



welcoming LGBTIQ+ people, same-sex couples and families,
in all areas of the Church's life, ministry and leadership
[PO Box 6173 North Ryde NSW 2113](#)

2 October 2019

The Hon Christian Porter MP
Attorney-General of Australia
Parliament House
Canberra ACT 2600

Via email FoRConsultation@ag.gov.au

Dear Attorney-General,

Re: Exposure Drafts on Religious Freedom and Associated Legislation

Thank you for the opportunity to provide our comments in response to the exposure draft.

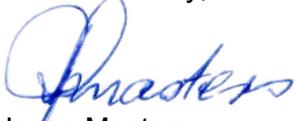
The Uniting Church LGBTIQ+ Network (hereafter 'Uniting Network') is an independent national network in the Uniting Church in Australia (UCA). We are an officially recognised network of the UCA and work within the structures and various Councils of the UCA, but we do not represent or speak for the UCA.

In the following paper we will provide details on our concerns with the draft legislation.

Our submission is not confidential and may be published on the Department's website.

We are willing to meet with you and your team to discuss our concerns in greater detail.

Yours sincerely,



Jason Masters
National Secretary

Dr Deidre Palmer, National President, the Uniting Church in Australia
Ms Colleen Geyer, General Secretary, National Assembly, the Uniting Church in Australia
Uniting Church LGBTIQ+ Network, National Executive



**UNITING CHURCH LGBTQ+ NETWORK
SUBMISSION
IN RELATION
RELIGIOUS FREEDOM BILLS
EXPOSURE DRAFTS**

October 2019



TABLE OF CONTENTS

1. Summary of Recommendations	3
2. Preliminary Comments - Process	7
3. Uniting Network and Uniting Church– Support for Human Rights including Religious Freedom	8
4. Human Rights Legislation Amendment (Freedom of Religion) Bill 2019	11
5. Religious Discrimination Bill 2019	12
5.1 The Objects of the Act	12
Case Study 1 – Religious Allegiance “Required” for Promotion	12
5.2 Existing Religious Freedoms	12
5.3 Limited Controls in relation to Indirect Discrimination	12
Case Study 1 – Youth suicide attempt	13
Scenario I – Workplace communications	14
Scenario ii – Workplace communications	14
5.4 Health Practitioners – Section 8 (5) and (6)	15
Case Study 2 – Doctor providing religious comments to young gay patient	16
Case Study 3 – Psychiatrist making religious judgment to vulnerable lesbian patient	16
Case Study 4 – HCCC successful complaint against doctors religious comments	16
Case Study 5 – Recent Italian case of doctor providing gay conversion material	21
Scenario iii – Young gay man in rural location seeking PreP	21
Scenario iv – Women seeking “morning after pill” in remote location	21
Scenario v – Travelling transgender person requiring hormones	22
5.5 Religious Bodies – Corporate Entities – Clause 10	23
5.6 Inconsistency – Clause 18	28
5.7 Counselling, promoting etc a serious offence – Clause 27	29
5.8 Clause 41 – Impact on Other Laws/Jurisdiction	29
5.9 Part 6 (Clauses 45 - 53 –Freedom of Religion Commissioner	29
5.10 Clause 39 – Variations and Revocations of Exemptions	30
6. Cost Impact of the Legislation	30
7. Final Comments	31

<i>Appendix 1 – Analysis of the “Good medical practice: a code of conduct for doctors in Australia”</i>	32
<i>Endnotes</i>	34

1. Summary of Recommendations

The following are our recommendations. Please note that the recommendation number refer to the paragraphs in this submission and not a clause or section in a bill.

Recommendation 2.1: Given the potential impact of this proposed legalisation, it is our view there should be a full public inquiry that is open and transparent covering in further details (i) the need for such legislation, (ii) the breadth of the levels of religious protection to be afforded in society, (iii) the process for resolving competing rights, (iv) to consider those rights that are based on existence (such as sexuality, race, disability, sexual orientation), to those that are based on a choice (religion) and the hierarchy of rights in the event of competing rights.

Recommendation 3.1: All of the discrimination bills should be reviewed and incorporated into a Bill of Human Rights, which would be consistent with Australia's international obligations.

Recommendation 3.1: All of the discrimination bills should be reviewed and incorporated into a Bill of Human Rights, which would be consistent with Australia's international obligations.

Recommendation 5.1.1: That the Objectives of the Act should be expanded to specifically state the extent of the use of the Act, provide limitations against discriminating towards a person who does not hold a particular or any religious beliefs, and that outside of a religious organisation, religious beliefs should not be used to discriminate against other persons.

Recommendation 5.2.1: That this bill be delayed and reconsidered with the ALRC review, when it has been provided to the Government and considered through appropriate consultation with the public.

Recommendation 5.3.1: Section 8 (3) and (4) be deleted as they are not necessary and can lead to significant unintended consequences.

Recommendation 5.3.2: If the Government is not willing to delete Section 8 (4), then Section 8 (4) (b) be amended to read "that would, or is likely to, offend, insult, humiliate, harass, vilify or incite hatred or violence against another person or group of persons"

Recommendation 5.3.3: If the Government is not willing to delete Section 8 (3), that Section 8.3 be reviewed to provide appropriate balance for businesses to protect their values, and that employees who have gained a higher profile due to their employment do have a higher level of responsibility to their employers.

Recommendation 5.3.4 Section 31 (6) be deleted as the clause is not necessary and could lead to unintended consequences.

Recommendation 5.4.1: Removal of Section 8 (5) and (6) as these matters are clearly the domain and responsibility of the States and Territories, and health practitioner exemptions should be constrained to minimal exemptions as has been the current practice across Australia

Recommendation 5.4.2: Removal of Section 8 (5) and (6) as it provides a precedent in Commonwealth law for discrimination against a class of citizens based on religious beliefs.

Recommendation 5.4.3: Should the Government not agree to remove sections 8(5) and (6) then we strongly recommend the following additions be added to the Bill as a minimum:

a) A health practitioner who holds religious belief conscientious objection to the provision of health services, a registered health practitioner is under a duty to perform all medical services in an emergency where it is necessary to preserve the life of the person or to prevent any significant harm.

b) A health practitioner who holds religious belief conscientious objection to the provision of certain services or to the provision of services to person, must provide the services if there is no alternative health practitioner reasonably located to the patient.

c) A health practitioner who holds religious belief conscientious objection to the provision of certain services or to the provision of services to person, must provide a referral to an alternative health practitioner that is reasonably located to the patient.

d) A health practitioner who holds religious belief conscientious objection to the provision of certain services or to the provision of services to persons, must advise every patient at the time of an appointment or being put on a patient list, of any limitation to the services that they will provide. [This will permit the patient to seek an appointment with another practitioner and avoid potential costs resulting from attending a health professional appointment only to not have the services provided]

e) That this Act does not permit health practitioners to provide religious based comments to patients as part of their consultation.

Recommendation 5.4.4: Removal of clause 31(7) which is an unreasonable limitation on health service providers.

Recommendation 5.5.1: Removal of Section 10 as a non-natural person/corporate entity cannot in the ordinary concept of discrimination be discriminated against, and discrimination is in the ordinary process that impacts a natural person.

Recommendation 5.5.2: If the removal of Section 10 is not accepted by the Government, then the bill be significantly redrafted to limit the rights of a religious organisation to cause direct or indirect harm to a person in the context of their religious beliefs, and in particular young people.

Recommendation 5.5.3: If the removal of Section 10 is not accepted by the Government, then there needs to be significant work to better define a religious organisation.

Recommendation 5.5.4: If the removal of Section 10 is not accepted by the Government, then there should be additional wording to expressly state that this act does not limit or override other discrimination laws, and where there is a conflict, the other discrimination laws are superior (ie discrimination against an existence (race, gender, disability, sexual orientation etc) is more serious than discrimination against a belief).

Recommendation 5.5.5: If the removal of Section 10 is not accepted by the Government, then replace the very general “in conduct that may reasonably be regarded as being in accordance” with tighter wording such as “in conformity with” or the like, consistent with other discrimination Acts and represents a consistent standard.

Recommendation 5.6.1: That the Religious Discrimination (Consequential Amendments) Bill 2019 be amended to remove the ability for religious educational organisations to discriminate against students (for example LGBTIQ+ student.)

Recommendation 5.7.1: That there be further consultation and consideration on the purpose and breadth of this clause.

Recommendation 5.8.1: That Clause 41 be removed from the final version of the Bill.

Recommendation 5.9.1: That the Freedom of Religion Commissioner part be deleted (Part 6, clauses 45 – 53). In the event that there is significant additional workload for the Commission, then an amendment to the Act and budget allocation be contemplated.

Recommendation 5.9.2: If the Government does not agree to the removal of Part 6, clauses 45 – 53, then the additional Commission and an LGBTIQ+ Right Commissioner should be appointed to protect the human rights of LGBTIQ+ people and to assist the Commission in dealing with competing rights between religious people and organisations and LGBTIQ+ people.

Recommendation 6.1: That there be further analysis on the cost implications of actions under this and related acts (both State/Territory and Federal), and the Bill be delayed until this is understood and the cost implications minimised.

2. Preliminary Comments - Process

Uniting Network has previously expressed our concerns you yourself and the Prime Minister in respect to the short period provided to respond to the Exposure Drafts on Religious Freedom Bills, which were released on 29 August 2019 with just over four weeks for comments.

We appreciate that the Prime Minister went to the election with a concept of Religious Freedom legislation, as a follow on from the Ruddock Enquiry. Further, we note that the Ruddock Report was only made available to the public in late 2018, with little consultation on the recommendations of that report.

As an overall principle, we support the concept of religious discrimination protection. However we note that any freedom, privilege or protection from discrimination does have an element of balancing competing rights, and we believe that the exposure draft fails in that balance of competing rights.

The exposure draft bills have a high level of legal complexity and the inter-relationship between the three bills and their impact on various Federal and State legislation adds significantly to the ability to analyse all implications of the bills and their potential consequences. As a small self-funded organisation, with very limited resources, we have not been able to obtain the necessary legal resources to make a fully considered submission. Where possible, we have taken as input, commentary from other organisations who may also be making submissions. That being said, this submission is our own position and not that of any other organisation.

