



# RTL A

THE RIGHT TO LIFE AUSTRALIA INC.

RIGHT TO LIFE NEWS

JANUARY FEBRUARY 2026

## REST IN PEACE

# MRS MARGARET TIGHE

## AUSTRALIA'S VALIANT PRO-LIFE LEADER

### 16 January 1932 – 15 February 2026



## LATEST NEWS

It is with great sadness we announce the passing of Mrs Margaret Tighe, President of The Right to Life Australia Inc. Mrs Tighe passed away peacefully on 15 February 2026 at the age of 94 - surrounded by her devoted family at her bedside. Margaret Tighe - as founder and President of The Right to Life Australia Inc - together with courageous veteran campaigner Eugene Ahern and many others valiantly led the pro-life movement in Australia for over 60 years.

Margaret's lifelong commitment was to uphold the inalienable right to life – that every life has inherent value from conception to natural death. She led many public protests and as with many leaders of human rights movements suffered the injustice of imprisonment for her beliefs.

In anticipation of the legalisation of abortion in Australia following the passage of the Abortion Act 1967 in Great Britain she recognised the need for and embraced political and educational action in Australia well before the introduction of abortion legislation into the Australian Federal Parliament in 1973.

Margaret had an innate ability to inspire an endless network of colleagues and friends to join the movement including pharmacists, doctors, academics, barristers and thousands of people both in Australia and worldwide. We are honoured to continue her work campaigning to protect the life of the unborn child and the vulnerable at risk of assisted suicide and euthanasia.

Our next edition of The Right to Life Australia Inc. News will be dedicated to Margaret Tighe's lifelong work. God bless you Margaret. Rest in Peace. *"Well done, good and faithful servant"*

## “I’m still here” by Australian Mum Whitney Anderson

Available on Amazon  
<https://amzn.asia/d/aF6G9Ch>

I was contacted by young Australian Mum Whitney Anderson who wrote and published her own book in 2026 - a real-life story written from her unborn baby's perspective. Whitney described how she was pressured throughout her pregnancy to have an abortion – an unimaginable experience.

In the pages of the book her unborn baby - diagnosed with spina bifida - speaks to us about his experiences during his time in the womb.

This is an amazing self-published book which touches the heart. Please support Whitney by enabling her to spread her message about her experience during her pregnancy. Also, consider buying another copy to give to another mother or group.

Whitney told me:

“It’s an 80 page book just from the point of view of the baby, based on news I received whilst pregnant with my last child. His name is Bellamy. He was diagnosed with spina bifida while I was pregnant and we were advised he would have no quality of life and termination was offered until birth.

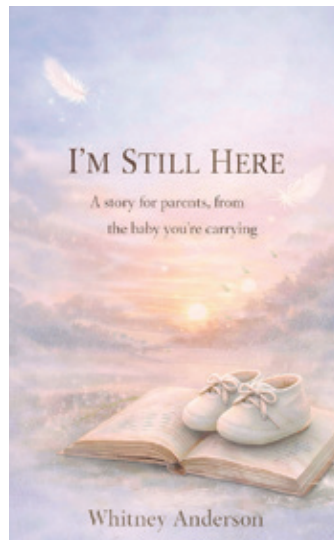
Without receiving support or information on possibilities and receiving just the absolute worst-case scenario they made me think I would be cruel to ‘make him live’. But with support from my church and family I gave birth to this miracle who has continued to show up and kick goals and prove that his life is worth something. This book is to give a voice to those babies, and to be a presence for those mums that they need to hear when given this news.

These babies are not a diagnosis but a life and a person. If you would consider giving it a read and possibly supporting it that would be changing decisions and lives all over and that’s what my purpose is. To speak for those who cannot.”

“I’m Still Here” by Whitney Anderson  
Available on Amazon <https://amzn.asia/d/aF6G9Ch>

Mary Collier, Chief Executive Officer

**RTLTA thanks Whitney for permission to reproduce photos her book covers which are COPYRIGHT**



## Mr Nigel Dalton, MP (Mackay) crosses floor opposing LNP ban on abortion debate

Please contact Mr Dalton MP and congratulate him for standing up for all unborn babies.

First term Queensland Liberal National MP Mr Nigel Dalton courageously “crossed the floor” in Parliament on 10 February 2025 to defy his leader David Crisafulli’s gag order on abortion debate.

Mr Dalton voted for a motion moved by the Katter’s Australian Party that would overturn a ban on debate on abortion and was the only Liberal MP to cross the floor. Apart from one brave defection, every single LNP MP voted to block his motion from even being debated.



