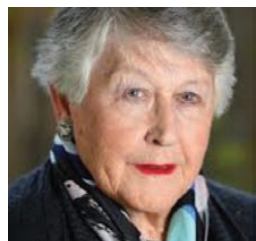


JANUARY-FEBRUARY 2019

Letter from the President



Margaret Tighe

Dear Friends of Life

Yes – it is tough being involved in the cause of defending human life which I have done for many years. Sadly I have to report that things have become worse – not better.

The results of the recent Victorian election have knocked us for six.

We ran a most effective campaign against abortion and euthanasia both legalised by the Andrews government. We concentrated on several marginal seats. But – Andrews and his tsunami of trains, roads, bridges, tunnels, level crossing removals – in fact money for everything – won out over the cause of human life.

We could not fail to notice how our leaflets on abortion (in particular) and euthanasia attracted so much more venom than the same leaflets used in 2010 – after abortion was legalised till birth.

The sad reality is that once something is legalised – the more people embrace it.

And now we await with trepidation, the results of the euthanasia legislation which will begin in June this year.

Which will lead some voters to eventually say, a few years down the track when the killing escalates – as it will –

“I never thought it would come to this” – words of a Nazi war criminal in the Nuremburg trials. To which the judge replied “It came to this the first time you condemned an innocent man to death”.

Margaret Tighe, PRESIDENT

A MODERN DAY SAINT!

Article reproduced from [Nine.com.au](https://www.nine.com.au)

23/1/19 <https://bit.ly/2MLOnuN>

Sydney mum who postponed cancer treatment to save son has passed away. By Josephine Parsons



Brianna Rawlings, the mother who postponed her leukaemia treatment to give birth to her son, has passed away a few days after her 19th birthday.

“Our Beautiful Brianna reached the end of her journey with us here on earth and was finally reunited with her Baby Bear Kyden,” the family said in an update on their GoFundMe page.

“We are absolutely broken but at the same time at peace knowing she is no longer in pain, no longer in pieces and unsure of what news was to come next.”

Rawlings, who is based in western Sydney, made headlines last year when she was diagnosed with NK leukaemia – an aggressive form of blood cancer – at 17 weeks pregnant. The then 18-year-old made the decision to forego treatment so she could carry her son to term.

She delivered her son, Kyden, after 26 weeks via caesarean. He tragically passed away from a stomach infection 12 days later.

She told Daily Mail at the time, “Those 12 days I was able to spend with my baby boy Kyden, holding him, counting his toes and fingers and talking to him like I would when he was in my tummy. They were just so special, they were the best 12 days of my life!”

After Kyden was delivered, the young mum continued treatment to tackle her leukaemia. After trying an experimental drug trial, Rawlings passed away on December 29 surrounded by her family.

Courageous Post-Abortion NZ Women

On 9 November 2018, New Zealand’s leading newspaper “The Dominion Post” published a one page advertisement which had been placed by Family First NZ, about eight courageous New Zealand mothers – all of whom had suffered from the aftermath of their abortions.

I say courageous because they bravely attached their names to the ad and all of them have living children.

This extremely well written one page ad was designed to appeal to New Zealand’s pro-abortion Prime Minister Jacinda Ardern who favours relaxing New Zealand’s law on abortion.

Just to quote from the ad – A WOMEN’S RIGHT TO DECIDE

Arguably the most defining argument for abortion is the right of a woman to determine what happens to her body. “My body, my choice” is the abbreviated argument. There is truth in those four words, and legal protection is already given to women. But while there is truth, we believe it is not the whole truth. My body is not the only body, which mean my rights are not the only rights.

The moment an unborn child’s humanity is recognised, the rights of a women are reframed – and not simply by law.

All good mothers, who have the right to eat, drink, and do as they please, willingly curb their rights for the wellbeing of their unborn children.

LET’S HEAR IT FROM AUSTRALIA’S VICTIMS OF ABORTION

On being a prolife Member of Parliament



Dr Rachel Carling

By Dr Rachel Carling-Jenkins

I had the privilege of spending four years in state parliament defending the vulnerable by standing up for the human right to life from conception to natural death. This ended abruptly at the last election when I was unable to retain my seat after the party I was a part of decided against running a full state campaign.

This past Victorian state election was a disappointing and premature end to the political careers of other prolife MPs as well – Graham Watt (previous member for Burwood) and Robert Clark (previous member for Box Hill) stand out as two courageous politicians who fought the Voluntary Assisted Dying bill all night in the lower house only to unexpectedly lose their seats in November.

