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

As a Minister of the Presbyterian Church of Australia within the Church in Queensland, I endorse the Statement of the General Assembly of the Presbyterian Church of Queensland on Abortion:-

In the light of the Biblical teaching of the sanctity of life, human life is a gift of God from conception:

- a) Except in the contingency specified (f) below, abortion (the intentional taking of the life of the unborn child) is always unacceptable.
- b) The inviolability of the unborn child is not affected by disability, by the circumstances of his/her conception, or any other consideration.
- c) The unborn child with a terminal condition should be cared for according to the same principles of palliative care as any other child with a terminal condition.
- d) The pregnant woman with suicidal depression should be cared for according to the same principles of psychiatric care as any other woman with suicidal depression.
- e) That in the contingency where two specialist gynaecologists deem that termination of a pregnancy is necessary to prevent life-threatening injury to the mother, and that the threat of injury is so imminent as to require intervention prior to the age of foetal viability, such intervention is ethically justifiable, because such an act does not have as its primary intention the taking of the life of the unborn child, but only the saving of the life of the mother and/or other unborn child(ren).
- f) That in circumstances where the embryo or foetus has died in-utero, ethical considerations as to the taking of life do not apply and there is no impediment to procedures to manage the miscarriage or intrauterine death.

I am opposed to all abortion except when the conditions of Clause e) above have been met.

I am particularly opposed to the use of Medicare funding for the purpose of gender selection abortions. While the Victorian law relating to Abortion allows abortion on demand up until 20 weeks and the proposed Tasmanian law has a similar effect, I do not believe that Medicare funding should be provided for any abortions, let alone those for gender selection, unless two specialist gynaecologists deem that termination of a pregnancy is necessary to prevent lifethreatening injury to the mother, and that the threat of injury is so imminent as to require intervention prior to the age of foetal viability.

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;

I do not know to what extent gender selection - with preference for a male child - amongst some ethnic groups present in Australia is practised, but I understand that in both China and India there is abortion of female children, so – as in the case of female genital mutilation it is

likely to be practised in Australia by families of Chinese or Indian origin If so, there should be no recourse to Medicare funded abortions to terminate female children.

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

There should be no Medicare funded gender-selection abortions for the purpose of 'family-balancing'.

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

There should be support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortion.

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

The concern from medical associations in first world countries about the practice of gender-selection abortion, viz. Canada, USA, UK, should be addressed with the exchange of information and the adoption of a united strategy to oppose gender-selection abortion.