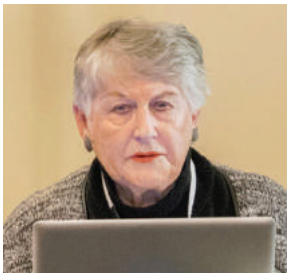
Life: the basic human right
Right To Life Australia

RIGHT TO LIFE NEWS

JANUARY-FEBRUARY 2018

Letter from the President

HUMAN LIFE UNDER ATTACK IN AUSTRALIA – AS NEVER BEFORE!



Margaret Tighe

As you will be aware the Victorian parliament finally gave the seal of approval to the legislation of euthanasia in the state of Victoria when it narrowly passed through the Legislative Council.

All previous attempts to legalise patient killing in Australian legislatures had up until now, been defeated – especially in South Australia after 15 attempts.

Three ALP MLCs voted against the bill – Daniel Mulino MLC, Adam Somurek MLC and Nasih Elasmar MLC. Bruce Atkinson MLC, Simon Ramsay MLC, Mary Wooldridge MLC and Edward O'Donohue MLC. If only two of these Liberal MLCs had voted against the bill it would have died a natural death.

Whilst we ran a really effective and hard-hitting campaign (I believe we out-campaigned the opposition) nonetheless the major stumbling block was the Victorian Premier Daniel Andrews, who, led by our current Health Minister (!!) spearheaded the patient killing campaign.

The excellent article by Robert Clark MLA (Box Hill)-former Victorian Attorney-General, which was published in The Spectator Australia Dec 2017 - we have published for you. It gives an excellent appraisal of what really happened. Incidentally, Robert Clark deserves high praise for the tireless way he worked in Parliament in a desperate attempt to stop the bill.

In life, Margaret Tighe, PRESIDENT

IRELAND – GONE TO THE DOGS

Ireland to hold referendum on abortion laws

Excerpt from "The Australian" 31 Jan 2018

Ireland will hold a referendum at the end of May on liberalising its restrictive abortion laws, a highly sensitive issue in the traditionally devout Catholic country.

Leo Varadkar, who as the country's youngest prime minister is regarded as relatively liberal on social issues, made the – announcement yesterday, accepting it would be a difficult decision for Irish voters.

"This is a decision about whether we want to continue to stigmatise and criminalise our sisters, our co-workers, and our friends," he said in Dublin.

Voters will be asked if they want to keep the constitutional –restriction on abortion or repeal it and allow the Irish parliament to legislate on the issue.

(Continued on Page 5)

ABORTION PUSH IN TASMANIAN 2018 STATE ELECTION

The gloves are really off in Tasmania on the abortion issue. As the Tasmanian state election looms on 3 March 2018, abortion has become a major issue. Tragically, the overwhelming majority of candidates for the ALP are members of EMILY's List i.e. women committed to total availability of abortion at all stages of pregnancy. Apparently the state's main private abortion clinic has closed and ALP leader Rebecca White has promised to ensure abortion availability at both government and private facilities *(The Australian 2/2/18)*.

Rebecca White - ALP Leader of the Opposition Tasmania

And guess what? Premier Daniel Andrews who sponsored Victoria's Abortion Law Reform Act 2008 has promised to "fly down" and help with the campaign. And Victoria's illustrious Health Minister Jill Hennessy says "I fundamentally believe that women in all states, including Tasmania, should have access to publicly funded services when it comes to their sexual and reproductive health".

(The Australian 2/1/18). Both Andrews and Hennessy certainly have much to answer for when it comes to the devaluation of human life.

The Australian newspaper (2/2/18) reports Rebecca White saying –"Ms White has promised to make available abortion on demand at either a new clinic or in public hospitals, following the recent closure of the state's main private abortion clinic".

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The Right to Life Australia Inc. ABN 12 774 010 375 • 161A Donald Street. Brunswick East Vic 3057 • P O Box 2029 Brunswick East Vic 3057
Tel: (03) 9385 0100 Fax: (03) 9384 6811 Email: rtl@rtlaust.com Website: www.righttolife.com.au

Dr John Buchanan

The following article was written by Melbourne Psychiatrist Dr John Buchanan MB.BS, DPM, M.Med, FRACP, FRANZCP who played a major role in opposing the Victorian Andrews' government euthanasia legislation. The article was published in The Spectator Australia - 28 Nov 2017

Euthanasia laws: the true implications

The "voluntary Assisted dying" legislation appears set to pass both lower and upper houses in Victoria. However, let us call it "assisted suicide and euthanasia legislation", because that is what it is.