Graham Watt, who had held a marginal seat for two terms, had an aggressive campaign waged against him by Andrew Denton's "Dying with Dignity" group. Make no mistake – there was a deliberate attempt to dramatically decrease the numbers of prolife politicians in the Victorian parliament in the last state election.

I entered parliament because of my core belief in the human dignity of every person from conception to natural death. It was my determination from the start to begin the process of eroding the Abortion Law Reform Act of 2008. My Infant Viability Bill, presented in May 2016, which purposed to both roll back late term abortion and to highlight the need to support women in crisis pregnancy was the beginning of this erosion. Unfortunately, each member of parliament in Victoria can only present a bill on the same theme once per term – and I've never met anyone else willing or able to put up another similar bill. If we had been able to coordinate similar bills in 2017 then again in 2018, I truly believe that we would have seen a significant softening in the approach of Victorian MPs. I can clearly identify MPs who would have changed their vote (and voted for life) due to the regret they experienced with their vote against my bill – but they were given no opportunity to do so. (It is interesting to note that these MPs subsequently lost their seats at the last election as well).

Unfortunately the last four years have seen setbacks in other areas: buffer zones were introduced around Victorian abortion clinics (including GP surgeries who perform early term abortions and pharmacies who dispense RU486), Queensland adopted Victorian-style abortion legislation, and "voluntary assisted dying" (a euthanasia regime) was passed in Victoria, with an implementation date just a few months away. Furthermore, with the passing of same sex adoption legislation, we are seeing an increased push for surrogacy which we will need to fight against in the near future.

Now is not the time to give up.

We have a lot of unfinished business.

The policy and legislative assaults we experienced in the last Victorian state parliamentary term were relentless, sustained and planned. They were a culmination of years of strategic thinking. With an almost absolute majority in the state, and with the loss of so many prolife voices, we must be prepared for further attack. So often we spend our time reacting to what is going on – which is necessary and right. This also leads to frustration when we don't get to work as proactively as we would like. I believe we need to get this balance right so that our prolife movement can move forward – ie, we need to learn from the 'other side' and work together to systematically, methodically and deliberately achieve our aim of upholding life as a basic human right.

I'm going to finish off with an encouragement to everyone reading this to not be discouraged by the tangible opposition we have had to life in our previous and current parliaments – but to keep going.

To keep going because we still need to give the unborn a voice – they are voiceless without us.

To keep going because vulnerable people near the end of their lives need to be protected from euthanasia and assisted dying measures being forced on them.

And to keep going because to give up would mean more heartbeats will be systematically, methodically and deliberately stopped.

Until next time,

Dr Rachel

Since leaving Parliament, Dr Rachel has developed and launched a new website and social media presence where she is writing a weekly blog, "Life with Dr Rachel" and running a life-column, "Let's talk about Life with Dr Rachel" where subscribers can have their dilemmas addressed. To subscribe or to submit a question or comment please go to her website: www.drrachelcarling.com.au

New York passes law allowing abortions at any time if mother's health is at risk

EXCERPT FROM CBS: CAITLIN O'KANE JAN 24, 2019 CBSN. WS/2RSL5GK

New York state has enacted strong new legal protections for abortion rights. The new law, signed by Governor Andrew Cuomo on Tuesday, safeguards rights laid out in Roe v. Wade and other court rulings, including a provision permitting late-term abortions when a woman's health is endangered, The Associated Press reports. The state's previous law, which had been on the books for nearly 50 years, only permitted abortions after 24 weeks of pregnancy if a woman's life was at risk.

Governor Cuomo celebrated the passing of the bill in the Democrat-led Senate and Assembly on Tuesday, which happened to be the 46th anniversary of the Roe decision. "In the face of a federal government intent on rolling back Roe v. Wade and women's reproductive rights, I promised that we would enact this critical legislation within the first 30 days of the new session – and we got it done," Cuomo said in a statement. He directed state landmarks like the spire of One World Trade Center to be lit up in pink to "shine a bright light forward for the rest of the nation to follow."

The Reproductive Health Act replaces a 1970 state abortion law that was passed three years before Roe legalized abortion nationwide.

STANDING UP FOR LIFE



**Lois Dean, Co-ordinator
Pregnancy Counselling
Australia**

Thank you so much for partnering with us as we encourage men and women all over Australia to continue their pregnancy – even when facing challenging circumstances.

Abortion coercion remains a common theme. Many women are willing to consider continuing their unplanned pregnancy but they have been very disappointed by their partner's reaction. He may think abortion is not a lot different to contraception, therefore women are often told

to get rid of it. It is always a privilege to encourage these women to follow their hearts, to affirm their desire to give birth to this baby and to put them in contact with support services in their neighbourhood.

