

RIGHT TO LIFE NEWS

The U.S. Elections – Abortion a Major Issue



Kathy Edgeworth in Louisiana

Shown here is our U.S. Correspondent Kathy Edgeworth of Baton Rouge, Louisiana, who is a delegate at the Republican Convention. Kathy and her late husband Bob became involved in Right to Life many years ago when he worked as an academic at the Australian National University in Canberra. Like most U.S. prolifers, Kathy is anxious about the effect on the abortion issue with the election of a new president. She is keeping us posted - Editor.

"The Republican Party as you know has just nominated Donald Trump for President. While he was not my first choice, my personal belief is that it's now time to support him.

Why? Hillary Clinton would be a disaster on life issues, plain and simple. The next president will probably have three Supreme Court nominees. These people will tip the balance of the court for a generation.

Mr. Trump came out with the names of the type of people he would appoint and most conservatives considerer it to be a pretty good list. Mr. Trump has the potential to be a good president. He could certainly disappoint, but Hillary's nominees would be

JULY-AUGUST 2016

pretty much in the same mould as Ruth Bader Ginsberg, and her policies, nearly 100% anti-life.

There are two battles ahead, one electing Donald Trump and two, making sure the pro-lifers win the internal battles in the White House. If he is elected all sorts of folks will come out of the woodwork seeking influential jobs, in the White House, the cabinet departments, etc. Some of them will not be friends of life. The media will also try to exert as much pressure as possible.

As far as this election, it's too close to call. The states to watch are Ohio, Pennsylvania and Florida. Ohio and Pennsylvania have lost large numbers of manufacturing jobs. In addition, they both have a lot of coal miners, whom Hillary Clinton has vowed to put out of business. Plus, they contain a large number of people who are socially conservative. Florida is complex, Mr. Trump will easily carry the panhandle. Cuban-Americans, around Miami tend to vote Republican, however there are also large numbers of Democrats, including some retirees from the North. Turnout is critical. If Bernie Sander's supporters decide to stay home, Republicans win. That's why the Democrats are allowing them to essentially write the platform...

The VP choice, Mike Pence, Governor of Indiana has some problems.

He is boring! I disliked his luke-warm, "going through the motions", endorsement of Ted Cruz. He backed down on the religious freedom law after objections from national sports organizations.

Ted Cruz' appearance tonight will be big news. At his rally this afternoon, he said he endorses principles, not candidates. I personally hope he endorses Trump. We need to stand together or Hillary wins and we lose." – **Kathy Edgeworth**

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Letter from the President

Defeat of Euthanasia push essential



Dear Friends,

As we continue to wallow in Australia's abortion holocaust, we now face another attempted assault on human life. The Victorian Legislative Council Legal and Social Affairs Committee that was established to look into "end-of-life choices" has come out with recommendations that, if accepted by the Victorian Parliament, will lead to a

holocaust of a different kind.

In short, the Committee has recommended, amongst other things, physician assisted suicide by request.

We must ask ourselves what drives this plan? Put simply, it is the philosophy of the life not worthy to be lived

How bizarre when one considers the enormous advances in medical science that have helped so many people who would once have died prematurely.

I well remember attending a large abortion meeting at the Melbourne Town Hall in approximately 1970 which followed a speech by the famous New Zealand fetologist, the late Sir William Lilley. One of the speakers on that occasion was a Doctor Ted Cleary of Adelaide who claimed that if we allow legal abortion, eventually there will be demands for legalised euthanasia and I thought he was exaggerating!!

In life - Margaret Tighe

Letter from the President to Victorian Cabinet Members, 18 July 2016

I am writing to you out of concern over the recommendations of the Legislative Council's Inquiry into end-of-life choices which tragically appear to have been influenced by the situation in Oregon, the Netherlands and Switzerland – all of which allow physician assisted suicide.

Firstly one wonders why it is that members of the committee visited those places where as evidence given by David Mulino M.L.C. illustrates, there has been an escalation in the deliberate ending of life!

What is highly significant is the rejection of such legislation last year in the British House of Commons and prior to that its rejection in the Scottish Parliament, in the German Parliament and the European Union Parliament.

The German Council of Jewry expressed its approval of the parliament's decision.

I am enclosing for your interest a copy of the brief speeches of two Labour members of the House of Commons, who opposed the euthanasia bill.

As well I am enclosing for you a copy of comments made by Baroness Butler-Sloss, former Head of the Family Division of the British High Court.

Given the advances of medical science today it is hard to understand why there is this push to legalise patient killing.

The most frightening aspect of such a move would be the effect upon our increasingly ageing population whose lives could easily be seen as not worthy to be lived – given the rising costs of aged care

Yours sincerely - Margaret Tighe, President

DEATH BY EUPHEMISM

- Eugene Ahern

All social engineering is preceded by verbal engineering Extracts from media release of Mr Edward O'Donohue, chair of the Victorian Parliament's Legal and Social Issues Committee:

"The Committee has recommended that the Victorian Government should, in certain limited circumstances, legalise assisted dying, said Mr O'Donohue.