One of the problems with this whole debate has been with the corruption of language. The aim of language changes has been to try to associate it with respected medical palliative care. Palliative care is a sub-speciality of medicine which focuses on relief of symptoms at end of life, together with psychological and social care, whose aim is to help people to live as fully as possible until they die: a quite different goal from assisting suicide.

Language change has also been used to appropriate the "dying with dignity" mantra, as if the only way to die with dignity was by having a legislative change for assisted suicide and euthanasia: obviously not the case.

Good quality palliative care is adequate, although not perfect, to relieve end-of-life distress. The difficulty in Victoria is that it is under-funded and patchy in its distribution. Also, your average doctor and nurse may have little experience in end-of-life care.

The insistence of advocates on 'choice' (without much attention to the price to be paid by the community in the erosion of ethical standards) was crucial. Some seem to think 'choice' trumps all else in this day of quick fixes and superficial thinking.

The Victorian legislation was minimally amended, but its basic flaws remain. You cannot turn a dog into a racehorse by tying a ribbon around its neck. There is much that could be said about the pros and cons of this debate, but for the moment let us leave that aside, and note some issues about the process of how this has been debated in the Victorian Parliament, and then, the consequences of this law change we may expect.

Dr Michael Gannon, the Federal President of the AMA, was criticised for observing that some parliamentarians were using this debate to discuss their own emotional reactions to family death. While family death can obviously often be very upsetting (and in fact highlights the importance of this whole area), many parliamentarians seemed to miss the point that their role was to make good Law, which serves the "common good" of the community.

Daniel Mulino, an ALP Member of the Legislative Council, opposed (to his credit) the stance of most of the members of his side of politics, and put the view that this legislation is going to do more harm than good. Opposition to it has been little to do with religion, despite attempts to label and dismiss opposition as being on religious grounds only.

Many upper house members were also roundly criticised by the government for filibustering, but in fact, there were 141 clauses to be discussed. Opponents clarified the flaws in this attempt to put complicated medical and psychological issues into black and white legislation.

It has been notable also that the experience of experts has been rejected by those who voted for this legislation and decided in favour of "personal choice", despite the significant cost to the community of such choice.

So what should we watch out for in coming years as a consequence of this legislation? There are three main areas where its effect will be seen, but not immediately:

Firstly, it will waste millions of taxpayer dollars, which would be better used for funding palliative care. There will be an extensive Board set up which will be toothless, not have the power to investigate anything, and merely be a collection point for paperwork, data, and information. It will make a nominal report to parliament annually. Additionally, there will be the costs of state government bureaucrats who will have to sign off on "permits" for participating doctors. It will be expensive.

Secondly, there will be elder abuse in families and nursing homes, when ill people will be coerced, implicitly or explicitly, into signing up for assisted suicide. Paul Keating, as part of his severe criticism of this legislation, made the observation that it is "utopian". It indeed assumes that all families are benign and supportive, which is far from the case. In modern Australia, many families of ill people are intolerant, impatient, and even eager to get their hands on whatever inheritance might be going.

Coercion need not be plainly explicit, but subtly implicit in terms of the attitudes of family members. Many of these cases will go unreported because the main witness will be dead! In other instances, we are bound to see legal action taken by one part of the family against another on the basis of "You made my mother sign up to change her will and suicide".

It has been reported that elderly people in nursing homes are apprehensive about this legislation, because they are concerned that they will be pushed. This legislation excludes people with dementia, but in early dementia it is common to find people having "good days" when they are quite lucid, and "bad days" when they obviously are not. On a good day, someone could have sufficient testamentary capacity to be persuaded to sign up. People with disabilities are similarly apprehensive that they will be discriminated against.

Thirdly, there will be a significant change to medical practice. It has always been a part of good medical practice that doctors do not participate in taking the life of their patient or aid them to do so, such that the World Medical Association statement on assisted suicide and euthanasia clearly considers it unethical. If doctors are involved in the taking of life, it will affect the trust that people have in their medical practitioners.

The legislation also leaves open the possibility of the doctor administering euthanasia if the patient is unable to take the lethal dose voluntarily by mouth. This opens the door to intravenous euthanasia,

as happens in The Netherlands. Indeed, in The Netherlands that is documented to occur on an involuntary basis.

It is possible that we will see suicide clinics set up, possibly by outliers in the medical profession. Most palliative care physicians, and many others involved in terminal care, have said they will refuse to participate in this process. AMA official policy is that doctors should not be involved.

Medical students and graduate doctors will be taught how to take lives. Pharmacists will be taught how to formulate lethal poisons. How long will it be before we see the first accidental overdose from an unsupervised fatal preparation in someone's home?

There is at the moment no clear mechanism for payment for medical services for assisted suicide and euthanasia, so we may see a Medicare Item number created for assisted suicide and euthanasia – your taxes at work!

