Calvary Care response to Health Report questions - 19th November

1. **Have you considered the restriction of women's health services in the markets you would be entering because of your ethical code and the impact on women, the ability of adjacent services if they exist to take up these services and resultant effect on access and affordability.**

Calvary is not withdrawing from women's healthcare and will continue to offer the vast majority of services where they are already offered in hospitals. Where hospitals currently offer maternity care, obstetrics, and gynaecological care and surgery, this will continue. This includes treatments for chronic conditions such as endometriosis. Where a requested intervention cannot be offered, we remain committed to treating every person with dignity, providing clear information and supporting access to appropriate ongoing care.

2. **Under what circumstances would you permit tubal ligation in a Calvary Hospital.**

Tubal ligation and other treatments that may affect fertility is offered where it is clinically indicated and necessary. Sterilisation and contraceptive procedures for the sole purpose of fertility prevention are not offered. What matters is the purpose of the treatment.

3. **How exactly will VAD work for a sick and disabled patient in one of your facilities. Will they have to find another hospice and will there be such access in all the markets you are entering?**

Calvary will continue to provide oncology treatment, emergency care, symptom management, palliative care and compassionate support. Patients will not be abandoned because they enquire about or choose to pursue voluntary assisted dying (VAD). Calvary does not offer or facilitate VAD in our hospitals. We continue to care for and support any patient who expresses a wish to consider VAD, and we respond to requests in accordance with the relevant state/territory legislation. Throughout this process, if a patient chooses to access VAD, they continue to receive compassionate care, including pain and symptom management, palliative care and emotional, social and spiritual support.

4. **What happens to a woman admitted say at 18 weeks who is seriously ill and to protect her life needs to have the pregnancy terminated?**

The safety of patients in our care always comes first. The Code of Ethical Standards is clear that a patient's life should never be endangered by an inappropriate delay in

treatment. Where a pregnant woman's life is under threat, she will receive the treatment she needs from her treating team.

5. **While you claim not to receive government funding for your private facilities you are the indirect beneficiary of the large tax payer subsidy of private health insurance. How do you marry that large injection of public funds with the restrictions you place on women's health services?**

Calvary's private hospitals are not funded by the state or federal government. Calvary is a not-for-profit healthcare provider that has cared for people from all backgrounds, beliefs and circumstances for over 140 years. As a not-for-profit, Calvary reinvests every dollar it earns back into our staff, our facilities, and the communities we serve.

6. **Your ethical code will restrict the hitherto clinical freedom that specialists have enjoyed at the Healthscope facilities you propose to take over. How do you justify that?**

The Code of Ethical Standards for Catholic Health and Aged Care Services in Australia is an ethical framework that guides decision-making, rather than a list of procedures that are allowed or not allowed.

There are a set of FAQs on our website, which we have sourced these answers from https://www.calvarycare.org.au/about/proposed-acquisition-of-14-healthscope-hospitals