Some examples of actual calls (*identifying details changed*)

Lisa, in her 30's, is 20 weeks pregnant. She calls as she is leaving her city office to attend the abortion clinic a few blocks up the road.

Lisa says that she has a quick question:

"If I commence this abortion and I feel ill, and if I go to the hospital, will they help me?"

As she walks to the clinic, our counsellor asks her to tell her story. She is living with and pregnant to a man whom her parents do not approve.

Her mother wants her to have an abortion. Lisa herself doesn't want an abortion but she doesn't want her mother to disown her... She kept walking and our counsellor kept talking with her... Our counsellor asked about her partner. Lisa responds that James was excited about the baby and they'd been choosing names, she'd have to tell James that she'd had a miscarriage. Our counsellor talked about how the truth would come out; he'd want to know from the Doctor what went wrong etc. As they continued their conversation, our counsellor asked about the names they'd selected and was basically trying to remind Lisa of the life that she was carrying. Our counsellor encouraged Lisa to listen to her own heart and not be swayed by her mother.

As Lisa reached the clinic, our counsellor encouraged her to keep walking. She did. She walked back to work.

They had been on the phone together for over an hour.

Before ending the call, our counsellor asked Lisa's permission to call her back later in the day just to check that she was fine. When they spoke later, Lisa was very grateful for the care and encouragement that she had been given via a simple phone call.

Candace calls very upset, crying she's pregnant with her 4th child and cannot imagine how she'll cope. She is overwhelmed with

the thought of another baby just when she's got her life back – the youngest is almost 3. She's thinking abortion would be best, but her husband, Bill, is being supportive of the pregnancy as he doesn't think she'd cope with an abortion. As our counsellor enabled her to talk about how she was feeling, Candace herself came up with strategies of how she could adjust her life, make use of family support etc. By the end of the call she was feeling much more positive and said, "I feel better now".

Twenty- three year old Alicia calls - she's pregnant after a one night stand. He's a good friend but they're not in a relationship. 3 years ago she was in a relationship and she became pregnant and she says: "Both lots of parents nagged us to have an abortion until I finally gave in. I went into a downhill spiral and drank for 2 years to numb the pain." Our counsellor asked her what she was thinking. Alicia says, "My heart is saying 'No' to abortion but my head is like 50:50."

Our counsellor suggested some face to face counselling but Alicia was quick to say not to Children by Choice because it was after she saw them last time that she booked her abortion. They had assured her that it was the best decision. Our counsellor reassured Alicia that there was another service available to her and gave her the relevant contact details. She thanked our counsellor and said she'd been very helpful.

I am personally very grateful to each of our supporters whose sacrificial gifts enable this service to continue.

Lois Dean

Coordinator

Pregnancy Counselling Australia

Bequests – A Necessity for our Work

To those of you who maybe are planning a will and who wish to leave something to one of the many charities that abound, please consider our work aimed at saving the lives of the unborn and of those who may become victims of the euthanasia legislation.

Yes – we are a charity too – a most worthy one.

When you die, help someone to live!

I give, devise and bequeath to The Right to Life Australia Inc, Registration Number A0042146V and ABN 12774010375 of 161a Donald St, Brunswick East, in the state of Victoria 3057, xx % of my residuary estate, (OR the sum of \$xxx xxx for the general purposes of The Right to Life Australia Inc.

For more information please contact us on

rtl@rtlust.com or ph (03) 9385 0100

Holland – Tulips Windmills and Death

More than a quarter of the deaths in Holland are “induced,” report finds – Jan 22, 2019 THE GUARDIAN LONDON

Euthanasia in the Netherlands is on the rise

Fifteen years after the Netherlands decriminalized euthanasia and physician-assisted suicide, more than 25 percent of all deaths in the nation are induced, rather than by illness or other natural causes.

That figure is based on statistics from 2017 and includes almost 6,600 cases of euthanasia; 1,900 suicides and some 32,000 people killed through a practice called **palliative sedation**, according to **The Guardian**, <https://bit.ly/2WM5rFj> www.theguardian.com/news/2019/jan/18/death-on-demand-has-euthanasia-gone-too-far-netherlands-assisted-dying

In the article, journalist **Christopher de Bellaigue** traces the history of euthanasia in the Netherlands from when it was introduced for extreme cases (“unbearable suffering with no prospect of improvement”) to the point where some are advocating for a legal pill that practically anyone can take in case they are tired of living.

