



Additional questions - Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

1. Following the questions asked by members of the committee during the public hearings, is there any additional information you would like to share or further clarification you would like to provide?

RANZCOG does not wish to add to our written statement which clearly sets out our concerns with the proposed legislation.

2. Given the impact of section 54 of the NSW Anti-Discrimination Act 1977 do you acknowledge that, if enacted, the proposed Bill cannot render unlawful compliance with any other NSW Act, regulation or by-law, including the 2019 Abortion Act, existing health legislation, the COVID health orders, domestic violence laws, sexual abuse laws, NSW Crimes Act, the Local Government Act, business regulations, consumer protection, education statutes and industrial relations laws.

RANZCOG is aware that under section 54, the provisions of the Anti-Discrimination Act do not override other Acts, regulations or court orders. However, this provides no answer to the concerns RANZCOG has raised about the consequences of the amendments for the professional obligations of health professionals to provide necessary health care and for the enforcement of professional standards in health care. These matters are not the subject of statutory regulation, but rather are set out in professional guidelines and standards, including those relating to a health practitioner's right of conscientious objection. The continued application of these important guidelines and standards would not be protected by section 54.

3. Do you agree with submissions from the Australian National Imams Council, the Anglican Archbishop of Sydney and the Catholic Archdiocese of Sydney that the Bill generally fits the structure and intent of the remainder of the NSW Anti-Discrimination Act? If not, what is the unacceptable point of difference you have identified?

As set out in our written submission, RANZCOG has particular concerns about the "religious ethos organisation" provisions in the Bill which are very broad and different from the protection given to other attributes. The impact of these provisions on access to health care is very worrying, for the reasons set out in our submission. RANZCOG also wishes to emphasise that issues around religious discrimination have a special relevance to health care (unlike many of the other protected attributes in the legislation) because of their implications for a health professional's right of conscientious objection and for the enforcement of professional standards in health care. It is RANZCOG's position that, should the NSW Parliament decide to introduce protection against religious discrimination, appropriate exemptions should be included to ensure that this does not interfere with existing professional obligations and standards in health care.



4. Given that the Bill – unlike other parts of the Act for HIV/AIDS, Homosexual, Transgender and Racial Vilification – offers no protections for Religious Vilification, do you acknowledge that these other attributes are afforded stronger protections than those proposed in the Bill? If not, why?

This question greatly over-simplifies what is a highly complex set of legislative provisions. RANZCOG's concern is with the impact of the Bill on the appropriate provision of health care, not on whether particular protections in one area may be seen as stronger or weaker. The absence of any protection against religious vilification does nothing to address RANZCOG's legitimate concerns about the Bill, as set out in our submission.

5. Given that s22Z of the Bill is similar to the provisions for Sexual Harassment in the existing Act and non-government schools and charities are already exempted (re s.22M) and the existing Disability provisions cover 'Future Belief', how can your argument of 'special treatment' or a 'hierarchy of protections' for religion be sustained?

RANZCOG has never argued for "special treatment" or a "hierarchy of protections" for religion.

6. If not by the Siracusa Principles how can any clash of gay and religious rights be reconciled in an Act such as this?

We do not understand why this question has been directed to RANZCOG. The concerns we have raised about the proposed amendments relate not to any "clash of gay and religious rights" but rather to the impact of the amendments on access to health care. The basis for these concerns is set out in detail in our written submission.

7. Why has your submission/evidence to the Committee prioritised a concern about the beliefs and statements of born-again Christians that are integral to the spiritual faith and existence of these citizens? If all human rights are equal, as they should be, isn't it time for the gay-Left community to learn to tolerate the different beliefs, values and moral code of law-abiding born-again Christians and indeed where any illegality might exist, vice versa?

RANZCOG does not accept that its submission or evidence given to the Committee did any such thing. As its submission made clear, and as was emphasised in evidence to the Committee, RANZCOG has a broad and diverse membership covering the full spectrum of religious beliefs. We respect the religious beliefs of all our members and certainly do not prioritise any one religion over another. It is not RANZCOG's place to comment on what the "gay-Left community" should or should not do.

8. Would your organisation refuse employment to someone who:
- opposes same-sex marriage and supports traditional marriage?
 - believes in the literal teachings of the Bible?

No.



9. Referring to your evidence on the top of page 48 of Hansard you stated that “The Mater Hospital does not inform the patient when they book in [that they do not carry out abortion or sterilisation procedures] and, to me, that is a form of discrimination ...”, exactly what form of discrimination are you asserting the Mater Hospital is undertaking?

The point Dr Roach was making was that the refusal of the Mater Hospital to allow abortion or sterilisation procedures to be performed can on occasions be inconsistent with the health care needs of patients, particularly where they have not been informed of this policy at the time they booked into the hospital for their obstetric care. The need for these procedures may arise unexpectedly during the course of a woman’s obstetric care without being foreseen at the time of the hospital booking.