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**My body: my right**

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DOCTORS don't hold a trump card when it comes to human rights. The Abortion Law Reform Bill debate has lately locked in on one aspect: the requirement that a doctor with a conscientious objection refer a patient to another doctor.

Women's voices, views and rights have been sidelined.

Some people assume that as soon as a doctor's rights are engaged, women's rights fade into the background.

In Timothy Ginnane and Greg Craven's Herald Sun article on this page on Monday, women's rights were altogether invisible.

Strictly speaking, the Victorian Charter of Human Rights and Responsibilities Act will not apply to the Bill once it becomes law.

This aside, any debate about abortion and human rights that fails to mention the rights of women is misguided and incomplete.

As a society, we recognise that women are not faceless baby-bearing vessels. Women have rights, too: the right to life, privacy, liberty and non-discrimination are all relevant.

These rights stand are recognised in the Victorian Charter with the right to freedom of thought, conscience, religion and belief. These issues are seminal to the Legislative Council's present debate on legalising abortion.

While the Bill might engage a doctor's right to practise and demonstrate his or her religion, this is not a knockout blow for the Bill's compliance with other human rights.

Freedom of religion and belief does not grant a person the right to manifest their religion or belief in any way they choose. Nor does it grant them the right to impose their beliefs on others.

In any case, the doctor's rights are not the only rights in issue.

The Bill respects women's rights to make decisions about their own bodies and lives. This is a basic element of dignity and freedom.

Any analysis of the Bill that ignores women's rights will misinterpret and misapply the Victorian Charter.

Section 7(2) of the Charter requires that competing rights are balanced.

If one person's rights are to be limited in favour of another's, that must be justified and proportionate.

The referral provision aims to preserve the rights of medical practitioners and women and it achieves the correct balance.

Women's Minister Maxine Morand notes that the Bill takes account of the rights of a doctor with a conscientious objection to performing an abortion and the right of women to abortion treatment.

Ginnane and Craven suggest that the conscientious objection provisions violate international human rights law.

They conveniently ignore article 18(3) of the International Covenant on Civil and Political Rights, which allows for the limitation of a person's freedom to manifest their religion or beliefs in order to protect the fundamental rights and freedoms of others.

In fact, not only does international human rights law allow for referral provisions such as those contained in the Bill, it requires them. The UN Committee on the Elimination of Discrimination against Women addressed the issue directly.

It stated that where doctors refuse to perform abortion services based on conscientious objection, measures should be introduced to ensure that women are referred to alternative health providers. This is precisely what the Victorian Bill does.

Without a referral provision, women's choices are undermined and potentially denied.

Let's not forget that doctors are in a powerful position. Their choices have an immense impact on the lives of their patients.

When a woman asks for a doctor's advice and assistance with what is a complex and personal decision, she must be recognised as more than a mere piece in her doctor's religious or ethical puzzle.

Women's rights are human rights and must be present in the debate.

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