

## SUBMISSION

Senate Standing Committee on Finance and Public Administration

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

22 April 2013

#### **Introduction**

The Life, Marriage and Family Centre is an agency of the Catholic Archdiocese of Sydney, established to further the Church's policy, research, educational and pastoral activities in the areas of life, bioethics, marriage and the family. Catholic agencies in Sydney and around Australia dedicate significant resources to caring for and supporting pregnant women and their unborn children. We strive to put into practical expression our belief in the equal and intrinsic worth of every human being, made in God's image and deserving of respect, dignity and love.

Abortion at any stage of pregnancy is always the tragic and unjust taking of innocent human life. The use of public funds to subsidise the destruction, for any reason, of the smallest and most vulnerable Australians represents a profound abandonment of public responsibility to defend life, to offer positive alternatives to abortion and to provide the essential care and support necessary for pregnant women to continue with their pregnancies.

We recognise that the abortion of unborn babies on the grounds of their gender is a particular and horrifying double injustice. For this reason, we strongly support legislative efforts which can be made to identify and eliminate lethal discrimination. Worldwide, it is estimated that the abortion and infanticide of baby girls have resulted in 200 million women missing from the human family.<sup>1</sup> Gender-based abortion represents a profound attack on the dignity and value of women by denying the female child in the womb the most fundamental human right of all, the right to life.

With reference to the particular terms of reference for this inquiry, we wish to make the following submissions.

#### **1. The unacceptability to Australians of the use of Medicare funding for the purpose of gender selection abortions;**

Data suggests that Medicare funding of gender-based abortions would be unacceptable to the overwhelming majority of Australians. Many Australians are deeply uncomfortable with Medicare subsidisation of abortion on any basis. A 2005 survey of 1200 Australians found that fewer than 15 per cent supported the continued Medicare funding of post-20-week abortions. The same survey also showed that while nearly 73 per cent of Australians were opposed to any funding of abortions at this stage of pregnancy, 63 per cent opposed funding of abortions performed after only 13 weeks.

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<sup>1</sup> Christophe Z. Guilmoto, "Sex Ratio Imbalance in Asia: Trends, Consequences, and Policy Responses", Fourth Asia Pacific Conference on Reproductive and Sexual Health and Rights, 2007. <http://defendgirls.ca/how-many-women-are-missing/>

*48.1 per cent of Australians were opposed to Medicare funding of abortion at any stage of pregnancy at all.*<sup>2</sup>

The Federal Parliament must demand greater accountability from the States and Territories with regard to Medicare funding and call on the States and Territories to fulfil their obligations to collect and maintain publicly available, accurate and comprehensive data concerning the practice of abortion. Past federal inquiries into abortion have made this recommendation, which sadly has not been realised to any significant extent.<sup>3</sup> While South Australia and Western Australia maintain some data, it is essential that data is collected by all the States and Territories, and particularly concerning the demographics, stage of pregnancy and reasons for abortion. Detailed national data is vital for sound policy-making. It would encourage and enable national, state and local policies to be developed that would, we hope, be effective in increasing assistance to pregnant women and reducing the tragically high number of young lives lost to abortion.

We note that in the United Kingdom where disturbing evidence of the abortion of baby girls has been unearthed, the government has refused to release gender-based abortion figures in order to protect the communities implicated in those figures.<sup>4</sup> We would stress that all those who have been and continue to be affected or touched by abortion must be treated with dignity and compassion. However, where violations of human life may be occurring, especially targeted towards the girl child, it is unjust for governments to use the mantle of 'privacy' as a way of avoiding their responsibility to uphold the right to life of the smallest and most vulnerable.

## **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;**

Evidence from Canada, a country which shares with Australia a similar immigration tradition and diverse multi-ethnic profile, suggests that the selective abortion of baby girls is occurring there because of significantly different sex ratios of newborn babies born to immigrant mothers.<sup>5</sup> In the United States, a number of studies have shown disturbing evidence of cultural pressures in immigrant communities leading to the abortion of unborn baby girls.<sup>6</sup>

The extent to which gender-based abortion is occurring here in Australia is unclear, due to the lack of data surrounding abortion and the reasons why particular groups may opt for abortion. Sadly, it is likely to be happening in our nation at least to some extent, consistently with Canadian, US and UK

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<sup>2</sup> *What Australians Really Think About Abortion*. Market Facts Qld Pty Ltd and AFRTLA, February 2006.