A more insidious consequence, but inevitable in my opinion, is the attitude of some health bureaucrats who will take the view "It is cheaper for you to have the lethal suicide dose than for us to have to pay for your palliative care or chemotherapy". This has already occurred in Oregon, which is supposedly the model for the Victorian legislation; although by allowing direct doctor euthanasia it is, in fact, more like The Netherlands model where most euthanasia is done by intravenous injection.

In the future, it is probably inevitable that this legislation will be broadened. Some have already been advocating for the criteria to be broadened before they have even been established. There will be cries of discrimination and attempts to widen the legislation to include those not immediately terminally ill, those with mental illness and those who have dementia. Philip Nitschke believes anyone should be able to ask for Euthanasia for any reason. If you take into account the expenses of an ageing population and the growing numbers of people needing dementia care, it is obvious that this proposal will be made. Why would medical students and GPs bother to get palliative care training if the management of severe illness becomes assisted suicide or euthanasia? Why would decision-makers about research grants devote money to currently incurable illness if euthanasia becomes widely used?

There are many who regard these changes not as "progressive" but "regressive". I have been honoured to be a member of the medical profession for the last 47 years. I have always seen it as a noble calling, but along with many colleagues who have opposed these changes vigorously, I am concerned about the future of medical care in Australia.

This legislation has been rejected in South Australia, Tasmania, and most recently New South Wales. It will be a regrettable day for quality medical practice if the Victorian decision spreads to the rest of Australia. Widespread quality palliative care is the better alternative. The wish for choice by some carries too great a price for the community.

Dr John Buchanan is a former Chair of the Victorian Branch of the Royal Australian & New Zealand College of Psychiatrists. He has worked as a physician, then Medical Director, at Citi Mission Hospice Program and after training in psychiatry as a liaison psychiatrist, oncology and palliative care, in Melbourne. In 2013 he was the recipient of the RANZCP Medal of Honour.

The Hon Rober Clark MLA

The following article was written by Robert Clark MLA. Robert Clark is a former Victorian Attorney-General and the Member for Box Hill in the Victorian Parliament – The article was published in The Spectator Australia 7 Dec 2017

Making Victoria's euthanasia laws: a process to be shunned

Last month, Victoria became the only jurisdiction in the world to have voted to legalise euthanasia in 2017. Why and how did such legislation come to be passed in Victoria, despite being rejected everywhere else?

Regrettably, what occurred in Victoria has been a stark example of the parliamentary process at its worst. The proposal proceeded from a biased and superficial inquiry, from there to a partisan "expert" panel, thence to the browbeating of government MPs, and ending with each House of Parliament being forced to sit non-stop until it passed the Bill.

When other jurisdictions have contemplated such a fundamental change to societal norms, they have started (and often ended) with a careful and balanced parliamentary inquiry –- Scotland, New Zealand, the House of Lords, for example.

In Victoria, the process started with a majority report by the Legislative Council's Legal and Social Issues Committee that reads more like a Dying with Dignity advocacy document than the report of an impartial and dispassionate parliamentary inquiry.

Any parliamentary committee that cites a euthanasia lobby group document as if it were the report of an official UK government commission while failing even to mention official UK parliamentary reports and debates concluding against euthanasia, hardly deserves credence.

The process continued with a hand-picked ministerial advisory panel headed by a former AMA president and NSW neurosurgeon seemingly recruited for his advocacy and lobbying skills rather than his specialist expertise, and with two maverick palliative care practitioners also brought in from interstate.

This skewed and unrepresentative panel proceeded behind closed doors, failing even to publish the submissions it received on its discussion paper.

Next followed a bill developed in secret over months and which, instead of being released as an exposure draft for public comment, was introduced straight into the parliament and brought on for debate the following sitting week.

The government then used its numbers to force both houses of parliament, in turn, to sit throughout the night and into the following day, requiring MPs to make decisions on matters of life and death in a state of sleep deprivation, all in order to push through legislation that is not even due to commence until mid-2019.

In the Legislative Council –- supposed to be Victoria's house of

review – proponents used their numbers to gag debate on clauses of the bill more times in just one day and night than in the entire known history of the Legislative Council beforehand.

For months, the Premier and Minister for Health pressed on with their "solution" of offering an early death to an estimated 150 Victorians a year, while refusing even to acknowledge the chronic shortfalls that see more than 10,000 Victorians a year die in needless pain because they can't get palliative care.

Then, with numbers tight in the Legislative Council, the government scrambled together a belated and hopelessly inadequate package, a package that will barely meet the needs of one in seven of those currently missing out, leaving thousands to continue to die in needless pain each year. Hardly a display of the compassion that advocates of the bill spoke about so often.

