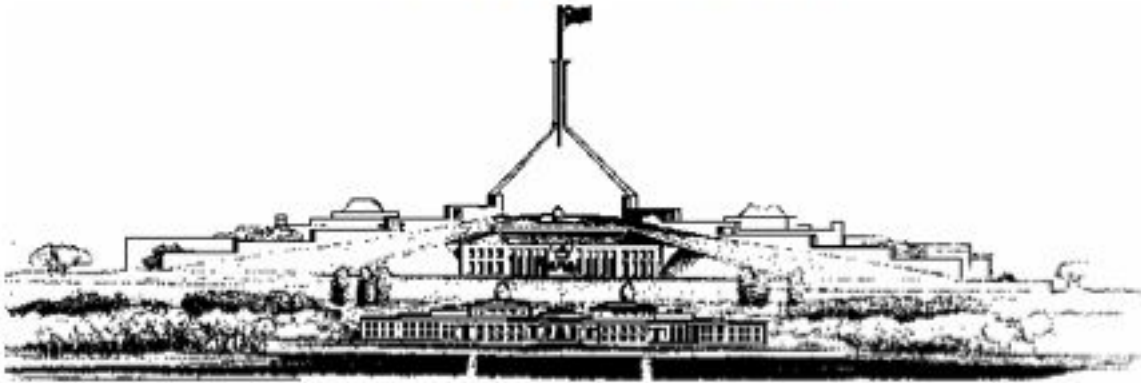




COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**

**PROOF**

**COMMITTEES**

**Finance and Public Administration Committee**

**Report**

**SPEECH**

**Thursday, 13 November 2008**

BY AUTHORITY OF THE SENATE

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## SPEECH

**Date** Thursday, 13 November 2008  
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**Questioner**  
**Speaker** Polley, Sen Helen

**Source** Senate  
**Proof** Yes  
**Responder**  
**Question No.**

**Senator POLLEY** (Tasmania) (10.31 am)—I present the report of the Standing Committee on Finance and Public Administration on item 16525 in part 3 of schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007, together with the *Hansard* record of proceedings and documents presented to the committee.

Ordered that the report be printed.

**Senator POLLEY**—by leave—I move:

That the Senate take note of the report.

The Finance and Public Administration Committee were asked to inquire and report on a motion moved in the Senate by Senator Barnett to disallow item 16525 in part 3 of schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007. In particular, the committee were asked to report on the terms of the motion, the number of services receiving payments under this item and the costs of the payments, the basis upon which payments of benefits are made and the effects of disallowing this item.

The inquiry was well received and the committee received 484 public and 45 confidential submissions. I thank those people for taking the time to make their submissions. Further, I would like to thank all the people who gave their time, their expertise and their opinions on this very important issue. What appeared on the surface to be a black-and-white conscience vote turned out to be a very detailed interpretation of definitions and data and moral questioning on a number of issues surrounding pregnancy and the health of the mother and unborn baby.

The committee firstly had to gather information about item 16525. The Medicare Benefits Schedule describes item 16525 as the ‘management of second trimester labour, with or without induction, for intrauterine foetal death, gross foetal abnormality or life threatening maternal disease’. Second trimester is generally considered to range between 13 and 26 weeks of pregnancy. The committee were advised that fewer claims are processed under item 16525, second trimester, than under item 35643, first trimester. We were given figures that in 2007-08 there were 794

claims under item 16525 compared with 71,957 claims under item 35643.

The committee heard evidence about what is a life-threatening disease, termination methods, the impact on women’s health and wellbeing, the effects of disallowing item 16525, termination for foetal abnormality, the role of Medicare, the potential financial effect of a disallowance, the adequacy of the rebate and the potential effect on second trimester abortion numbers. What has been very evident during this inquiry is the lack of data on terminations in Australia. It has not been possible for the committee to have a clear understanding in relation to how many services receive payment under item 16525, because it includes spontaneous abortions—miscarriages—and medical or induced abortions, or terminations. There are a number of different data-gathering methods across the country, so we cannot compare apples with apples. There is a lack of consistency among the states and territories in how terminations of pregnancy are identified. An example is stillbirths. Some states can distinguish late terminations from stillbirths, but other states cannot differentiate them. There is also confusion over the use of terms ‘abortion’ and ‘termination’. These words were used in different contexts with different meanings by witnesses throughout the inquiry.

There is a lack of consistent definitions. To give you an example of what I am talking about, let me quote from some of the submissions that the committee received. The term ‘gross foetal abnormality’ is often used as the reason for termination under item 16525. However, many witnesses pointed to the lack of a definition or any guidance for the use of this term. One witness said—and I quote from comments made by the Department of Health and Ageing:

Generally, the term ‘gross’ in medical parlance indicates something that is macroscopically visible, that is, it does not require the aid of a microscope to identify. It is an abnormality that is obvious to the naked eye. While a pregnancy that is continuing, these days it is generally something that can be identified on ultrasound.

Professor David Ellwood stated:

My interpretation of the phrase ‘gross foetal abnormality’ really means a significant or severe foetal abnormality. The idea that it is something that is visible to the naked eye is nonsense. We use technology, ultrasound, genetic testing

and metabolic testing these days. In my experience, it is not anything to do with whether or not this is something that you can see with the naked eye.

Witnesses said that it is now left to the practitioner's clinical decision as to what constitutes a gross foetal abnormality. What has happened is that gross foetal abnormality has come to mean 'any abnormality or considered defect'. The committee heard from Dr David Knight, who said:

I think it is probably a bad term and I think it is capable of being misunderstood. My understanding of it is that it is a lethal foetal deformity or a deformity of such magnitude that it would prevent a human being from leading a normal life. That would be my understanding of the word 'gross'. However, I can see how it could be misinterpreted or misunderstood and I would think that perhaps a better term should be found.

The committee has recognised a need for an improvement in data quality and consistency so that a complete national picture can be easily recognised. Uniform data from all jurisdictions is required not only to improve data for the purposes of analysis and comparison but also to enable consistency in relation to definitions.

This could have been a much more emotive issue to deal with. It was not and nor was it ever intended to be a debate on abortion. We have been there; we have had that debate. It was purely relating to financing using taxpayers' money. There was a lot of witnesses and a lot of evidence from people who would normally not support abortion but who wanted to make it very clear that they in no way would condone any additional stress placed on families who were suffering from miscarriages or stillbirths. I think it is important to put that on the record. I am sure other speakers will comment further on this during the debate.

The committee therefore recommends that the Australian Health Ministers Conference ensures prompt application of the Perinatal Society of Australia and New Zealand Perinatal Mortality Classifications across all states and territories. The committee also recommends that the Australian Health Ministers Conference secures an agreement with all jurisdictions to work towards providing complete and uniform data.

As I said, this was an emotive issue. I wish to place on record my appreciation to all my colleagues, senators, members of my committee, participating senators, those people who gave evidence over the two days for the way in which they cooperated with me as chair and for the dedication that they demonstrated to this very important issue.

I believe it has been a thorough and informed inquiry. Our recommendations will ensure that this

very complex issue of second trimester terminations will continue to be discussed and debated once a uniform method of gathering data is established and clear definitions are used throughout the country.

I encourage all senators and the public to read this report, because it very clearly states the case for disallowance and, for those witnesses who believe it should not be disallowed, the case against disallowance. Only two recommendations came out of this report. I commend those recommendations. I would also like to place on record my thanks to the secretariat for the work that they did and the dedication and the timely way they were able to present the report.

**The ACTING DEPUTY PRESIDENT (Senator Moore)**—I wish to inform the Senate that informal arrangements have been made regarding the time allocation for this discussion.