Family First

Additional Comments

Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007

Summary

Family First opposes abortion and believes more should be done to help reduce the abortion rate.

Disallowing item 16525 is unlikely to cut the number of abortions, but would send a clear signal that the Parliament is not willing to give financial support to the abortion of unborn children up to 26 weeks gestation.

Item 16525 covers a range of procedures other than second trimester abortion. Family First is concerned that these other legitimate procedures should continue to be offered. It is clear that whether item 16525 continues to exist or not, all of the procedures will be offered at public hospitals.

Claims that abolishing item 16525 will impact unfairly on lower income women are not credible, given the $273 fee covers only a small proportion of the full cost of procedures. In terms of second trimester abortion, a woman would have to cover the balance of the cost, which ranges from $1,250 to $4,000.[1] Clearly low income women would attend a public hospital rather than go to the expense.

Evidence given to the Committee has revealed a disturbing view that unborn children with disabilities should be aborted to save the public purse. This view was even contained in a submission by a group of parliamentarians.[2]

Nobody is perfect. It is exceedingly arrogant for people to both assume the lives of people with disabilities are not worth living and to advocate they not be allowed to be born because their care would cost money. It is clear that the children with disabilities and their parents deserve much more support than is offered by governments and the community.

Family First therefore supports the motion to disallow Medicare item 16525.

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1 Queensland Branch, World Federation of Doctors Who Respect Human Life, submission 211

2 Parliamentary Group on Population and Development, submission 436

Disallowance motion

The Finance and Public Administration Committee was requested to examine Medicare item 16525 as a result of a disallowance motion proposed in the Senate to abolish this item for second trimester abortion.

It is important to state at the outset that Family First opposes abortion and believes more should be done to help reduce the abortion rate. Family First believes its views are in line with the majority public opinion in Australia:

> The definitive study, conducted by the Southern Cross Bioethics Institute in 2005, Give Women Choice: Australia Speaks on Abortion, showed quite clearly that in spite of a general support for the right to abortion (63%) the community rejects it morally, wishes to reduce its incidence, wants mandatory counselling, and views late-term abortion with abhorrence. Another national poll in 2005 also found that 67% of Australians were opposed to Medicare funding for second trimester terminations.[3]

Family First therefore supports the motion to disallow Medicare item 16525. Family First does not believe second trimester abortions should be allowed to occur in private for-profit abortion clinics.

Disallowing item 16525 is unlikely to cut the number of abortions, but would send a clear signal that the Parliament is not willing to give financial support to the abortion of unborn children up to 26 weeks gestation through Medicare funding:

> The first effect of disallowing item 16525 would be to make a clear statement to the Australian people that the Senate does not approve of the use of taxpayer funds to pay abortionists to kill unborn children in the second trimester of pregnancy through partial birth abortion, potassium chloride injections into the beating heart of the child, live born delivery followed by death by neglect and abandonment or any other means. This would be in line with public opinion. Two out of three (67%) of Australians are opposed to Medicare funding of abortions performed in the second trimester and only 14% support this arrangement.[4]

The use of item 16525

It was clear from evidence presented to the inquiry that item 16525 covers a broader range of procedures than just second trimester abortion and therefore Family First believes there is a genuine and urgent need to review the other procedures that are covered under item 16525.

Evidence from the Department of Health and Ageing stated clearly the restrictions imposed on abortion providers:

3 The Australian Family Association, submission 177

4 Family Voice Australia, submission 176

> The second trimester is generally considered to range between 13 and 26 weeks gestation. A Medicare rebate is not available for second trimester labour outside the restrictions of this item. The item restrictions include intrauterine fetal death, gross fetal abnormality or life threatening maternal disease. It is a matter for the doctor's clinical judgement as to whether a patient's condition meets these second trimester requirements. There is no Medicare item for terminations in the third trimester.[5]

It was alarming to hear evidence submitted that many abortions being performed did not fit these descriptors and that they were being misinterpreted by means of loopholes in the current item number:

> It is even more apparent to me having had the benefit of listening to other witnesses than when I made my submission that the term 'gross foetal abnormality' has no fixed definition. We heard from the department of health representatives yesterday that 'gross' in their view means macroscopic, visible to the naked eye. That could include Down syndrome, because there are some external features that can be picked up by ultrasound; a missing digit; and so forth. We were told, though, by other expert witnesses that it never occurred to them that that meaning of gross would be the one to apply in this circumstance and that they interpreted gross in one common dictionary meaning of 'serious or grave'. Others have suggested that gross means something close to lethal or at least incompatible, as one witness said this morning, with a long life. Another witness, who is an expert in prenatal testing, said that gross is not a word he uses in this context and so could not define it.[6]

The Department of Health and Ageing stated that "for a termination to be funded through Medicare it needs to be provided in accordance with State and Territory law",[7] but the Department later stated in the hearings that, despite this statement suggesting there is strict oversight, it takes no role in assessing lawfulness and instead trusts that the law is followed.[8]

