



Margaret Tighe

Dear Friends of Life

As you can see we are determined to keep on keeping on and doing all that we can to work towards the restoration of respect for human life.

In order to do so, we cannot be very effective without sufficient funds.

That is why we must continue to ask you for financial help so that we can continue to speak out and work hard in defence of human life!

Please be generous!

With thanks

Margaret Tighe, President

How America Abandoned its Assisted Suicide "Safeguards"

Alex Schadenberg – Executive Director, Euthanasia Prevention Coalition 29/8/25



Alexander Raikin

Alexander Raikin wrote an excellent article: *How America abandoned its suicide safeguards* which explains how the US states that have legalized assisted suicide abandoned the "safeguards" in their assisted suicide laws. I have written several articles on this topic especially since nearly every assisted suicide law in America, once passed, was later expanded. Raikin explains:

In 2020, Jane, a 29-year-old Colorado woman with eating disorders, was "provided with lethal drugs ... in the midst of a mental-health crisis", according to a lawsuit filed this year by the Institute for Patients' Rights, an advocacy group seeking to overturn Colorado's assisted-suicide program. Jane qualified for assisted suicide, the lawsuit contends, yet she was discharged from a hospice because she no longer qualified for hospice care, and her hospice considered her no longer competent to consent to medical treatments. So how could she have consented to suicide-by-doctor?

Jane was fortunate: her parents successfully sued for guardianship, and a court ordered the medication to be destroyed. Jane "went on to recover from all of it, including her anorexia", according to Matt Vallière, the executive director of the Institute for Patients' Rights. Jane found work as an occupational therapist, went on vacation, and even purchased a home. Although she ultimately died two years later of complications from her history of eating disorders, she'd had an opportunity to "live her best life", Vallière says. That any medical professional decided that Jane qualified for assisted suicide, he claims, was "absurd".

Raikin states that Jane's case isn't unusual and violations of assisted-suicide laws are rampant with no known suspensions or revocations of clinician licenses, even when patients were endangered. Raikin explains how these laws are being violated:

Much of the issue is oversight. In each of the 11 states that have implemented suicide-by-doctor, regulations require clinicians to submit compliance forms, typically within days of a patient's death. These forms document that the patient expressly consented to die through assisted suicide, and that the clinicians followed all necessary legal safeguards and eligibility criteria, including affirming that the patient is terminally ill and of sound mind.

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Victorian Labor Government set to make access to Assisted Suicide and Euthanasia even easier

As reported in our previous edition of the RTLA News, the Victorian Labor government plans - before the end of the 2025 year - to introduce a bill amending the Voluntary Assisted Dying Act 2017 (VAD) to make access to assisted suicide even easier than it is now.

In what is a grave breach of freedom of conscience, medical practitioners with a conscientious objection to any involvement with assisted suicide and euthanasia will be forced to effectively refer terminally patients to a practitioner who supports the deadly practice, even if not by a formal referral.

RTLTA is already mounting the strongest possible campaign to oppose the proposed amendments and ensure the bill containing the amendments is never passed. The RTLA campaign will focus on organized letter writing to MPs in both Houses of Parliament. The campaign also includes face to face lobbying of MPs to persuade them to vote against this bill which would put more lives at risk.

Health Minister pushing the life-threatening changes to the VAD.

The fact that the Victorian Health Minister, Mary-Anne Thomas is pushing these amendments to the Act is deeply disturbing. It means that the Victoria Labor government is fully behind these deadly changes.

While Ms Thomas says that Labor MPs would be given a "conscience vote", there will be heavy party pressure to vote for the amendments. Back in 2017, when the Act was passed, only a tiny group of Labor MPs voted against VAD, and half of them are no longer MPs. It makes our task all the harder.

It is shocking that Ms Thomas unveiled what she called the government's proposed changes with the President of Dying with Dignity Victoria, Jane Morris standing right beside her!

A photo of Ms Thomas with only the President of Dying with Dignity Victoria, Jane Morris close at her shoulder was published by the Melbourne *Age*. The saying that a picture says a thousand words is sadly true. Ms Thomas wants to send a message when she is photographed right beside the President of the group whose aim is to make the deliberate killing of patients more freely available.

In July 2023, the Andrews Government announced a five-year review of the VAD Act. Health Minister Mary-Anne Thomas stated then that the review would not lead to legislative changes.

The scope of the Five Year Review did not include reviewing the VAD Act itself. The 2024 Report on the Review found that "a third of interviews with family members and a tenth of written submissions from people seeking VAD described their experience of access barriers due to obstruction from organisations and individual practitioners. This was often, but not always, related to religious beliefs and organisational policies." The earlier assurances to the contrary, given by Mary-Anne Thomas count for nothing.

The Victorian Government now intends to respond to the pro-euthanasia feedback by amending the Act to remove barriers to access VAD and make it more freely available by removing some of what were originally touted as the famous "68 safeguards".

Among the many amendments being proposed by the Health Minister, these two are the most contentious:

- Allow registered health practitioners to initiate discussions about voluntary assisted dying, within broader end of life discussions.
- Require registered health practitioners who conscientiously object to voluntary assisted, to provide minimum information to patients as to how to access to voluntary assisted dying.