After the government had previously claimed any amendments to the bill would compromise its "integrity", the Legislative Council debate saw a torrent of amendments, counter-amendments, amendments substituted and amendments withdrawn, to the point where exhausted Legislative Council staff could not even publish the official schedule of amendments until several days later.

The resulting Act is a shambles not only of dangers but of flaws and anomalies. Unbelievably, the Act is so absurdly worded that once a person has been issued with a permit authorising them to obtain a lethal substance for their suicide, their cause of death must be officially recorded as the terminal illness from which they were suffering, even if they end up being killed by an extraneous cause such as a car crash.

Even more concerning are the Act's deliberate exclusions of scrutiny and accountability. As long as the paperwork is filled out correctly by the two assessing doctors, it will be ticked off by the Health Department bureaucracy and a permit will be issued to prescribe an "assisted dying substance". There are no obligations and no powers for the so-called "Voluntary Assisted Dying Review Board" to conduct any further scrutiny whatever, even after the event.

Disgracefully, the Act specifically excludes the coroner from investigating any death as long as the lethal substance is administered in accordance with the legislation. A person could be finished off by being smothered with a pillow, or die writhing in agony because the lethal substance doesn't work properly, and the coroner will not be permitted to investigate.

In other Westminster jurisdictions around the world, time and time again as MPs have looked carefully and closely at what is involved in legalising the deliberate taking of lives they have done the responsible thing and rejected it.

Regrettably, in Victoria, for many MPs, responsibility was overborne by politics. The drive to implement the Parliamentary Committee's recommendation on "voluntary assisted dying" came from a Premier seeking to reposition his party on the political spectrum and to revive his waning popularity, who then used every leverage at his disposal to induce and coerce his party's MPs to vote for the bill despite party rules allowing a free vote. Only a brave few government MPs felt able to resist.

If ever anyone wanted an example of how not to legislate on a complex and profound issue like this, Victoria has provided it. It has been a process more befitting a two-bit banana republic than what purports to be a mature Westminster democracy.

Whether or not one considers legalising assisted suicide or other euthanasia could be safe and desirable in some circumstances, the Victorian precedent is one to be shunned.

Robert Clark is a former Victorian Attorney-General and the Member for Box Hill in the Victorian Parliament.

Euthanasia and why I'm against it

Article reproduced from| PerthNow December 3, 2017 3:01AM

Tim Hammond, MP

Tim Hammond, MP - Labor Member of the House of Representatives, Federal Parliament of Australia:

My experience with death has been both personal and professional.

I stood alongside my father while he took his last breath and his heartbeat slowly faded away. He left this world at the age of 54 – far too young – as a result of losing a long-running battle with illness.

I stood alongside my wife as her only sister died in an adjacent hospital room, as a result of an aggressive and incurable cancer, which took her life away at the age of 42. She was sick for only three months.

And for more than a decade before I was elected to Parliament I had the solemn privilege of working as a lawyer, representing hundreds of men and women who were at the end stages of their life.

They all unsuccessfully fought their own battle with mesothelioma, an evil bastard of a cancer, striking down those unlucky enough to have inhaled deadly asbestos dust through absolutely no fault of their own.

Mesothelioma usually kills its victim within about nine months. My job meant being by the side of my client at most stages of that journey, sometimes bringing the courtroom to their hospital bed because they were too sick to get out of it.

Inevitably it was a race against the clock to get justice in the form of a settlement of their case, which could happen anytime from just after their diagnosis to within hours before the end of their life.

These experiences have shaped my views in relation to euthanasia, made topical at the moment having regard to the recent passage of the Victorian Voluntary Assisted Dying Bill 2017.

I would have opposed the legislation.

I understand and respect the views of those who advocate for the passage of legislation making euthanasia lawful. It's just that I fundamentally disagree with them.

And as legislators, let's be very clear-eyed in what we would be doing if we were to vote for such a law. As Paul Keating has said – "(it) means permitting physicians to intentionally kill patients or assisting patients in killing themselves".

First, I am entirely unpersuaded that we have invested sufficiently in palliative care, in order to ensure that all patients facing death because of a terminal disease are given state-of-the-art palliative care options to ease the inevitable burden of the physical and emotional pain that comes with end stages of life.

Second, how do we reconcile the fundamental ethical obligation of our physicians not to be "involved in interventions that have as their primary intention the ending of a person's life", yet under this legislation, they are integral to the process of knowingly ending a person's life prematurely?

There is a world of difference between a doctor not taking active steps to preserve the life of someone at the end stages of their disease and unequivocally ending another person's life, which is what this legislation contemplates.

Perhaps the most troubling thing about the prospect of lawful euthanasia is that we don't know where it will end up.