"The introduction of assisted dying laws should form part of a much broader reform that gives greater prominence to end of life care," said Mr O'Donohue.

Notice the verbal engineering!

Suddenly out of nowhere comes a new phrase "assisted dying".

Mr. O'Donohue baulks at the use of the words euthanasia, suicide or phrases such as assisted suicide, patient deliverance or patient killing.

Now in Victoria this committee is advocating the abolition of the protection of human life, the legalisation of homicide by doctors who would actually kill their patients albeit at the supposed request of the patients and the direct participation in the act of killing by doctors.

Of course the Victorian community must not be told what is being advocated or being proposed to be legalized.

Mr O'Donohue and the majority of his committee need to hide the realities of what they are proposing. They know that a properly informed community would never accept such radical proposals which destroy the protection of human life and abrogate laws against homicide.

The result is that we become the victims of their verbal engineering.

Verbal engineering is the stock in trade of the so-called "right-to-die" forces.

The Orwellian-speak they use to hide what they are foisting on society is most revealing.

It is nothing less than "death by euphemism".

ACTION ALERT

Victorians – Have you written to the Premier, Daniel Andrews yet opposing any euthanasia legislation? If not, don't delay – ACT TODAY! Address to Parliament House, Spring St. Melbourne 3000.

Combatting EMILY'S List FEDERAL ELECTION 2016



- Mary Collier

The Federal election was held on 2 July 2016. Our campaign focussed on **EMILY's List** and **Greens** candidates by alerting voters to their commitment to abortion/euthanasia. We used the message "Vote X last".

EMILY's List is ALP women who are committed to vote in Parliament for all

abortion. The name and details of **EMILY's List** candidates were published on their website right up to closure of nominations. To compile an accurate table with the names of all candidates we needed to wait until declaration of nominations to commence production of our information. Almost 30% of seats in the House of Representatives fielded an EMILY's List candidate (42 candidates). In addition 15 EMILY's List candidates were standing for the Senate.

Initially we published the table of candidates on our website linked to our Facebook and Twitter account @RightToLifeAust. (Table 1). Additional flyers containing a breakdown of this information but divided specifically into individual states' candidates were designed. Four flyers (one per two states) were printed each in a different colour for simplicity of packaging by our faithful volunteers. In preparation for the election we recently completed the project of uploading the new Federal electoral boundaries onto our computer database. This allowed us to correctly identify supporters in all electoral regions and captures re-distributed boundaries or new electorates.





After consultation, we decided to place a small number of advertisements in local papers -the Border Mail (INDI) and Country News/Shepparton Times (MURRAY) asking voters to vote Cathy McGowan and Duncan McGauchie last.

The advertisement in Shepparton Times received interest from a Shepparton journalist and also comments on Twitter. This was in relation to a statement by McGauchie at a candidates meeting at Kyabrum on 20/6/16. One of our supporters had attended the meeting and asked:

Q: "Medicare now funds a huge number of abortions with our tax dollars. Would you give me a commitment to vote to stop the Medicare funding of abortions?"

Duncan McGauchie replied: "I cannot provide this commitment as I believe any legally available medical procedure that can sustainably be supported by Medicare should be available to those who are eligible to receive that support." (Candidates Meeting 20/6/16 at Kyabram)

On Facebook 1000 people were reached by the advertisement exposing Cathy McGowan's pro-abortion stance (unpaid advertising). Unfortunately pro-abortion candidate Cathy McGowan was returned to office but Damien Drum was successful in the seat of Murray.



We also focused on marginal seats in the House of Representatives (with an EMILY's List candidate standing) using paid Facebook advertising. This is becoming a more popular and cost effective style of electoral advertising and currently not affected by the "blackout" applied to newspaper and radio advertising before the election.

The seats included Capricornia (Queensland)-0.8% margin with EMILY's List candidate (Leisa Neaton) and Chisholm-1.6% margin also contested by an EMILY's List candidate (Stefanie Perri). The seat of Chisholm had been vacated by retiring MP Anna Burke, while Capricornia's MP Michelle Landry was recontesting her seat. The advertisements were designed in-house using beautiful real photo of newborn baby Penny supplied by a Committee Member.

Using Facebook we aimed our marketing at 11 locations in Chisholm and 7 locations in Capricornia. Over 5200 people were reached in Capricornia. Spirited interaction resulted from prolife and pro-abortion Facebook users. This means voters were engaged with advertisements prompting them to comment. Some comments were moderated for abusive language.

The following advertisements were placed on Facebook and Twitter targeting electoral divisions of Capricornia (Qld) and Chisholm (Vic).



The results for 39 of 150 House of Representatives seats have been declared. In the electoral divisions of Capricornia and Chisholm. EMILY's List candidates in both seats have been unsuccessful.