Please contact your MPs. See over page.

Write to our MPs

Action Alert for all our Victorian Supporters

Please write to our state MPs asking them to vote against the government's bill to make doctor assisted suicide and euthanasia more easily available by amending the Voluntary Assisted Dying Act 2017.

The Victorian Parliament has two Houses,
The Legislative Assembly and The Legislative Council.
We have one member for our electorate in the Assembly
and five members representing us in the Council.
Please write to all six MPs.
We can use the same text in all six letters.

**The best way to stop these life threatening amendments
to the VAD Act is to write a letter to our MPs.**

A Sample Letter to Your MPs

Your address here

Date here

Dear

I urge you to vote against the bill to amend the Victorian Voluntary Assisted Dying Act (VAD) 2017, to make VAD more easily available in Victoria.

When the Act was passed in 2017, then premier, Daniel Andrews, said it was the safest and most conservative bill of its kind in the world. Amending this Act by allowing more patients to access VAD would remove protections leaving patients more vulnerable to wrongful deaths.

Most concerning is the removal of the present ban on registered health practitioners (that is doctors) raising the subject of VAD with a terminally ill patient, who has not raised the subject. Removing this safeguard allows doctors to raise the option of VAD to vulnerable patients, who might then conclude the doctor thinks they would be better off dead and that euthanasia is a valid form of treatment.

A second amendment, to which I strenuously object requires a doctor who holds a conscientious objection to euthanasia to provide information about VAD to a patient. This requirement is an assault on the freedom of conscience of doctors.

Yours faithfully,
(Your Signature)

For detailed information: www.australiancarealliance.org.au/submissions

South Australia's New Pro-life Bill Introduced by Hon Sarah Game MLC



Hon Sarah Game MLC

A pro-life bill entitled **Termination of Pregnancy (Restriction on Terminations After 22 Weeks and 6 Days) Amendment Bill 2025** aimed at winding back South Australia's abortion law was introduced by Independent MP Hon Sarah Game MLC, Member of the Legislative Council into the Parliament of South Australia on 17 September 2025.

Hon Sarah Game MLC is to be commended for introducing a pro-life bill less than a year after the slim defeat of similar private member's pro-life bill (the **Termination of Pregnancy (Terminations and Live Births) Amendment Bill 2024** introduced by Mr Ben Hood MLC in 2024.

Since abortion up to birth was introduced in SA in July 2022, seventy-nine healthy viable babies have been killed after 23 weeks gestation through an injection of poison into their heart. Labour is then induced and these babies are born dead.

Currently, South Australian law permits abortions after 23 weeks, with approval of two doctors, if continuation of the pregnancy would involve "significant risk to the physical or mental health" of the mother.

The amendment removes that clause, limiting abortions after 23 weeks to situations deemed required to save the life of the mother or the life of another foetus, or for congenital abnormalities. The amendment bill differs from the one introduced by Liberal MP Ben Hood last year, which proposed that a woman who was over 27 weeks and six days gestation would be induced to give birth to a live baby (rather than aborting the pregnancy).

If passed, the legislative change would be a significant first step in restricting late term abortions on healthy babies after 23 weeks gestation - saving the lives of many babies.

One of our great pro-life advocates Dr Joanna Howe and Pro-life Health Professionals Australia are working hard to support the bill. Dr Howe has prepared an information briefing paper on the bill. She described Ms Game's bill as an attempt to prevent the termination of healthy babies - 79 to date this year in SA.

Thousands attended a peaceful rally on Wednesday 17 September 2025 on the steps of Parliament House in Adelaide to support the introduction of the bill. See You tube video of the rally <https://youtube.com/shorts/c-Hkyoi0f9Q>.



Brave testimony given by couple at Rally for Life, SA Parliament 17/9/25

Many young people were present, especially women. Rally organiser Dr Joanna Howe, a dynamic orator, gave an inspiring address, exhorting attendees to be "the generation that ends abortion" and received rousing support to continue the fight to outlaw abortion, noting that it took William Wilberforce 20 years to get slavery banned. Dr Howe was supported by several other inspiring speakers, including Dr Melissa Lai from PHPA. It was particularly impressive to see a young married couple, now with two young children and expecting another, speaking of their pain some years before in year 12, when the mother became

pregnant she had an abortion which they both immediately regretted yet they stayed together and now give their testimony. Truly remarkable and inspirational.

A theme of the rally was that most of our politicians are out of touch with the wishes of the people and need to be held accountable, both in the Parliament and at the ballot box. This also received rousing support, a message for all politicians. Ms Game plans to bring the bill to a vote before the March 2026 state election. "It is time our laws protect the most vulnerable – healthy, viable babies – without compromising the care mothers need," Ms Game said. "I am optimistic this bill will pass swiftly through the Parliament"

Mr Hood's bill was narrowly voted down by the upper house in October last year, after a debate lasting three hours. Both major parties allowed a conscience vote on Mr Hood's private member's bill, meaning that MPs did not need to vote along party lines.

