

Additional Comments

Senator Judith Adams

Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005

1.1 The major objectives of this Bill are to prohibit misleading and deceptive notification and advertising of pregnancy counselling services and to promote transparency in any advertising material. Pregnancy counselling services provide information and advice to women, especially when faced with an unplanned pregnancy, on the options available to them, generally considered to be parenting, adoption or termination. I agree with the principles underpinning this Bill and the necessity for pregnancy counselling services to be open and transparent about the extent of all-options counselling that they provide.

1.2 My agreement with these principles forms the basis of my strong support for the Government's intentions in relation to the introduction of the National Pregnancy Services Telephone Hotline which will provide professional, non-directive advice. It will be a requirement for the Helpline operator to provide a non-directive counselling service to assist a person to make a decision. The advice provided by the Helpline will cover the full range of options available of raising a child, adoption and termination.

1.3 Throughout the inquiry, the Committee was overwhelmed by the evidence presented to it either supporting or refuting a link between pregnancy termination and some alleged health risks. I was particularly concerned by some of the inaccurate and wildly exaggerated claims presented to the Committee, such as that termination leads to an increased risk of breast cancer, that it leads to the development of mental health problems, or that it causes infertility. There is no credible, scientific evidence to support these claims.

1.4 I understand that the National Breast Cancer Centre will be publishing a report refuting claims of a link between pregnancy termination and an increased risk of breast cancer. I commend the work of this, and other distinguished research bodies which are working to further our knowledge and understanding on such healthcare matters, both domestically and internationally.

1.5 Australian women have a right to be provided with accurate, complete and scientifically proven information, regardless of whether the pregnancy counselling service they approach for assistance does or does not provide information on accessing termination services. Only information that is substantiated by credible scientific studies, and has been reported by reputable healthcare organisations, should be used by pregnancy counselling services when discussing the options for dealing with an unplanned pregnancy. Each option - whether it be continuing with the pregnancy and choosing to either parent or adopt out, or choosing to terminate the pregnancy - brings with it associated medical risks to the woman depending on her

particular situation. Only by providing the woman with a thorough understanding of the issues related to each option, can she feel empowered to make an autonomous and informed decision about her pregnancy.

1.6 The Committee heard evidence discussing the additional challenges faced by women living in rural, regional and remote communities who experience an unplanned pregnancy. These women are not afforded the same luxury as are their counterparts in city centres of being able to 'shop' around for advice and support from a range of service providers. For women living in small, outback communities, if their local doctor is opposed to pregnancy termination and will not provide information about accessing a termination or other family planning advice, there are often very limited opportunities for accessing alternative advice. The situation is further complicated because it can be particularly difficult to obtain confidentiality in small towns. This is why unbiased, non-directive and independent pregnancy counselling and support available through telephone helplines is so important to these women.

1.7 Telephone helplines do not remove many of the other obstacles faced by women residing in rural, regional and remote areas in obtaining healthcare appropriate to their needs; for example, there remains the problem of only a sparsity of service providers outside of urban centres providing healthcare including those that perform terminations, or that provide direct contact or assistance to women who choose to continue with their pregnancies. However, at least these women can feel that they have access to information and support to help them with their pregnancies and the decision to either continue with, or terminate the pregnancy.

1.8 During the inquiry a number of organisations stressed the importance of supporting a woman during pregnancy to deliver a child into the world. I believe very strongly that services providing such support have a continuing responsibility to ensure that this mother and child are fully supported after birth and given every opportunity to get established into the life of parenthood and not being immediately abandoned without recourse to advice, support or assistance.

1.9 This inquiry generated considerable evidence from a range of groups and individuals which expressed a diversity of opinions. They discussed a number of fundamental issues that are raised by the provisions of this Bill. I consider that it is imperative for the Senate to proceed with debate on this Bill and the important issues that it has raised.

1.10 Having considered the evidence presented during the inquiry and being in strong support of the principles contained within the Bill, **I recommend that the Bill be passed.**

Senator Judith Adams
Liberal Party, Western Australia