This legislation will make significant changes in the rights for and against people holding religious views, as well as potentially significant negative consequences for other members of the community.

To that end it is our contention that the bills as presented in the exposure draft have significant ramifications, not only for the LGBTIQ+ community, but also other groups, including women, single parent families, people with disabilities and people of different cultural backgrounds.

Consequently, we believe that the period for consultation needs to be significantly extended, to allow for the Government's drafting staff to have full and effective consultation with all communities, and to minimise the risk of unintended negative consequences to members of the Australian public.

Recommendation 2.1: Given the potential impact of this proposed legalisation, it is our view there should be a full public inquiry that is open and transparent covering in further details (i) the need for such legislation, (ii) the breadth of the levels of religious protection to be afforded in society, (iii) the process for resolving competing rights, (iv) to consider those rights that are based on existence (such as sexuality, race, disability, sexual orientation), to those that are based on a choice (religion) and the hierarchy of rights in the event of competing rights.

37 **3. Uniting Network and Uniting Church– Support for Human Rights**
38 **including Religious Freedom**

39 Whilst we speak only on behalf of Uniting Network, as members of the Uniting Church in Australia
40 (UCA), we are able to call up and references rules, decision, policies etc of the UCA. To that
41 extent we note that:

42 The national Assembly of the Uniting Church in Australia has made a number of statements
43 concerning the dignity and rights of the human person as understood within the Christian traditionⁱ
44 In 2006 the Assembly affirmed:

45 *...the Uniting Church believes that every person is precious and entitled to live with dignity*
46 *because they are God's children, and that each person's life and rights need to be*
47 *protected or the human community (and its reflection of God) and all people are*
48 *diminished.ⁱⁱ*

49 The Christian understanding of human rights is grounded in biblical teaching and the doctrine of
50 God. This doctrine does not provide an automatic movement to or juxtaposition in terms of
51 appropriate policy and legislation in the twenty-first century. But, as articulated by the Uniting
52 Church Assembly, to deny or restrict human rights in any manner, would require the most rigorous
53 analysis and justification. The onus is on the advocates of limiting human rights to establish their
54 case. In the current circumstances, there would need to be robust arguments to defend any further
55 denial of the human rights of other Australians in the name of “religious freedom”.

56 The UCA Assembly has also supported the range of international treaties and declarations
57 including the Universal Declaration of Human Rights ([UDHR] 1948) which states that “everyone
58 has the right to freedom of thought, conscience and religion”, and this includes freedom to practice
59 religion and to change it.ⁱⁱⁱ We note that this right is also reflected in the 1976 International
60 Covenant on Civil and Political Rights (ICCPR) and the 1966 International Covenant on Economic,
61 Social and Cultural Rights.

62 The UCA policies are consistent with churches around the world. On the fiftieth anniversary of the
63 passing of the UDHR the World Council of Churches called for defending human rights which is
64 sensitive to different religions, cultures and traditions, and includes:

65 *...the equal rights of young and old, of women and men, and of all persons irrespective of*
66 *their origin or condition.^{iv}*

67 In 1993 the UCA Assembly endorsed the 1981 Declaration on the Elimination of All Forms of
68 Intolerance and Discrimination based on Religion or Belief, and endorsed the actions of the then
69 Commonwealth Government to amending Section 47 of the Human Rights and Equal Opportunity
70 Act.^v Whether this is sufficient protection is the issue of whether there is a need for explicit
71 statutory protection for religious (and non-religious) belief and how best to achieve that, such as in
72 a national bill or charter of rights.

73 In 2008 the Standing Committee of the UCA national Assembly declared its support for:

74 *...a national human rights charter that is born from widespread and effective community and*
75 *stakeholder consultation.^{vi}*

76 A key clause in the Declaration on the Elimination of All Forms of Intolerance and Discrimination
77 based on Religion or Belief is number three in Article 1 which states:

78 *Freedom to manifest one's religion or beliefs may be subject only to such limitations as are*
79 *prescribed by law and are necessary to protect public safety, order, health or morals or the*
80 *fundamental rights and freedoms of others.*

81 Prior to the introduction of the Marriage Amendment Bill in late 2017, a Senate Inquiry had been
82 held, including public submissions. The Uniting Network made a submission and appeared before
83 that Senate inquiry. It is our understanding that the Marriage Act in no way undermines protections
84 for religions to conduct marriages in accord with their own doctrines, policies and procedures.

85 In the case of the Uniting Church in Australia, following the passage of the Marriage Amendment
86 (Definition and Religious Freedoms) Act 2017 the General Secretary of the UCA wrote to all UCA
87 marriage celebrants advising them that they were not able to officiate at same-sex marriages. That
88 is the case even though numbers of ordained Ministers had been asked to and would wish to
89 officiate at same-sex marriages.

90 Subsequently, at the UCA Assembly in 2018, the Assembly determined that there would be two
91 marriage rites, almost identical, with one being unchanged from the prior wording and the
92 additional rite being the same except for replacing 'man and a woman' with 'two persons'. The
93 determination also allows Minister the choice of which rite they would use for marriage (ie they
94 could choose to only marry a man and a woman, or marry any two persons legally allowed to be
95 married). Also a Parish, which has oversight of the Church's property in a particular location can
96 decide if they would allow a marriage to be performed in that property using the second rite.

97 Since the early 1980s the Uniting Church has been engaged in new understandings of human
98 sexuality in general and homosexuality in particular.^{vii} For example, the polity of the UCA permits
99 openly LGBTIQ+ people, including those living in same-sex relationships to be ordained as
100 Ministers and to be appointed to the full range of UCA ministry positions. UCA Ministers in
101 congregations with a particular ministry with LGBTIQ+ people regularly conduct services of prayers
102 and blessings for same-sex couples. This was permitted under UCA polity but was not a marriage
103 service but permitted prior to the 2018 Assembly decision.^{viii}

104 For the purposes of your consideration of these proposed Bills, this example from the Uniting
105 Church illustrates the fact that the changes to the Marriage Act in 2017 have not infringed on
106 religious freedom protections with regard to religious marriage. Therefore, we can see no argument
107 for the creation or extension of any laws which discriminate against LGBTIQ+ or any other
108 Australians in employment or the delivery of goods and services such as education, housing, social
109 welfare and healthcare. It further underlines the important point that within different religious
110 groupings and denominations, there can be the same diversity of opinion on matters to do with
111 minority groups and various policies as there is in the wider community.

112 The Uniting Church was represented at the November 2015 Australian Human Rights Commission
113 Religious Freedom Roundtable, at which 25 different belief communities were represented.^{ix} There
114 are a number of points which emerged from that Roundtable with particular relevance in balancing
115 religious freedom protections and human rights protections for LGBTIQ+ people.

116 As noted at the Roundtable and in various international Declarations, the right to religious freedom
117 intersects with other human rights, particularly the rights to freedom of expression, freedom of
118 association and freedom of assembly. If religions and religious practices can interconnect, intersect
119 and be in tension with ethnicity, culture and racial discrimination then the same is true for sexual
120 orientation, gender identity and intersex (SOGII) status.

121 In balancing individual and collective rights, we should not force people to act against their
122 conscience. The role of government and legislation should be to establish clear boundaries for
123 legally enforceable behaviour and not to exacerbate social disharmony.^x It does not seem helpful,
124 respectful or harmonious, to suggest that there could be a hierarchy of rights, with LGBTIQ+

125 people being denied some human rights in order to protect a suggested more fundamental right
126 such as freedom of religion.

127 There are already a large number of exemptions for faith-based organisations in the provision of
128 education, healthcare, housing and other services, even though the overwhelming majority of
129 those services receive substantial taxpayer funds. In the overwhelming majority of cases it is very
130 difficult to see the link between a discriminatory practice and what is described as ‘religious
131 freedom’.

132 More importantly, most of these exemptions, particularly in the area of health, are appropriately
133 controlled through detailed state legislation and one impact of these Bills would be to override
134 these controls and provide open ended exemptions in the area of health care.

135 In healthcare, for example, if a patient presents with a medical condition (eg diabetes) at a faith-
136 based facility, first principles would suggest the individual be treated for the presenting medical
137 condition. Refusing to treat a person with diabetes solely on the grounds that they are an LGBTIQ
138 person or a single mother etc, would seem to be highly objectionable and contrary to widely held
139 medical ethics. There are a very small number of medical procedures, notably the termination of
140 pregnancy and euthanasia, where some faith-based institutions could argue that the procedure is
141 specifically contrary to the authoritative teachings of their religion.

142 The Uniting Church’s national agency, Uniting Justice Australia (UJA), supported the 2013
143 amendments to the Sex Discrimination Act to include sexual orientation, gender identity and
144 intersex (SOGII) status.^{xi} The same Church agency expressed reservations about the scope of the
145 exemptions for religious bodies. The UJA submission allowed limited areas where exemptions
146 might be maintained: the ordained ministry and significant leadership positions.^{xii}

147 In most, though not all cases, there are positions that are directly funded by the Church (not the
148 taxpayer) and are for purposes which are directly related to a specific religious purpose: for
149 example, the conduct of worship or hospital chaplaincy. They are, thus, intrinsically and
150 categorically different to a general purpose, such as teaching mathematics or providing social
151 housing, even if the mathematics is being taught within a faith-based school or the social housing
152 is owned and managed by a religious organisation.

153 To state the same position differently, if a particular religion or denomination wishes to exclude
154 women (or indigenous or LGBTIQ+ people) from the priesthood or the ordained ministry, there is
155 nothing in Australian law which prevents the religion or denomination from exercising that particular
156 religious freedom. But the delivery of services, the majority of which are publicly funded, is in a
157 different category. In the latter case, community norms of respect for universal human rights
158 override the particularities of the religion or denomination.

