

**Submission on the Health Insurance Amendment
(Medicare Funding for Certain Types of Abortion) Bill 2013**

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The Australian Family Association, as an interested organisation, makes the following Submission to the inquiry into the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013, (the Bill).

The unacceptability to Australians of the use of Medicare funding for the purpose of funding gender selection abortions:

- (a) Research carried out for the Southern Cross Bioethics Institute by the Adelaide Sexton Marketing Group shows that of the respondents who were **“strongly pro-abortion” 82% believed sex selection abortion should not be legal and 85% of that group believed sex selection abortion is morally unacceptable.** (see *Seeking an Australian Consensus on Abortion and Sex Education, COMMON GROUND?*, Editors John Fleming PhD and Nicholas Tonti-Filippini PhD, St Pauls Publications, 2007 -<http://www.stpauls.com.au>)
 - (b) That research also shows that **91% of those who were “Somewhat pro-abortion” opposed sex selection abortions being legal and 95% of those who were “Somewhat pro-abortion” believed that sex selection abortions are morally unacceptable.**
 - (c) Further, **99% of those who were “Somewhat anti-abortion” or “Strongly anti-abortion” opposed sex selection being legal and 99-100% of those who were anti-abortion believed sex selection abortion is morally unacceptable.**
 - (d) A study lead by Dr Rebecca Kippen from the School of Population Health at Melbourne University of **2,500 people surveyed** as part of the Australian Survey of Social Attitudes, released in December, 2010, showed that **80% of respondents disapproved of sex selection abortion** - see <http://newsroom.melbourne.edu/news/n-436>.
 - (e) A February, 2013 Galaxy poll of **300 Tasmanians** showed that **92% disapproved of sex selection abortion** – see <http://www.examiner.com.au/story/1368072/we-dont-want-more-abortions/>.
 - (f) **These research findings are indicative that sex selection abortions are unacceptable to most Australians. If sex selection abortions are not legally or morally acceptable to most Australians then Medicare funding of them would also be unacceptable to the majority.**
1. **The prevalence of gender selection amongst some ethnic groups in Australia with a preference for male children:**
- (a) No records are kept in Australia of Medicare funded sex selection abortions so the actual prevalence of such abortions in Australia is not known. There is no regulatory scrutiny of the discriminatory practice of sex selection abortion as statistics on the discriminatory practice are not collected or collated.
 - (b) However **there is evidence from doctors that sex selection abortions are occurring.** A case of sex selection abortion has been referred by a Victorian

doctor to the Medical Board of Australia. That same doctor had been approached twice for sex selection abortion. In both instances the preference was for a male child. It cannot be said it is not occurring. To what extent it is occurring has not been investigated.

2. **The use of Medicare funded gender-selection abortions for the purpose of “family- balancing”:**

(a) There has been a news report of at least one Australian case of sex selection abortion for the purpose of “family-balancing.” A Victorian couple aborted twin boys as they already had three sons and had lost a daughter shortly after birth. Their request to use IVF sex selection to ensure they conceive a girl (which is illegal in Victoria except to avoid the risk of the baby inheriting a genetic abnormality or disease) was rejected by the Patient Review Board and the couple have taken their case to VCAT. If that is unsuccessful they have indicated their intention to go to the USA in their quest to conceive a girl - see

<http://www.politicsdaily.com/2011/01/08/couple-aborts-twin-boys-because-they-want-a-girl-using-ivf/>.

(b) This case highlights the **anomaly that the Assisted Reproductive Technology Guidelines of the NHMRC of Australia restrict the use of sex selection through pre-implantation genetic diagnosis (PGD) while there is no legal scrutiny of tax payer funding via Medicare of sex selection abortion of naturally conceived children.**

3. **Support for campaigns by United nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortions:**

(a) Sex selection abortion is widespread in countries such as India and China, with usually baby girls being the victims – see <http://www.youtube.com/watch?v=-ef95UVGq8Y&feature=endscreen&NR=1> and <http://www.youtube.com/watch?v=ISme5-9orR0>.

(b) Sex selection abortion is not only a problem in India and Asia but evidence is coming to light about the incidence elsewhere including Europe and America - see <http://www.neurope.eu/article/alarmed-rise-abortion-female-fetuses-europe> and <http://www.nationalreview.com/corner/284988/sex-selective-abortion-comes-home-steven-w-mosher> and <http://www.pnas.org/content/105/15/5681.full>.

© **The UN condemned sex selection abortion in a 2011 Report of the OHCHR, UNFPA, UNICEF, UN Women and WHO as “gender discrimination against girls and women and a violation of their human rights.” – see** http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf.

(d) The UN estimates up to 200 million females are demographically missing worldwide – see <http://www.un.org/events/women/iwd/2007/factsfigures.shtml>.

(e) A very 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 – see

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

(f) The Council of Europe in a November, 2011 resolution voiced its concern over the rising trend of prenatal gender selection. It has demanded statistics from member nations on whether more boys than girls are born to mothers of certain nationalities – see <http://www.telegraph.co.uk/health/9794577/The-abortion-of-unwanted-girls-taking-place-in-the-UK.html>.

