The Royal Australasian
College of Physicians

From the President

5 February 2013

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Via Email: community.affairs.sen@aph.gov.au

Dear Sir/Madam

Senate Inquiry into the Involuntary or Coerced Sterilisation of People with Disabilities in Australia

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to make a submission to the Senate Inquiry into the Involuntary or Coerced Sterilisation of People with Disabilities in Australia.

The RACP is well placed to provide advice on the medical treatment of people with disabilities given the expert knowledge of our Fellows working in rehabilitation medicine, paediatrics and child health, and sexual health medicine.

This submission outlines a number of principles and recommendations that serve to affirm the rights of people with disabilities in Australia and ensure appropriate equality of care:

1. Australia is a signatory to *The United Nations Convention on the Rights of Persons with Disabilities*, which emphasises that people with disabilities should be included fully within society. Article 25 recognises persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. Specifically, Article 25 calls for the provision to persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes.

2. People with disabilities have the same rights as all other people to exercise choices regarding sexual expression and relationships and have freedom over their body to make such choices. It is critical that the rights of people with disabilities are affirmed, defended and respected. They have the right to individualised education and information to encourage informed sexual decision-making, including education about reproduction, marriage, safe sex practices, sexual orientation, abuse and sexually transmitted diseases.

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People with intellectual disability have the right to control their bodies and to be protected from sterilisation solely because of their disability.

3. Currently, people with intellectual disability are not receiving appropriate levels of access to sexual education. Education must be emphasised to enhance management of menstruation and support day-to-day management. A decision should never be made to stop periods simply to make life easier for carers, but the impact of menstruation on some females with disability needs to be taken into consideration. Mothers report having to keep their daughters home when staff are unwilling to provide support, and their daughters being excluded from swimming programs because they are unable to use the internal protection available to females without disability. Females with more severe intellectual disability risk being socially ostracised when not keeping menstruation-related management private.

4. Clinical decision making with respect to fertility control for women with an intellectual disability must be made as though treating a woman without an intellectual disability, emphasising patient equality. Women with intellectual disability have the same right to the full range of options to manage menstruation as other women. Recommended treatment options must always be the least restrictive and in the woman's best interests. Many women with intellectual disability can manage their own menstruation, and often it is simply further education and instruction that is lacking.

5. The most appropriate procedures are reversible ones and these will always be preferred to surgical options that are permanent, such as sterilisation. As such, reversible methods including subdermal progestogen implants and progestogen intrauterine system should always be considered preferential treatments.

6. The administration of treatment to a woman with intellectual disability must be in accordance with the current law and guardianship provisions of the relevant jurisdictions.

There are a number of programs delivered by specialist physicians that support people with disabilities, focusing on sexual education and menstrual management. However, there is currently insufficient specialist medical care and services available to meet demand. The Committee should examine ways to improve access to specialist medical care for people with disabilities who require sexual and reproductive healthcare.

Should you require any further information, or to arrange a meeting please contact Michael Davis, Policy Officer

Yours faithfully

Assoc Prof Leslie E Bolitho AM