159 A different and improved balance was achieved in 2013 in one aspect of changes to the Sex
160 Discrimination Act with regard to SOGII status. Some discriminatory exemptions were reduced for
161 areas of service delivery in Aged Care. The idea that an ageing Australian could be refused
162 essential caring services solely for being LGBTIQ+ was rejected in the legislation, at the same time
163 as LGBTIQ+ people were added as a special need category for national Aged Care funding.

164 *Recommendation 3.1: All of the discrimination bills should be reviewed and incorporated into a Bill*
165 *of Human Rights, which would be consistent with Australia’s international obligations.*

166

167 4. Human Rights Legislation Amendment (Freedom of Religion) Bill
168 2019

169 It is our view that Section 47C (3) is unnecessary as it is already established in the Section 47B of
170 the Marriage Act 1962 (as amended), and if an educational institution is properly associated with a
171 religious organisation, consequently the remainder of Section 47C is unnecessary.

172 *Recommendation 4.1: That Section 7 of the Schedule is not required and should be removed.*

173

174 5. Religious Discrimination Bill 2019

175 5.1 The Objects of the Act

176 We contend that the objects as stated in the proposed Act fail to consider two areas:

- 177 • The rights of people not to be discriminated against for not holding a religious belief, and
- 178 • That people of a religious belief, outside of their organisation, should not be able to use
- 179 their religious belief to discriminate against other people.

180 It is our view that in providing a protection from discrimination for holding a religious belief is
181 important. It is equally important that the objective (and subsequent considerations in the Act)
182 should ensure that outside of a religious organisation, no one is discriminated against for not
183 holding a religious belief or holding to a particular religious belief.

184 *Case Study 1 – Religious Allegiance “Required” for Promotion*

185 *In railways in South Australian in the 1970’s (and potentially earlier), as I was told by*
186 *my father, it was well known that to obtain a promotion a person needed to be either a*
187 *member of the Catholic Church or a Freemason, so he became a Freemason.*

188 We also hold the view that outside of a religious organisation, a person holding religious beliefs
189 should not be able to use those religious beliefs to discriminate against another person.

190 Consequently, the Act should be clear to ensure that a person cannot use this Act so as to not
191 provide goods or services due to their religious beliefs, such as not providing photography services
192 to someone because of their religious belief.

193 *Recommendation 5.1.1: That the Objectives of the Act should be expanded to specifically state the*
194 *extent of the use of the Act, provide limitations against discriminating towards a person who does*
195 *not hold a particular or any religious beliefs, and that outside of a religious organisation, religious*
196 *beliefs should not be used to discriminate against other persons.*

197 5.2 Existing Religious Freedoms

198 There are already in existence a number of Religious Freedoms to discriminate (positive
199 discrimination by religious organisations) against classes of people, such as in the Sex
200 Discrimination Act 1984 (Cth) (SDA) and the Age Discrimination Act 2004 (Cth) (ADA). The SDA
201 for example allows religious educational organisations to positively discriminate against a class of
202 individuals, such as unmarried parents on staff, and LGBTIQ+ students. The Prime Minister on
203 multiple occasions has stated his intention to remove these positive discriminations against
204 students and undertake further inquiry in relation to staff, and some of these matters have been
205 referred to the Australian Law Reform Commission.

206 *Recommendation 5.2.1: That this bill be delayed and reconsidered with the ALRC review, when it*
207 *has been provided to the Government and considered through appropriate consultation with the*
208 *public.*

209 5.3 Limited Controls in relation to Indirect Discrimination

210 Section 8 provides an outline to indirect discrimination, and in subsection (3)(b) it outlines that an
211 employer cannot use a document such as a “code of conduct” to limit a person’s religious freedom;
212 “would have the effect of restricting or preventing an employee of the employer from making a

213 *statement of belief at a time other than when the employee is performing work on behalf of the*
214 *employer;”*

215 There is a balancing control in subsection (4) that subsection (3) would apply in the event that it is
216 “malicious” or “harass, vilify or incite hatred or violence against another person or group of
217 persons”. However, other discrimination Acts have a different standard, such as the Racial
218 Discrimination Act (RCA) which uses the concepts of “offend, insult, humiliate or intimidate another
219 person or a group of people”

220 It is our view that there should be a consistency in discrimination law, and that the standard in the
221 RCA is a standard that should be included in this legislation.

222 The arbitrary nature of this clause (and related clauses) creates this concept of “unjustifiable
223 financial hardship”. It is our view that such a clause is unreasonable, and the benchmark is too
224 high.

225 The issue is further compounded when a person’s profile becomes significantly larger in the public
226 domain as a consequence of the opportunity provided to them by their employer. The proposed bill
227 does not in our view find the balance between the values set by the organisation (such as full
228 inclusion) and those that might be exposed by their employee, using the profile gained as a benefit
229 of their employment.

230 *Case Study 1 – Youth suicide attempt*

231 *We refer you to a situation where a 12 year old boy attempted suicide as a result of a*
232 *high profile sports person tweeting negative comments in relation to the boys sexual*
233 *orientation^{xiii}.*

234 *“My question is...’*

235 *He paused and then his voice got so quiet that I had to lean in to hear him.*

236 *‘My question is does God make mistakes, and am I just a mistake?’*

237 *It took all I had not to cry with him.*

238 *He kept going. ‘Israel Folau says that I am going to hell with the drunks and liars and*
239 *thieves and other bad people. I am only twelve and I am trying my best. I thought God*
240 *loved me but now I don’t know anymore. I just feel bad and ashamed. I don’t know*
241 *what to do.’*

242 *Then he said the thing that made my heart stop.*

243 *‘It makes me feel so bad that I wish I was dead. I think everyone might be better off*
244 *without me if I can’t fix this problem.’*

245 *I rang his mum, Julie. She came straight over and I supported Matt while he had a very*
246 *hard conversation with his mum about his sexuality. Both of them cried and we all*
247 *hugged and Julie promised her son that she still loved him and that everything would*
248 *be okay.*

249 *Then Julie sent Matt downstairs to put his bike on the racks on the back of her car. ‘I’ve*
250 *thought that he might be gay ever since he was two or three,’ she said. ‘And of course*

251 *his Dad will be okay with it. It's 2019. We're a modern family. All we want for our boys*
252 *is that they are healthy and happy.'*

253 *'Did you know he's been thinking about harming himself?' I asked.*

254 *Julie went pale. 'No,' she said, her eyes filling with tears. 'Okay, thanks for letting me*
255 *know. I'll take him home now and we'll get this sorted.'* We hugged again and she
256 *drove away. ...*

257 *Julie rang me late yesterday. Matt is in hospital after a suicide attempt. He's twelve.*
258 *He's a great kid who has been terribly distressed by everything that is happening right*
259 *now about Israel Folau's fight with Rugby Australia over Folau's right to freedom of*
260 *speech, and about Matt's idol's continued stance on homosexuality as a sin against*
261 *God.*

262 _____
263 *In a subsequent post, the author provided an update^{xiv}:*

264 *"PS – I'm grateful for the outpouring of love and support for Matt and his family, and for*
265 *the kindness and care you've shown me after yesterday's post. Matt is off life support,*
266 *but still in ICU. He's stable and he and his family are being well looked after."*

267 We note that the proposed legislation allows for religious organisations to make claim of
268 discrimination (see discussion below with which we disagree). However there is no equal right or
269 limited rights for businesses when harmed by their employees using religious freedom to
270 negatively impact their values and position in public.

271 We see the potential for unintended consequences in the Act, allowing religious people to
272 communicate to fellow employees in a manner that may not be in accordance with their employers
273 code of conduct.. The employer may not be able to take appropriate action to protect the affected
274 employee, not take action against the originating employee, particularly in interrelationship of these
275 clauses and Section 13 (2).

276 *Scenario I – Workplace communications*

277 *An employee sends to another employee from their personal email account an email*
278 *daily that because they are a single mother that they are inappropriate parents.*

280 *Scenario ii – Workplace communications*

281 *An employee communicates daily, out of hours, via connected social media systems*
282 *(work and private) to an LGBTIQ+ employee that they are praying for them every day*
283 *that they will be made whole as a straight person.*

284 More importantly, it appears to us that this clause moves away from a principles-based
285 discrimination law. Additionally, the use of the language 'unjustifiable hardship', which may have
286 reasonable usage in say the Disability Discrimination Act (DDA), where there may be unjustifiable
287 hardship for a company to make alterations to a building. There is a clear principle at play here, it
288 is our contention that use of unjustifiable hardship in the context of this Bill does not appropriately
289 translate from the DDA to the area of religious discrimination. Further, the concept in the DDA

290 provides a minimum standard that an employer needs to establish in order to not respond to a
291 discrimination action, whereas in this bill, the concept is somewhat flipped.

292 Associated with this section is Section 31(6) which we view is not appropriate nor necessary.

293 *Recommendation 5.3.1: Section 8 (3) and (4) be deleted as they are not necessary and can lead to*
294 *significant unintended consequences.*

295

296 *Recommendation 5.3.2: If the Government is not willing to delete Section 8 (4), then Section 8 (4)*
297 *(b) be amended to read “that would, or is likely to, offend, insult, humiliate, harass, vilify or incite*
298 *hatred or violence against another person or group of persons”*

299

300 *Recommendation 5.3.3: If the Government is not willing to delete Section 8 (3), that Section 8.3 be*
301 *reviewed to provide appropriate balance for businesses to protect their values, and that employees*
302 *who have gained a higher profile due to their employment do have a higher level of responsibility to*
303 *their employers.*

304

305 *Recommendation 5.3.4 Section 31 (6) be deleted as the clause is not necessary and could lead to*
306 *unintended consequences.*

307 5.4 Health Practitioners – Section 8 (5) and (6)

308 There are limited scopes in various jurisdictions for health practitioners not to provide services on
309 religious grounds, usually birth and death events. These exemptions from providing health
310 services are well outlined in State legislation and we contend that there is no benefit of this section,
311 particularly as health services are already under the jurisdiction of the States and Territories.