As Right to Life Australia supporters know from our many campaigns against abortion and euthanasia, there will be strong opposition to such a significant change in abortion law in South Australia. However, Alan Tyson, a long term pro-life campaigner in SA with his wife Helen, who both attended the rally, described the rally as a turning point, and urge RTLA supporters, especially those in SA, to actively inform politicians to get on the right side of history and morality or else be swept away in the pro-life tide that will surely engulf Australia.

ACTION:

- If you live in South Australia, please write to your Members of the Legislative Council. Letters to be sent c/- Parliament House, Adelaide, 5000 (unless stated otherwise below). Or email if you are unable to write.
- Each MLC is elected to represent the whole state on a system of proportional representation.
- A letter should be sent to all 22 Members, preferably personalised!
- Ask your MLCs to vote for the bill which will save the lives of many healthy South Australian babies.
- We ask supporters to also write to their 1 (one) Member of the House of Assembly – There are 47 electorates. Contact details are included with our mailout.

Members of the Legislative Council – South Australia

Hon Constadina Bonaros SA-BEST
bonaros.office@parliament.sa.gov.au

Hon Ian Keith Hunter ALP
hunter.office@parliament.sa.gov.au

Hon Emily Sarah Bourke ALP
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Hon Russell Paul Wortley ALP
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Abortions Available Online is a Horrific New Development in Australia

Most Australians will be horrified to learn that abortions are now available online.

These abortions are provided by what is called **Clinic 66**, a medical clinic which is based in the Sydney suburb of Chatswood.

The wording of the website, "**Abortion Online**", which all the details of these "online" abortions and their being performed is almost unbelievable in the way it trivialises the killing of our unborn sisters and brothers.

The website for "**Abortion Online**" claims it provides medical abortion services to pregnant Australian women who cannot easily access an abortion clinic, in the privacy of their own home.

The **tele-abortion** is the provision of a medical abortion for women whose unborn baby is no more than nine weeks old, using the so called "**abortion pill**" solely by online tele-health online consultations. At no stage does a medical practitioner or any health professional actually have a face-to-face consultation with the pregnant woman.

Two different medications are used in **MS-2**, the two-step medication used for this medical abortion to kill the baby.

UK Assisted Suicide Bill Faces Possible Defeat in House of Lords

The Terminally Ill Adults (End of Life) assisted suicide bill introduced by Kim Leadbeater MP, passed the British House of Commons on 20 June 2025. The final vote in the Commons was 314 to 291, after having passed the Second Reading Vote with a 55-vote majority.

However, the bill, sponsored by Lord Falconer of Thoroton in the Upper House of the British Parliament) – the House of Lords - may still face defeat in that Chamber.

On passage of the bill through the House of Commons, Right to Life UK stated: "The Bill lost more than half of its majority between Second and Third Reading and did not have an 'absolute majority' in the House of Commons – fewer than half of eligible MPs voted for the Bill."

Opposition to the bill has come from such organisations as the Royal College of Psychiatrists who stated they "cannot support the bill" stating the bill had "deficiencies" citing The Mental Capacity Act "does not provide a framework for assessing a person's capacity to decide to end their own life" (Royal College of Psychiatrists, June 2025).

The bill has now progressed to debate in the House of Lords.

On 12 September 2025 debate began - now in its second reading stage because there are over 200 MPs who have elected to speak a second day of debate has been set aside for 19 September 2025. During the debate on 12 September 2025 Lord Polak gave a moving personal testimony, of how - 37 years ago - he was given six months to live.

The chairperson for Right to Life UK which campaigns against assisted suicide and in support of better access to palliative care, Catherine Robinson said: "The Commons vote marked a remarkable reversal in fortunes for the Bill, which has gone from passing its Second Reading in November last year by a 55-vote majority, to only passing the Third Reading by 23 votes".

She continued "Although the bill has passed the Commons, momentum remains with its opponents, with support consistently falling every time MPs have considered it. We will be fighting this Bill at every stage in the House of Lords, where we are confident it can be overturned given its continuing loss of support."

If passed by the House of Lords, the Bill will return to the House of Commons after both Houses have considered it, and each House having made amendments to it. The Commons MPs would vote on the amendments to the Bill passed by the Lords which may be so substantial that they could even lead to defeat in the Commons.

The first medication, Mifepristone, is a tablet which blocks the effects of progesterone, which is the hormone that is needed for the pregnancy to continue. The second medication is 4 Misoprostol tablets taken together which works by softening the cervix and making the uterus contract to push the tiny unborn baby out of the uterus to its death.

In this way, the two medications work together to kill the innocent unborn baby.

How much does this online way to kill an unborn baby cost?

Australia's Medicare health service actually pays most of the cost of killing the baby.

The full cost of the steps involved in the online killing of an unborn baby is **\$865.00**.

Medicare card holders can claim rebates on the online consultations and pay only **\$35.00** for the MS-2 medication which kills the unborn baby. So, they pay in total **\$295.20** to have their baby killed.