Mr Nigel Dalton MP

Before entering politics, Mr Dalton served in the Queensland Police Service for 22 years, retiring in 2024. His commitment to serving the community is outstanding and he led Mackay’s Crime Prevention Unit focussing on educating children and the community on many areas including road safety, drug awareness and domestic violence prevention. He earned several awards, including the Police Commissioner’s Award from Neighbourhood Watch Australasia in 2022 and a Queensland Police Service bronze award in 2018 for contributions to community policing.

Following the 2024 Queensland state election, the electorate of Mackay is held by the Liberal National Party (LNP) with a post-election margin of 10.2%. Mr Dalton won the seat from Labor with a 16.9% to 17.2% swing overturning the previous Labor margin of 6.7%.

The Right to Life Australia Inc. congratulates Matthew Cliff, CEO of Cherish Life Queensland for his tireless efforts in lobbying MPs and organising a very successful rally together with Mr Robert (Robbie) Katter MP who moved the motion in Parliament. We also thank indefatigable Dr Joanna Howe and many others working to save the lives of the unborn. We contacted our supporters in Queensland to advise them of the details of the rally and many would have attended the event.

One of the most disturbing photographs released at the time of the rally is of baby Samuel, an Australian baby born alive after an abortion and left to die, sucking his thumb. This photo has gone viral on social media with comments from overseas pro-life groups around the world.

There is a now concerted effort to ban the circulation of the photo. Dr Howe is leading the way with a petition to keep Baby Samuel’s memory alive. Sign the petition demanding that Meta, TikTok, and other social media platforms do not bow to government pressure to censor baby Samuel’s beautiful and emotionally disturbing image.

[www.drjoannahowe.com.au](http://www.drjoannahowe.com.au)

As Mr Katter said: “ A government deciding certain topics simply can’t be discussed in Parliament sets a dangerous precedent. Once that door is opened, any future government can use it. That cuts against the very purpose of Parliament. This isn’t about religion. Never has been. The original debate came from a born-alive bill, a genuine human rights concern”.

[www.facebook.com/robkatterMP/videos/this-week-we-are-challenging-the-gag-motions-the-lnp-liberal-national-party-slap/1614856596960245/](https://www.facebook.com/robkatterMP/videos/this-week-we-are-challenging-the-gag-motions-the-lnp-liberal-national-party-slap/1614856596960245/)

Contact **Mr Dalton MP:** Electorate Office Postal Address  
PO Box 199, MACKAY QLD 4740  
**Phone:** (07) 4960 7100  
**Email:** [Mackay@parliament.qld.gov.au](mailto:Mackay@parliament.qld.gov.au)

Contact **Mr Katter MP:** Electorate Office Postal Address  
PO Box 1968, MOUNT ISA QLD 4825  
**Phone:** (07) 4730 1100  
**Fax:** (07) 4730 1109  
**Email:** [traeger@parliament.qld.gov.au](mailto:traeger@parliament.qld.gov.au)

## LEADBEATER'S ASSISTED SUICIDE BILL IS ON A KNIFE-EDGE

- The Right to Life Australia Inc. thanks our UK correspondent Dr Helen Watt\* who has written the following article for our February Newsletter 2026.
- Dr Helen Watt PhD is Senior Research Fellow at the Bios Centre, an independent medical ethics charity set up to research bioethical issues and critically examine current practices in health care, located in London, England.
- Dr Watt has published extensively internationally including in the Journal of Medical Ethics, the Journal of Medicine and Philosophy, HEC Forum and Clinical Ethics.



**Dr Helen Watt PhD,  
Senior Research Fellow,  
Bios Centre, UK.**

This has been a turbulent, extraordinary year for the UK as regards assisted suicide. In England and Wales, Kim Leadbeater's bill, blandly titled the Terminally Ill Adults (End of Life) Bill, is on a knife-edge at the House of Lords after passing its Third Reading in the House of Commons.

Now fearing that the Bill will fail in the Lords, the Bill's sponsor there, Lord Falconer, in a letter to fellow Peers has threatened deployment of

the Parliament Act (rarely used and never for a Private Member's Bill) to secure its passage to the next stage. This would, however, require the Government to give the Leadbeater Bill additional time which the Government may be unwilling to do given the Bill's controversial nature.

The Leadbeater Bill would allow assisted suicide for those with a terminal illness with a 6-month prognosis. Doctors do not need to ask why assisted suicide is sought or check for remediable social or psychiatric factors. Patients do not need to see a palliative care doctor or speak to a mental health professional. Someone distressed by a recent diagnosis who is still processing the news, and has not made use of support options, could still be assisted to take his or her own life with reasonable dispatch. Kim Leadbeater has suggested that the patient's feeling a burden would be a legitimate reason for assisted suicide and certainly, it will be a common one, to judge from the experience of other legislatures.