312 Further we are concerned that this section could be used to over-ride the various health
313 professional bodies good practice guides. Appendix 1 provides a discussion on the potential
314 implications of the religious override of the “Good medical practice: a code of conduct for doctors in
315 Australia”^{xv}

316 We see that this section of the Act could allow for indiscriminate discrimination by health practitioners
317 against a wide range of people including but not limited to:

- 318 • LGBTIQ+ people seeking access to healthcare services, including sexual health,
319 reproductive or transgender health services
- 320 • women and girls seeking access to reproductive services
- 321 • anyone seeking access to contraception
- 322 • divorced people,
- 323 • unmarried couples,
- 324 • single parents,
- 325 • even potentially a disabled person (if the religious health practitioner holds a religious view
326 that a person’s disabilities are a result of sin or the like)

327 Whilst this “right” to discriminate by withholding health services for religious reasons will have an
328 impact in urban areas, it could have a catastrophic impact in regional and remote areas where
329 there are limited medical services and alternative services may not be reasonably accessible:

330 *Case Study 2 – Doctor providing religious comments to young gay patient*

331 *We understand that a doctor in NSW was counselled as the practitioner advised a*
332 *young gay male patient that he should consider the Biblical position on sexuality, which*
333 *had a significant negative impact on the patient’s already challenged mental health*
334 *state.*

335
336 *Case Study 3 – Psychiatrist making religious judgement to vulnerable lesbian patient*

337 *Experience of one of our members with their psychiatrist.*

338 *As a 12 year old I knew I was gay but struggled in coming to terms with this. I reached*
339 *out to family and school counsellors, only to be told it was a phase and most likely grow*
340 *out of it.*

341 *When I stopped telling people and reaching out to talk with people, my mental health*
342 *suffered.*

343 *I became seriously depressed and constantly considered suicide at the young age of*
344 *14, along with inflicting low-level self-harm upon myself. My depression worsened and*
345 *was sent to my local GP for help, which was appropriate, and she sent me to see a*
346 *specialist youth psychiatrist, in the public health system.*

347 *As a teenager I was utterly petrified, especially attending the appointment alone. I met*
348 *with a young psychiatrist in training who at first was very friendly and bubbly, which*
349 *helped me relax a little. Upon starting to discuss why I was there, I felt comfortable*
350 *sharing that I was struggling with my sexuality and didn’t know what to do.*

351 *Her demeanour immediately changed and became very serious. Without hesitation,*
352 *she told me that being gay was wrong and God would disapprove of it. She also told*
353 *me I needed to pray and ask God to make me better.*

354 *Being so young, I didn’t know what to say or how to respond. I was upset that someone*
355 *I thought was supposed to help, would say something like this. I was in such shock that*
356 *I made another appointment, but unsurprisingly, never showed up for that. And I kept*
357 *my sexuality hidden for another 6-7 years until I finally felt safe to be my genuine self.*

358
359 *Case Study 4 – HCCC successful complaint against doctors religious comments*

360 *The following case was prosecuted by the Health Care Complaints Commission (NSW)*
361 *against Dr Alexander Anthony Sarah in 2015 resulting a decision by NCAT.^{xvi} For this*
362 *case study we have simply extracted elements from the published decision and except*
363 *to provide some context on the patient (as reported) have not provided any*
364 *commentary.*

365 “(1) The respondent is disqualified from being registered as a medical practitioner
366 pursuant to s 149C (4) of the National Law.

367 (2) The respondent cannot re-apply for registration for at least a two year period from
368 the date of the Tribunal’s decision.

369 (3) The respondent is to pay the applicant’s costs.”

370 “The applicant [HCCC] pressed the view that there was a public interest served by an
371 allegation of this kind being resolved, and the public being informed, one way or the
372 other, as to the appropriateness or otherwise of the practitioner’s conduct. Adverse
373 findings on an issue of this kind might bear on the gravity of the disciplinary finding, and
374 the nature of a disciplinary order. The applicant added that in the present case, any
375 period of time set by way of disqualification from reapplying to enter practice would be
376 likely to be affected by any adverse finding on a matter of this kind.”

377 Patient A – A Lesbian Patient with Attention Deficit Hyperactivity Disorder

378 “We will set out the response of the respondent to each of the sub-particulars below,
379 based on our summaries of the evidence at hearing and the subsequent written
380 submissions (which included references to the transcript).

381 1. Between approximately 2004 and 2013 the practitioner during consultations gave
382 inappropriate religious advice to Patient A, which was uninvited, in that he said on
383 multiple occasions words to the effect ‘you have to pray’.

384 2. During a consultation when Patient A reported that she had a lesbian friend who
385 started to pray, the practitioner made the following inappropriate comments with the
386 words to the effect of:

387 (a) “lesbians don’t know that they are doing something wrong so we still have to love
388 them”;

389 (b) “it’s the same as paedophiles, they don’t know they are doing something wrong so
390 we still have to love them”.

391 3. In January 2013 during a consultation with Patient A, the practitioner failed to
392 observe appropriate professional boundaries in that he:

393 (c) advised her to continue to pray to God.

394 *Findings in relation to Patient A*

395 *In relation to Particulars 1 and 2, Patient A’s evidence at hearing was consistent with*
396 *her statement, and reasonably precise. The respondent accepted that he may have*
397 *made the statements attributed to them. We find both Particulars proven.*

398 *It was professionally inappropriate to suggest in a treatment setting of the kind*
399 *described that a solution might be found in frequent praying (Particular 1). Similarly it*
400 *was professionally inappropriate to make gratuitous remarks about lesbians, and then*
401 *to compare lesbian relationships to the conduct in which paedophiles engage*
402 *(Particular 2). Comments of this kind go well beyond comments of a light, social kind*
403 *that are not unusual in the consultation environment.*

404 *Particular 3 refers to the incident relating to the tattoo. Particular 3(c) is another*
405 *instance of a comment invoking the power of prayer, similar to Particular 1. For the*
406 *same reasons, we find it proven.”*

407 Patient B – Female with depression and seeking assistance after being discharged
408 from an alcohol detoxification program

409 *“Particular 7 is:*

410 *On 5 September 2013 the practitioner during a consultation gave inappropriate*
411 *religious advice to Patient B, which was uninvited, when he said words to the effect of:*

- 412 *(a) ‘Jesus hates you’;*
413 *(b) ‘don’t cry, Jesus Christ drank, you don’t need any medication’;*
414 *(c) ‘this is your medication’, after handing Patient B a cross;*
415 *(d) ‘I want you to go to church tonight. Make time to go to church’;*
416 *(e) If she connects with Jesus she will feel better;*
417 *(f) she should see a priest and tell the priest she wants to confess;*
418 *(g) if she didn’t go to church and show Jesus that she loved him, she would end up in*
419 *hell with her former husband and her slut of a mother;*
420 *(h) if she prayed to Jesus she would end up in heaven one day with the practitioner*
421 *playing football.*

422 *The respondent admitted the making of the statements particularised at (d) to (h). He*
423 *formally denied the statements at (a) to (c), but admitted the giving of the cross to the*
424 *patient. As noted earlier, Patient B’s statement was precise and detailed. She lodged*
425 *her formal complaint with the Commission three weeks later (on 26 September 2013)*
426 *and signed her statement a few weeks’ after that, on 30 October 2013. Her statement*
427 *was not contested. At hearing the respondent give a detailed account as to what*
428 *transpired. He denied making the comments the subject of sub-particulars (a) to (c). In*
429 *these circumstances, we find those aspects of particulars (a) to (c) not proven.*
430 *Accordingly, we find sub-particular (c) proven in relation to the handing over of a cross,*
431 *and find sub-particulars (d) to (h) proven. We find the remarks proven were*
432 *inappropriate and uninvited.”*

433 *Patient C – A Muslim patient referred by her GP for opinion and management*

434 *“11. On or around 5 December 2012 at a consultation with Patient C, the practitioner*
435 *made inappropriate religious gestures in that he:*

- 436 *(a) used holy water to draw the sign of a cross on Patient C’s forehead;*
437 *(b) prayed over Patient C on at least one occasion;*
438 *(c) did (a) and/or (b), above, with the knowledge that Patient C was Muslim.*

439 *We will deal with the three Particulars together. The respondent admitted using the*
440 *words attributed to him in Particular 9(a), and initially denied using the words set out in*
441 *Particular 9(b). However in evidence his evidence was that he may have said*
442 *something like this, but with a broader context than appears in the allegation. He*
443 *thought that he would have said that there was nothing wrong with her sufficient for her*
444 *to be classed as disabled.*

445 *The issue is whether the words used constituted inappropriate comments in a*
446 *professional setting.”*

447 *....*

448 *As to Particular 11, the respondent admitted (a), denied (b) (praying over the Patient)*
449 *and admitted that he knew she was Muslim ((c)). We find particular (a) proven. As to*
450 *particular (b), there is a similar conflict in the evidence to the one we have just*
451 *discussed in relation to Particular 10(b). For the same reasons, we accept the patient’s*
452 *account.*

453 *Clearly the conduct to which Particular 11 refers (the use of religious gestures) was*
454 *inappropriate and was magnified in its inappropriateness, when the patient was an*
455 *adherent of a non-Christian faith....”*

456 *Patient D* – A women having had a still born child induced at 22 weeks, diagnosed with
457 *Hypoplastic Left Heart Syndrome*, then suffering *Post Traumatic Stress Disorder*
458 (*PTSD*) and was having suicidal thoughts.

459 “*Patient D*, a woman who was about 31 years of age at the relevant times, consulted
460 with the respondent on 4 July 2013 and 11 July 2013. In December 2012 her unborn
461 child had been diagnosed with *Hypoplastic Left Heart Syndrome*. She and her husband
462 decided to induce labour at 22 weeks and the child was stillborn. As a result, she
463 developed *Post Traumatic Stress Disorder (PTSD)* and was having suicidal thoughts.
464 She was referred to the respondent. At the time she was taking a medication,
465 *Duromine*, to help her lose weight. The respondent was informed of these matters,
466 most notably the circumstances surrounding the loss of her baby.