“The process of bringing in euthanasia legislation began with a desire to deal with the most heartbreaking cases—really terrible forms of death,” said Theo Boer, who teaches ethics at the Theological University of Kampen. “But there have been important changes in the way the law is applied. We have put in motion something that we have now discovered has more consequences than we ever imagined.”

Boer is a former member of one of the five regional boards that were set up to review every act of euthanasia and hand cases over to prosecutors if irregularities are detected, de Bellaigue explained.

“One of the reasons why euthanasia became more common after 2007 is that the range of conditions considered eligible expanded, while the definition of ‘unbearable suffering’ that is central to the law was also loosened,” wrote de Bellaigue.

Today, euthanasia is counted as a basic health service, covered by the monthly premium that every citizen pays to his or her insurance company, the author said.

Physicians can opt out, but an agency known as the Levensidekliniek, or End of Life Clinic, matches doctors willing to euthanize people with patients seeking an end to their lives. In 2017, the Levensidekliniek was responsible for the euthanasia of some 750 people.

That same year, de Bellaigue wrote, the Netherlands’ health and justice ministers issued a joint proposal for a “completed life” pill that would give anyone over 70 years of age the right to receive a lethal poison, cutting the doctor out of the equation completely. The proposal was shot down, “but doctors and end-of-life specialists I spoke to expect legislation to introduce such a completed-life bill to come before parliament in due course,” the journalist said.

Commenting on the report, anti-euthanasia activist **Wesley J. Smith** pointed out that many people are killed in the Netherlands by “terminal sedation,” which he defined as “a slow

motion euthanasia wherein patients not in the active stage of dying are put into artificial comas and denied all sustenance until they dehydrate to death.” The practice, he said, shouldn’t be confused with “palliative sedation,” which “eases a dying patient’s symptoms while not intentionally causing death.”

Writing in **National Review**, Smith commented, “Since euthanasia was first decriminalized in the Netherlands, the country’s doctors have traveled a very dark road.

“Induced deaths have expanded from the terminally ill who ask for it, to the chronically ill who ask for it, to people with disabilities and the elderly who ask for it, to people with dementia, psychiatric patients with mental illness (83 in 2017), and the infanticides of babies born with serious or terminal illnesses or disabilities, who don’t have the capacity to ask for it.”

Smith, who is Co-Chairman and Senior Fellow of the Discovery Institute’s Center on Human Exceptionalism, also warned that Dutch law permits organ harvesting to be conjoined with euthanasia.

“Does this mean the Dutch are horrible, ghoulis people? Absolutely not. But they are logical.

“Once the population widely accepted the premise that killing is an acceptable answer to suffering, the country took that belief precisely where it leads,” Smith opined.

“Such horrors will happen here too if we allow ourselves to be similarly seduced by euthanasia consciousness. Those with eyes to see, let them see.”

BAD NEWS FROM THE APPLE ISLE

Cross-party support builds in Tasmania for euthanasia laws

MATTHEW DENHOLM TASMANIA CORRESPONDENT –*excerpt: the australian* 31/12/18 <https://bit.ly/2WM5rFj>

“Tasmania could enact voluntary euthanasia laws by the end of 2019, with all sides open to reform and Liberal Premier Will Hodgman flagging a potential shift in position.

The Australian is aware of discussions across the state’s three main political parties to co-sponsor a private member’s bill to enact voluntary assisted dying, for introduction in the first parliamentary session.

While Greens leader Cassy O’Connor has taken the lead, reform is backed in principle by Labor leader Rebecca White, while Mr Hodgman told *The Australian* he was “very open” to backing a bill if it contained sufficient safeguards. Mr Hodgman voted against the last bill to legalise voluntary euthanasia, defeated in May 2017, but said he was willing to consider backing a new bill if it contained improved measures to protect the vulnerable.”

Clearly Mr Hodgman believes in fairies at the bottom of the garden if he believes legislative “safeguards” will prevent euthanasia abuses! Just look at Holland and elsewhere where it is practised.

TASMANIANS – ACTION ALERT! PLEASE WRITE TODAY TO:

THE HON. W HODGMAN, PREMIER, SAYING NO TO PATIENT KILLING. ADDRESS ALL LETTERS TO: PARLIAMENT HOUSE, HOBART. TASMANIA 7000

PETER MAC RECRUITS SUICIDE FACILITATOR

Australian Care Alliance www.australiancarealliance.org.au

Peter MacCallum Cancer Centre (in Victoria) is currently advertising for "VAD Care Navigators" calling for "Clinical Nurse Consultants Grade 6 or Grade 4 Allied Health Professionals or Grade 4 Psychologists" to fill a new State-wide role in facilitating the assisted suicide or euthanasia of people across Victoria by matching those seeking to end their lives with willing doctors. (NB As of 1/2/19 Careers.Vic (the official Victorian Government search portal for public sector jobs) website states: The job you tried to access has closed for applications and is no longer being advertised.