The Royal College of Psychiatrists, which opposes the Bill, observes that it is hard to square with psychiatrists' normal role of preventing patient suicide. It also points out that a preliminary discussion may be required if the patient raises the topic, even if the patient clearly does not qualify for assisted suicide and is under psychiatrists' care precisely to prevent suicide. Will doctors seeking to protect such a patient be expected to have, or signpost for, a how-to consultation that may be exactly what he or she does not need?

Following agreement by two doctors, a panel including a psychiatrist, a social worker and a lawyer will consider patients' applications. No need for a legal representative to test evidence and no need to ask the doctor or applicant any questions. Even someone who theoretically might be questioned, such as a potentially coercive person in the patient's life, will not be

legally compelled to appear. Family members who may be all too aware of coercion by a 'significant other' and/or of mental health challenges or fluctuations in the wish to die need not be brought into the process. In all likelihood, this will be a 'cosy' application to what may in practice be – as in Australian equivalents – a highly pro-assisted-death panel.

The House of Lords has been spirited in its critique, with even 'in principle' supporters of assisted suicide insisting the Bill is not fit for purpose. Noble lords have spoken not only on the principles but on their experiences in connection with their own or a loved one's illness, or in their medical work or work with charities. Similarly, public debate has for months included vocal protests from health care workers and medical and charitable bodies concerned about those with depression, those with anorexia, victims of domestic abuse, prisoners and the homeless, the unassertive, the economically disadvantaged, the physically or intellectually disabled.

For these groups, as for others, assisted suicide can be not merely discussed by a doctor under the terms of the Bill but proactively raised by him or her. A doctor is clearly an authority figure whose words may influence even those who had not previously considered assisted suicide. Many patients will conclude, rightly or wrongly, that the doctor is saying their condition is 'hopeless' and that a natural, peaceful death with high-quality palliative care is not a practicable option.

Efforts at Committee stage or during Third Reading in the House of Commons to protect particularly vulnerable groups were successfully resisted by Kim Leadbeater and her supporters. However, a record-breaking 1,227 amendments have since been tabled in the House of Lords. Protests that the Lords are exceeding their proper powers have been met with the riposte that this is a Private Member's Bill, that the Lords are expected to scrutinise legislation and that this is exactly what they are doing.

In the meantime, in Scotland, a bill more frankly named the Assisted Dying for Terminally Ill Adults (Scotland) Bill is also under consideration and is now at its third stage. Again, there has been a lively debate on the topic including over the issue of conscientious objection. Opponents have objected that MSPs will be required to sign a blank cheque in that conscientious objection is a reserved issue, meaning that it must be decided by Westminster and not the Scottish Parliament. In any case, conscientious objection provisions are unlikely to extend to institutions such as hospices, any more than they would do so south of the border under the Leadbeater Bill. Hospices, already in dire financial straits and receiving only a third of their income from government sources, may in future be expected to allow assisted suicide to take place under their roof unopposed.

It is worth remembering that research has found that unassisted suicide goes up, not down, when assisted suicide is legalised, seeming to show the well-known 'Werther effect' – the 'contagious' effect of another person's suicide. This is but one of the baleful effects on society – to say nothing of those immediately affected such as patients, families and harassed and/or oath-betraying doctors – should these bills pass into law.

\*Dr Helen Watt is a Senior Research Fellow at the Bios Centre, an independent medical ethics charity. To subscribe for updates on publications and online seminars, visit [www.bioscentre.org](http://www.bioscentre.org). Donations are gratefully received and can be made to Bios Centre, IBAN: GB07 LOYD 3099 5015 3794 62, SWIFT: LOYDGB21287.

# Victorian Doctors Will be Forced to Give “VAD” Information to Patients.

The expansion of Victoria’s Voluntary Assisted Dying Act 2017 passed both houses of the Parliament on 18 November 2025. Misleadingly the bill named the **Voluntary Assisted Dying Amendment Bill 2025** purported to be minor adjustments to the “Voluntary Assisted Dying Act 2017. But when enacted it will dramatically expand access to doctor-assisted suicide and euthanasia.

The timing of consultation and the release of the bill gave all pro-life organisations little time to take action. We contacted many churches and individual supporters as well as medical doctors and other pro-life groups and sent out material to assist pro-lifers in their arguments against the bill. We were grateful to be contacted by supporters in medical areas who were unable to lobby MPs but sent donations in to support our campaign.

We thank all RTLA supporters for lobbying their MPs by writing to express their opposition to the bill. Alarmingly some MPs who opposed the 2017 bill voted for the 2015 bill. It is important to write and thank those MPs who bravely gave speeches to oppose the government bill. We saw first hand how difficult it was to stand up to the tide of legislators supporting assisted suicide and euthanasia.



Despite securing amendments passage of the bill removed many safeguards - thought VITAL in 2017 now - not considered even necessary.