Healthcare holders get further help from taxpayers for rebates and pay only **\$8.00** for the MS-2 medication. As a result, they pay in total **\$253.10** to have their baby killed.



Update on the possible legalisation of voluntary assisted dying in the Northern Territory

Curiously, the Northern Territory (NT) was the first jurisdiction not just in Australia, but also around the world, when it legalised euthanasia and doctor assisted suicide back in 1995. That legislation was overridden by the federal government in 1997. More recently the Restoring Territory Rights Act 2022 lifted the restriction on the Northern Territory legislating on euthanasia and doctor assisted suicide, or as it commonly now called, voluntary assisted dying .

So, in December 2022, the 25-year ban on the Territories' rights to legislate VAD crumbled. But change has been slow to eventuate in the NT.

The former NT Labor government was criticised for inaction when it said in 2023 it would not progress VAD legislation until at least 2024, after the territory election.

In July 2024, an expert advisory panel commissioned by Labor handed down its final report recommending the government bring back VAD in the NT. RTLA had made a strong submission to that advisory committee. With its submission Margaret Tighe included a copy of a moving article from the National Indigenous Times, November 2023, by Nambi Henderson, a fourteen -year-old Warumungu and Mudburra-Jingili girl from north of Tenant Creek who currently lives in Darwin.

In the article Nambi wrote, "I don't know any of my relatives who have died of old age."

Margare Tighe wrote, "We need to heed her plea and work for better healthcare. Euthanasia and assistance to suicide are not healthcare."

Despite such a clear warning, the NT is again on a course to introduce euthanasia and assistance to suicide.

The Northern Territory is the only Australian jurisdiction where voluntary assisted dying has not been legalised. The report had made recommendations on how that could change.

Progress has since stalled again, with the CLP government, elected in August 2025, citing a lack of community consultation for not yet drafting legislation.

Chief Minister Lia Finocchiaro has emphasised the importance of including Indigenous Australians in the consultation process.

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"Aboriginal people are very important stakeholders in this conversation," she has said.

"The original report was consulted on up and down the Stuart Highway in the main towns. It wasn't taken out to remote communities."

Lia Finocchiaro wants to consult more widely with Aboriginal people.

The NT government has charged the Legal and Constitutional Affairs Committee of the NT Parliament to manage a new full inquiry. The Terms of Reference of the committee included, among others, the following points:

- To consult extensively with communities across the NT particularly in remote areas to gather views on the possible introduction of VAD in the NT.
- Evaluate different VAD models and safeguards, with a focus on what would be appropriate in the NT context.
- If the committee recommends adoption, provide drafting instructions for model legislation to give effect to voluntary assisted dying.

The Committee released a Consultation Paper which comprehensively outlined the issues at stake.

RTLA Australia made a very detailed and lengthy submission of over 10,000 words, responding to the issues raised in that Consultation Paper.

The Consultation Paper had very clearly stated key questions asking:

- whether those making a submission supported making VAD legal in the NT;
- what eligibility criteria a person would need to meet before they can access VAD;
- How could the NT make sure that an eligible person can access VAD in a safe and effective way, including people living in remote areas, and Aboriginal and Torres Strait Islander People;
- How could the NT monitor the process to ensure that VAD is delivered safely and effectively.

The RTLA submission gave detailed responses to these questions based on its foundational life principles and its detailed research into these matters.

The RTLA submission began by stating:

"Whether the law should permit voluntary euthanasia or physician-assisted suicide is one of the most vital questions facing all modern societies."

Internationally, the main obstacle to legalisation has proved to be the objection that, even if they were morally acceptable in certain 'hard cases', voluntary euthanasia and physician-assisted suicide could not be effectively controlled; society would slide down a 'slippery slope' to the killing of patients who did not make a free and informed request, or for whom palliative care would have offered an alternative.

How cogent is this objection?

This submission will attempt to answer this question in the light to the current experience of voluntary euthanasia or physician-assisted suicide both in Australia and in other countries which have grappled with this issue.

At the end of its long submission RTLA concluded:

RTLA wishes to return to the importance of the adequate and comprehensive provision of palliative care for terminally ill patients.

We are happy to conclude our Submission with the strongest possible endorsement of the development innovative palliative care services which will respond to the needs of terminally ill patients and will reach out to the most remote corners of the Northern Territory.

It is significant to note that the Catholic Bishop of Darwin and the NT has been outspoken in his rejection of VAD and his pleas for better comprehensive health services including palliative care for all the people of the NT.

So far, the Legal and constitutional Committee has released one Interim Report. The second Interim Report was released on 2 September, 2025..

RTLA will respond appropriately in the defence of the value of every human life in the NT.

Eugene Ahern

Pope Leo Tells Catholic Politicians: You Can't be Catholic and Pro-Abortion



Photo courtesy of Vatican Media

Speaking to a group of French politicians on pilgrimage in Rome (<https://tinyurl.com/cath-politicians>), Pope Leo XIV has made a call to Catholic politicians worldwide, urging them to align their actions with the Church's teachings on the sanctity of life.