The job description notes that "At Peter MacCallum Cancer Centre, our normal days are extraordinary."

For the new assisted suicide facilitator this catchphrase will take on a whole new meaning as the extraordinary and unethical act of intentionally ending the life of a patient is made normal - just another day in the office.



State of the art Peter MacCallum Cancer Centre,
Melbourne VIC 3000

This development reflects the ruthless determination of the Andrews Labor Government to normalise assisted suicide and euthanasia by embedding processes to facilitate these intentional life ending acts within the health system.

In September 2017 in a letter sent to all Victorian MPs from 101 oncologists - including 28 from Peter MacCallum - the oncologists said:

We do not believe that it is possible to draft assisted dying laws that have adequate safeguards to protect vulnerable populations, especially those with incurable cancer, progressive neurological illness, the aged and disabled. These groups of people experience high rates of depression and isolation. The risks that such legislation poses for the majority of these outweigh any benefits for the few.

Physician assisted dying places people at risk of coercion that is both active and passive. As a consequence of assisted dying laws, society re-assesses the value of life; and the individual is taught to devalue their own life. Those with serious illness may perceive that they are a burden on society or their carers and come to feel that assisted dying is appropriate for them.

Physician assisted death is not, by definition, medical treatment. It is not palliative care. We as doctors and medical specialists do not want to intentionally end the lives of our patients, or provide them with the direct means to do so. Assisted suicide is in conflict with

the basic ethical principles and integrity of medical practice and undermines trust in the medical profession. We strive to eliminate suffering but not the sufferers themselves. Where cure of cancer is not possible, we seek optimal palliative care services to support and care for patients and their families at the end of life.

Action Alert: Victorian Supporters: See information enclosed for details on how to express your opposition to this alarming development.



Architects of Victoria's right-to-die law publish 'manual' on how to push legislation through

A Ministerial Advisory Panel reviews its success

Article by Michael Cook reproduced from Mercatornet.com Dec 4 2018 <https://bit.ly/2GbhGFu>

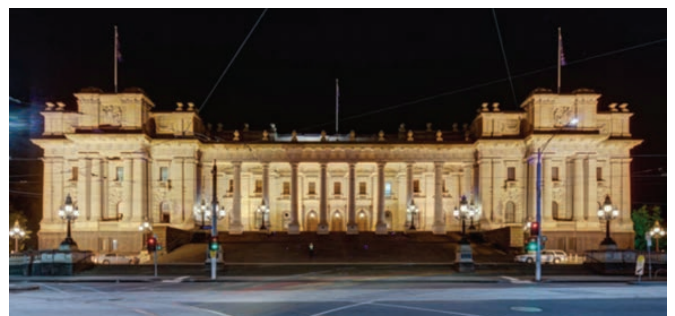
One year ago, in December 2017, the Australian state of Victoria legalised euthanasia and assisted suicide. This has given new heart to supporters in other states who have been lobbying for years for the "right-to-die".

Helpfully, the Australian Healthcare Review has just published a review of how supporters were able to break a log-jam in Victoria – essentially a how-to manual for activists written by the government's former Ministerial Advisory Panel, the brains trust for the process.

The authors conclude: "This process has been a tangible example of democracy at work at a time when many may feel cynical about political processes." But this is a rather slanted view of what constitutes "democracy". The thrust of their commentary is that the leading figures in the government of the day backed the cause of euthanasia and used the all the resources of the state government bureaucracy to pass the legislation. After reading the article, some readers will feel more cynical than ever.

Here are a few of the elements which the authors have highlighted.

1. Victoria passed a **Charter of Human Rights** in 2006. Its emphasis on autonomy helped to enable passage of a law decriminalising abortion in 2008 and then last year's euthanasia legislation.



The Victorian Parliament by night

(Continued on Page 6)

(Continued from Page 5) *Architects of Victoria...*

2. **Victoria's Labor government**, headed by Premier Daniel Andrews, supported the legislation, although it was eventually decided on a conscience vote. A report from the parliament's Legal and Social Issues Committee endorsed it. "Government support was essential," report the authors.

3. As members of its **Ministerial Advisory Panel (MAP)**, the government appointed seven men and women with distinguished professional qualifications, all supporters of a change in the law. The chair, Brian Owler, was a former federal president of the Australian Medical Association.