Professor William L. Toffler, (left) family medicine professor at Oregon Health & Science University and national director of Physicians for Compassionate Care spoke at the Right to Life Australia conference event in 2017. He is a prominent opponent of doctor-assisted suicide, characterising it as a “doctor assisted disaster for medicine”. And how right he is.

**Outcomes:**

- Extend the prognosis of death from 6 to 12 months – widening the net to capture more patients. ✓ **APPROVED**
- Allow registered medical practitioners (doctors), registered nurse practitioner (not a registered nurse), registered psychologist or registered Aboriginal and Torres Strait Islander health practitioners to initiate discussion of “VAD” with patients. ✓ **APPROVED**
- Allow other registered health professionals – even chinese medicine practitioners and optometrists to initiate discussion of “VAD” with patients. **MODIFIED** (see above)
- Compel doctors and other conscientious objectors to give “VAD” information. ✓ **APPROVED**
  - o Doctors who conscientiously object must give the following information to patients :
    - (i) contact details of the “VAD” navigator service
    - (ii) the address of an internet site of the Department of Health that provides information about voluntary assisted dying.
- Remove the requirement for an accredited interpreter for non-English speakers. ✓ **APPROVED**
- Shorten the period between the 1st and final request from 9 days to 5 days ✓ **APPROVED**

A vote in Parliament is recorded in each state and territory’s Hansard. A voting record on life issues is published after every debate on a bill. When a bill is debated the speeches given in the chamber are recorded in Hansard as well as votes on the bill and its amendments.

All votes taken during the debate, especially a final vote on a bill is important. Please contact your MPs who have voted against the Voluntary Assisted Dying Amendment Bill 2025 and congratulate them on standing up for life.

*Voluntary Assisted Dying Amendment Bill 2025*

**HOW YOUR MLAs voted:**

*Wednesday 29 October 2025 Legislative Assembly Third reading:*

Ayes (67):

Juliana Addison, Jacinta Allan, Brad Battin, Jade Benham, Roma Britnell, Colin Brooks, Josh Bull, Tim Bull, Martin Cameron, Ben Carroll, Annabelle Cleeland, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D’Ambrosio, Daniela De Martino, Gabrielle de Vietri, Steve Dimopoulos, Wayne Farnham, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Sam Groth, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Natalie Hutchins, Lauren Kathage, Emma Kealy, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Tim McCurdy, Steve McGhie, Cindy McLeish, Paul Mercurio, John Mullahy, James Newbury, Danny O’Brien, Kim O’Keeffe, Danny Pearson, John Pesutto, Pauline Richards, Tim Richardson, Ellen Sandell, Michaela Settle, David Southwick, Ros Spence, Nick Staikos, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Emma Vulin, Vicki Ward, Rachel Westaway, Dylan Wight, Belinda Wilson, Jess Wilson

Noes (14):

Anthony Carbines, Anthony Cianflone, Chris Crewther, Matthew Guy, David Hodgett, Kathleen Matthews-Ward, Michael O’Brien, Richard Riordan, Brad Rowswell, Natalie Suleyman, Peter Walsh, Iwan Walters, Kim Wells, Nicole Werner

**HOW YOUR MLCs voted**

*Friday 14 November 2025 Legislative Council Third reading:*

Ayes (26):

Ryan Batchelor, Melina Bath, John Berger, Katherine Copsey, Georgie Crozier, Jacinta Ermacora, David Ettershank, Michael Galea, Anasina Gray-Barberio, Shaun Leane, David Limbrick, Wendy Lovell, Sarah Mansfield, Nick McGowan, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Gayle Tierney, Rikkie-Lee Tyrrell, Sheena Watt

Noes (14):

Lizzie Blandthorn, Jeff Bourman, Gaelle Broad, David Davis, Moira Deeming, Enver Erdogan, Renee Heath, Ann-Marie Hermans, Trung Luu, Bev McArthur, Joe McCracken, Evan Mulholland, Adem Somyurek, Richard Welch

Dealing with Legislative Council amendments:

18 Nov 2025 - The Assembly agreed to the amendments made by the Council.

Ann-Marie HERMANS MLC Member of the Legislative Council: (17/12/25)

“Life is a gift.

I watched my father suffer. I watched his courage, his faith, and his love for life until the very end.

That experience shaped how I approached this debate - with empathy, respect, and deep concern for the consequences of removing safeguards. Removing safeguards does not make laws safer.

Patients deserve protection. Doctors deserve choice. And multicultural and regional communities deserve clear understanding, not rushed or weakened safeguards.

That’s why I opposed the recent Voluntary Assisted Dying amendments.”

## South Australian Election March 2026

The South Australian state election will be held on 21 March 2026 and is an opportunity for pro-lifers to *have your say* about who will represent you for the next four years.

