



NATIONAL  
FOUNDATION  
FOR AUSTRALIAN  
WOMEN

## Submission to Senate Community Affairs Committee

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### Enquiry into the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005.

Opening Statement- Mrs Marie Coleman, Convenor NFAW Social Policy Committee.  
Appearing Thursday 22 June 2006.

The National Foundation for Australian Women is committed in its social policy activities to the promotion of good social policy which is evidenced based. We see sound public administration as critical to the effective implementation of public policies, and to that extent encourage Parliamentary scrutiny as well as promoting good governance.

We have in recent times commissioned research from the National Centre for Economic and Social Modelling, and have this month jointly commissioned research on women's working wages and conditions, in a consortium with the Women's Electoral Lobby and the Human Rights and Equal Opportunities Commission.

We have been closely following the debates about health financing and possible restructuring of the respective roles in health service provision of the Commonwealth and the States and Territories. In 2005 we published a report entitled What Are the Health Challenges Facing Australia.

We have been interested in the debates taking place in the framework of the Council of Australian Governments. In particular, we noted and welcomed the announcement from the February 25, 2006 meeting of a new National Health Call Centre Network, which would especially but not exclusively assist people in rural and remote areas of Australia. This proposal for a national telephone inquiry and counselling service- a triage system, is to be jointly funded by States and Territories and the Commonwealth, and would build on similar systems already operating in a number of States and Territories. We understand that the basic organisation structure has been established, and that the tender will shortly be let.

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/feb2006coag01.htm>

I am personally well aware of and have used the Health First system operated for the ACT Government by the company McKesson Asia Pacific  
<http://www.mckesson.com.au/>

It has occurred to me to wonder whether good governance in terms of any proposed national 24 hour telephone service for advice on pregnancy and abortion might be best served in terms of transparency, professional expertise, and capacity to make appropriate

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local referrals by an add on to the National Health Call Centre Network, rather than by a stand alone service.

The Government has allocated \$15.5 million over four years for the proposed pregnancy telephone service. This could be used more efficiently as an add on to the NHCCN, rather than meeting the costs of a stand-alone service.

Any provider contracted by the NHCCN would perforce already have appropriate call centre clinical software, as well as using approved clinical protocols, and operating through nurse triage. Local Committees already provide oversight of existing contracts with McKesson which ensure quality control, adherence to contract terms, and accurate local information of services to which referrals are made by the triage nurse.

These seem to me to be the very characteristics which would go a long way to providing the guarantees of independence from partisan positions, of clinical competence and of transparency which we all see as desirable in pregnancy counselling services.

It is not my intention here to be an advocate for McKesson Asia. I simply draw to the attention of this Committee that there already exist quite credible systems available to the Commonwealth. Others may well emerge.

I have provided the Committee with three excerpts downloaded from Internet sites which provide information about unplanned or unwanted pregnancy. Two provide dispassionate clinical information, one does not, and offers no on-line referral to any entity which is pro-choice.

There is also the likelihood in the near future of the emergence of a number of medical and psychological sources of counselling relating to pregnancy, wanted or unwanted, which will be eligible to obtain financial rebates from the Commonwealth's Medical benefits Schedule. There will be merit in these being easy to find for patients as well as other medical practitioners, youth workers and the like.

Very properly, the Secretary of the Department of Health has already advised the Senate Estimates Committee that the contract for the proposed 24 hour pregnancy counselling service will go out through the normal Commonwealth tendering processes.

We consider that there ought to be a Departmental contractual requirement for regional or State based advisory bodies of recognised medical and other clinical practitioners, who will be able to ensure that the entity contracted to run the 24 hour service uses appropriate clinical protocols, and has an up-to-date and comprehensive list available of appropriate service providers, by locality.

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A related matter is the needed development of nationally accepted Australian clinical protocols on abortion. The National Health and Medical Research Council (<http://www7.health.gov.au/nhmrc/index.htm>) has produced publications on a wide range of issues. But there is nothing published on abortion. It might be helpful to medical practitioners and the managers of health services if the NHMRC were to produce guidelines or protocols on this topic.

So far as the specific content of the Bill which is the subject of this enquiry, we do see scope for modification of section 10 (a i) providing that “a pregnancy counselling service which does not provide referrals for terminations of pregnancy” should be ineligible for funding.

We consider that a service which allows for non-directive counselling, yet does not provide such a referral has its place.

But we hold that there is similarly a place for equivalent government funding for a service which does so refer.

The issue is the availability of both, and the opportunity for choice.

Given that there exists in this nation a significant number of people whose philosophical position is pro choice, as well as those who are not pro- choice, perhaps the appropriate policy position is for this Committee to urge the Government to give recognition and financial support to bodies representing both positions, to require any funded body to be transparent as to its specific position, and to provide an entirely independent and clinically appropriate telephone triage system for advice and appropriate referral.

Marie Coleman