As Paul Kelly from The Australian writes: "We are expected to believe the law can authorise killing and assisted suicide in the name of compassion, yet at the same time protect the vulnerable, the depressed, the poor and those anxious to 'do the right thing by their family' from unnecessarily nominating themselves for the final poison."

I have a terrible feeling that once we start up this ride, we won't be able to get off it.

And even if there is only one person who wants to die prematurely pursuant to this legislation, but then changes their mind at the very last minute but feels that they can't do anything about it, the circumstances are too horrible to contemplate.

(Continued from Page 1)

IRELAND – GONE TO THE DOGS (cont.)

"This evening, the cabinet gave formal approval to the holding of a referendum on abortion, which will be held at the end of May," said Mr Varadkar, the country's first openly gay prime minister.

Advocating a Yes vote, Mr Varadkar said the time had come for the public to make a decision on some of Europe's toughest laws on pregnancy termination. Abortion has always been illegal in Ireland and an eighth amendment was added to the constitution in 1983 after a referendum, giving equal rights to the life of the unborn child and the mother. The law was changed three decades later to allow terminations when the mother's life is at risk, following public outrage at the death of a pregnant woman in 2012 who was refused an abortion.

The referendum will ask voters whether they want to repeal the eighth amendment and allow parliament to legislate on abortion. The constitution can only be amended by a plebiscite.

Mr Varadkar said debates and votes on a referendum bill would be held in the lower and upper houses of parliament in the coming months, after which a precise referendum date could be set.

The Irish Times said its research in recent weeks found comfortable majorities in both houses in favour of a referendum. An Ipsos/MRBI survey for the same newspaper found 56 per cent in favour of access to abortion up to 12 weeks and 29 per cent against.

Minister for Children Katherine Zappone said: "I hope we will live in an Ireland some day soon where abortion is safe, legal and rare."

"At least the Protestant North have stood firm for the unborn (Ed)"

"Abortion should not even be a consideration, it needs to be a thing of the past"

Email received by our office (January 2018):

Hello Right to Life Australia

I have been traumatised due to the law in Australia allowing abortion so easily and freely and the consequent unnatural mentality that people share on abortion and it being "simple and ok". Moreover it is disgusting that abortion is legal up until 24 weeks gestation in Victoria!

A few years ago I was in a relationship with someone who forced (aggression, emotional abuse) me to have an abortion, I did not want to. I think about my baby every day and I am still grieving (it's been 3.5 years). I very much wanted that baby, abortion was never a consideration. The private clinic I went to helped my ex get what he wanted and that was to kill the innocent life growing inside me. They assisted by having such a service readily and easily available. They also assisted by allowing him to come into the room for my "counselling" at the clinic that was going to assist in that violence to my body. I did not speak during the counselling, he answered all the questions about how we "weren't ready" etc.

I now have a baby boy and when I was pregnant with him my ex said he was going to cause a miscarriage. The police had to get me out of that situation and one of the first things they said to me after just fleeing the domestic violence was "how many weeks are you?... It's not too late to get an abortion" "you should consider it" and "it'll have his DNA". An ex friend said the same, she pressured me. I ignored them all and ran, I was terrified they would hurt my baby as had happened with my first pregnancy.

How can this be acceptable? This violence and mentality has to stop, it has traumatised me and I want to see change, no one has the right to kill someone's baby or coerce or force them to allow it. Moreover, as a single mother my son has a lot of love and family, he has a healthy and happy home and I am providing everything for him, he has thrived since conception and continues to do so. What right do they have to assume I would not be able to look after a baby and that he/she would not have a good life? The answer is none.

Abortion should not even be a consideration, it needs to be a thing of the past".

(permission given to reproduce email)

AGM 2017 RESULTS:

The Annual General Meeting of Right to Life Australia Inc. was held on 21 November 2017 at Aurora Receptions, Donald Street, East Brunswick 3057.

Elected members of the incoming Committee of Management for 2017-2018: President: Margaret Tighe, Vice President: Lidia Koniuszko, Treasurer: John Dynan Secretary: Michael Fewster, Committee: David Cutler, Joel van der Horst, Paul Johnson, Katrina Haller, Mary Collier.

URGENT CALL FOR MORE PCA COUNSELLORS

Testimony from Louise Woods, (a Pregnancy Counselling Australia counsellor)

"I have always felt a strong affinity for Life issues, and as my last child started school I was ready to do something meaningful and a relative suggested becoming a PCA volunteer.

I had no previous experience in counselling but as a mother of school aged children I knew how therapeutic it was to chat to a trusted friend when life presented challenges. I was also familiar with the many pressures faced by women in our world today. Work life balance, financial burdens, plus society's obsession with success, all weigh heavily on modern families, so an unplanned pregnancy would seem like an unfathomable obstacle to many. Initially I was worried I wouldn't have the confidence or the ability to handle calls, but PCA provided excellent training. I quickly realised that if our callers were unable to get advice from a life affirming positive counsellor, they would suffer in silence, or be forced to listen to the often confusing, self-serving and contradictory voices around them.