Following on from an audience with ambassadors to the Holy See (<https://tinyurl.com/diplo-corp>), during which Pope Leo XIV called on government leaders "to build harmonious and peaceful civil societies.." by "striving to ensure respect for the dignity of every person, especially the most frail & vulnerable, from the unborn to the elderly..."

Pope Leo steadfastly affirmed that:

"There is no division within the personality of a public figure: there is not on one side the politician, and on the other the Christian."

"The salvation Jesus obtained with his death and resurrection encompasses all the dimensions of human life, such as culture, economics and work, the family and marriage, **respect for human dignity and life..**"

"Rather, there is the politician who, under the gaze of God and of his conscience, lives out his commitments and his responsibilities in a Christian manner," he said.

"You are therefore called to strengthen your faith, to deepen your understanding of doctrine – in particular the social doctrine – that Jesus taught the world, and to put it into practice in the exercise of your functions and the drafting of laws. Its foundations are essentially in harmony with human nature, the natural law that everyone can recognize, even non-Christians, even non-believers."

Pope Leo XIV urged politicians to never fear to defend with conviction their faith and the social doctrine born of it.

Calling it "a doctrine of salvation that seeks the good of every human being, the building of societies that are peaceful, harmonious, prosperous, and reconciled."

In "certain Western societies where Christ and His Church are marginalized, often ignored, and sometimes ridiculed," the Pope said, "only union with Jesus, Jesus crucified, will give you the courage to suffer for His name."

This message challenges Catholic politicians to uphold the sacredness of life in their public roles, aligning their policies with the Church's moral teaching.

Pope Leo's commitment to the pro-life cause is longstanding. During his time as Cardinal Robert Francis Prevost, he denounced abortion and urged compassion for the unborn, the elderly and the disabled.

In a homily from August (<https://tinyurl.com/leo-assumption>), during the Solemnity of the Assumption, Pope Leo implored us to reject the "voices of death". He cited that "Sometimes, unfortunately, where human self-reliance prevails, where material comfort and a certain complacency dull the conscience... faith can grow old".

We are calling for courage for all of our Australian politicians, particularly for those who profess the Catholic faith. That they stand up for the sanctity of life from conception until natural death.

Again from the Assumption Homily, "We are called to be disciples of Christ.. It is his love that drives us.. spreads life and lets life prevail".

Shortly politicians will be voting on restricting late term abortions on healthy babies after 23-weeks gestation in South Australia and later in the year the Victorian Labour government will seek to widen the scope of the Voluntary Assisted Dying Act 2017. May politicians no longer heed the numerous 'voices of death' shaping current policy discussions.

Unborn Girls Are Missing – And Queensland’s Abortion Laws Are Enabling It

/ Sex-Selective Abortions / By Hannah Newton, Cherish Life Queensland
Permission to reproduce from Cherish Life Queensland

Sex-selective abortion, that is the practice of ending the life of an unborn child based on that child’s sex, is often thought of as a distant problem confined to other parts of the world like Asia. However, new research has revealed that this lethal form of discrimination is not only happening in Australia, it is also likely happening right here in Queensland. Devastatingly, there is currently nothing we are doing to stop it.

Newly released study

A groundbreaking peer-reviewed study published in PLOS Global Health analysed over 2.1 million births in Western Australia and New South Wales between 1994 and 2015.[i] The authors found consistent, statistically significant patterns of male-based sex ratios at birth among certain population groups, particularly at the second or third pregnancy following one or more daughters.

In natural conditions, the sex ratio at birth (otherwise known as the SRB) is about 105 boys for every 100 girls. However, this study showed that the SRB exceeded expectations for children born to Indian, Chinese and Vietnamese mothers. For mothers from China, the SRB was 1.09 at second birth and markedly higher (1.34) at the third birth when the first two were female.[ii] This pattern was also observed for mothers from India. Indian and Chinese mothers had much higher induced abortion rates in early pregnancy than their Australian counterparts, which also coincided with the introduction of non-invasive prenatal testing. The authors concluded that this provided observational evidence that linked the male-biased SRB with prenatal sex determination followed by selective female-biased abortion.[iii]

So what is non-invasive prenatal testing (NIPT)? This is a semi-recently introduced blood test that can reveal the sex of a baby as early as 10 weeks gestation.[iv] This timeline also conveniently falls well within the legal window for abortion-on-request in most Australian Jurisdictions. What this means is that parents can find out the sex of a baby early enough to legally terminate the pregnancy if they are disappointed.

While this data came from WA and NSW, the same cultural and legal conditions exist in Queensland, meaning that there is every reason to believe that similar sex-selection practices are occurring here.

Queensland’s permissive abortion laws fuel the problem

Since the passing of the Termination of Pregnancy Act 2018 (Qld), abortion in Queensland is legal for any reason up to 22 weeks gestation.[v] Beyond 22 weeks, it can still be performed with the agreement of two doctors.