4. The MAP had **extensive discussions with stakeholders** in legalised euthanasia, such as health professionals and administrators, legal groups, medical colleges, nursing and allied health groups, consumer and carer groups and mental health providers. Consultative workshops were held throughout Victoria.

5. The **support of the Department of Health and Human Services** was essential to the process. It provided expert legal and political advice, and administrative support. The Health Minister dedicated "significant departmental resources required, for the process of consultation to develop a high-quality bill."

6. **Skilful media management** ensured that messaging was "consistent and accurate". The members of the MAP were given media training. Journalists were given extensive briefings at each major step "to ensure that the public messaging of a complex model containing strict criteria was clear and that the work was reported accurately. In addition, different lobby groups undertook public campaigns to engage the media and the general public, as well as to directly lobby politicians, which was helpful in balancing the differing arguments."

It would be interesting to read an account of how the legislation passed from the point of view of its opponents.

Michael Cook is editor of MercatorNet.

THE NETHERLANDS: COUNTING THE DEAD

By Richard Egan Defend Human Life!
defendhumanlife.blogspot.com

There are two primary sources for statistics on euthanasia and assisted suicide in the Netherlands that, taken together, give a picture of how these practices are operating there after nearly seventeen years of legalised patient killing.

The first source is the annual reports of the Regional Euthanasia Review Committees which are published initially in Dutch but followed by translations into English and other languages. This data is based on the legally required report which any doctor who performs euthanasia or assisted suicide must submit. The most recent annual report is



for 2017 which is available at: https://www.euthanasiecommissie.nl/binaries/euthanasiecommissie/documenten/jaarverslagen/2017/mei/17/jaarverslag-2017/RTE_annual+report+2017.pdf

The second source is the five yearly review of "Deaths by medical end-of-life decision", based on a statistically significant sampling of all death certificates from a year, followed up by interviews with the relevant doctors who signed death certificates in circumstances where medical end-of-life decisions could have been made. The latest data is from 2015 and is published by Statistics Netherlands (the equivalent of the Australian Bureau of Statistics) at: <https://opendata.cbs.nl/statline/#/CBS/en/dataset/81655ENG/table?ts=1548397072596>

It is useful to compare the data from this source with that from the annual report of the Regional Euthanasia Review Committees for 2015 which is available at: <https://www.euthanasiecommissie.nl/binaries/euthanasiecommissie/documenten/jaarverslagen/2015/april/26/jaarverslag-2015/Jaarverslag2015ENG.pdf>

What can we learn from these sources?

The number of reported deaths from euthanasia and assisted suicide has risen sharply from 1,815 in 2003, the first full year under the new law, to 6,585 deaths reported in 2017.

In 2003 some 1.28% of all deaths was brought about by reported acts of euthanasia or assisted suicide. In 2017 this had risen to 4.38% of all deaths. The percentage of deaths caused by reported acts of euthanasia or assisted suicide has thus more than tripled (342%) in 14 years. The increase in 2017 from 2016 (6,091 deaths) alone was 8.11%.

In 2017, one in sixteen (6.54%) of deaths in the Netherlands of persons aged between 60 and 80 years of age resulted from reported acts of euthanasia or assisted suicide.

If we turn now to a comparison of the two data sources for 2015 we find that according to the five yearly review data published by Statistics Netherlands there were 7,254 deaths caused intentionally by lethal medication – 6,672 deaths by euthanasia with a request; 150 deaths by assisted suicide and 431 deaths by euthanasia with no explicit request. This represents nearly 1 in 20 (4.93%) of all deaths in the Netherlands. More than 1 in 10 (10.5%) of all deaths (excluding sudden and expected deaths) of 17-65 year olds in the Netherlands were caused intentionally by euthanasia or assisted suicide.

Euthanasia without explicit requests

In 2015 there were 431 cases of euthanasia without explicit request, representing 6% of all euthanasia deaths.

More than 1 in 200 (0.52%) of all deaths (excluding sudden and expected deaths) of 17-65 year olds in the Netherlands were caused intentionally by euthanasia without an explicit request from the person being killed.

For 2015 there is a significant discrepancy (1,364) between the number of cases of euthanasia with request reported by Statistics Netherlands – 6,672 – and the number of such cases reported (as required by law) to the Regional Euthanasia Review Committees – 5,308.

This suggests that in more than 1 in 5 (20.44%) cases where a doctor administers euthanasia following an explicit request there is a failure to comply with the law requiring such acts to be reported.

If the additional 431 cases of euthanasia with no explicit request are included then 1,795 or more than 1 in 4 (25.27%) of cases of explicit killing by euthanasia are not reported.