(g) More than simply support for UN campaigns to end the discriminatory practice of sex selection by implementing disincentives for sex selective abortions, Australia actually has an obligation to “(d)Enact and enforce legislation protecting girls from all forms of violence...including prenatal sex selection...” (1995 Fourth World Conference on Women, Beijing, Strategic Objective L 7, Eradicate Violence Against the Girl Child, Para 283d, <http://www.un.org/womenwatch/daw/beijing/platform/girl.htm#object7>).

(h) **The present bill if passed would certainly implement a disincentive for sex selection abortion and would protect girls from the violence of prenatal selection, thus honouring Australia’s obligation to do so.**

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

- (a) **The Society of Obstetricians and Gynaecologists of Canada** is calling for a complete ban on so-called “entertainment” ultrasounds. Dr Michiel Van den Hof, who is a spokesman for the society and who is also a professor of foetal and maternal medicine in Halifax, says, “I would suggest a **complete ban**. That’s going to take a government initiative and certainly that’s one I would endorse.” Van den Hof says his society’s policy is clear, “we do not at all condone sex selection by pregnancy termination. And we **oppose it vehemently**.” <http://www.cbc.ca/news/canada/story/2012/06/13/ultrasounds-entertainment-ban.html>
- (b) **The American College of Obstetricians and Gynecologists** is the national medical organization representing over 51,000 members across the USA who provide health care for women. ACOG opposes sex selection for family planning purposes.

Statement from ACOG Committee of Ethics: “ABSTRACT: In this Committee Opinion, the American College of Obstetricians and Gynaecologists' Committee on Ethics presents various ethical considerations and arguments relevant to both

prefertilization and postfertilization techniques for sex selection. The principal medical indication for sex selection is known or suspected risk of sex-linked genetic disorders. Other reasons sex selection is requested are personal, social, or cultural in nature. The Committee on Ethics supports the practice of offering patients procedures for the purpose of preventing serious sex-linked genetic diseases. However, the committee **opposes meeting requests for sex selection for personal and family reasons, including family balancing, because of the concern that such requests may ultimately support sexist practices.** Because a patient is entitled to obtain personal medical information, including information about the sex of her fetus, it will sometimes be impossible for health care professionals to avoid unwitting participation in sex selection.”

http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Ethics/Sex_Selection. See also news report on ACOG position: http://www.acog.org/About_ACOG/News_Room/News_Releases/2007/ACOG_Opposes_Sex_Selection_for_Family_Planning_Purposes.

- (c) **The Chief Medical Officer of the UK**, Professor Dame Sally C. Davies, wrote to all abortion clinics and NHS abortion providers in February, 2012 in response to media reports of sex selection abortions occurring in the UK: “Sex selection is not one of the lawful grounds for termination. **It is illegal for a practitioner to carry out an abortion for that reason alone, unless the certifying practitioners consider that an abortion was justified in relation to at least one of the section 1(1) grounds.**” <https://www.gov.uk/government/publications/abortion-act-1967-as-amended-termination-of-pregnancy>.

(The section 1(1) grounds for an abortion are that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family; or the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.)

The British Medical Association: “The Association believes that **it is normally unethical to terminate a pregnancy on the grounds of fetal sex alone** except in cases of severe x-linked disorders. The pregnant woman's views about the effect of the sex of the fetus on her situation and on her existing children should nevertheless be carefully considered. In some circumstances doctors may come to the conclusion that the effects are so severe as to provide ethical justification for a termination. They should be prepared to justify the decision if it were challenged.” <http://bma.org.uk/practical-support-at-work/ethics/ethics-a-to-z>.

Australia: The National Health and Medical Research Council (Assisted Reproductive Technologies) Guidelines restrict the use of ART Pre-implantation Genetic Diagnosis (PGD) for sex selection to where it is done to reduce the risk of transmission of serious genetic conditions. <http://www.nhmrc.gov.au/health->

ethics/australian-health-ethics-committee-ahec/assisted-reproductive-technology-art/assisted.

11 Sex selection

11.1 Do not select sex for nonmedical purposes

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.** See also paragraphs 12.1 and 12.2 on the use of preimplantation genetic diagnosis (PGD) for sex selection.

12.2 Restrict the use of PGD

Pending further community discussion (see Appendix C), **PGD must not be used for: selection of the sex of an embryo except to reduce the risk of transmission of a serious genetic condition;**

http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e78.pdf.

CONCLUSION:

The Australian Family recommends the Bill be passed as

- It is in line with community attitudes of disapproval of sex selection abortions;
- Is condemned by professional medical associations;
- Is disapproved by the UN;
- The UN is campaigning for measures to reduce the incidence of sex selection and the Bill is directed to doing that; and
- Australia has an obligation to introduce legislation such as this Bill to fulfil the promise made at the Fourth World Conference on Women in Beijing in 1995 to “enact and enforce legislation protecting girls from all forms of violence ... including prenatal sex selection”.
- Australian Family Association

For and on behalf of the Australian Family Association

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