There is:

- No requirement to give a reason for seeking an abortion
- No restriction on terminating based on the sex of the baby
- No delay in disclosing the baby’s sex via NIPT
- No data collection or monitoring of why abortions are performed in Queensland

This legal environment effectively created the perfect storm for sex-selective abortions to occur undetected and unchallenged. Parents can learn the sex of their unborn child early, and if they are hoping for a boy but find out it is a girl, they can legally and quietly abort the baby. We must acknowledge this for what it is, **gender discrimination**.

Let’s be clear: this is gender-based discrimination

Sex selective abortion is not a fringe concern. It is a form of gender-based violence that targets girls at their most vulnerable stage: in the womb. It says to girls, before they take their first breath, that they are not wanted or valued.

This practice has contributed to millions of “missing girls” globally, especially in China, where widespread sex-selection has created dangerous demographic imbalances and human rights crises.[vi] The United Nations has even condemned sex-selective abortion as a violation of women’s rights.[vii] However, in Australia we are turning a blind eye.

We cannot claim to uphold gender equality while permitting a legal system that allows girls to be aborted for simply being girls.

A glaring double standard: IVF vs abortion

Here’s the irony: in Australia, it is illegal to select the sex of a baby through IVF unless there is a medical reason (such as avoiding a sex-linked genetic disorder).

The National Health and Medical Research Council guidelines, which govern reproductive technology, explicitly prohibit non-medical sex-selection. The reasoning is sound: allowing parents to choose the sex of their child for personal or cultural reasons would entrench gender bias and commodify children. And yet, while sex-selection through IVF is banned, sex-selection through abortion is entirely legal. This contradiction is staggering.

In one context, the government rightly says: *you cannot choose your child’s sex – because girls and boys are of equal value. But in another says: you can end the life of your unborn baby if the child is not the sex you want – and we won’t ask why.*

This is not just a loophole, it’s a fundamental failure of consistency and principle and it is costing baby girls their lives. How can we ban sex-selection in the lab while turning a blind eye to it in the womb?

The lies used to justify it

Pro-abortion advocates often justify unrestricted abortion laws by invoking tragic scenarios – claiming that if abortion were restricted in any way, women would be denied care for miscarriage or ectopic pregnancy. This is false.

In Queensland:

- Miscarriage care is completely legal and is routinely provided
- There is no law that prohibits health professionals from offering and administering life-saving treatment.

This argument is a scare tactic, used to distract from the fact that our current laws allow for abortion purely because the child is the “wrong” sex. This is not about reproductive healthcare, it is about ideological dishonesty and legal cowardice.

So, what needs to be done?

If Queensland is serious about protecting women and girls, we must take urgent steps to end sex-selective abortion. At a minimum the Queensland Government should:

- Ban the disclosure of a baby’s sex before 20 weeks unless medically necessary
- Prohibit abortion on the grounds of a baby’s sex
- Introduce mandatory reporting requirements, including collection of data on reasons for abortion and a baby’s sex at termination
- Implement clinical protocols in line with ethical standards that prevent misuse of NIPT for non-medical sex-selection.

Equality must begin in the womb

Sex-selective abortion is happening in Australia. It is enabled by silence, fuelled by ideology, and ignored by the very laws that claim to protect women. If we care about gender equality, we cannot look away.

Every unborn girl deserves the same right to life and dignity as a boy. Equality must begin in the womb. It’s time Queensland faced the truth – and acted to protect all of our babies.

References:

- ⁱ Gebremedhin AT, et al. (2025) Indirect evidence of sex-selective abortion practices to the imbalanced sex ratio at birth in Australian migrant populations. PLOS Glob Public Health 5(5): e0004672. <https://doi.org/10.1371/journal.pgph.0004672> Accessed 7 August 2025.
- ⁱⁱ Gebremedhin AT, et al. (2025) Indirect evidence of sex-selective abortion practices to the imbalanced sex ratio at birth in Australian migrant populations. PLOS Glob Public Health 5(5): e0004672. <https://doi.org/10.1371/journal.pgph.0004672> Accessed 7 August 2025.
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Continued from page 1... How America Abandoned its Assisted Suicide "Safeguards"

Failure to submit this documentation isn't just a statutory offense. Medical providers and pharmacists who fail to "make a good-faith effort to file required documentation in a complete and timely manner", as Washington state law instructs, risk losing "immunity protection" for the criminal act of assisting someone's suicide. Yet a Department of Health report found that physicians improperly reported compliance for a third of all assisted suicide deaths in the Evergreen State. Indeed, Washington is missing 515 compliance forms entirely for the period between 2009 to 2023, according to my calculations based on annual reports, and is also short of 293 "written request" documents that patients are required to sign attesting that they wish to die by suicide. In Colorado, my calculations find that almost 1,800 compliance forms have remained missing since 2017.

The actual number of assisted suicide deaths is unknown. Raikin writes:

States can't answer the most basic question: how many physician-assisted suicides have been facilitated by clinicians in America? Across Colorado and California, state authorities have no record of the type of "aid-in-dying drugs" that were prescribed to more than 1,000 patients, according to my analysis of state reports, including the California End of Life Option Act 2024 Data Report. In Oregon, the health authority has records on 376 assisted suicides completed in 2024, but for another 178 cases in which medications were prescribed, authorities don't know if the patient died by ingesting the drugs, or even died at all.