All 47 seats in the House of Assembly will be up for election but only 11 of the 22 seats in the Legislative Council are up for election. The election is complicated by the fact that many candidates have changed parties, switched chambers or not seeking re-election.

Since the last election in 2022 a number of life-affecting bills have been introduced into the Parliament (or were passed prior to 2021 but have since become operational).

Now more than ever, the lives of unborn babies are at risk as well as people who are ill or vulnerable and may consider ending their lives by assisted suicide and euthanasia.

The Termination of Pregnancy Act 2021 began operating in July 2022. This law is based on similar legislation operating around Australia expanding the availability of abortion particularly late term abortions. In 2024, 48 late term abortions were performed after 22 weeks and 6 days gestation in South Australia.<sup>1</sup>

In an attempt to save the lives of many unborn babies a courageous Liberal MP Hon Ben Hood MLC introduced a bill to limit abortions as well as educate the public about the killing of unborn South Australians.

The Termination of Pregnancy (Terminations and Live Births) Amendment Bill 2024 was debated in the Legislative Council.

The bill was **very narrowly** defeated. Result: Ayes 9 Noes 10. Pairs: Hood, D.G.E and Lensink, J.M.A. Majority 1.

A further attempt to limit abortions after 22 weeks 6 days named the Termination of Pregnancy (Restriction on Terminations after 22 Weeks and 6 Days) Amendment Bill 2025 was introduced by Hon Sarah Game MLC but narrowly defeated in the Legislative Council in November 2025.

Result: Ayes 8 Noes 11 Pairs: Henderson, L.A. and Martin, R.B. Majority 3.

South Australia's euthanasia law - the Voluntary Assisted Dying Act 2021 has been operating since January 2023. The 17 bills that preceded the passage of the act were all strongly opposed by The Right to Life Australia Inc. and the Right to Life Association of South Australia. The act allows eligible South Australians to access to self-administer (or may allow a medical practitioner to administer) medication that will cause their death.

Where does this lead? The passage of new legislation in Victoria in 2025 now forces doctors who have a conscientious objection to "VAD" to give specific information to patients and has expanded the categories of people who are now eligible for the scheme. The slippery slope in action.

It is important that supporters contact their candidates and ask them how they voted on these bills. A voting record is important in your decision making.

The 2026 election is characterized by an unusually large number of existing members who have either switched parties (MPs Fraser Ellis & Nick McBride from Liberal to Independent, Hon Jing Lee MLC from Liberal to Independent, Hon Tammy Franks MLC Greens to Independent despite earlier stating she would retire from politics), switched parliamentary chambers (Hon Frank Pangallo from Legislative Council to House of Assembly) or been relegated to an almost unwinnable position even though being a senior minister in the ruling ALP government (Hon Clare Scriven MLC).

Also, the sitting member is not seeking re-election in the House of Assembly seats of Colton, Elizabeth, Enfield, Kavel, Lee, Light, Mawson, Morialta, Mount Gambier, Port Adelaide, Torrens & Unley, or contesting another seat (the member for Light is contesting Ngadjuri, formerly Frome).

Some candidates standing in the 2026 state election may not have been a MP in parliament for a vote on any or some of the above Acts/bills. e.g. he/ she may have been elected recently or have retired or left parliament. Others may have abstained or voted against a pro-life bill and then voted for another pro-life bill and visa versa.

Recent experience shows that the Legislative Council affords the best opportunity for pro-life candidates to be elected, provided that electors vote below the line. Candidates for the Legislative Council who have demonstrated strong pro-life voting patterns either in SA or the Federal Parliament include Clare Scriven (an impeccable record), Deepa Matthew representing the strongly pro-life Family First, Ben Hood (Lib), Rikki Lambert (Nationals, ex FF), Cory Bernardi (One Nation, ex Lib & Australian Conservatives Senator & Bob Day (Australian Family also ex FF Senator).

If you would like to know how your candidates voted on important life affecting bills please contact our office on (03) 9385 0100 or by email [rtl@rtlaust.com](mailto:rtl@rtlaust.com).

Alan Tyson, Vice President

References:

<sup>1</sup> [https://www.preventivehealth.sa.gov.au/assets/downloads/abortion-reporting/South-Australian-Abortion-Reporting-Committee-Report-2024\\_FINAL.pdf](https://www.preventivehealth.sa.gov.au/assets/downloads/abortion-reporting/South-Australian-Abortion-Reporting-Committee-Report-2024_FINAL.pdf)

## Antisemitism Bill Passes with Significant Threats to Fundamental Freedoms

Team HRLA 23 January 2026

We thank Human Rights Law Alliance (HRLA)\* for permission to reproduce the following article published on [www.hrla.org.au](http://www.hrla.org.au).

