

Pro-life Health Professionals Australia
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20th May 2025

Dr Kathryn Austin
AMA NSW President
Email: kate.benson@amansw.com.au

Dear Dr Austin,

We write to AMA NSW with serious concern regarding the media statement issued on 13 May 2025, titled “*No place for misinformation in healthcare.*”

In the statement, the AMA NSW alleges that those opposing the proposed abortion expansion bill are “circulating misinformation regarding the safety of the drugs involved.” However, no examples, sources, or specific claims are provided to substantiate this accusation. Such a statement warrants evidence, particularly when it is being used to influence public opinion and the decisions of elected officials.

If there are specific examples of misinformation, the public and AMA members deserve transparency. Without it, this appears to be a vague and unsubstantiated attempt to discredit legitimate clinical and ethical concerns raised by others within the medical community — including amongst AMA NSW members.

Pro-life Health Professionals Australia has been contacted by AMA NSW members who were unaware of the AMA's formal support for expanding abortion access and do not share this position. This dissonance raises critical questions about the organisation's internal consultation processes and the validity of the claim to represent “the profession” on such a deeply contested issue.

Furthermore, the statement asserts that “abortion services are basic healthcare.” This characterisation is philosophically, scientifically, and ethically contentious. Health care, by definition, is the preservation, restoration, or improvement of health. Abortion intentionally ends the life of a distinct, living human being in-utero. It does not restore health but ends one life and, leaves profound physical and psychological consequences on the mother including increased mortality, as demonstrated in systematic reviews^{1,2}, large population studies³, including interstate data recording higher maternal suicide rates following termination of pregnancy⁴.

AMA has historically taken a cautious and principled stance regarding the expansion of nurse practitioner and midwife roles, in particular independent prescribing. Over the past two decades, the AMA has consistently supported these practitioners working to their full scope only within collaborative, medically-supervised models. The association has firmly opposed independent prescribing and practice⁵—particularly when linked

¹ Reardon DC. [The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities](#). SAGE Open Med. 2018 Oct 29;6:2050312118807624. doi: 10.1177/2050312118807624. PMID: 30397472; PMCID: PMC6207970.

² Reardon DC, Thorp JM. [Pregnancy associated death in record linkage studies relative to delivery, termination of pregnancy, and natural losses: A systematic review with a narrative synthesis and meta-analysis](#). SAGE Open Med. 2017 Nov 13;5:2050312117740490. doi: 10.1177/2050312117740490. PMID: 29163945; PMCID: PMC5692130.

³ Auger N, Ghadirian M, Low N, Healy-Profittós J, Wei SQ. [Premature mortality after pregnancy loss: Trends at 1, 5, 10 years, and beyond](#). Eur J Obstet Gynecol Reprod Biol. 2021 Dec;267:155-160. doi: 10.1016/j.ejogrb.2021.10.033. Epub 2021 Nov 1. PMID: 34773878.

⁴ Modini C, Leske S, Roberts S, Whelan N, Chitakis A, Crompton D, Ellwood D. [Maternal deaths by suicide in Queensland, Australia, 2004-2017: an analysis of maternal demographic, psychosocial and clinical characteristics](#). Arch Womens Ment Health. 2021 Dec;24(6):1019-1025. doi: 10.1007/s00737-021-01107-6. Epub 2021 Jun 22. PMID: 34159468; PMCID: PMC8585828.

⁵ [AMA 10 Minimum Standards for Prescribing | Australian Medical Association](#)

to public funding mechanisms such as the MBS and PBS—on the grounds of patient safety, care continuity, and system integrity. It is therefore deeply inconsistent and troubling, that the AMA endorses a legislative change that permits nurse practitioners and endorsed midwives to prescribe abortion drugs, outside the safeguards of its own preferred framework.

We ask the following:

1. **What evidence does the AMA NSW have of misinformation being spread by those who oppose this bill? Will these claims be public and open to independent scrutiny?**
2. **Has AMA NSW surveyed its membership to determine what proportion supports abortion as “basic healthcare”? If so, can this data be shared? If not, on what basis does AMA NSW claim this position as representative?**

Many healthcare professionals in Australia — across specialties and ideologies — believe that the moral status of abortion is not settled, and that a blanket affirmation of this process as “healthcare” is both scientifically reductive and ethically inappropriate.

As such, we urge AMA NSW to reconsider its framing, to provide transparency in its evidence and process, and to allow for conscientious diversity among its members, on matters as grave as abortion.

We look forward to your response.

Kind Regards,



Dr Melissa Lai
Neonatologist
Director



Dr Simon McCaffrey
Obstetrician and Gynaecologist
Deputy Director



Professor Gerald Fogarty
Radiation Oncologist
Executive Member
AMA NSW member

And the PHPA Executive Team