SUBMISSION to: Senate Finance and Public Administration Committees
Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013
Email: fpa.sen@aph.gov.au
12th April 2013

Dear Senators,

Re: Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013

The Fertility Control Clinic is the largest private abortion provider in Victoria. We provide comprehensive family planning health care and counselling to women for the range of contraception, pap tests, sexually transmitted infection assessment and treatment, pregnancy gestation ultrasound, abortion, and referrals.

We agree with human rights concerns about gender selection in some developing countries, but we, respectfully, do not support The Health Insurance Amendment Bill 2013. Drawing on our clinical experience, and also WHO evidence (eg. A publication to which our clinical psychologist contributed: Astbury & Allanson, 2009, Psychosocial aspects of fertility regulation. In World Health Organization & United Nations Population Fund Eds. *Mental Health Aspects of Women's Reproductive Health: A Global Review of the Literature*. Geneva: WHO, pp 44-66), we provide our reasons below:

1. It is extremely rare for us to receive requests for gender selection abortion and we do not acquiesce to such requests.

2. We are unaware of rigorous research or other evidence pointing to gender selection being a significant problem in Australia.

3. In Australia (and at The Fertility Control Clinic) approximately 96% of abortions are early pregnancy terminations (prior to twelve weeks gestation) and gender is not assessed.

4. We provide pregnancy terminations up to 16 weeks gestation and we do not assess gender at any stage of pregnancy gestation.

5. Women access abortion for various, serious, psychosocial and health reasons.

6. The practical reality in Australia is that accessing pregnancy terminations after 16-18 weeks gestation is difficult, usually involves pregnancies with fetal abnormalities or posing serious and immediate health threats to the pregnant woman, and these abortions account for a fraction of one percent.

7. If The Committee were to find evidence that gender selection is a problem in Australia, using a Medicare rebate exception as a means of preventing

gender selection abortions is illogical, unlikely to be effective, and may mislead us into thinking we have provided a solution.

8. Human rights, cultural and/or professional ethics issues require interventions known to effectively address such issues. We are unaware of evidence that amendments to Medicare style benefits would be an effective intervention to curb or prevent gender selection.

9. We doubt that The Bill is genuinely motivated by a wish to respect and implement the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW), particularly around health and family planning care. Daily, we hear of the difficulties women face accessing affordable and timely contraception, abortion and other family planning health care: lower dose contraceptive pills are not on the Pharmaceutical Benefits Scheme; women may incur considerable expense purchasing all forms of contraceptives; Harmful misinformation and "counselling" to women about contraception and abortion continues to be disseminated by "right-to-life" organizations; Women continue to face substantial difficulties accessing post 16 week abortions (often involving some of the saddest cases of unexpected foetal abnormalities); Formalised pathways for medical training and recruitment into abortion provision are lacking, and we face a shortage of abortion providing services, particularly in regional Australia; Violence against women is a major problem affecting women's health and family planning options; Patients and staff of abortion providing services like ours continue to face intimidating picketing by right-to-life organizations…. There is much work to be done to genuinely fulfil our obligations to CEDAW and to Australian women and their families.

In conclusion, we respectfully ask that The Committee not support The Bill. If in contrast to our experience, The Committee does find credible evidence of gender selection in Australia, we urge The Committee to recommend rigorous research into the factors contributing to gender selection and into effective interventions. In concert with knowledgeable community and health experts, pilot intervention studies with "at risk" communities and health practitioners could be funded and implemented. This would provide a genuine and effective approach to addressing gender selection in Australia.

We hope this is helpful in The Committee's Inquiry.

Yours sincerely,

Dr Louis Rutman Dr Kathy Lewis Dr Greg Levin Dr Susie Allanson