(Continued on Page 7)

Queensland Embraces

Abortion

Graham Preston – Protect-Life
[<contact@protect-life.info>](mailto:contact@protect-life.info)



Monday 3 December, 2018, marked the beginning of a new, very sad, era in Queensland. The Termination of Pregnancy Act 2018 finally came into force in this State. Abortion

on request is now available up to 22 weeks of pregnancy along with abortion up to birth if two doctors agree that there are sufficient grounds, including present and future social reasons, to warrant an abortion.

As well, 150m “bubble zones” that criminalise any behaviour that deters a woman from having an abortion have come into effect. Please note that this Act makes no reference to a person’s behaviour – whether it is considered to be harassing, intimidating, obstructing, etc. - but simply to whether it is deemed to be an attempt to deter. Penalties of fines up to \$10 000 and/or a year’s jail apply.

The long-running (over 4 ½ years!) case to challenge the constitutionality of these bubble zones, which were first introduced at abortion clinics in Tasmania, finally reached the High Court last October. The three day hearing before the full bench of the Court was “interesting” and at the time of writing, four months later, the verdict has not been handed down. Presumably that could happen at any time now. If the High Court finds that the bubble zone laws are unconstitutional then they will have to be removed from all the States and Territories where they have been introduced.

For over 30 years a small group has carried out a vigil for three day days following Christmas each year outside the Greenslopes abortion clinic in Brisbane. Jim Dowling and his wife Anne Rampa who initiated the vigil and have continued to maintain it over all these years, decided that this year should be no different, despite the new bubble zone law. They thus became the first people to be arrested in Queensland under the new bubble zone laws. Their case will be heard on March 13.

I continue to hold signs at busy intersections around Brisbane during morning peak hour as I await the outcome of the High Court case.

On 31 October the Queensland Attorney General, Yvette D’Ath introduced the Human Rights Bill 2108 to the Parliament. Although human rights bills can sound like a good idea there are number of concerns that people have about them. Whatever other issues this Bill may have, it is certainly breathtakingly hypocritical.

The preamble talks about the Parliament of Queensland recognising 1 *The inherent dignity and worth of all human beings.* 2 *The equal and inalienable human rights of all human beings.*

Then there are clauses 16 **Right to life**

Every person has the right to life and has the right not to be arbitrarily deprived of life and 26 **Protection of families and children**

(2) *Every child has the right, without discrimination, to the protection that is needed by the child, and is in the child’s best interests, because of being a child.*

But the hypocrisy becomes clear when you get to clause 106 **Act does not affect laws about termination of pregnancy**

Nothing in this Act affects any law relating to termination of pregnancy or the killing of an unborn child (!!)

This Bill excludes only one group – and without any attempt at justification - from the circle of human rights protection, the children before birth. Clearly the drafters of this human rights Bill recognised that the recently passed Termination of Pregnancy Act would contravene the human rights of the unborn child so they avoided that problem by simply declaring that the unborn are excluded from the Bill.

The Bill must be rejected.

(Continued from Page 6) The Netherlands...

Of the 1,056 euthanasia deaths in 2015 for “other or unknown causes of death” (that is other than from cancer or diseases of the circulatory, respiratory or nervous systems) 170 cases (16%) were euthanasia without an explicit request.

Euthanasia deaths by underlying condition

Euthanasia for cancer patients has now become normal with 10.5% of all deaths of cancer patients in 2015 caused by euthanasia or assisted suicide. Of the euthanasia deaths 3.35% (153 cases) involved no explicit request from the patient.

In 2017 there were 293 cases of euthanasia involving “multiple aging disorders”. This means there was no terminal illness or even a major serious condition.

In 2017 there were 83 notifications of euthanasia or assisted suicide involving patients with psychiatric disorders (nearly six times the 14 cases in 2012 and a 38.33% increase from 60 cases in 2016). There were 166 notifications involving dementia (nearly four times the 42 notifications involving dementia in 2012 and a 17.73% increase from 141 cases in 2016). All these cases were in the absence of any other condition justifying euthanasia. Three of the dementia cases of euthanasia were performed on the basis of an advanced directive rather than a contemporary request by the person who was euthanased.

It also appears that in 2015 there were five cases of assisted suicide following a failed suicide attempt.

Child euthanasia

Children as young as 12 years of age may be given euthanasia under the Netherlands euthanasia law. For 12 to 15 year old children the parents must agree with the child’s request for euthanasia before it can put into effect. For 16 and 17 year olds the parents must be involved but the decision is for the child alone.

