounded in three major concerns. The first is the potential for distorted sex ratios if one sex is chosen more often than another. The second is that sex selection can be an expression of gender bias, particularly if foetuses

or embryos are discarded on the basis of their sex. Last, respondents were concerned about “designer infants” being created, when parents should be happy to have a healthy child.<sup>15</sup>

A restriction on Medicare payments for sex selective abortion would be consistent with public opinion.

### **Laws on abortion in Australia**

The Department of Health and Ageing gave evidence to the Senate in 2008 that “for a termination to be funded through Medicare it needs to be provided in accordance with State and Territory law.”<sup>16</sup> The Department later testified “we rely upon the doctor’s clinical judgement. When they make a bill for that particular item they are making an assertion that they have met the state laws, but that is a matter for the states to pursue.”<sup>17</sup>

There is a variety of laws and restrictions on abortion in Australia, depending on state or territory and little inclination from the states and territories to enforce what laws there are. In this situation, it seems unlikely that this bill would have a practical effect in reducing the number of abortions that may be performed because of the sex of the unborn child.

However the legislation is very important as it would provide a clear signal from the Parliament that sex selective abortions are unacceptable, that Parliament does not wish to fund them and that the unborn child has great worth.

### **Conclusion**

The Australian Catholic Bishops Conference:

- supports the passage of the *Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013* as a very clear signal from the Parliament that sex selective abortions are unacceptable, that Parliament does not wish to fund them and that the unborn child’s worth is acknowledged;
- supports further investigation to determine the frequency of sex selection abortion in Australia and the reasons women seek those abortions; and,
- supports considering the suggestion of the National Association of Specialist Obstetricians and Gynaecologists, to require laboratories which perform MBS funded antenatal chromosome testing to not release the sex of the embryo until after 20 weeks.

I would be happy to clarify any of these comments.

Yours faithfully

Rev Brian Lucas  
General Secretary

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- <sup>1</sup> Pontifical Council for Justice and Peace (2009), *Compendium of the Social Doctrine of the Church*. Burns and Oates. 164.
- <sup>2</sup> Pontifical Council for Justice and Peace (2009), 168-169.
- <sup>3</sup> Rogers, W et al (2007), Is Sex-Selective Abortion Morally Justified and Should it be Prohibited? *Bioethics*, Vol 21(9), page 524.
- <sup>4</sup> Kippen, R et al (2011), Australian attitudes towards sex-selection technology. *Fertility and Sterility*, Vol 95(5).
- <sup>5</sup> National Health and Medical Research Council (2007), *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research*. NHMRC, June.
- <sup>6</sup> See for example, Nie, Jing-Bao (2011) Non-medical sex-selective abortion in China: ethical and public policy issues in the context of 40 million missing females. *British Medical Bulletin*, Vol 98, pp 7-20.
- <sup>7</sup> Coleman, J (2012), Clinics granting sex-selection abortions to be investigated by health officials. *The Guardian*, 23 February; Pearson, A (2012), In the third world, unwanted baby girls 'disappear'. *The Telegraph*, 24 February.
- <sup>8</sup> Peatling, S (2013) Echoes of Harradine in Madigan's meddling on abortion. *The Sydney Morning Herald*, 27 February; Taylor, C (2013) Sex-selective abortion put on the agenda. *The Daily Advertiser*, 16 April.
- <sup>9</sup> Kippen, R et al (2011)
- <sup>10</sup> Kippen, R et al (2011)
- <sup>11</sup> National Association of Specialist Obstetricians and Gynaecologists, submission number 1, Senate Finance and Public Administration Committees' inquiry into the *Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013*, 8 April 2013.
- <sup>12</sup> Fleming, J and Ewing, S (2005), Australians on Abortion: Common Ground. *Bioethics Research Notes*, Vol.17(2), June.
- <sup>13</sup> Market Facts (Qld) Pty Ltd and the Australian Federation of Right to Life Associations (2006), *What Australians Really Think About Abortion*. February.
- <sup>14</sup> Kippen, R et al (2011)
- <sup>15</sup> Kippen, R et al (2011)
- <sup>16</sup> Department of Health and Ageing, submission 218, Senate Finance and Public Administration Committee Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007.
- <sup>17</sup> Mr Bridge, Committee Hansard, 29 October 2008, page 17. Senate Finance and Public Administration Committee Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007.