467 It will be seen that the first two Particulars that follow again deal with acts or conduct
468 with religious connotations. The final particular, Particular 14 deals with clinical
469 competence. All of the particulars were admitted. The events are the subject of a
470 witness statement dated 24 October 2014, and elaborate on the complaint made online
471 by *Patient D* a few days after the second consultation, on 17 July 2013.

472 12. At a consultation on 4 July 2013 the practitioner gave inappropriate religious advice
473 to *Patient D*, which was uninvited, when he said words to the effect of:

474 (a) ‘God can help you’;

475 (b) ‘God is love’.

476 13 At a consultation on 11 July 2013 the practitioner gave inappropriate religious
477 advice to *Patient D*, which was uninvited, when he said words to the effect of:

478 (a) ‘God was love, so love was important’;

479 (b) her son was God’s will;

480 (c) she ask for God’s forgiveness for her son’s death.

481

482 We find each of the Particulars proven in respect of all their elements. We draw
483 attention to the following part of the patient’s witness statement for their account of the
484 emotional impact of the respondent’s conduct.

485 ‘After the first consultation I felt extremely uncomfortable, he had continuously brought
486 up religion. I am not religious in any way, but I was too vulnerable and absolutely
487 petrified of the terrible place I was in emotionally to say anything. He also kept using
488 words like ‘abortion’ and ‘termination’, which absolutely mortified me, as that was not
489 what we did to our baby boy. To hear these abhorrent words made me sick to my
490 stomach’

491 She made a similar statement about feelings of revulsion after the second consultation:

492 ‘After the appointment, I was in a state of shock. I was shaking, I couldn’t breathe. I
493 texted my parents regarding what happened and called my husband in an extreme
494 emotional state.’

495 In his report Professor Greenwood observed that the respondent had no right to
496 impose his own religious beliefs on the patient. He noted that religious belief is
497 specifically excluded from a psychiatric diagnosis under the *NSW Mental Health Act (s*
498 *68(g) and Sched 1, cl 16(1)(b))*. He commented as to the matters the subject of
499 Particular 14, that no adequate management plan was put in place. The respondent, he
500 considered, missed completely a *PTSD* diagnosis. His instruction to her to eat sensibly
501 and to exercise was very inadequate response to her distress. His notes did not reveal

502 any satisfactory mental examination. There should have been a risk assessment in
503 circumstances where she was seriously distressed.”

504 Patient G – Female having been being diagnosed with depression and anxiety

505 “This case was added to the proceedings after the original application was filed, and
506 was added as part of the amendments that make up the amended complaint. Volume 3
507 of the applicant’s bundle deals with the case. It derives from a letter of complaint from
508 Patient G, a woman born in 1960, dated 30 April 2014. There is also a statement made
509 26 June 2014. She was referred to the respondent for psychiatric treatment after being
510 diagnosed with depression and anxiety. The Medicare records show nine consultations
511 over the period December 2012 to August 2013.

512 It will be seen that there are four Particulars, many with sub-particulars. It will be seen
513 that the first three refer to remarks by him that are said to be inappropriate. As in a
514 number of the cases already traversed they relate to religious matters (Particular 18,
515 Particular 19) and comments of a personally offensive nature (Particular 20). The final
516 particular, Particular 21, goes to competence.

517 18. During consultations between 12 August 2012 and 15 August 2013, the practitioner
518 gave inappropriate religious advice to Patient G, which was uninvited, when:

519 (a) on more than one occasion he said words to the effect of ‘you need to think more
520 about where you are heading and to let Jesus into your life’; and

521 (b) he said words to the effect of ‘you should join the church’;

522 (c) he recommended that Patient G should read a particular book about miracles;

523 (d) he said words to the effect of ‘what do you have to be scared of? You should be
524 looking forward to the kingdom of heaven’ during a discussion about Patient G’s fear of
525 illness and death;

526 (e) he said words to the effect of ‘once you get to heaven you can have a little dress
527 shop on a cloud’ during a discussion about Patient G’s fear of illness and death.

528 19. During consultations between 12 August 2012 and 15 August 2013, the
529 practitioner, inappropriately and without medical or psychiatric justification:

530 (a) discussed religion with Patient G at every consultation including after Patient G had
531 made it clear to the practitioner that she did not want to discuss religion during
532 consultations;

533 (b) discussed his experience of bringing Jesus into his life with Patient G;

534 (c) gave Patient G a small cross;

535 (d) recommended that Patient G disregard public information surrounding the Royal
536 Commission into Institutional Responses to Child Sexual Abuse and the Catholic
537 Church.

538 The respondent, admitted in whole, Particulars 18, 20 and 21. He admitted (b), (c) and
539 (d) of Particular 19, and with a qualification, he admitted item (a) of Particular 19. His
540 qualification was that she did not make her lack of interest clear at ‘at every
541 consultation’. This aspect of the allegation reflects words used by the patient in her
542 original complaint to the applicant, where she said: ‘on every occasion I was told to
543 accept Jesus into my life and pray, join a church group, disregard news events
544 discrediting the catholic church’. He acknowledged that she did, over time, make it
545 clear to him that she was not that interested in religious perspectives on her condition.

546 Particular 21 is supported by a report from Professor Greenwood dated 15 August
547 2014.

548 We find all particulars proven. We prefer the patient’s account on the one factual matter
549 debated by the respondent, the matter of whether he engaged in the unwanted

550 *communications every time he saw the patient. We find that he did. It is plain, we*
551 *consider, from the evidence generally, that the respondent had a way of interacting*
552 *with his patients which made routine references to religion and the role religious belief*
553 *and practices might play in obtaining alleviation or cure of their conditions.”*

554

555 *Case Study 5 – Recent Italian case of doctor providing gay conversion material*

556 *The following has been reported in relation to a doctor in Italy^{xvii}:*

557 *“In Verona, Italy, a woman received advice from her general practitioner to cure her of*
558 *homosexuality through books. The woman, who remains anonymous, sent a letter to*
559 *MaiMa.Online, explaining what the doctor told her during the consultation and what*
560 *books the doctor “prescribed”.*

561 *The prescription given by the GP is certainly not what anyone would expect from a*
562 *professional doctor. The GP told the woman that she was pleased she had disclosed*
563 *her sexual orientation but said she already suspected it “because of her short haircut”.*

564 *The GP’s treatment plan included an autobiography by an “ex-gay” Italian celebrity.*

565 *This woman didn’t follow the GP’s advice, but she claims that there is at least one other*
566 *homosexual patient that she knows of who might have followed the doctor’s*
567 *suggestion.*

568 *Conversion therapy survivors found that 68.7% of respondents with mental health*
569 *issues have had suicidal thoughts, while 32.4% have attempted suicide.”*

570

571 *Scenario iii – Young gay man in rural location seeking PreP*

572 *A gay young man in a rural location with only one pharmacy has been prescribed PreP*
573 *(a medication to prevent HIV infection) is denied having his prescription filled as the*
574 *Pharmacist holds religious beliefs that prescribing such medication is supporting a legal*
575 *sexual activity that is against their religious beliefs. Due to the difficulties of obtaining*
576 *PreP, the young man ultimately becomes HIV+ where if he had access to PreP such*
577 *infection is highly likely to have been avoided.*

578

579 *Scenario iv – Women seeking “morning after pill” in remote location*

580 *A young woman who has been raped attends a remote hospital facility that is only has*
581 *minimal medical staff and the doctor and the pharmacist on duty refused to provide the*
582 *“morning after pill” as it is against their religious belief to prescribe the medication.*

586 *Scenario v – Travelling transgender person requiring hormones*

587 *A transgender person is travelling around Australia for an extensive period of time, and*
588 *their endocrinologist has provided documentation as to their treatment plan and their*
589 *hormone medication regime. As they travel they have severe difficulties in obtaining*
590 *their hormones as in one rural location, the only doctor available refused to prescribe*
591 *the hormones, and in another the only available pharmacist refuses dispense the*
592 *prescribed hormones as ‘God made humanity male and female, and, in his creative*
593 *purposes, biological (bodily) sex determines gender’, and her faith calls on her to*
594 *‘differentiate between compassion for the person and understanding the distress of*
595 *their situation/condition and agreeing with and validating a treatment protocol to*
596 *transition^{xviii}. This has a real and significant impact on the transgender persons*
597 *wellbeing.*

598 More broadly, we are concerned that the breadth of this proposed clause provides a principle for
599 the broadening of such a clause in the future, that would allow any person, based on their religious
600 beliefs to refuse to provide goods and services to a person outside of a religious organisation.

601 As a community we would be very distressed should the “American Religious Freedom” principles
602 be imported to Australia, where there is a significant push to allow religious persons to be legally
603 allowed to refuse to provide goods and services to any other person based on their religious
604 beliefs. This would not only directly and severely negatively impact the LGBTIQ+ community, but
605 has the potential to impact women, people of other races and or religions, people of disabilities etc.

606 Associated with this section is Section 31 (7) limiting a health organisation from having codes to be
607 considered inherent requirements. We do not see any basis for this limitation. That is, the case
608 studies and scenarios provided here should not be permissible under this Act, such as providing
609 religious commentary to patients in a health setting.

610 *Recommendation 5.4.1: Removal of Section 8 (5) and (6) as these matters are clearly the domain*
611 *and responsibility of the States and Territories, and health practitioner exemptions should be*
612 *constrained to minimal exemptions as has been the current practice across Australia*

613
614 *Recommendation 5.4.2: Removal of Section 8 (5) and (6) as it provides a precedent in*
615 *Commonwealth law for discrimination against a class of citizens based on religious beliefs.*

616
617 *Recommendation 5.4.3: Should the Government not agree to remove sections 8(5) and (6) then*
618 *we strongly recommend the following additions be added to the Bill as a minimum:*

619 *a) A health practitioner who holds religious belief conscientious objection to the provision of health*
620 *services, a registered health practitioner is under a duty to perform all medical services in an*
621 *emergency where it is necessary to preserve the life of the person or to prevent any significant*
622 *harm.*

623 *b) A health practitioner who holds religious belief conscientious objection to the provision of certain*
624 *services or to the provision of services to person, must provide the services if there is no*
625 *alternative health practitioner reasonably located to the patient.*

626 c) A health practitioner who holds religious belief conscientious objection to the provision of certain
627 services or to the provision of services to person, must provide a referral to an alternative health
628 practitioner that is reasonably located to the patient.