Although I have been a counsellor for a relatively short time, it has been a life changing path for me. When you truly listen to people and offer a different perspective people's vision of what is important can change, but it also changes you. It is a genuine privilege to be able to empower a caller and enable them to see they have a choice, a choice to keep their baby if that is what they want.

Many callers are in a very distressed state. There is usually pressure from boyfriends, parents, husbands or society in general, to terminate their pregnancy. Some have been hurt by previous abortions and they cannot face the thought of another termination. We have to be caring, gentle and non judgmental and remember that every person deserves dignity, respect and kindness, whatever their situation.

We do not refer for terminations but we give the caller factual information about the abortion procedure, possible risks and complications and, most importantly, post abortion grief. Our job is not to tell them what to do but to listen to their concerns and to help to calm them down and see there are alternative solutions to abortion, so they can then make a truly informed choice. As counsellors we rarely know if our small conversations make a difference, but hopefully, one call at a time, we can offer a quiet voice for change and our ripples may create waves.

Counsellors are given a substantial folder that enables us to direct callers to the most appropriate service - whether it is to online information or to organisations who provide face to face counselling, or assist with relationships, financial help, practical support, medical or legal issues- whatever challenges are presenting as the major obstacles in the pregnancy. Sadly, many of our dedicated and experienced counsellors who have been volunteering for the last 20-30 years have retired and we are desperately short of counsellors.

We do not have the profile of many other volunteer organisations but there is nothing better than to hear the relief in a caller's voice when you affirm their ability to choose life over termination, when you feel the sobbing slow down because they feel someone has allowed them to contemplate keeping their baby or the realisation that there may be a different path they can follow.

The PCA timetable is flexible and offers the beauty of working from home. The required commitment is not huge. The only requirements are that you offer a minimum of four hours a week and attend the quarterly professional development days. The ongoing training and support has been incredibly rewarding and I have learnt so much and forged many special friendships with the most warm and generous group of volunteers.

If you have some time and you think you may be able to volunteer, I strongly encourage you to call Lois and enquire about becoming a counsellor". Louise Woods

Contact Lois Dean email: admin@pregnancycounselling.com.au or phone 0411 391 720

QUEENSLAND STATE ELECTION 2017 and ABORTION REVIEW:

Congratulations to Cherish Life Queensland for running a hard hitting campaign against the push to legalise abortion at all stages of pregnancy in Queensland.

This followed the fruitless attempt by former Independent MP Rob Pyne to completely decriminalise abortion in Queensland. Thanks to the Cherish Life campaign Rob Pyne lost his seat. Despite the excellent campaign run by Cherish Life, unfortunately the re-elected ALP government led by Premier Annastacia Palaszczuk promised "to introduce a government bill to legalise abortion to full term".

Already, the Queensland Law Reform Commission has called for submissions on the matter closing on 13 February 2018, with the questions listed all based on the presumption of legalised abortion!

Pardon my cynicism but even if the Law Reform Commission receives truckloads of excellent submissions against the war on the unborn, it will make little difference. The Government and the ALP in Queensland have made up their mind!

Dr Katrina Haller LLB

Thanks are due to Dr Katrina Haller following her recent resignation from the Committee of Right to Life Australia ending an involvement with our cause that began in her early twenties when she taught physiology to medical students at Melbourne University. Following work and family commitments Katrina began employment with us in 2010 also contributing in a voluntary capacity. **Margaret Tighe.**

Wesley J Smith – The War on the Hippocratic Oath

Wesley J. Smith

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion.

–The Hippocratic Oath

https://www.firstthings.com/web-exclusives/2018/02/the-war-on-the-hippocratic-oath

The screaming was so loud, you would have thought that the Trump administration had overturned *Roe v. Wade.* It hadn't, of course. But it had directed needed attention at the existing legal protection that allows doctors and nurses to refuse to participate in abortions without fear of firing or other job sanctions. This protection is sometimes called "medical conscience rights."

The occasion for the uproar? The Department of Health and Human Services announced its intention to create a new office of Conscience and Religious Freedom Division in the HHS Office for Civil Rights (OCR) to enforce medical conscience. It is worth noting that this proposed action will not change the law. But it will revitalize enforcement efforts after years of the Obama administration's hostility toward religious liberty generally and medical conscience rights specifically. Indeed, the newly created enforcement office will put medical employers on notice that the current administration considers medical conscience rights to be fundamental. As the HHS **press release** put it:

The creation of the new division will provide HHS with the focus it needs to more vigorously and effectively enforce existing laws protecting the rights of conscience and religious freedom, the first freedom protected in the Bill of Rights.