[http://www.righttolife.asn.au/media\\_releases/20060205.pdf](http://www.righttolife.asn.au/media_releases/20060205.pdf)

<sup>3</sup> Recommendation #2, *Report of the Inquiry into Item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007*.

<sup>4</sup> <http://www.telegraph.co.uk/health/healthnews/9916953/Government-refuses-to-release-gender-abortion-figures.html>

<sup>5</sup> Joel G. Ray et al, 'Sex Ratios Amongst Canadian Liveborn Infants of Mothers From Different Countries', *Canadian Medical Association Journal*, April 16, 2012. <http://www.cmaj.ca/content/184/9/E492.full>

<sup>6</sup> Egan, James F. X. et al (2011). Distortions of sex ratios at birth in the United States; evidence for prenatal gender selection. *Wiley Online Library* 31: (560-565); Puri, Sunita et al (2011) "There is such a thing as too many daughters, but not too many sons": A qualitative study of son preference and fetal sex selection among Indian immigrants in the United States. *Social Science & Medicine*, Volume 72, Issue 7, 1169-1176.

trends. Irrespective of the number of Australian baby girls aborted because of their gender, the Federal Parliament has an obligation to ensure all unborn girls are protected by law.<sup>7</sup>

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

Disturbingly, there is evidence to suggest that some Australian children may be aborted because their parents do not want another child of the same sex as their existing children. The tragic case of a South Australian couple who aborted their twin sons because they had three sons already and desperately wanted a daughter<sup>8</sup>, should remind those responsible for the administration of Medicare that greater accountability is needed to prevent the deaths of these innocent children and to give parents in this situation the support and encouragement necessary to help them accept the sex of their child with serenity and love.

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

The state has an obligation to protect the life of every human being, and should never encourage or facilitate the abortion of an unborn child. However, in situations where the state chooses to fund abortion, greater accountability is necessary from both government and health care institutions, and medical practitioners should be required to record basic data concerning an abortion. Such data would normally include the age of the mother, country of birth, marital status, reason for the abortion, gestation of the unborn child, number of previous births (if any) and number of previous abortions (if any). A number of overseas jurisdictions, including the United Kingdom, collect and publish such data annually following established and reliable de-identification procedures which protect the privacy of the pregnant woman.<sup>9</sup>

Some medical associations have suggested that information regarding the gender of an unborn child be withheld by law until around 20 weeks or so, when obtaining an abortion would become more difficult and less appealing. Although we recognise the good intentions behind such a proposal, withholding legitimate information from parents is problematic and such a response does not address the underlying issue. The principal problem is not the sharing of the knowledge of the baby's gender, but the ready acceptability of abortion as a "response" to that knowledge. Discouragement of abortion, community education and the changing of parents' hearts and minds are the keys to encouraging a more welcoming attitude towards life and baby girls.

Changing attitudes can draw upon some of the effective strategies the United Nations and its agencies have used in their own campaigns to protect the girl child. Disincentives for gender-selection abortions should take the form of life-affirming prenatal care from medical and nursing practitioners and strong messaging at all levels of government and society about the value of human

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<sup>7</sup> As a signatory to the UN Convention on the Rights of the Child, the Australian government has promised to provide children with "special safeguards and care, including appropriate legal protection, before as well as after birth". *UN Convention on the Rights of the Child*. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

<sup>8</sup> <http://www.adelaidenow.com.au/parents-want-right-to-choose-their-childs-gender/story-e6frea6u-1225983877669>

<sup>9</sup> *Abortion Statistics, England and Wales: 2011*. National Statistics and UK Department of Health. May 2012. <http://media.dh.gov.uk/network/261/files/2012/05/Commentary1.pdf>

life and the equal dignity and worth of the girl child. What is needed is greater community support for pregnant women and greater funding of support services for women and families that will encourage them to cherish the life of their unborn daughter or son.