Washington State has decided to stop publishing the assisted suicide data.

In 2022, Washington state announced that its Department of Health is diverting "all available funding" for its assisted-suicide compliance-review program to "data entry of submitted forms", due to lack of funding from the state. Data entry is commendable. But by law, the state is also required to "review" reporting compliance and issue an annual report. Instead, this summer, a pop-up appeared on the department's website: "Important Note: Due to funding cuts, the Death with Dignity Program at the Department of Health is suspended. ... A 2024 annual statistical report will not be released."

Washington state's decision surprised even assisted-suicide clinicians. Jessica Kaan, the medical director for End of Life Washington, an institution which facilitates assisted suicides in the state, warned on a forum for providers that "no one will even be monitoring or responding to emails or phone calls that come into the DOH [Department of Health] about the DWD [Dying With Dignity] program". Kaan called it "a grim situation". After this push back, the state announced that it will release the 2024 report after all – but it will be the last one ever to be released.

Raikin then explains that New Mexico does not publish an annual report, even though the assisted suicide law requires an annual report. States are also removing the "safeguards" in the law. Raikin explains:

This systematic disregard of safeguards is happening as the process is being fast-tracked: states are removing requirements that applicants reside in state; allowing less-credentialed providers, such as social workers, nurses, and physician associates, to perform assessments instead of psychiatrists and psychologists; and reducing minimum waiting periods. In Oregon, which waived waiting periods in 2020, clinicians have reported in Oregon's annual Death with Dignity Act report that assisted suicides routinely occur on the same or next day the patient makes their quest. Since in some cases it takes up to five days for a patient to die from ingesting the death cocktail, it is possible that it will take a patient longer to die than to receive lethal prescriptions.

The proportion of vulnerable persons dying by assisted suicide has also increased. Raikin writes:

The proportion of deaths of vulnerable patients has also increased by magnitudes. In the first year of Washington state's program, 16% of patients mentioned "the physical or emotional burden on family, friends, or caregivers" as a reason for their decision to die, and 2% were concerned about "the financial cost of treating or prolonging the patient's terminal condition". By 2023, according to the state's reporting, the number concerned with "feeling like a burden" jumped to half of all assisted-suicide deaths, and a 10th were concerned about "financial implications of treatment".

A similar trend is unfolding in Oregon. In 2009, the first year that the program was available, no patients told their assisted-suicide clinician that they were choosing to die because of financial concerns, and only 12% felt like a burden. By 2024, the state's reporting revealed that it was 9% and 42% of all assisted suicide deaths, respectively. No other states even report this data. The "attending physician follow-up form" in California, which records patient concerns that contribute to the choice of "aid-in-dying", doesn't have "financial concerns" or "feeling like a burden" on its otherwise identical menu of options.

Compliance with the law from physicians and the government is lacking. Raikin interviewed Craig New who oversees the assisted suicide program in Oregon.

Raikin reports:

Craig New, who told me on the telephone that he's the sole employee of the Oregon Health Authority responsible for monitoring compliance reporting, says that "ultimately the things usually get resolved because we bug them until they finally send in the paperwork" but even so, his office has reported around a dozen physicians to the Oregon Medical Board for violations of compliance reporting. Thanks to privacy laws regarding medical licensing, it is impossible to know whether the reported physicians faced repercussions, but my review of the Oregon Medical Board's investigations reveals that few offenses are prosecuted.

Raikin reports that Dr Rose Jeanine Kenny, in Oregon, was reprimanded by the Oregon Medical Board for contravening the assisted suicide law:

One example is Rose Jeannine Kenny, a family doctor, who in 2016 was sentenced to five years probation by the Oregon Medical Board for dozens of alleged prescription violations. Later the board received "credible information" that Kenny may have again violated the same provisions she was previously reprimanded for, and may possibly have committed "violations of the Oregon Death with Dignity Act", such as failure to ensure consent, follow the rules of written and oral assisted suicide requests, abide by the minimum waiting period, and file compliance records. Kenny once again kept her license, this time by agreeing to "participate in all physician steps" for 10 more assisted suicides, supervised by a mentoring physician from Compassion & Choices – the largest lobbying group for assisted suicide in the United States. (UnHerd was unable to reach Dr. Kenny at any of the medical practices with which she is associated online.)

Raikin states that no researchers or law enforcement are allowed to systematically review the assisted suicide records. He then tells the story of a person in Maryland with an eating disorder:

Recent court proceedings in Maryland eerily echo the lawsuit regarding Jane. Angela Guarda, the director of the Eating Disorders Program at Johns Hopkins Hospital, testified that she was contacted by an ex-patient of Jennifer Gaudiani, the physician who coined the term "terminal anorexia", and who has prescribed assisted-suicide medication to at least one patient. The concept of terminal anorexia was meant to apply only to patients over age 30; for younger patients, Gaudiani stressed in a paper for the Journal of Eating Disorders that "every effort should be made to promote full recovery and continuation of life".