The Labor Government's Combating Antisemitism, Hate and Extremism (Criminal and Migration Laws) Bill 2026 has now passed both Houses and received assent.

This bill, which was revised from its original draft, still poses significant threats to fundamental freedoms.

The bill moved through the Senate late Tuesday, with the Coalition split: the Liberal Party backed the anti-hate measures while the Nationals opposed them. Reports also indicate Senator Alex Antic crossed the floor. Crossbench opposition included Senator David Pocock.

There is an important goal at the heart of this legislation: giving police and prosecutors sharper tools to disrupt genuinely dangerous extremist movements, including groups that seek to radicalise and recruit. Jewish Australians should be able to live, worship, and participate in public life without fear, and there are valid concerns about a climate of growing antisemitism.

But as we noted last week, this bill is fundamentally flawed and poses several threats to freedom of speech, conscience, and religion.

A significant risk comes from the vague drafting, including of poorly defined and intangible concepts such as "social harm" and "psychological harm", and no clear definition of what constitutes "hate".

The bill's "prohibited hate group" framework is tied to this vague concept of "hate crime", and it empowers the executive to list and criminally punish organisations in ways that can have sweeping consequences. Notably, a group can be targeted without anyone having been convicted, and the AFP Minister "is not required to observe any requirements of procedural fairness" in deciding whether the threshold is met.

The Government says these powers are designed for speed. While the desire to stop violent movements before they grow is understandable, the question is how these powers will be applied in practice and whether they can avoid overreaching and violating fundamental civil liberties.

Another concern remains the aggravated offences for religious leaders, with a new aggravated offence targeted at "religious officials", "spiritual leaders" and "other leaders (however described)" while lifting maximum penalties to 10-12 years. Penalising speech more harshly because of who says it (rather than what was said) risks creating a chilling effect on lawful religious practice, expression, and teaching by faith leaders.

HRLA exists to defend fundamental freedoms, including freedom of speech, freedom of association, and freedom of religion. We will continue to advocate for laws that target real threats without normalising vague drafting, executive overreach, or double standards for people of faith.

We remain committed to serving Australians of all faiths, and we pray that antisemitism would be stamped out and that Jewish people would feel safe in Australia once again.

\* HRLA is a network of committed lawyers who provide legal assistance to vulnerable Australians and help protect freedom of religion, thought, speech and conscience, in all areas of law and policy.

## “1/3 of Gen Z is Missing” MARCH FOR LIFE USA 2026

By Daniel Payne January 23, 2026 at 11:04 AM ET

**The Right to Life Australia thanks USA Editor-in-Chief EWTN News for permission to reproduce the following article. Photo Credit: Tessa Gervasini/EWTN News**

U.S. President Donald Trump this week said he would “always be a voice for the voiceless” and vowed to “never tire in fighting to protect the intrinsic dignity of every child, born and unborn,” delivering bold promises just ahead of the March for Life 2026.

The President’s message, published on Jan. 22, came on National Sanctity of Human Life Day, an observance first declared by President Ronald Reagan in 1984 and pronounced by every Republican President since then.

In his message – delivered just hours before the 53rd annual March for Life – the President said the U.S. in marking the date “uphold[s] the eternal truth that every human being is created in the holy image and likeness of God, blessed with infinite worth and boundless potential.”

Urging Americans to take part in “honouring the dignity of every human life,” including unborn life, the President also called on Americans to offer support for women with unplanned pregnancies and to support both foster care and adoption “so every child can have a loving home.”

The President further urged Americans “to listen to the sound of silence caused by a generation lost to us and then to raise their voices for all affected by abortion, both seen and unseen.”

Pro-life activists have criticized the Trump administration after Trump indicated a willingness to allow for federal taxpayer funding of abortion, a practice largely outlawed. Trump asked Republicans to be “flexible” on the Hyde Amendment during negotiations about extending health care subsidies related to the Affordable Care Act.

The Hyde Amendment, which prohibits federal tax money from being spent on abortion, has been included in spending bills since 1976, shortly after *Roe v. Wade* was decided.

In his message the Republican President touted what he said has been his “decisive action to protect the unborn” while in office.

He pointed to his reinstatement of the *Mexico City Policy* in January 2025 as well as his pardoning of nearly two dozen pro-life activists that same month after they had been targeted by the U.S. Department of Justice for protesting at abortion clinics.

## Queensland Man Being Forced to Choose Assisted Suicide

Queensland’s Mr Tony Lewis, age 71 is unable to receive sufficient care and support from the state to help with his diagnosis of Motor Neurone Disease as he cannot access the National Disability Insurance Scheme (NDIS). He is forced to rely on My Aged Care scheme which has much lower funding levels because he was diagnosed over the age limit of 65.

Mr Lewis wants to go on living but the financial strain makes that impossible. He needs far more care than the basic services he receives from the funding. His wife Gill, who has a nursing background is his primary carer.

