

## Experts warn proposed Religious Discrimination Bill could hurt those trying to access reproductive healthcare

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Women's groups and legal experts have warned that provisions in the proposed *Religious Discrimination Bill* will increase barriers to reproductive healthcare access.

"If the proposed bill becomes law, women and girls could face increased barriers to accessing contraception, the morning-after pill, fertility treatment and also abortion care." said Renee Carr, Executive Director of Fair Agenda.

"Under the proposed provisions, doctors or pharmacists whose personal religious beliefs mean they oppose sex outside of marriage, or believe that life begins at conception would have increased rights to deny patients reproductive healthcare, and may not even have to tell patients they can get unbiased advice elsewhere." added Ms Carr.

"These provisions would create a perverse situation where any patient's right to timely and unbiased healthcare would become less important than a health practitioner's personal religious beliefs about any given health matter." added Ghassan Kassisieh, Legal Director of Equality Australia.

"If these provisions become law, we could see more circumstances where patients seeking reproductive healthcare - like emergency contraception - are turned away from services, and put through additional distress, delay and expense as they're forced to frantically search for a doctor or pharmacist whose personal beliefs won't obstruct their access to this healthcare." added Ms Carr.

"Even pharmacy chains trying to do the right thing by making it policy to serve everyone couldn't be relied upon by patients - because each individual pharmacist would be able to use these laws to challenge any such organisational policy, on the basis that it impacts their religious beliefs.

"It would mean that a single woman who books in the next available appointment at her local healthcare centre because she urgently needs to renew her contraceptive prescription could wait hours just to see a doctor who refuses to prescribe to her, because he doesn't believe she should be having sex outside of marriage. After all that, she may not even be provided a referral to an unbiased doctor - because these laws would allow doctors to challenge any referral policy their healthcare centre put in place.

"Our access to healthcare shouldn't be contingent on the religious beliefs of our doctor or pharmacist on any given day - we should be able to get the care we need in a timely manner, and be entitled to unbiased advice. These perverse provisions

undermine basic patient rights, and the Attorney-General should remove them immediately.” Ms Carr added.

Women’s Health Victoria’s sexual and reproductive health telephone information service, *1800 My Options*, have echoed concerns about the impact these provisions might have.

“While many GPs are trying to do the right thing and improve reproductive healthcare access; unfortunately we frequently hear from callers that some GPs do try to obstruct access to reproductive healthcare, and prevent their patients from accessing the care they need, when they need it.”

“Women living in rural and remote communities are likely to be particularly hard hit if these provisions go ahead - already there is often only one practitioner providing full reproductive healthcare services. Creating additional barriers to care will increase the additional time and cost these patients face to receiving basic care.” said Julie Keys, Team Leader, *1800 My Options*.

“We’re particularly concerned about the impact this new rule could have on people who already have to navigate barriers to healthcare access - such as women experiencing violence and abuse at the hands of an intimate partner, women with a disability, and women for whom English is a second or third language.” Added Ms Carr.

Democracy in Colour National Co-Director Neha Madhok added: “This country has one of the best healthcare systems in the world and all people should have a right to seek that support. There are barriers to accessing healthcare and reproductive services for migrants and communities of colour that aren’t there for others. These can include language barriers, limited education, high financial costs, physical barriers of access and cultural stigma.

“There could be a range of things that may seem simple to other people but could add that little bit of extra stress that could prevent women from communities of colour from putting themselves forward to access that service.” she added.

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## **Background**

Right now patients are provided with a level of protection through professional guidelines that provide them with rights to information and referral where doctors have conscientious objections. Patients can also be protected by employer policies - for example requiring pharmacists at a particular chain of chemists to fill any prescription they have in stock (including contraceptives).

If the Religious Discrimination Bill is made law, any professional guidelines or employer policies that seek to ensure patients' access to care, or protect patients from obstruction by practitioner's religious beliefs would be open to challenge. Professional bodies and employers will have a harder time justifying the reasonableness of their rules.

The law puts the personal religious views of a health professional before patient needs, creating enormous complexity and uncertainty for health services; and making it easier for doctors with objections to use their religious belief to not only refuse to provide care themselves, but also to refuse to provide information about unbiased advice and care that is available elsewhere.

If these laws go ahead - women may face additional delay, distress and financial burden in accessing reproductive healthcare – as health professionals and their employers debate whether or not the health professional should be required to treat all women based on their health needs.

What's more, under these rules, pharmacy chains and health centres could be prevented from using their policies to require their doctors or pharmacists to disclose their religious objections in advance - so the only way women would know where they could get contraception, the morning after pill, or abortion care - is by seeking care from different doctors or pharmacists until they find one who won't refuse.