In a country with a long and venerable history of honoring conscientious objection and protecting the free exercise of religion, one would think this step would be met by applause. But for some, it was akin to a declaration of social war. The Massachusetts Medical Society **sniffed in opposition:**

As physicians, we have an obligation to ensure patients are treated with dignity while accessing and receiving the best possible care to meet their clinical needs. We will not and cannot, in good conscience, compromise our responsibility to heal the sick based upon a patient's racial identification, national or ethnic origin, sexual orientation, gender identity, religious affiliation, disability, immigration status, or economic status.

The *New York Times* was equally condemning. In an *editorial* titled, "The White House Puts the Bible Before the Hippocratic Oath," the editorialists warned hyperbolically:

The decisions may make it more difficult for teenagers wanting to get tested for sexually transmitted diseases, for gay men looking to prevent HIV and even for women seeking breast exams or pap smears.

Please. No one who supports a robust protection of medical conscience advocates compromising the physician's responsibility to "heal the sick." No one wants to prevent women from obtaining cancer screenings. Nor do supporters of medical conscience seek to authorize doctors and nurses to discriminate against individuals.

Rather, medical conscience prevents doctors and nurses from being forced to act in opposition either to their religious beliefs–e.g., commit a grievous sin–or to their moral consciences by being forced to participate in morally objectionable procedures, such as taking innocent human life in abortion, assisted suicide, or lethal injection euthanasia. It could also protect medical professionals from being required to administer hormones to inhibit puberty in adolescents experiencing gender dysphoria–a controversial recent innovation that the American College of Pediatricians has called "mass experimentation." That opinion is becoming heterodox in the field, but surely no doctor should be forced in an elective procedure to act in a way that he believes actively harms the patient. The same goes for physicians who object to participating in sex-change surgeries based on the belief that sex is biologically determined or that it is wrong to remove healthy organs. Conscious protections should also apply to a doctor or nurse who objects to participating in infant circumcision based on a moral objection. And surely no doctor should be forced to participate in an execution, not even the administrative act of declaring the condemned prisoner dead after the execution.

People of good will can hold radically divergent moral beliefs, including about legal medical services and procedures. The stakes in this controversy are very high. As I have **written here before**, there is a concerted effort underway to drive pro-life and Hippocratic Oath-believing doctors, nurses, and other professionals out of medicine–a lamentable potentiality. We need increased comity and tolerance for those medical professionals who object to reigning moral paradigms and hold to sanctity-of-life ethics. The new HHS office represents a positive step toward achieving that end.

Post Script: The best and most efficient way to protect medical conscience would be for the states and the federal government to allow medical conscience rights to be enforced via private causes of action in civil court, which is not currently allowed generally. I will discuss that idea in a future column.

Award winning author, Wesley J. Smith, is a senior fellow at the Discovery Institute's Center on Human Exceptionalism and a consultant to the Patients Rights Council.

Alarming News: Not Surprising:

Canada: The Euthanasia Prevention Coalition (EPC) has concerning news to share. In 2017, Canada experienced a massive push to normalize euthanasia. The number of reported deaths suggests that Canada may soon be competing with Belgium and the Netherlands as one of the worst killing nations.

Seehttp://www.epcc.ca/ for more information.

News from around the World

CANBERRA, AUSTRALIA

The good news.....(Ed)

FEBRUARY 4 2018 EXCERPT FROM THE CANBERRA TIMES; FINBAR O'MALLON

Marie Stopes, Canberra abortion provider, left in the dark on relocation

Canberra's only surgical abortion clinic has yet to meet with ACT government and health officials to discuss their future in the capital after a year of uncertainty.The Marie Stopes clinic had been left in the dark since it was announced ACT Health would be relocating its health precinct from Civic to Woden, in anticipation of the Moore Street offices being closed.

Dr Philip Goldstone

Dr Philip Goldstone was concerned about the future of Marie Stopes in Canberra.

Chief executive Michelle Thompson said the organisation had been trying to speak with ACT health officials for 13 months to confirm whether the clinic would stay in their existing surgery or would be relocated.

"There was an initial notice that we would be moving from our facility and that's it," Ms Thompson said on Thursday. Depending on the state, surgical abortions in Australia may be performed up to 20 - 24 weeks of pregnancy, whilst medical abortions can only be performed up to 9 weeks. Marie Stopes' medical director, Dr Philip Goldstone, said the clinic would have been difficult to relocate.

"Because of the unique legislation in the ACT that requires women to complete at least the first part of a medical abortion in a prescribed facility, such as ours, GPs are unable to provide medical abortions from primary care," Dr Goldstone said."And tele-health services can't occur without women travelling to New South Wales to obtain their medications."

