



Ms Christine McDonald  
Committee Secretary  
Standing Committee on Finance and Public Administration  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

2 October 2008

Dear Ms McDonald,

**Re: 16525 of the Health Insurance (General Medical Service Table) Regulations 2007.**

Please find enclosed The Family Planning Association of Western Australia (Inc) response paper to the Senate Committee for its consideration specifically addressing Point (d) of the Terms of Reference: the effects of disallowing this item.

Yours sincerely,

Angela Cooney  
Medical Director

## **FPWA submission to Senate Committee on Finance and Public Administration.**

FPWA Inc is a non government organisation that provides sexual and reproductive health and education services to the people of Western Australia. FPWA is a pro-choice organisation which supports women's rights to safe, legal and affordable abortion, and believes that appropriate medical services for advice on pregnancy and for the provision of termination of pregnancy are an essential component of effective health services for women.<sup>1</sup>

Through the Roe Street Centre for Human Relationships FPWA provides counselling to women and their partners and families, who for a variety of reasons may be contemplating termination of a pregnancy. The medical staff at FPWA also provides the mandatory medical counselling to any woman considering an abortion, as per the WA Abortion Amendments Act 1998. As a result FPWA counsels over 1200 women a year and is well positioned to add an informed perspective to the committee's deliberations on the effects of disallowing Item 16525.

Contrary to the view Senator Barnett made in his speech to the Senate on 24 June 2008, where he stated, "Late abortions are being done for 'maternal psychosocial reasons', which in reality means abortion on request",<sup>2</sup> our experience is that women have to traverse, at times several legal and medical hurdles before they can have an abortion. The phrase 'abortion on request' negates the process a woman goes through when deciding her options and is an emotive phrase used by the anti-choice movement. There is a plethora of evidence that reports women take seriously their decision whether to continue with or terminate their pregnancy. Likewise there is strong evidence that where a woman has access to legal and safe abortion and makes her decision voluntarily, there is less immediate or long lasting psychological impact.<sup>3</sup>

However, when the issue affects a woman who is happy to be pregnant, who has planned her pregnancy and is looking forward to the birth of her child but finds out at the eighteen week ultrasound that the fetus has died in-utero or has gross abnormalities incompatible with life outside of the uterus, the decision to terminate can be emotionally devastating.<sup>4</sup>

These women and their partners/families have to not only come to terms with the loss of their dreams but also take into account any maternal health implications they need to consider when making a decision to terminate the pregnancy. For instance, retention of a dead fetus whilst awaiting spontaneous expulsion can lead to a condition called Diffuse Intravascular Coagulation, which is potentially life threatening. Any decision made by the committee that creates a financial burden upon these families would be a cruel and harsh imposition at a time of deep sadness and loss.

Women who choose mid-trimester abortion of a healthy fetus, in our experience, do not do so lightly. We have experiences of women from Culturally and Linguistically Diverse (CALD) backgrounds, faced with an unintended pregnancy that is not confirmed until close to or over twenty weeks. Many of these women have been in fear of their life, as being single and pregnant is not accepted in their culture. Their fears are real and justified and if unable to access a late abortion these women would have sought illegal abortions or felt their only other option would have been to commit suicide. The United Nations Committee

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on the Elimination of all forms of Discrimination Against Women (CEDAW), recognizes women's rights and equal citizenship. Underlying this is the right of the woman to choose what is best for her, situating her as a mature and responsible person with the capabilities of self determination.<sup>5</sup> The withdrawal of the Medicare rebate will undoubtedly create financial hardship for many women, and a decision by the committee that would make access to a safe and legal abortion more expensive would discriminate against women already economically disadvantaged.

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<sup>1</sup> FPWA. 2007. Position statement on Abortion.

<sup>2</sup> <http://www.guybarnett.com/Pages/Article.aspx?ID=237>. Downloaded 24 September 2008.

<sup>3</sup> Bonevski, B., Adams, J. 2001. Psychological effects of Termination of Pregnancy. A summary of literature.

<sup>4</sup> Stone, P. Late termination of pregnancy. O&G Magazine, Vol 94 No4 2007.

<sup>5</sup> Sparrow, M.J. A woman's choice. Australian and New Zealand Journal of Obstetrics and Gynaecology 2004;44:88-92.