

**Australian Catholic Bishops Conference  
Bishops' Commission for Doctrine and Morals**

**Preliminary Advice on Pregnancy Support and Counselling Services**

**Preamble**

The public debate over abortion over the past two years in Australia has highlighted a national consensus that abortion numbers are too high. In response to this the Federal Government announced in March that it would provide funding for a 24-hour a day National Pregnancy Support Telephone Helpline to provide information on the full range of support services to women who are anxious about their pregnancy. The Government also announced new Medicare funding for general practitioners, and other health professionals on referral, to counsel pregnant women on all their options. General practitioners and health professionals will have to complete training modules and be accredited to be eligible for this funding. They will also be required to be independent of abortion providers.

This initiative to expand the sources of information and support available to pregnant women is to be welcomed. Too often in the past the only option presented to women who are worried by their pregnancy has been abortion, and too many counselling services have had organisational and financial links to abortion providers. This has not served women well and has not helped to reduce abortion numbers.

In light of the Government's announcement it is necessary to clarify the ethical principles that will determine the participation of Catholic agencies and other groups in this program. It is important to support a new system that will reduce abortion advocacy in pregnancy counselling and ensure that the counselling is provided by independent and professional counsellors. Catholic agencies also have an important role in post-abortion or post-pregnancy counselling, facilitating healing by helping women understand what happened, by assisting with grief and by enabling them to make good decisions in the future.

The object of the new Federal Government program is clearly to give women greater opportunity to make reasonable decisions, to increase the range of options other than abortion offered to them, and so to reduce the number of abortions. But where alternatives to abortion have been presented counsellors may be required to provide a woman with a list of accredited medical practitioners for further independent advice.

Is it possible for Catholic agencies to take part in such a program? Pope John Paul II's direction to elected officials might be applied analogically to Church agencies:

... when it is not possible to overturn or completely abrogate a pro-abortion law, an elected official, whose absolute personal opposition to procured abortion was well known, could licitly support proposals aimed at limiting the harm done by such a law and at lessening its negative consequences at the level of general opinion and public morality. This does not in fact represent an illicit cooperation with an unjust law, but rather a legitimate and proper attempt to limit its evil aspects (*Evangelium Vitae* s73).

## **Ethical Principles for Pregnancy Support and Counselling**

1. Pregnancy support has two components:
  - a) Counselling to assist with decision-making; and
  - b) On-going advice, material, emotional and spiritual support during pregnancy
2. The aims of decision-making counselling are distinct from pre-procedure counselling. Pre-procedure counselling is for a person who has decided on a course of action and is being guided in what to expect during and after the procedure.
3. Decision-making counselling is client-centred and non-directive and aims to assist a person to make a decision by:
  - a) Providing emotional support, time and space so that the client can make a decision that is reflective rather than panicked;
  - b) Assisting a client to talk through the problem(s) facing her by examining options and their implications for the client's own values;
  - c) Assisting the client to clarify her own sense of self in relation to a new problem and to make reasonable decisions for herself about what she wants now and in the long term;
  - d) Assisting the client to make reasonable decisions in relation to others;
  - e) Informing and exploring with the client the availability of emotional and other support;
  - f) Indicating to the client the need to seek medical or other professional services in relation to her pregnancy and encouraging her to seek that assistance from her own doctor or from another doctor or professional.
4. Decision-making counselling ought not to attempt to direct the patient in relation to her pregnancy or toward any particular decision. The client is most likely to make a good choice if the counsellor serves to reduce the sense of panic and urgency and instead assist the client to regain control of her own circumstances. The aim is to give her greater confidence in being able to cope with pregnancy and to assist her to make a reasonable decision for herself. This provides the best chance of a life-affirming choice.
5. Counselling is an engagement of client and counsellor, of two people. Professional counselling is client-centered, but it is an engagement of the counsellor as a person who cannot be required to act contrary to her own conscience. It may be that in that engagement the client asks the counsellor's view and it may be reasonable in those circumstances for the counsellor to reveal her own view, while stressing that professionally her role is to assist the client to make her own reasonable decision after informed discussion.
6. Pregnancy counselling does not direct the client to obtain a particular service, but does discuss the available options. It is appropriate in circumstances in which abortion is available that the counsellor discuss this option and provide information about what may be involved in abortion, including demonstrated risks and ill-effects. However, referral for a medical procedure is done after medical assessment and is not the task of a pregnancy support agency. It would also

compromise the role of a decision-making counsellor if part of the role were to be a referral agency for medical procedures.

7. Providing information about pregnancy, about available support and about the stage of development of the foetus would be important matters to discuss in relation to providing an informed basis for making a decision.
8. A Catholic pregnancy support agency may apply for and accept Government funding for counselling provided that:
  - a) The funding does not require the counsellor to refer for or actively encourage abortion procedures;
  - b) The agency can undertake decision-making counselling, including discussion of abortion as an available option, but is not required to recommend abortion;
  - c) Funding conditions do not require the agency to certify that counselling has taken place in order to facilitate access to abortion services or in any other way require the agency to facilitate access to abortion services;
  - d) The agency is able periodically to assess that funding conditions do not prevent it from meeting the requirements of Catholic Health Australia's *Code of Ethical Standards* (2001) in its services, and permit it to renegotiate its agreement with the Government, or if necessary withdraw from it without penalty, when it is being prevented from meeting these ethical requirements.
9. A pregnant woman normally seeks medical assessment of her condition whether or not she is seeking abortion. It is not necessary for a Catholic agency to know whether or not the client's doctor is or is not pro-life. Any advice that the client seek medical assessment and/or management ought only be a recommendation for medical care, not for a particular service. That recommendation, therefore, may be made even if the client has indicated that she is seeking abortion. The recommendation provides scope for further professional advice and assessment and the resolution of any ambivalence or confusion, and is thus consistent with being supportive of the woman herself and of her taking time to make a reflective decision.
10. A Catholic agency may direct clients to a register of doctors accredited in pregnancy support counselling, provided that there was no requirement for those on the register to refer for abortion and provided that the agency was not required to endorse the register.
11. Due to the risk of compromised witness or public scandal, the prudential advice of the Bishops' Commission for Doctrine and Morals is that no Catholic agency should join a consortium with another agency which directly refers for abortion.

+ George Card. Pell.

Chairman  
ACBC Bishops' Commission for Doctrine and Morals

8 September 2006