

Submission re: Exposure draft of Health Practitioner Regulation National Law 2009 (Bill B)

Georgina Ker
To NRAIP 17/7/09 01:02AM

My submission relates to the following two sections of the draft legislation:

101 (1a) (ii) that the registered health practitioner must not practise the health profession unless professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession

AND

Subdivision 6 General

148 Directing or inciting unprofessional conduct or professional misconduct

(1) A person must not direct or incite a registered health practitioner to do anything, in the course of the practitioner's practice of the health profession, that amounts to unprofessional conduct or professional misconduct.

Maximum penalty:

- (a) in the case of an individual \$30,000, or
- (b) in the case of a body corporate \$60,000.

Taken together, these two sections of the proposed legislation effectively criminalise homebirths attended by independent midwives. Midwife-attended homebirth is a choice currently made by only about one per cent of Australian women. Being in the minority, however, does not invalidate our choice, and I am concerned that Parliament may see fit to pass laws that remove women's rights to bodily autonomy.

I myself had a traumatic hospital birth almost one year ago. I experience panic attacks when I have had to be in close proximity to the hospital in which this experience occurred, as well as flashbacks and nightmares relating to the birth. Should this legislation pass without alteration, if I have another baby, I will be forced to either return to this hospital to give birth, or give birth at home without trained assistance. I will choose to stay home, but my preferred option and, statistically, the safest - would be to birth at home with the assistance of an independent midwife.

I propose two possible solutions to this problem:

I. Alter the legislation to provide an exemption for suitably qualified independent midwives. Independent midwives have been practicing without indemnity insurance for many years; or

II. Provide assistance to independent midwives to obtain indemnity insurance, so that they may continue to practice legally.

I did not think that, in Australia, it was acceptable to discriminate against a group of people because their health and lifestyle choices may be in the minority, but this is exactly what this proposed legislation would do. The wording of this legislation is indirect discrimination against homebirthing women. Indirect discrimination is illegal in the workplace under Equal Opportunity laws, so why is this double standard even being considered?

Yours sincerely,

Georgina Ker