Reasons for second trimester abortions

Dr Lachlan Dunjey gave evidence that from figures released in Victoria that the vast majority of post-20 week abortions were for psychosocial distress and not lethal abnormality:

> From the figures in Victoria, I think it is clear that the vast majority of abortions were for psychosocial distress and therefore, yes, elected by the mother and agreed to by the doctor. Some were due to foetal abnormalities of various descriptions and descriptions which, in my view, certainly do not

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5 Department of Health and Ageing, submission 218

6 Mr Egan, Committee Hansard, 30 October 2008, page 36

7 Department of Health and Ageing, submission 218

8 Mr Bridge, Committee Hansard, 29 October 2008, page 17

> fit within the range of lethal abnormality. The vast majority of these were for elective reasons and should not be given ipso facto national approval by granting medical benefits for these procedures.[9]
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> Specifically, the concern with item 16525 is that this item is being used for elective abortion in circumstances where the definition of 'life threatening maternal disease' has come to mean 'psychosocial distress' and 'gross foetal abnormality' has come to mean 'any abnormality or considered defect'.[10]

Other procedures offered under item 16525

By separating out Medicare item numbers for spontaneous intrauterine death (or miscarriage in lay terms) another item number for lethal foetal abnormality and another for a mother at risk of death from deliberately induced abortion would go a long way to closing these loopholes.

> The introduction of a new Medicare item to cover rare circumstances such as intrauterine foetal death and procedures unequivocally necessary to prevent the death of the mother would ensure that women whose unborn child dies from natural causes in utero continue to receive appropriate care and assistance.[11]

Family First is concerned that these legitimate procedures should continue to be offered. It is clear that whether item 16525 continues to exist or not, the procedures will be offered at public hospitals which a vast number of submitters clearly saw as best practice for these procedures.

> It would be practice in the public hospital system for that woman to be given extensive information and counselling: input from skilled obstetricians, genetic counsellors, paediatricians, social workers—whatever is required to ensure that she is fully informed about what is going on. But in the public hospital system the counselling that is provided is highly skilled and extensive.[12]

Public hospitals

Family First believes that public hospitals are the only place second trimester abortions should be provided. Private for-profit abortion clinics can be too easily distracted by financial and commercial interests and are not bound by public scrutiny and accountability that is required of public hospitals.

> The point you make about public hospitals is very important because that addresses the obvious concern of those very grave abnormalities which are not lethal. That is a matter for terrible clinical agonising, not to mention parental agonising. The only valid place for such a complex and unclear

9 Dr Dunjey, Committee Hansard 29 October 2008, page 52

10 Dr Dunjey, Committee Hansard 29 October 2008, page 46

11 Mr Meney, Committee Hansard, 30 October 2008, page 2-3

12 Prof. Ellwood, Committee Hansard, 29 October 2008, page 115

> clinical situation to be considered is in a major institution, a public or private hospital with ethics committees, with specialists. I put it to the committee: that sort of decision is not to be made by a commercial abortion doctor on his own.[13]

These major publicly funded emergency hospitals provide life saving scrutiny in a grey area. This public accountability is ultimately a benefit for women:

> It is our position, based on strong evidence, that the practice of abortion in Australia lacks scrutiny. It is mostly an unregulated, unaccountable industry which does not act in the best interests of women in denying them information relevant to their future health and wellbeing. Abortion providers, even those with questionable records and operating outside medical and ethical requirements, have benefited from Medicare funding. Some practitioners have been accused of rorting Medicare for early and late-term abortions. This requires full investigation because it appears that the cases that have been reported on are not isolated incidents.[14]

Disability

Family First was concerned that the birth of children with a disability was cited as a reason to keep item 16525:

> The financial cost of caring for a severely disabled individual is high not only for the family, but for the greater community. Removing item 16525 would save the Commonwealth, by some estimates, $181,560 per year based on 2007 utilisation of item 16525. Adequately supporting an individual with high support needs costs the community and families far more than this.[15]

This disturbing attitude was echoed by Dr Weisberg for Family Planning New South Wales:

> You also have to look at what would mean to the community to have an increase in the number of handicapped children who needed assistance, because that would be a far greater cost than this Medicare item.[16]

It is interesting that those defending item 16525 on the basis of the cost of people born with a disability listed the negatives or the expense of a person born with a disability, but failed to acknowledge the benefits each person brings to the world. It is a concern that a person's disability can so dominate our attitude to them that we sometimes cannot see their other characteristics.[17]

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13 Dr van Gend, Committee Hansard 29 October 2008, page 49-50

14 Women's Forum Australia, submission 216

15 Australian Reproductive Health Alliance, submission 199.

16 Dr Weisberg, Committee Hansard, 29 October 2008, page 41.

17 Chipman, P "The moral implications of prenatal genetic testing" *Penn Bioeth J* 2006 Spring; 2(2); pages 13-6.

Conclusion

Family First therefore supports the disallowance of Medicare item 16525 and does not agree that this will unfairly impact on women. Services provided by this item number will continue to be provided by public hospitals, offering women a safer and more accountable environment.

Senator Steve Fielding

Leader of Family First