A total of fourteen children have been given euthanasia, including one 12 year old child in 2005, a 16 year old in 2015, five 17 year old children between 2002 and 2015, two children (aged 16-18 years) in 2016, three children in 2017 (one aged 16-18 years, other two cases no case report), and two children both aged between 16 and 18 years in 2018. All cases with detailed case reports (11 out of 14) involved end stage cancer. The underlying condition is unknown for the other three cases.

Conclusion

Nothing in the available data from the Netherlands suggests euthanasia, once legalised, remains contained. The raw numbers increase; the conditions for which it is performed expand; and some doctors get the habit of killing their patients and do so without any explicit request.

The Next Battleground – WA Death Bill “Assisted Suicide Legislation for Western Australia”

From “Summer Newsletter of Hon Nick Goiran MLC bit.ly/2Dhb0To”

“In my last newsletter, I shared with you that the Joint Select Committee on End of Life Choices inquiry came to an end on 23 August 2018 with the tabling of the *My Life, My Choice* report, which recommended a legislated assisted suicide scheme for Western Australia.

The Government’s response to the Committee’s report was tabled on 27 November 2018.



Photo: ABC News Eliza Laschon

The Government has established an ‘expert panel’ to guide the development of legislation’ to ‘legalise voluntary assisted dying and improve

end-of-life choices for Western Australians.’ It is expected that a bill will be ready to be introduced into Parliament by the middle of next year. The panel is chaired by Malcolm McCusker QC, former Governor of Western Australia and is comprised of health professionals, health consumers and lawyers.

All parties have confirmed that their Members of Parliament will have a conscience vote on the government introduced bill.

I stand by my position outlined in my minority report, that legislation should not be introduced in Western Australia to allow doctors to provide assisted suicide to their patients. The outcome of an assisted suicide scheme will be the wrongful deaths of vulnerable members of our community. In no jurisdiction world-wide have safeguards been able to prevent wrongful deaths by doctors’ error in diagnosis or prognosis, undiagnosed depression or demoralisation syndrome, or a failure to detect undue influence upon a patient’s choice to end their life.

Also of great concern is that the Government has blocked the release of the minutes from the Joint Select Committee meetings held between August 2017 and August 2018. On 7 November 2018 I moved my motion in the Legislative Council seeking the release of these minutes in the interests of transparency and to allow all members of Parliament, who will be required to vote on an assisted suicide bill next year, to have all the necessary information at hand before casting their vote. This motion was defeated on 21 November 2018. The stakes will be very high in the coming debate, and all the more so when information is withheld from the public and their legislative representatives.”



Mr Owen Charles R.I.P.

We would like to extend our condolences to the family of Owen Charles of Moe on the death of Mr Charles at the end of 2018. Mr Charles contributed to the work of Right to Life Australia for many years, in particular writing to MPs and newspapers.

The Bad News from South Australia

Many of you would not be aware of the fact that South Australia was the first state in Australia to legalise abortion passing in 1970 a blueprint copy of the UK Abortion Act 1968. This latest move is designed to **remove all restrictions** on abortion in South Australia. The following is with thanks to the Right to Life Association of South Australia Summer 2019 newsletter www.lifesa.net

SOUTH AUSTRALIAN POLITICIANS TO DECIDE ON EXTREME ABORTION LAW CHANGES SOON.

South Australian politicians (MLCs) will soon (late February) be discussing the Statute Amendment (Abortion Law Reform) Bill 2018 introduced by Hon Tammy Franks MLCs.

It is proposed that abortion in South Australia:

- **Will not have to be performed in hospitals or by doctors and will be allowed until birth with no reason required.**

In addition to this:

- **There will also be exclusion zones that will give police extreme powers over those who DO NO HARM. This is totally unjust, unnecessary and unsafe.**
- **INTENTIONALLY ending life is not healthcare.**

Please take action NOW and contact South Australian MLCs. Phone (08) 8237 9100 or write to Parliament House North Terrace, South Australia and ask that they reject the ABORTION BILL. See insert for South Australians for more details of your MLC.

If you would like more detailed information to assist you in your letter writing call Right to Life Association of South Australia on 0447 293 697, email prolifesa@outlook.com or contact us at Right to Life Australia rtl@rtlust.com or (03) 9385 0100

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Poppy Vivian
President of Right to Life Association (SA)

We welcome the appointment of Poppy Vivian, new President of Right to Life Association (SA) www.lifesa.net on the retirement of Michael Hall. Michael has been the President of Right to Life Association (SA) for 18 years and we extend our thanks for the fantastic working relationship we had under Michael’s presidency. We look forward to working with Poppy to oppose the attacks on human life in SA..