"We're getting conflicting information and empty promises," he said on Thursday afternoon, before the clinic was informed."My feeling is it's been put in the too hard basket, I don't think they've got a plan as to how they could best relocate us. Similarly they don't have a plan as to how they could provide that service through the public health system. It's as though they've buried their head in the sand."

Health minister Ms Fitzharris, said the ACT was a leader in abortion law reform and would continue to work to improve access with women's health providers."The ACT government is very supportive of Marie Stopes and ensuring we have a freestanding abortion clinic here in the ACT," she said.....Ms Fitzharris said the government would be reviewing the costs of abortion services for Canberrans on low incomes or welfare, or students.

WASHINGTON, USA

He may worry us at times but when it comes to abortion, Trump turns up trumps!! (Ed)

David Smith in Washington (excerpts) Sat 20 Jan 2018

Trump hails anti-abortion measures in March for Life speech

Trump, who previously said he was 'very pro-choice', is the first sitting president to address the annual Washington event in person.

Donald Trump used a speech to anti-abortion activists on Friday to hail plans to give "conscience protections" to medical providers who refuse to perform abortions for moral or religious reasons.

The Department of Health and Human Services (HHS) has also reversed Obama-era legal guidance that discouraged conservative states from trying to defund organisations that provide abortion services, such as Planned Parenthood.

Under the new regulation, hospitals, universities, clinics and other entities that receive funding from HHS programmes such as Medicare and Medicaid must certify that they comply with about 25 federal laws protecting conscience and religious rights. Most such laws address medical procedures such as abortion, sterilisation and assisted suicide. The HHS also took action that may help conservative states cut or eliminate Medicaid funding for Planned Parenthood, a major source of routine medical care for women.

UTA, USA

Utah House Passes Bill to Ban Abortions on Babies with Down Syndrome

LifeNews.com STEVEN ERTELT FEB 6, 2018 (EXCERPT)

Legislators across the country are up in arms following reports that nations like Iceland and Denmark are killing babies with Down Syndrome in abortions to specifically eliminate such people. America has a high rate of abortions on such babies as well and so several states have endeavored to ban abortions when done specifically to target a baby with Down syndrome.

Utah is aiming to become the 4th state to ban such abortions and its state House just approved a bill to do that. Bill sponsor Rep. Karianne Lisonbee contends abortions based on a diagnosis of Down syndrome are "a eugenic-like eradication" of an entire group of people. The Republican from Clearfield said her bill is about protecting people with Down syndrome from discrimination.

The bill would make it a misdemeanor for a doctor to perform an abortion knowing that the pregnant woman is seeking it because of a diagnosis or suspicion that the fetus has Down syndrome.

Doctors could face up to a year in jail and a $2,500 fine under the proposal, but women seeking such abortions would not be charged. Indiana, Ohio and North Dakota have led the way in banning abortions on babies with Down Syndrome and other states like Illinois are considering measures like this Utah legislation.

The rate in France was 77 percent in 2015, 90 percent in the United Kingdom and 67 percent in the United States between 1995 and 2011, according to CBS.

Some put the rate as high as 90 percent in the United States, but it is difficult to determine the exact number because the U.S. government does not keep detailed statistics about abortion.

OREGON, USA

Mentally Ill Patients Would be Starved to Death and Denied Food and Water Under New Oregon Bill *Excerpt from LifeNews.com*

ALEX SCHADENBERG FEB 6, 2018

The Oregon legislature is debating a deceptive bill (HB 4135) that is reported as simply "cleaning-up" the Oregon advanced directives legislation, but in fact HB 4135 promotes the withholding or withdrawal of nutrition and hydration (food and water) from people who are incompetent and not necessarily dying.

HB 4135 is deceptive and dangerous piece legislation because it is sold as a bill to update current legislation but in fact it changes current legislation to ensure that incompetent people, who may or may not be otherwise dying, can be intentionally killed by dehydration.

Advanced directives are only relevant when a person is incompetent to make decision for themselves. Therefore HB 4135, by definition, does not ensure that competent people can die by dehydration, but rather that incompetent people can be dehydrated to death.

Lyle Shelton retires from Australian Christian Lobby – a true Warrior for the Right to Life.

Right to Life Australia thanks Lyle Shelton who has recently retired as Managing Director of Australia Christian Lobby for his tireless work in an extraordinarily difficult role – forever in the firing line in the public arena. We recently spoke to Lyle at the Victorian Parliament representing ACL in the fight against the Voluntary Assisted Dying bill 2017. Lyle Shelton joins the Australian Conservatives and we wish him all the best in his new role.