

**Submission
No 35**

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

Organisation: NSW Gay and Lesbian Rights Lobby
Name: Mr Jed Horner
Date Received: 7/02/2014



Friday 7th February 2014

Mrs Leslie Williams MP
Chair,
Committee on the Health Care Complaints Commission
Parliament House
Macquarie St
Sydney
NSW 2000

Via email to: chccc@parliament.nsw.gov.au

Dear Chair,

We write in relation to the inquiry into the Promotion of False or Misleading Health-Related Information or Practices, currently before the Health Care Complaints Committee. The NSW Gay and Lesbian Rights Lobby (GLRL), wishes to limit our comments to the implications of false and misleading health-related information or practices for lesbian, gay, bisexual, trans and intersex (LGBTI) people and what action should be taken to address the detrimental impact of such practices.

The importance of addressing false or misleading health or medical practices, and substandard medical products, has been acknowledged globally. Recently, the Executive Board of the World Health Organization (WHO) noted both the severity of the issue and the need to address it.¹ This work arises from the creation of a Working Group of Member States on Substandard/spurious/false-labelled/falsified/counterfeit medical products.

For members of population groups that have historically been marginalised, including through statutory means, such as the criminalisation of homosexual conduct, as well as acts of omission, including slow or inadequate responses to pressing health issues, these concerns are pronounced.²

Of particular concern to the GLRL is a practice which is neither evidence-based, nor supported by major professional bodies, and which is linked to avoidable psychological morbidity in lesbian, gay, bisexual and trans people, namely 'conversion therapy'.³ Conversion therapy involves attempts to re-orient a person's sexual orientation or gender identity, supposedly underpinned by a religious ethos. It has been reported as being associated with poor mental health outcomes, including intentional self-harm, and

¹ World Health Organization Executive Board (2014). EB 134/25: Provisional agenda item 9.2: Substandard/spurious/false-labelled/ falsified/counterfeit medical products.

² Logie C (2012). The case for the World Health Organization's Commission on the Social Determinants of Health to address sexual orientation. *American Journal of Public Health*, 102: 1243-1246.

³ American Psychological Association (2012). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington DC: American Psychological Association.



suicide, yet is still practiced in different guises.⁴ For example, in a report on gaps in access to domestic violence services in New South Wales, one participant recounted an experience of seeking assistance from a religious organisation, only to be referred to a 'conversion therapy' group instead.⁵ Referring to the organisation's caseworker, the participant asserted that:

"He had absolutely no knowledge about the relationship issues but he referred me to (generic community organisation) which is some sort of Christian therapy course to change people's sexual orientation. He was treating my sexuality as if it were the issue. I was very traumatised. When I went to him in very, very deep distress he interpreted that distress as an experience of guilt and shame (about my sexuality)."

The participant further commented:

"[I]t's run by a priest who says he has 'recovered from same sex attraction.' This counsellor seemed to have lumped into the same box that all same-sex attraction was part of the same problem. He was talking about this priest being 'attracted to boys'. It had a flavour of recovering from paedophilia like we're all in the same box."⁶

Such instances, particularly where they occur in the context of service provision, mark a significant departure from acceptable standards of care in cases involving domestic violence, for instance, and represent an unacceptable subversion of the terms of funding agreements. The fact that religious service providers are largely able to enjoy exceptions for such conduct under State and Federal anti-discrimination law only exacerbates these issues, with people who experience such treatment having no protections or recourse to other action, often at a time when they are most vulnerable. We argue that organisations that conduct themselves in this manner and receive State funding should be investigated, and if conduct persists, or is not rectified, be de-funded. We note that this is ultimately a decision for a particular funding body, but that adverse findings by other statutory bodies can assist in expediting this process.

We accordingly support measures that provide further oversight for the Health Care Complaints Commission, particularly those that ensure that service providers adhere to current standards of best practice and do not deviate to demonstrably inadequate and unacceptable models of service provision masquerading as 'health care'. In this respect, we also welcome the recent amendments through the *Health Care Complaints Act 1993* (NSW) that enable the Commission to investigate the delivery of health services by a provider that directly affects the care or clinical management of a client and that may not arise from a singular complaint. We note that, encouragingly, this may lead to attempts to address systemic issues, rather than merely individual complaints, notwithstanding their own merits.

⁴ Burton-Bradley, R. (2012). Gay conversion therapy goes unregulated, *Star Observer*,

<http://www.starobserver.com.au/news/local-news/new-south-wales-news/gay-conversion-therapy-goes-unregulated/87539>

⁵ Constable, A., De Castro, N., Knapman, R. & Baulch, M. (2011). One Size Does Not Fit All: Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs. Sydney: ACON Anti-Violence Project, p.23

⁶ Ibid.



Gay & Lesbian Rights Lobby

Should the Committee wish to engage further with us concerning the issues raised in this submission, please feel free to contact our Policy and Project Officer, Jed Horner, on [REDACTED], or via email [REDACTED]

Yours faithfully,

Justin Koonin

**Convenor
NSW Gay & Lesbian Rights Lobby**