Senate Finance and Public Administration Committee Hearings
Verbal Introduction on behalf of *Medicine With Morality*

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

The vision of *Medicine With Morality* is *to preserve, in an age of rapid scientific and technological change, traditional medical ethics consistent with absolute values and to preserve the liberty of medical professionals holding these values to practise medicine according to their conscience.*

Medicine With Morality was formed in early 2006 to unite doctors across Australia in response to an increasing drift of medical ethics away from moral absolutes.

Medicine With Morality is not a religious organisation. Any person of any background can join as long as they agree with the statement of belief upholding the intrinsic value of human life. Apart from personal communication I have very little idea of whether any individual doctor is a Christian or a Muslim or an atheist. I guess there are not too many of the latter although if they have a high moral view of the value of life then they are welcome to join.

So why does *Medicine With Morality* have a view on the matter of medical benefits?

Being concerned with the ethics and outcomes of medical procedures, those that exist now and those that may be contemplated for the future e.g. Physician Assisted Suicide as recently rejected in Victoria, the doctors of MWM are also concerned whether such procedures should attract medical financial benefits thereby seeming to have some inferred national approval by virtue of those benefits being granted.

Specifically then our concern with Item 16525 is that this item is being used for elective abortion in circumstances where the definitions of life-threatening maternal disease has come to mean psycho-social distress and gross fetal abnormality has come to mean any abnormality or considered defect.

Our objections to such a use of this item encompass not only the fact that the life of an unborn child is being taken but also the nature of the abortion procedures coupled with the lack of any consideration of fetal pain; the issue of eugenic selection in our society and the implications of this with respect to our attitudes to the disabled in our society; and our concern for the mother who in her distress has chosen a solution she may later regret.

We are concerned that “termination of pregnancy” has come to mean terminating the life of the child when in reality the condition of pregnancy is terminated simply by induction of labour with delivery. Killing the child is *not* an essential part of this process and although we acknowledge this is done by some practitioners, seemingly within the confines of legal precedent, it is not something which should have any hint of national approval by the granting of medical benefits (nor, I would add later, be granted the baby bonus for a stillborn baby).

We are concerned that abortion for minor readily correctable abnormalities such as cleft lip should have implied national approval by the granting of medical benefits. We are concerned that potentially viable babies of say 22 weeks can either have their lives terminated prior to delivery with no consideration of fetal pain or be delivered alive and then put aside to die – and that such should also have implied or inferred national approval.

Our concerns also extend to the mother who, in her distress, has come to see that terminating the life of her baby at this later stage of pregnancy is her only option. Such has become an accepted way of thinking although rejected as a solution by most in our society. Killing the baby should never be seen as a solution for misery and certainly should not have inferred national approval. In any case we would argue that any temporary alleviation of distress would be counteracted by a later greater distress when the full realisation of what has taken place hits home. Doctors have always known this to be true because we see these women in our practices but such women are often reluctant to talk as it would increase their distress. However this is being increasingly recognised in medical literature.

It will be argued by other doctors that abolition of this item will only disadvantage the poor. Our response, in addition to recommending another item number to encompass rare circumstances, is still to say that the medical benefits schedule should not grant benefits in circumstances considered of moral significance for our nation. We would apply the same reasoning to any future benefits that might be considered for

euthanasia should this become legal in any of our states. The nation of Australia must not be seen to giving any nodding assent to such by the granting of benefits.

In any case the precedent of not giving benefits for unnecessary procedures such as elective cosmetic surgery is already with us. This also may be said to disadvantage the poor. And any moral significance that cosmetic surgery might have certainly pales into insignificance compared with the moral issues and outcomes of mid-trimester abortion.

One of the submissions indicates that any support for disallowance of this item would be “extreme and radical”. The doctors of *Medicine With Morality* are anything but extreme and radical. We submit that the arguments we have presented are for the good of Australian society and the future of medicine in this country.

Dr Lachlan Dunjey for 29 Oct 2008.