
RELIGIOUS DISCRIMINATION BILL

THE HEALTH CARE PROVISIONS



Services most at risk of causing a conscientious objection

- Sexual health services
- Reproductive health services
- IVF services
- Transgender health services
- Vaccination services
- Palliative care (end of life directives)
- Blood transfusions
- Drug and alcohol services

The right to refuse to
provide a service

A very broad range of
health service providers
can refuse any service, to
anyone

Makes it hard for
employers, professional
bodies and regulators

Over-rides laws and
professional codes of
ethics.

Makes it impossible to
impose rules to ensure
consistent service for
patients.

Gives right to discriminate
to institutions

Hospitals and welfare
agencies

People potentially affected:

- Women
- People with disabilities
- LGBTIQ people and their children
- Divorced people, unmarried couples, single parents
- People with addictions
- People with HIV

THE BILL WILL COMPROMISE HEALTH CARE

The Act over-rides professional codes of ethics workplace codes of conduct

Workplaces won't be able to impose guidelines on health practitioners who object to providing services on religious grounds. Employers won't be able to require them to treat patients, refer them or provide pathways. Professional codes of ethics are over-ridden by this Bill (the law prevails of codes of practice.)

The Act gives religious freedom rights to institutions organised on religious lines.

It will be possible for faith-based hospitals to refuse to treat people on religious grounds. They will be able to take legal action against a government that tries to regulate the provision of services, or set standards if these are considered contrary to their religious beliefs.

The Act allows 'adverse impact' on patients

Health practitioners will be allowed to refuse to perform lawful, safe and justifiable treatment that would benefit patients even if that causes adverse impacts for patients.

THE BILL WILL LEGITIMISE A PATTERN OF REFUSAL TO PROVIDE LEGAL BUT SENSITIVE SERVICES

We can't assume that doctors will follow their codes of ethics and ensure referral pathways when they feel they can't provide a service. For example, Tasmanian doctors with a conscientious objection are legally required to refer patients seeking terminations to pro-choice services.

Two case studies:

- A GP in regional Tasmania told a woman with serious mental illness and 2 children in care who was seeking a termination that they were illegal in Tasmania. No referral was offered or information about help with travel costs. Her mother borrowed money to pay for her to travel to Melbourne..
- A GP in Hobart told two patients asking for terminations that it wasn't possible to get a termination in Tasmania. Both of these young women happened to contact the same youth health service, which rang the GP to query her advice. The GP said 'she had read it in the newspaper'.