



1 October 2008.

The Secretary
Senate Finance and Public Administration Committee
Parliament House, Canberra ACT 2600
fpa.sen@aph.gov.au

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

Dear Sir

As it is apparent – a matter to be verified by the Committee – that the principal use of Item 16525 of the Medicare Schedule is for abortion, *Medicine With Morality* recommends its disallowance and replacement by a separate item allowing management of labour for intra-uterine death alone.

In the rare instance (not at all according to Senator Barnett’s Briefing Paper) of “life threatening maternal disease” during this phase of pregnancy actually necessitating induction and management of labour then this can be performed *without* killing the baby first. Delivery of the baby would then take place and be managed appropriately as any other baby born at that level of maturity.

When gross fetal abnormality is present with associated conditions considered life-threatening to the mother, once again the baby can be delivered – alive – and nature allowed to take its course with the baby being nursed in conditions of nurture and comfort.

The doctors of *Medicine With Morality* are opposed to the practice of eugenic selection that has taken place in recent years. This has progressed from what was once considered to be gross fetal abnormality to readily correctable lesions. It is reported that most Down Syndrome babies are killed prior to delivery. We regard this as being unacceptable and inconsistent with our approach and attitude to disability in our community.

There should be no Medicare funding of eugenic selection. There should be no “national” approval of such practices.

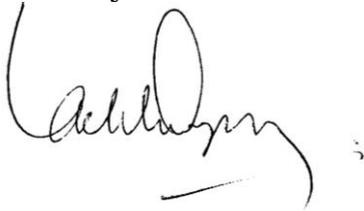
The reasons given above are sufficient in our view to disallow funding of item 16525.

But there are other matters deserving of consideration in the context of current practices under this item.

- Fetal Pain: There is good reason to at least consider that fetal pain can be felt from 20 weeks. That we should be killing babies of this maturity without

consideration of pain experienced is unacceptable. National approval through Medicare funding is also unacceptable.

- Methods of fetal destruction: It is also unacceptable that babies of this maturity are being killed by methods that deserve condemnation, in particular the gross methods of dismemberment and partial birth abortion.
- Psychosocial reasons: Such reasons should be managed as they would in any other circumstance of non-pregnancy. There is good evidence that abortion only contributes to subsequent psychological disorder.



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[signatories follow]