629 d) A health practitioner who holds religious belief conscientious objection to the provision of certain
630 services or to the provision of services to persons, must advise every patient at the time of an
631 appointment or being put on a patient list, of any limitation to the services that they will provide.
632 [This will permit the patient to seek an appointment with another practitioner and avoid potential
633 costs resulting from attending a health professional appointment only to not have the services
634 provided]

635 e) That this Act does not permit health practitioners to provide religious based comments to
636 patients as part of their consultation.

637

638 *Recommendation 5.4.4: Removal of clause 31(7) which is an unreasonable limitation on health*
639 *service providers.*

640

641

642 5.5 Religious Bodies – Corporate Entities – Clause 10

643 We believe there are significant issues with this section of the proposed Bill.

644 Firstly, it is usual that discrimination Acts are to protect a natural person and not a “non-natural
645 person” such as an organisation. We are not aware of any other discrimination Act in Australia that
646 allows a “non-natural person” or corporate entity to take discrimination action.

647 A religious organisation is made up of individuals who themselves can be discriminated against on
648 the basis of their religion, however a non-natural person cannot have a religious belief.

649 We strongly urge that in reviewing the proposed legislation that the concept of discrimination
650 against a non-natural person be removed.

651 *Recommendation 5.5.1: Removal of Section 10 as a non-natural person/corporate entity cannot in*
652 *the ordinary concept of discrimination be discriminated against, and discrimination is in the*
653 *ordinary process that impacts a natural person.*

654 In the event that the Government is of the view that Section 10 is to remain, then we believe that
655 there are some significant matters that need to be addressed.

656 Section 10 and the associated definitions does not adequately define what is a religious body.

657 There are competing challenges between what a religious body might consider appropriate and the
658 impact on another person, which may have a significant negative impact on that person.

659

660

661

662 *Case Study 6 – Gay Conversation Therapy*

663 *A State or Territory may outlaw Gay Conversation Therapy. At the Sydney Anglican*
664 *Diocese Synod 2018 their records so that^{xxix}:*

665 *“(d) notes that the Anglican Church in the Diocese of Sydney does not practise,*
666 *recommend or endorse ‘gay conversion therapy’” and later:*

667 *“(g) values prayer for same-sex attracted Christians who wish to live celibate lives,*
668 *noting that prayer is not a form of “gay conversion therapy”.*

669 *The challenge is when a religious body defines gay conversion therapy, rather than*
670 *those that suffer from such therapy, many would argue that the act of “strongly*
671 *encouraged prayer to remain acceptable to the religious body is in itself a form of gay*
672 *conversion therapy and therefore a form of abuse that most reputable health*
673 *professional bodies in Australia and around the world reject and confirm are harmful to*
674 *the recipient.*

675 *The proposed bill may provide protection to the religious body from State and*
676 *Territories bills to outlaw those practices. Whilst the bill does not allow religious*
677 *practices that are criminal in nature, if a State or Territory outlawed such practices*
678 *through health legislation, then this Commonwealth Bill may override that State or*
679 *Territory Act.*

680 There has been considerable commentary particularly in The Australian of recent months
681 regarding people with Gender Dysphoria. Interestingly the series of articles received a “GLORIA
682 Award (“The GLORIAS is a fun event that shines a light on outrageous, ignorant and plainly
683 ridiculous public comments made about lesbian, gay, bisexual, transgender, intersex and queer
684 (LGBTIQ) people in our community every day.”^{xxx}). Unfortunately, whilst all the peak medical bodies
685 have supportive approaches to people with Gender Dysphoria and there the “Australian Standards
686 of Care and Treatment Guidelines for trans and gender diverse children and adolescents”^{xxxi},
687 publications such as The Australian have taken it upon themselves to deride transgender youth.
688 Rejection of good medical practices can lead to increased harm of young people and we see the
689 processes of harm supported by some religious organisations.

690 *Case Study 7 – Transgender Conversion Therapy.*

691 *At the Sydney Anglican Diocese Synod 2019, a paper was presented and supported*
692 *around “Gender Identity Initial Principles of Engagement 24/17 Development of a final*
693 *form of diocesan policy for gender Identity issues”^{xxxii}*

694 *“9.1.2 Those experiencing gender incongruence You are made in the image of God*
695 *and you will find your identity in Christ. Therefore, we encourage you:*

696 *(a) to seek treatment options that aim for the integrity of psycho-somatic unity;”*
697 *[comment – in an earlier note to this section “9.1.1 (g) The human person is a*
698 *psychosomatic unity, where body and soul come into being at the same time and, in*
699 *this life and the next, exist together. Embodiment is integral to human identity, and*
700 *biological sex is a fundamental aspect of embodiment. Preserving the integrity of body*
701 *and soul, and honouring and protecting the biologically-sexed body that God has given*
702 *are necessary for human flourishing” – essentially this is calling for the person to*
703 *undergo counselling to remain in their birth biological sex, which is most likely to be*
704 *harmful to the person]*

705 *“9.1.3 Family and Friends of those experiencing gender incongruence*
706 *(e) if appropriate, to provide information about alternative treatment approaches to those*
707 *which promote transitioning; “*

708 *[Comment: alternative treatment approaches effectively is a form of conversion*
709 *therapy]*

710 *“9.1.4 Christian parents Christian parents are encouraged:*
711 *(d) to seek mature Christian counsel and pastoral care if your child has gender identity*
712 *issues that cause you concern, and seek to support the child in their biological sex role”*

713 *[Comment: the Church is encouraging parents to engage their children in conversion*
714 *therapy.]*

715 *“9.1.5 Counsellors, teachers, doctors (those with secular professional relationships)*
716 *Christian professionals are encouraged:*
717 *(d) to differentiate between compassion for the person and understanding the distress*
718 *of their situation/condition and agreeing with and validating a treatment protocol to*
719 *transition; and*
720 *(e) to build support networks for consultation, possibly including legal contacts.”*

721 *[Comment: the Church is encouraging Counsellors, teachers, doctors etc to encourage*
722 *transgender person to undergo conversion therapy]*

723 *“9.1.8 Public engagement*

724 *(f) to be informed about the different dimensions of the public debate, as there are*
725 *those who promote transgender ideology, and those who suffer from gender*
726 *incongruence, who are vulnerable members of our community, yet the needs and*
727 *claims of the two groups are different, and must be considered in any public*
728 *engagement on these matters; “*

729 *[Comment: the Church is calling a class of citizens an ideology, where their existence*
730 *and the basis for their existence is well documented socially and medically, this is a*
731 *form of vilification]*

732 *The proposed bill may provide protection to the religious body from State and*
733 *Territories bills to outlaw those practices. Whilst the bill does not allow religious*
734 *practices that are criminal in nature, if a State or Territory outlawed such practices*
735 *through health legislation, then this Commonwealth Bill may override that State or*
736 *Territory Act.*

737 We wish to clearly remind the Government that minors are largely in religious organisations or
738 religious educational bodies without choice of their own. We acknowledge parents’ rights and their
739 obligations of their duty of care to their children but so does the State. The State shares
740 responsibility for minors to ensure, in part, the overall safety of children and the provision of an
741 acceptable standard of care and education in accordance with broad community standards.

742 As evidenced by the above case studies, some religious bodies are strongly advocating against
743 LGBTIQ+ people, in some cases their existence, and their rights. Some religious organisations
744 claim that non-binary gender expression is a myth, a fad or secular ideology. Regrettably, some
745 religious organisations expressly reject mainstream scientific evidence concerning gender
746 dysphoria.

747 So, the question here is the issue of competing rights, and also the evidence of medicine and
748 scientific methods over beliefs.

749 We refer to the “Convention on the Rights of the Child”^{xxxiii}, and ask the reviewers to consider the
750 following articles:

- 751 • Article 6 (1) “recognize that every child has the inherent right to life” recognising that
752 LGBTIQ+ people have a significantly higher rate of suicide, with transgender people having
753 some of the highest rates of suicidality in Australia
- 754 • Article 8 (1) “undertake to respect the right of the child to preserve his or her identity” that
755 being LGBTIQ+ is part of a child’s identity
- 756 • Article 19 (1) “shall take all appropriate legislative, administrative, social and educational
757 measures to protect the child from all forms of physical or mental violence, injury or abuse,
758 neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”.
759 Forcing, or strongly encouraging a child so that they are acceptable to others to undergo
760 conversion therapies is a form of physical and mental violence and abuse, and by the
761 practitioners/counsellors/religious person negligent treatment.
- 762 • Article 24 (1) “34recognize the right of the child to the enjoyment of the highest attainable
763 standard of health” infers that children should not be subject to health standards that are
764 not of the highest order as recognised by health professional bodies.
- 765 • Article 37 (a) “No child shall be subjected to torture or other cruel, inhuman or degrading
766 treatment or punishment.” Processes of conversion therapy can be contemplated as
767 torture, cruel, inhumane and degrading treatments.

768 Further, we have a broader concern in relation to services that a religious body may provide,
769 particularly if it received any funding directly or indirectly from any Federal, State/Territory or Local
770 Governments. As examples:

- 771 • An Age Care facility rejecting an LGBTIQ+ couple from cohabitating their facility.
- 772 • A government funded foster care agency refusing to consider any of the following persons
773 as suitable for the provision of foster care services; a single person; a single parent, a
774 couple in a defacto relationship, a married couple not married in a religious institution and
775 LGBTIQ+ couple.
- 776 • A government funded adoption agency refusing to consider any of the following persons as
777 suitable as adoptive parents; a single person; a single parent, a couple in a defacto
778 relationship, a married couple not married in a religious institution, and LGBTIQ+ couple.
- 779 • A hospital refusing to treat a person based on their sexual orientation, gender, marital
780 status etc.

781 It is our view that the proposed bill should not permit religious organisation the ability to undertake
782 activities that may lead to harm to an individual.