The ex-patient reported that her assisted-suicide assessor told her "she would 'make an exception' for me and 'allow' me to die". The patient reported feeling coerced. She eventually weaned herself off morphine and hospice drugs and, 18 months later, reports that she's doing well, with a job, a group of friends and a new puppy.

Raikin ends the article by stating:

Patients like these, who need hope the most, are facing much more than their illnesses. They also confront an assisted-suicide regime that blatantly and routinely violates the legal safeguards that were meant to ensure their protection from a death they might not want. <https://tinyurl.com/sv5mmpe>

MP Evan Mulholland Voices Profound Concerns Over Amendments to Victoria's VAD Act



Mr Evan Mulholland MLC

<https://www.parliament.vic.gov.au/members>

Below is the text of the speech of Evan Mulholland MLC in the Legislative Council, Parliament of Victoria on 18 June 2025:

"I rise to speak on the review of the operation of Victoria's Voluntary Assisted Dying Act 2017, published in October 2024.

I give voice to profound concerns shared by representatives of over 2 million Victorians as articulated in a very powerful submission from Victorian faith leaders, including the Catholic Archdiocese of Melbourne, the Board of Imams Victoria, the Hindu Council of Australia, the Sikh

Interfaith Council of Victoria, the Victorian Sikh Gurdwaras Council, the Greek Orthodox Archdiocese of Australia, the Chaldean diocese of Australia, the Syro Malabar Eparchy of St Thomas the Apostle, the Coptic Orthodox Diocese of Melbourne, the Maronite eparchy of Australia and many others.

These communities provide invaluable care which spans over 130 years in our hospitals, aged care facilities and social services and is driven by a commitment to holistic care for the most vulnerable.

Their submission highlights a deeply flawed consultation process regarding the proposed changes to the VAD act.

These amendments were not recommended by the five-year review of the act. Indeed the government explicitly stated the review would not consider legislative changes.

Yet here we are with vague proposals, rushed consultation and a distinct lack of transparency.

I have been pleased to undertake discussions with all of these communities and thank them for their willingness to articulate this Labor government policy to their communities as we go on with this important debate.

All parties, whether proponents of voluntary assisted dying or not, deserve to know how these changes will be legislated given the sensitivities and strongly held views on matters of life and death.

Proper, thorough public consideration and consultation are absolutely essential given this gravity.

Many of the proposed changes were deeply explored by this Parliament and rejected. When the legislation first came to pass a few years ago, it was heralded by the Labor government at the time as **the safest in the world with 68 safeguards** – safeguards which this government is now trying to rush through and redefine as access issues.

Safeguards, by their nature, curtail access. The responsibility is on this government to carefully explain, in consultation with Victorians, what has changed from a clinical perspective rather than an ideological one to warrant such amendments.

Many of the proposed changes would critically weaken protections for vulnerable Victorians.

This is particularly concerning when many barriers already exist in accessing palliative and normal end-of-life care services in Victoria, particularly for patients and residents who have complex needs, are based in rural or regional areas or are experiencing significant vulnerabilities.

Data also shows that feeling like a burden is a key reason for seeking VAD measures. These amendments thus have the potential to make VAD more accessible than normal end-of-life care services. The environment such a situation creates is inherently coercive.

Let me be clear:

VAD is not health care, and forcing conscientious objectors to violate their beliefs is an affront to deeply held principles. It goes against all advice to date.

The current VAD act states that all persons, including health practitioners, have the right to be shown respect for their culture, beliefs, values and personal characteristics.

The final report of the early inquiry into end-of-life choices strongly recommended that health services, as well as individual health practitioners, not be forced to participate in assisted dying.

VAD is a complex area. It requires sensitivity rather than interjections, and a blunt approach without consultation, which requires all health care professionals to provide minimum information, could also give rise to the risk that inappropriately trained health professionals could end up providing incomplete or inaccurate information, such as shortening time between requests or reducing safeguards.

I say to the Minister for Health: publish an exposure draft of the changes and allow for public consideration as demanded by faith leaders or, frankly, abandon this legislation completely."

A Bequest

Please consider a Bequest to continue The Right to Life Australia Incorporated Life Saving Work

Your Bequest will help our campaigns to save the lives of our unborn sisters and brothers, to protect women from abortion and to save lives from euthanasia and assisted suicide.

Thank you for considering The Right to Life Australia Inc. in your will. Your Bequest will be greatly appreciated and be used wisely.

It is vital you use the correct details in your will:

I give, devise and bequeath to:

The Right to Life Australia Incorporated
Registration Number A0042146V ABN 12 774 010 375
of 161a Donald St, Brunswick East,
VICTORIA 3057, AUSTRALIA
PO Box 2029 Brunswick East, VICTORIA 3057, AUSTRALIA

xx % of my residuary estate,

(OR the sum of \$xxx xxx for the general purposes of
The Right to Life Australia Incorporated)

N.B. For any inquiries, contact our Treasurer, Michael Fewster on rtl@rtlust.com or phone (03) 9385 0100