We note that several submissions to this inquiry have suggested that any kind of disincentive, restriction or discouragement of abortion is a restriction of a woman's right to control her fertility. But abortion has explicitly been excluded as a means of family planning from the relevant UN declarations and covenants to which Australia is a signatory. This position continues to be clearly and consistently affirmed by the United Nations and the international community, including Australia. As the United Nations Population Fund explains:

“Guided by paragraph 8.25 of the Cairo Programme of Action [International Conference on Population and Development, Cairo 1994] UNFPA does not support or promote abortion as a method of family planning.”<sup>10</sup>

The Beijing Declaration<sup>11</sup>, cited by one submission to this inquiry<sup>12</sup>, excludes abortion from its definition of a woman's right to control her health and fertility, reflecting the consensus of the international community that abortion cannot be regarded or accepted as a legitimate method of fertility control.

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

It is clear that the abortion of unborn baby girls is an issue of great concern to the medical associations of these countries. The Canadian Medical Association, after publishing a study of evidence that sex selection is taking place in Canada, called in its journal editorial for gender information to be withheld until 30 weeks of pregnancy.<sup>13</sup> The American College of Obstetricians and Gynaecologists has also expressed its concern about the practice of gender-selective abortion.<sup>14</sup>

In the United Kingdom, commenting on a new early detection gender test, the Royal College of Obstetricians and Gynaecologists released the following statement:

“The Royal College of Obstetricians and Gynaecologists (RCOG) recognises that discovering the sex of an unborn child is, for some parents, an exciting prospect during pregnancy and may be helpful for certain gender specific genetic conditions. However,

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<sup>10</sup> <http://www.unfpa.org/rh/planning.htm>

<sup>11</sup> ‘We are convinced that...the explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment’.  
<http://www.un.org/womenwatch/daw/beijing/platform/declar.htm>

<sup>12</sup> Submission from Women's Health Victoria (Submission #2).

<sup>13</sup> “It's a Girl! – Could be a Death Sentence”, CMAJ January 16, 2012.  
<http://www.cmaj.ca/content/early/2012/01/16/cmaj.120021.full.pdf>

<sup>14</sup> “ACOG acknowledges that it sometimes will be impossible for physicians to avoid unwitting participation in sex selection because patients are entitled to obtain personal medical information, including information on the sex of their fetus during pregnancy. Although physicians may not ethically withhold medical information from patients who request it, they are not obligated to perform an abortion, or other medical procedure, to select fetal sex.” Committee Opinion, ‘Sex Selection’, February 2007.  
<http://www.acog.org/About%20ACOG/News%20Room/News%20Releases/2007/ACOG%20Opposes%20Sex%20Selection%20for%20Family%20Planning%20Purposes.aspx>

the RCOG strongly believes that sex selection for non medical purposes is inappropriate.

“Whilst the Pink and Blue Early Gender Test from DNA Worldwide offers parents the ability to determine the sex of the fetus from six weeks into pregnancy, its accuracy is still to be confirmed. It is to be hoped that the birth of every baby will be a special moment for the parents, regardless of whether it is a boy or a girl. Focus should remain firmly on the health and care of the mother and developing baby, rather than gender.”<sup>15</sup>

Commenting upon the UK *Daily Telegraph*'s investigation of gender-based abortions in England, the President of RCOG, Dr Tony Falconer, highlighted the need to offer greater support to pregnant women:

“Anecdotally, there are social and cultural reasons for preferring one gender over another and we need to know more about why these occur. The issues are complex. For instance, women may be coerced or threatened with violence into having an abortion. The priority would be to identify who these women are and to provide them with support”.<sup>16</sup>

## Conclusion

We urge the Federal Parliament to support this Bill and provide appropriate legal protection for unborn baby girls at risk of abortion. We reiterate the importance of a pro-active education campaign to change attitudes towards the girl child. We wish also to emphasise the need for greater accountability regarding how Medicare funds are spent and the importance of collecting and publishing essential data surrounding abortion, a need identified in a previous federal parliamentary inquiry.<sup>17</sup> Such data is vital to developing more effective strategies to reduce the tragic number of unborn children – girls and boys – whose lives are taken by abortion.

Thank you for the opportunity to make a submission on this important Bill.

Yours sincerely,

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<sup>15</sup> <http://www.rcog.org.uk/what-we-do/campaigning-and-opinions/statement/rcog-statement-dna-worldwides-pink-or-blue-early-gend>

<sup>16</sup> <http://www.rcog.org.uk/what-we-do/campaigning-and-opinions/statement/rcog-statement-response-daily-telegraph-report-%E2%80%98baby-g>

<sup>17</sup> *Report of the Inquiry into Item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007.*