



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



THE SENATE
QUESTIONS WITHOUT NOTICE:
TAKE NOTE OF ANSWERS

Pregnancy Support

SPEECH

Monday, 4 September 2006

BY AUTHORITY OF THE SENATE

SPEECH

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Questioner	Responder
Speaker Stott Despoja, Sen Natasha	Question No.

Senator STOTT DESPOJA (South Australia) (3.27 pm)—I move:

That the Senate take note of the answer given by the Minister for Ageing (Senator Santoro) to a question without notice asked by Senator Stott Despoja today relating to pregnancy counselling services.

My question related to the proposed MBS item number for pregnancy counselling services, as well as my concerns about the proposed pregnancy hotline or helpline that the government is supposedly funding and starting at the end of this year.

I thank the minister for endeavouring to get back to me in the chamber. He said that he believed that the government's Medicare item number would apply to all pregnant women. I asked a question on notice on this issue—specifically, question on notice No. 1681. I asked the minister whether the MBS item number was going to apply to all pregnant women or specifically to women who have had a so-called unexpected or unplanned pregnancy. On that occasion the minister said:

The Medicare pregnancy support counselling items are specifically targeted towards women who have, or have had, an unintended pregnancy, or who are unsure about whether to continue with a pregnancy.

Clearly, this answer says it was aimed at women who were not sure or who had had an unplanned pregnancy. Fast forward to August, when the Minister for Health and Ageing, Mr Abbott—indeed, a spokesperson acting on Mr Abbott's behalf—told the media that the MBS item number would now be available for 'anyone who was anxious about their pregnancy'. Clearly, that meant not just women who had had an unexpected or unplanned pregnancy.

Mr Deputy President, the reason I need Senator Santoro to confirm this is that, if it is just available to a certain group of women, there are some massive privacy implications. I have referred to these privacy issues on record before; and recently the Australian Medical Association has come out, too, explaining their concerns. There are privacy risks that would be posed to women who considered terminating their pregnancy—regardless of their ultimate decision, of course. They have been very worried about, for example, what that information would be used for. Indeed, to me, the notion of singling out those women sounds quite extraordinary anyway.

But the concerns of many people, including me, do not end there—and not just in relation to privacy. In another response to a question on 14 June about the reporting requirements for the provider of the government's hotline, the government did not rule out the possibility of pregnancy counsellors being required to play a role in confirming the legality of a woman's reasons for terminating—whether counsellors would be required to report on the names of doctors the woman had seen about termination or about other pregnancies, the nature of their advice and their referral patterns or whether counsellors would be required to report on the woman's experience with an abortion service provider. These are clearly quite invasive issues, and it is quite an invasive ground if the government is not going to explain exactly what role these counsellors will have and whether the counsellors will have these kinds of obligations placed upon them. It is quite an extraordinary circumstance if that is the case.

I note that the government would also not confirm whether information such as the grounds for a termination taking place—statistics on methods used to terminate the pregnancy or statistics on postoperative complications experienced by women who do have abortions—would be collected about women terminating their pregnancies. So we are talking about extraordinary information—potentially very invasive information about health and sensitive personal information—relating to women who are pregnant or who decide in specific circumstances to have a termination. Whether or not the government is seeking to collect that kind of information or that data needs to be made clear.

I welcome comments by the minister today and his understanding that the MBS item number would now be available to all pregnant women and would not just single out women with an unexpected or unplanned pregnancy. I welcome his update when that comes to the chamber, not just on that issue but also on the issue of a hotline. Again, I ask the minister about the timeline of the tender process and the operation of the hotline. I

think the Senate deserves confirmation that that tender process is in place and perhaps some details as to when selections will be made in accordance with the suggested starting date of December this year. The minister stated that the selection of the hotline operator should be finalised by the end of the year. (*Time expired*)

Question agreed to.