Based on his prediction of further decline without appropriate care options he has now decided to end his life with assistance to suicide.

Mr Lewis wants to go on living but believes his financial situation makes that impossible and that he will not be able to stay at home without appropriate care.

In a further article by EWTN1 Vice President J D Vance said “Building a culture of life requires persuasion,” “That effort is going to take a lot of time, it’s going to take a lot of energy, and it’s going to take a little bit of money,” he said.

The Vice President briefly addressed some criticism the administration has received from members of the pro-life movement who have been unhappy with certain developments.

Some pro-life advocates have expressed concern about the lack of action on the abortion pill mifepristone, which is under review by the Food and Drug Administration. Others have raised objections to Trump urging lawmakers to be “flexible” on taxpayer-funded abortions in negotiations about extending Affordable Care Act tax credits.

Vance asked people to look at the successes. “Look where the fight for life stood just one decade ago and look where it stands today,” he said.

In his video message, Trump celebrated many of the same pro-life policies as Vance and thanked marchers for their efforts to “stand up for the unborn.”

“We will continue to fight for the eternal truth that every child is a gift from God,” Trump said.

Video: [March for Life USA 2026 www.youtube.com/watch?v=y4oO0T9vtQU](https://www.youtube.com/watch?v=y4oO0T9vtQU)



Daniel Payne



Pro-lifers hold their signs at the March for Life USA 23 January 2026

Photo Credit: Tessa Gervasini/EWTN News

References:

<sup>1</sup> <https://www.ewtnnews.com/world/us/jd-vance-headlines-march-for-life-2026>

Clare Sullivan, CEO of MND Australia, said this is a large-scale problem, as over half of Australians diagnosed with MND are over 65. MND Australia said on 15 January 2026 on a facebook post

*“Sadly, Australia’s aged care system leaves older Australians with MND feeling desperate and unsupported.”*

*Based solely on an arbitrary age cut-off, people diagnosed with MND before 65yrs, receive, on average, over \$300,000 per year in supports through the NDIS; while those 65+ can access no more than \$100,000 through My Aged Care.*

*And it isn’t just the funding. Gill and Tony have shared how the slow, bureaucratic My Aged Care system simply cannot keep pace with the rapidly progressing needs of someone with MND.*

*If supports continue to be inadequate and the pressures too great on his wife in the near future, Tony has decided he will opt for VAD (voluntary assisted dying), rather than going into an aged care facility. No one should be denied appropriate care because of their age. This age discrimination must end.”*

# Canadian woman was killed by euthanasia after her spouse requested it for her.

*Woman killed by euthanasia wanted palliative care.*

The Right to Life Australia Inc thanks Alex Schadenberg Executive Director, Euthanasia Prevention Coalition for permission to reproduce the following article <https://epcc.ca>



Euthanasia is not about care, it is about abandonment  
Euthanasia Prevention Coalition

Alex Schadenberg Executive Director, Euthanasia Prevention Coalition. 26 January 2026

The story of the Canadian woman, known as Mrs. B, who was killed by euthanasia after her spouse experienced caregiver distress, even though she had requested palliative care, has been reported by several media reports.

To provide greater context I went to the original MDRC committee report of the Office of the Chief Coroner of Ontario titled: *Navigating Complex Issues within Same Day and Next Day MAiD Provisions*. This was the MDRC 2024 - Fourth report.

When examining Same Day or Next Day euthanasia provisions the MDRC report states:

A small proportion (4.8%) of all Track 1 MAiD deaths occurred on the same day or next day of a request for MAiD. In 2023, 65 MAiD provisions (1.4% of Track 1 MAiD deaths) occurred on the same day of a request and 154 MAiD provisions (3.4% of Track 1 MAiD deaths) occurred on the next day of a request.

Therefore there were **219 same day or next day euthanasia deaths in 2023** in Ontario.

There were several concerning cases outlined in the MDRC report. The particular case concerns Mrs. B. The report states:

Mrs. B was a female in her 80s who had a challenging medical trajectory following coronary artery bypass graft (CABG) surgery. She experienced several post-operative sequelae, including wound dehiscence, osteomyelitis, and respiratory failure. She required specialized care in hospital, including additional surgical procedures. Due to physical and functional decline, Mrs. B elected for a palliative approach to care. She was discharged home with palliative supports (i.e., palliative care team and home care support services, including adaptive aids and personal support services).

**Summary:** Mrs. B had significant health issues and has chosen to receive in-home palliative care support. The case continues:

Mrs. B reportedly expressed her desire for MAiD to her family. In response, and on the same day, her spouse contacted a referral service on her behalf. The following day, a MAiD practitioner assessed her for MAiD eligibility. She reportedly told the MAiD assessor that she wanted to withdraw her request, citing personal and religious values and beliefs. She communicated that pursuing in-patient palliative care/hospice care and palliative sedation was more in-keeping with her end-of-life goals.