783 Further, we acknowledge and support the importance of religious organisations and not for profit
784 organisations, and fully support the service delivery of organisations within the Uniting Church,
785 such as Uniting.

786 In the broadest context, these organisations run schools, hospitals, welfare organisations and
787 employment agencies. We note that this sector is a very significant employer of a people across
788 Australia, not only in urban communities but also in rural and regional places. Often services that
789 are run by the Uniting Church are in poorer socio-economic areas. Many of these organisations
790 receive a significant amount of public funding to provide the services to the wider community.

791 We do not believe it is appropriate for such organisations to undertake what would otherwise be
792 considered unlawful discrimination that would have significant negative implications not only for
793 those who require the services, but also in the area of employment.

794 It is our observation, that these exposure drafts provide an extensive set of protections against
795 religious discrimination in the areas of public life. This Act goes beyond the concept of a shield,
796 and provides religious organisations with a sword of positive discrimination outside of their direct
797 religious activities into the provision of public services, often significantly government funded.

798 Further, there could be an end point where a State or Local Government could release a tender for
799 the provision of services, and state that no one should be excluded from receiving the services,
800 and a religious organisation may claim that such a tender is a form of religious discrimination and
801 take action against another level of government under this proposed Commonwealth legislation.

802 We are also concerned in relation to the relatively “looseness” of the wording in clause 10.1 using
803 language that religious organisations are not discriminating if their actions “may reasonable be
804 regarded as being in accordance with the doctrines, tenets, beliefs or teachings”. Again we see an
805 inconsistency with other discrimination acts, as examples:

- 806 • *Sex Discrimination Act 1984* s 38(3)(1),(3): “conducted in accordance with the doctrines,
807 tenets, beliefs or teachings of a particular religion or creed”;
- 808 • *Equal Opportunity Act 2010* (Vic) s82(2)(a): “conforms with the doctrines, beliefs or
809 principles of the religion”; s 83(3)(a): ‘conformity with the doctrines, beliefs or principles of
810 the religion”;
- 811 • *Anti-Discrimination Act 1998* (Tas) s 51(2): “conducted in accordance with the tenets,
812 beliefs, teachings, principles or practices of a particular religion”;
- 813 • *Anti-Discrimination Act 1991* (Qld), “in accordance with the doctrine of the religion”;

814 Further, it is regret that we need to revisit the Royal Commission into Institutional Child Sexual
815 Abuse, and the consequences on the lives of thousands of young Australians over decades. It
816 was clearly identified through the Royal Commission that the Royal Commission noted that the
817 unusual nature of religious institutions could provide ‘heightened risks’, including that they often
818 operate with ‘closed governance’ and ‘complicated legal structures.’^{xxiv}

819 There has for centuries been a significant power position that religious organisations have
820 maintained in society, probably more power than they have earned or deserved. Through the
821 Royal Commission, it was self-evident that religious institutions failed to protect the rights of
822 individuals which been acknowledged by some religious leaders. As an example, at the Royal
823 Commission, Catholic Archbishop Coleridge provided the follow evidence.^{xxv}

824 *“If I could put it in these terms, they were invariably company men, and that had both good
825 and bad aspects about it, I suspect, but they were more interested in the institution than in
826 the individual...So they [religious leaders] had this passionate, lifelong commitment to the
827 defence and promotion of the institution, and it made them blind to individuals.”*

828 Consequently, due to the Royal Commission, many State and Territory Governments have created
829 laws to require disclosure of child abuse by all including religious personnel. However, a number
830 of religious organisations have stated that they are willing to defy State and Territory laws for their
831 own religious tenets.^{xxvi}

832 In summary, we hold the view that discrimination laws should only apply to a “natural person”,
833 consistent with other discrimination laws in Australia and international norms in this area.

834 *Recommendation 5.5.2: If the removal of Section 10 is not accepted by the Government, then the*
835 *bill be significantly redrafted to limit the rights of a religious organisation to cause direct or indirect*
836 *harm to a person in the context of their religious beliefs, and in particular young people.*

837

838 *Recommendation 5.5.3: If the removal of Section 10 is not accepted by the Government, then*
839 *there needs to be significant work to better define a religious organisation.*

840

841 *Recommendation 5.5.4: If the removal of Section 10 is not accepted by the Government, then*
842 *there should be additional wording to expressly state that this act does not limit or override other*
843 *discrimination laws, and where there is a conflict, the other discrimination laws are superior (ie*
844 *discrimination against an existence (race, gender, disability, sexual orientation etc) is more serious*
845 *than discrimination against a belief).*

846

847 *Recommendation 5.5.5: If the removal of Section 10 is not accepted by the Government, then*
848 *replace the very general “in conduct that may reasonably be regarded as being in accordance” with*
849 *tighter wording such as “in conformity with” or the like, consistent with other discrimination Acts and*
850 *represents a consistent standard.*

851 5.6 Inconsistency – Clause 18

852 We draw attention to the Attorney General of the inconsistency that this Bill and other
853 discrimination Acts.

854 Other discrimination Acts permit religious educational organisations to discriminate against people
855 that the religious organisation do not believe are consistent with the tenent of their faith. The most
856 obvious example of this this is the ability of schools to remove from or not enrol in their education
857 organisation an openly LGBTIQ+ students.

858 Yet in this draft Act, other educational organisations are not permitted to discriminate against
859 people with religious beliefs.

860 We agree that public sector and other non-religious educational facilitates should not have the
861 ability to discriminate against people due to their religious beliefs.

862 The Prime Minister has previously stated (prior to the Wentworth By-election as an example) that
863 the ability for religious educational facilities to discriminate against would be withdrawn. This has
864 subsequently been referred to the Australian Law Reform Commission, which apart from
865 unreasonably delaying the pre-existing promise of the Government, unreasonably continues to put
866 students at risk in approximately 35% of Australian schools, which receive significant public
867 funding.

868 Accordingly, we recommend that the Religious Discrimination (Consequential Amendments) Bill
869 2019 incorporate the removal of discrimination against students in religious educational facilities.

870 *Recommendation 5.6.1: That the Religious Discrimination (Consequential Amendments) Bill 2019*
871 *be amended to remove the ability for religious educational organisations to discriminate against*
872 *students (for example LGBTIQ+ student.)*

873 **5.7 Counselling, promoting etc a serious offence – Clause 27**

874 We have struggled to understand the implication of this clause, either through reading the
875 exposure draft and the explanatory notes, and consequently there may be unintended
876 consequences.

877 We agree with the high level principle that using religious concepts that would promote a crime
878 should gain an exception from religious discrimination.

879 *Recommendation 5.7.1: That there be further consultation and consideration on the purpose and*
880 *breadth of this clause.*

881

882 **5.8 Clause 41 – Impact on Other Laws/Jurisdiction**

883 We do not believe that there is any justification for clause 41.

884 We do not see any justification for overriding State laws. It appears to us that this section
885 (particularly clause 41(1)(b)) relates to one particular event that did not end up in the tribunal, and
886 unfortunately there has been considerable misrepresentation around the actual complaint that was
887 originally made.

888 Once again, clause 41(2), which sets a high threshold for victims of such abuse to be able to seek
889 action, which is not consistent with other discrimination laws, such as the RCA. Further, we would
890 argue that it is actually the LGBTIQ+ community that suffers discrimination rather than that of the
891 religious community, and the experiences of abuse, hate, vilification etc towards the LGBTIQ+
892 community often emanates from the religious communities.

893 *Recommendation 5.8.1: That Clause 41 be removed from the final version of the Bill.*

894

895 **5.9 Part 6 (Clauses 45 - 53 –Freedom of Religion Commissioner**

896 We do not believe there is any justification for a Freedom of Religion Commission. The Human
897 Right Commission already has some responsibilities for religious discrimination under other Acts.

898 There is no evidence of a significant issue of religious discrimination within Australia, and although
899 we support the high-level principle of protection from Religious Discrimination, there does not
900 appear to be a sufficient work load to justify the creation of another role.

901 However, there is a significant risk that other groups may be subject to increased discrimination,
902 harassment, vilification etc through the creation of this law.

903 The LGBTIQ+ community has suffered extensively with discrimination, harassment, hate,
904 vilification (not to mention a significant number of unresolved murders and other criminal activities
905 against the community).

906 Accordingly, we do not support the cost of the creation of a new senior Commissioner role and
907 believe that it would be more appropriate for the Commission to seek a subsequent amendment to
908 the Act to create such a role should the demand justify such an allocation of Commonwealth
909 budgetary expenditure.

910 If the Government insists that such expenditure be incurred, it is our view that there should be an
911 additional Commission to focus specifically LGBTIQ+ discrimination, which often comes from
912 religious organisations.

913 *Recommendation 5.9.1: That the Freedom of Religion Commissioner part be deleted (Part 6,
914 clauses 45 – 53). In the event that there is significant additional workload for the Commission,
915 then an amendment to the Act and budget allocation be contemplated.*

916

917 *Recommendation 5.9.2: If the Government does not agree to the removal of Part 6, clauses 45 –
918 53, then the additional Commission and an LGBTIQ+ Right Commissioner should be appointed to
919 protect the human rights of LGBTIQ+ people and to assist the Commission in dealing with
920 competing rights between religious people and organisations and LGBTIQ+ people.*

921

922 5.10 Clause 39 – Variations and Revocations of Exemptions

923 It is our understanding that equivalent anti-discrimination laws in Australia do not provide for the
924 Minister to vary or revoke an exemption. We are concerned that this inconsistency will allow a
925 political interference with the operation of the proposed Act.

926 There does not appear to be any reason or justification as to why in this particular anti-
927 discrimination law the Minister has special powers.

928 *Recommendation 5.10.1: That clause 39.1 be amended to remove the Minister from having any
929 ability to vary or revoke temporary exemptions granted by the Commission.*

930

931 6. Cost Impact of the Legislation

932 We are concerned that as there is potentially significant cost impact to a person who is alleged to
933 have discriminated against another on a religious basis.