**Summary:** Mrs. B was assessed for MAiD but then asked to withdraw her request for MAiD and once again requested palliative care services. The case continues:

The next morning, Mrs. B presented to the emergency department (ED) of her local hospital. Her spouse was noted to be experiencing caregiver burnout. Mrs. B was assessed to be in stable condition, and thereby discharged home with continued palliative care. Her palliative care physician completed a referral for in-patient palliative care / hospice care due to her social circumstances (i.e., caregiver burnout). Her request was denied for not meeting hospice criteria for end-of-life, and a long-term care application was offered.

**Summary:** Mrs. B returned to the emergency department the next morning. Her spouse was experiencing caregiver burnout. Mrs. B was assessed as stable and sent home. Mrs. B was then denied in-patient palliative care and given an application for long-term care. The case continues:

On the same day, Mrs. B's spouse contacted the provincial MAiD coordination service requesting an urgent assessment. A different MAiD assessor from the previous day completed a primary assessment and determined Mrs. B to be eligible for MAiD. The former MAiD practitioner was contacted. This MAiD practitioner expressed concerns regarding the necessity for 'urgency' and shared belief for the need for more comprehensive evaluation, the seemingly drastic change in perspective of end-of-life goals, and the possibility of coercion or undue influence (i.e., due to caregiver burnout). The initial MAiD practitioner requested an opportunity to visit with Mrs. B the following day to re-assess; however, this opportunity was declined by the MAiD provider due to their clinical opinion that the clinical circumstances necessitated an urgent provision. An additional MAiD practitioner was arranged by the MAiD coordination service to complete a virtual assessment. Mrs. B was found eligible for MAiD by this third assessor. The provision of MAiD was completed later that evening.

**Summary:** After Mrs. B was turned down for in-patient palliative care services, her spouse contacted the provincial MAiD coordination service who referred Mrs. B to a different MAiD assessor who determined that Mrs. B qualified for MAiD and that she could be killed immediately. The MAiD provider denied the previous MAiD assessor an opportunity to talk to Mrs. B based on "urgency". The Provincial MAiD coordination service then arranged for another assessment to be done virtually. Mrs. B was found eligible and was killed that evening.

This case concerns a woman (Mrs. B) who wanted palliative care services, but the services were not immediately available and due to care-giver burnout, her spouse requested MAiD on behalf of Mrs B resulting in a same day killing, even though Mrs. B had expressed, based on her values, that she did not want euthanasia but rather wanted palliative care.

The issues of coercion and being killed without effective consent is present in this death. Mrs. B's spouse requested euthanasia for her even though she was seeking palliative care. Mrs. B had stated that based on her values and beliefs that she didn't want euthanasia.

This case proves that it can be easier to be killed by euthanasia than to receive palliative care in Ontario even when the person indicated that she wanted palliative care and not euthanasia.

## THANK YOU FROM RTLA

Last December 2025 we sent an appeal letter asking for donations to assist us to continue our vital work.

Thank you to so many of you who sent donations particularly at Christmas time when we know there are many tugs on the "purse strings". We are buoyed by your support for our endeavours.

We also thank many organisations who have helped us on a voluntary basis. We have a skeleton staff and with demanding compliance requirements often need legal or medical advice. We appreciate the guidance we receive and thank those involved who give so freely of their time.

### Our work involves many aspects –

Campaigns – election, parliamentary bills

Educational work – submissions, website, research, RTLA news

Queries – students, referrals for vulnerable mothers, post abortion grief

Connections – supporters, other pro-life groups, overseas groups

We are increasing strategic alliances with other pro-life groups and continue our work at elections and educational role – so vital.

Mary Collier – Chief Executive Officer

# Bequests – so important to us!

## Please help The Right To Life Australia Inc. continue our Life Affirming work

- The Right to Life Australia Inc works tirelessly on protecting human life mainly on the issues of abortion and euthanasia.
- We are grateful to our supporters who are responsible for generous donations which fund the entire operation of our organisation.
- Not only do we work on educational campaigns and keeping our supporters up to date with our work but our office must be staffed to comply with the complex financial compliance requirements of any business.
- Sadly, however we have not benefitted from many bequests over the years.
- To those of you who may wish to leave something to one of the many charities that abound, PLEASE consider our work – aimed at saving the lives of the precious unborn and those who may become victims of euthanasia legislation.

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It is important the words of your will accurately identify the beneficiary of your choice.

## Please ensure correct details for our organisation are recorded 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).

Thank you for considering The Right to Life Australia Incorporated  
as a beneficiary of your will and helping us to continue our work in the future.