934 In the first instance, the matter may be dealt with in a State/Territory jurisdiction, and if the
935 complainant is not satisfied, then they may take action under this Bill. Depending on the outcome,
936 either party may then take a view that there are issues between State/Territory legislation and this
937 Bill, leading to further legal actions in higher courts.

938 It is our view that further analysis needs to be undertaken regarding the inter-relationship between
939 State/Territory legislation and Federal legislation and the potential cost implication to parties
940 involved in matters that may ultimately fall under this Bill.

941 *Recommendation 6.1: That there be further analysis on the cost implications of actions under this
942 and related acts (both State/Territory and Federal), and the Bill be delayed until this is understood
943 and the cost implications minimised.*

944

945 **7. Final Comments**

946 The LGBTIQ+ community is one of the communities that will be negatively impacted by the
947 legislation. To the best of our knowledge, major LGBTIQ+ community groups have not been
948 involved in the consultation process and had our voice heard in the debate thus far.

949 We appreciate that you have stated that the aim of the legislation is to be a shield and not a sword,
950 but we have attempted to outline our concerns as there are some concerning swords within the
951 drafting, not only for the LGBTIQ+ community but also for other members of the Australian
952 population. On an initial read we see some potential impacts to the current protections for
953 LGBTIQ+ people, people with disabilities, Indigenous people, Culturally and Linguistically Diverse
954 people and women.

955 Further, the LGBTIQ+ community is still struggling significantly with the consequences of the
956 marriage equality postal survey process. As a community we do not have the financial resources to
957 obtain all the legal advice required to analyse and comment upon the all of the complexity and
958 interrelationship of the various pieces of legislation. We believe the LGBTIQ+ community has been
959 placed at a significant disadvantage in the process up until this point of time and moving forward
960 through the proposed consultation period.

961 We suggest that any consideration of these changes should be undertaken alongside the
962 recommendations of the Australian Law Reform Commission review, so that all the relevant
963 aspects are discussed at the same time.

964 We look forward to engaging with you and your government proactively and respectfully in the
965 period ahead.

966 If you have any questions or comments on this letter, please feel free to contact our National
967 Secretary Jason Masters via secretary@unitingnetworkaustralia.org.au.



968
969 Jason Masters
970 National Secretary

971 2 October 2019

972

973 Appendix 1 – Analysis of the “Good medical practice: a code of
 974 conduct for doctors in Australia”
 975

976 We have a real concern that the proposed legislation could overrule the “Good medical practice: a
 977 code of conduct for doctors in Australia”, and are aware that there have been medical practitioners
 978 who have been counselled and/or disciplined for their poor practice and/or treatment of LGBTIQ+
 979 people. As the proposed law is Federal Law, although medical practice is managed through a
 980 national system (with the exception of NSW), the legislation is enacted through a series of state
 981 laws. It is our understanding that under our Constitution and legal precedent, where there is a
 982 difference between state and federal laws, the federal laws are generally considered superior.

983 Specifically, in relation to the code of conduct, the following are areas of concern:

984

Guide Reference	Comment
2.2.2 Ensuring that you have adequate knowledge and skills to provide safe clinical care.	Medical practitioners may seek formal exception from undertaking any training on the following areas under religious freedom: <ul style="list-style-type: none"> • Appropriate treatment of LGBTIQ+ people • Contraception • HPV programs • Reporting of genital mutilation • etc
2.2.6 Providing treatment options based on the best available information.	May provide non LGBTIQ+ supportive treatment options based on religious freedom. May not provide women’s reproductive options based on religious freedom
2.2.8 Supporting the patient’s right to seek a second opinion.	In relation to reproductive rights, abortion etc based on providing a second opinion is against their religious freedom.
2.2.9 Consulting and taking advice from colleagues, when appropriate.	May reject taking on advice from a colleague when appropriate if that advice conflicts with their religious freedom.
2.4.1 Treating your patients with respect at all times.	Due to their religious freedom may not wish to act in a respectful way to LGBTIQ+ people.
2.4.2 Not prejudicing your patient’s care because you believe that a patient’s behaviour has contributed to their condition.	May be prejudicial towards an LGBTIQ+ person with anal cancer, HIV etc, due to their religious view that being gay is a life style choice based on their religious views and therefore their sexual orientation contributed to their condition.
2.4.3 Upholding your duty to your patient and not discriminating on medically irrelevant grounds, including race, religion, sex, disability or other grounds, as described in anti-discrimination legislation.	The Federal Law may override state law in relation to discrimination and therefore a medical practitioner would be able to discriminate against an LGBTIQ, unmarried mother, a heterosexual couple in a defacto relationship based on their strongly held religious views.
2.4.6 Being aware of your right to not provide or directly participate in treatments to which you conscientiously object, informing your patients and, if relevant, colleagues, of your objection, and not using your objection to impede access to treatments that are legal.	These two clauses have generally been kept fairly limited up until this point of time, and predominately in relation to contraception and abortion. With the proposed Federal Law, it is likely that some medical practitioners will significantly expand the use of these clauses.

Guide Reference	Comment
2.4.7 Not allowing your moral or religious views to deny patients access to medical care, recognising that you are free to decline to personally provide or participate in that care.	
3.7.3 Understanding that your own culture and beliefs influence your interactions with patients and ensuring that this does not unduly influence your decision-making.	Religious freedom legislation may provide an exclusion for doctors compliance with this clause.
5.3 Public Health (advocacy)	Doctors who hold a religious view, that is not consistent with good medical practice, knowledge etc, may advocate against good public health, and not be constrained by this clause on religious discrimination grounds.
8.2.3 Avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.	We understand there are medical practitioners who support and refer to “gay conversion therapy” or “sexual orientation change efforts” (SOCE) which are known to be harmful to LGBTIQ+ people. Professional discipline for referring to these types of practices may be over-written on the grounds of religious discrimination.
8.11.2 Acting in your patients’ best interests when making referrals and when providing or arranging treatment or care.	A medical practitioner could refer an LGBTIQ+ person to Sydney Anglicare Counselling services (which has an obligation to support SOCE activities) which may be against the best interest of the patient, but the medical practitioner believes it is on the basis of religious freedom.

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991 **Endnotes**

ⁱ The most comprehensive statement was made in 2006 in a document titled “Dignity in Humanity: Recognising Christ in Every person”. In Cynthia Coghill and Elenie Poulos, (Eds), *For a World Reconciled*, Uniting Church in Australia Assembly, Sydney, 2016, pp 127-131. Many of the documents and policies re also seen at www.unitingjustice.org.au

ⁱⁱ Ibid, p 127

ⁱⁱⁱ Ibid

^{iv} Ibid., p.130.

^v Ibid., p.104, p.134.

^{vi} Ibid., p.134.

^{vii} ^{vii} Ibid., p.134.

^{viii} Jensi, L., Stringer, R. Talbot, W. and Wickham, S., *Sacred Union Ceremony: towards pastoral and liturgical recognition for gay and lesbian couples in the Uniting Church in Australia*, 2010, Uniting Network Australia, Sydney.

^{ix} ^x www.unitingjustice.org.au/human-rights/submissions/item/1229-freedom-of-religion

^x Quakers Australia, submission to Joint Standing Committee on Foreign Affairs, Defence and Trade, *Legal Foundations of Religious Freedom in Australia*, Jan.2017.

^{xi} www.unitingjustice.org.au/human-rights/submissions/item/1229-freedom-of-religion

^{xii} Cited in Marion Maddox, “Uniting Church Schools” in William W. Emilsen (Ed.), *An Informed Faith: The Uniting Church at the Beginning of the 21st Century*, Preston, Mosaic Press, 2014, 172-174.

^{xiii} <https://cauldronsandcupcakes.com/2019/06/26/does-god-make-mistakes-what-happened-after-israel-folous-homophobic-post/> sourced 29 September 2019

^{xiv} <https://cauldronsandcupcakes.com/2019/06/27/just-be-kind-okay/>, sourced 29 September 2019

^{xv} Medical Board of Australia <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>, sourced 28 September 2019

^{xvi} <https://www.caselaw.nsw.gov.au/decision/5600a0e8e4b01392a2cd0f88>

^{xvii} GCN <https://gcn.ie/doctor-prescribes-autobiography-ex-gay-celebrity-cure-patients-homosexuality/>, sourced 29 September 2019

^{xviii} Gender Identity Initial Principles of Engagement (as adopted by the Anglican Synod on 23 October 2018, Resolution No 49/18), paras. 9.1.1(d) and 9.1.5(d), https://www.sds.asn.au/sites/default/files/2018.SynodProceedings.full.pdf?doc_id=NDA2NTE=,, Sourced 29 September 2019

^{xxix} Sydney Diocesan Secretariat, Synod 2018 2nd Ordinary Session of the 51st Synod, https://www.sds.asn.au/sites/default/files/Synod%202018.Circular%20to%20Parishes.SynodReps%20etc.2018.11.02.final_1.pdf?doc_id=NTc0NzE= sourced 28 September 2019

^{xxx} <http://www.theglorias.com.au/about>, sourced 29 September 2019

^{xxxi} Royal Melbourne Children’s Hospital
<https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>, sourced 28 September 2019

^{xxxii} Sydney Anglican Diocese, 2nd Ordinary Session of the 51st Synod, October 2018, https://www.sds.asn.au/sites/default/files/2018.SynodProceedings.full.pdf?doc_id=NDA2NTE=, from page 152, sourced 28 September 2019

^{xxxiii} <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx> Sourced 28 September 2019

^{xxxiv} *Royal Commission into Institutional Responses to Child Sexual Abuse Final Report – Religious Institutions* [Volume 16: Book 1] (Commonwealth of Australia, 2017), 486.

^{xxxv} *Royal Commission into Institutional Responses to Child Sexual Abuse Final Report – Religious Institutions* [Volume 16: Book 2] (Commonwealth of Australia, 2017), 687.

^{xxxvi} <https://www.theguardian.com/australia-news/2019/aug/14/victorian-bill-would-compel-priests-to-report-child-abuse-confessions-or-risk-jail>, sourced 29 September 2019