Victorian Inquiry into "End-of-life-choices" report – Bad News!





As expected, due to the composition of the Legal and Social Affairs Committee of the Victorian Legislative Council, the report recommended legalising doctors killing their patients in some circumstances.

Recommendation 49 "Assisted Dying Framework Summary

"The Government should introduce legislation to allow adults with decision making capacity, suffering from a serious and incurable condition who are at the end of life to be provided assistance to die in certain circumstances.

"Assisted dying should in the vast majority of cases involve a doctor prescribing a lethal drug which the patient may then take without further assistance.

"The singular exception is where people are physically unable to take a lethal drug themselves. In this case, a doctor should be able to assist the person to die by administering the drug."

This is doctor assisted patient killing. It turns doctors from caring for their patients to killing their patients. Note the euphemism used – "assisted dying" not what it actually is – patient killing. Semantic gymnastics have to be used as a smokescreen.

The Report never defined what it meant by "treatment." The Report failed to acknowledge that palliative care is a different style of treatment – when the patient's illness or condition cannot be cured, then a different style of treatment can be used which is palliative care. That style of treatment treats the symptoms.

Recommendations 1 to 29 support better communication, education of medical students in communication, integration of services, information sharing, better access in rural and regional areas, access to aboriginal and culturally and linguistically diverse Victorians.

BUDGET SAVINGS were cited in recommendations to prevent unnecessary emergency department presentations from aged care facilities, increasing the number of patients dying at home as compared to dying in hospital, and decreasing avoidable intensive care and emergency department costs.

IMPROVE ADVANCE CARE PLANNING

Recommendations 5 to 48 promote "Advance care Planning" in education of the community, medical students and practitioners, and creating an assisted dying framework. This is of concern as some hospitals provide you with an Advance Care Plan when you are admitted, and you are in no state to understand what they are asking you to sign. Some of these are heavily weighted with "Do not resuscitate" clauses.

Recommendation 35 wants to ensure "End of life discussion and planning occurs" between general practitioners and patients at

- -Over-75 health assessments
- -Entry into residential aged care
- -Allocation of high needs home care packages
- -Discharge plans for those likely to die within 12 months

One recommendation wants the Vic Government to support an "Annual Dying to Know Day" on August 8th

Recommendation 48 is to repeal the Medical Treatment Act 1988, the health substitute decision making powers in the Guardianship and Administration Act 1986 and the Powers of Attorney Act 2014. A "Future Health Bill" is proposed for instructional health directives aimed at refusing treatment for any future condition.

The Report refuses to acknowledge the fact that in the few countries that have legalised doctor assisted patient killing, that the categories of patients killed has increased, and included involuntary killing

MINORITY REPORTS

Inga Peulich and Daniel Mulino wrote minority reports, opposing doctors killing their patients. Unlike the majority report, Daniel Mulino's report was well researched, containing facts, figures and graphs. He argues that it is possible to respect individual autonomy while not empowering health professionals to actively participate in acts of assisted suicide or euthanasia; and even if it can be argued that euthanasia or assisted suicide are justifiable in some instances, the negative consequences arising from legislation far outweigh the benefits arising in that minority of cases.

To read the reports, go to http://www.parliament.vic.gov.au/lsic/article/2611

Basic Arguments Against Killing in All Its Disguises

- 1. First, legalizing doctor -assisted self-killing destroys the protection of human life by legalizing killing;
- 2. Second, legalizing doctor -assisted self-killing endangers the weak and vulnerable.
- 3. Third, legalizing doctor -assisted selfkilling corrupts the practice of medicine when doctors become killers:
- 4. Fourth, legalizing doctor -assisted selfkilling betrays human dignity by enshrining the practice of self-killing in law

Pregnancy Counselling Australia – We Need You

Can you be a compassionate listener?

Right to Life Australia has always directed some of our resources to reaching out to offer help to women facing an unplanned pregnancy. Pregnancy Counselling Australia is a 24 hour telephone help line for these women. Currently we

Lois Dean

are in desperate need of volunteer counsellors.

Training is provided by specialists in this field with assessment from a professional psychologist. Ongoing support and debriefing are provided. The Co-Ordinator, Mrs Lois Dean would be delighted to hear from you. Contact her on 03 9386 1033 or 03 9386 1255.

A lady called for Domestic Violence line (they're 1800, we're 1300) but when she heard our introduction, she thanked me for all the good work we do. She was helped by one of our counsellors and that saved her from having an abortion. She said the baby was the best thing that happened to her and the men who force women in an abortion should be strictly punished. She thanked us again and ended the call. – **Lois Dean.**



PREGNANCY COUNSELLING AUSTRALIA
First Floor - 161 A Donald Street
Brunswick East VIC 3057
(03) 9386 1255
www.PregnancyCounselling.com.au

Campaign to improve suicide prevention launched by Lifeline (Wesley Mission).

Gali Blacher, Third Sector News (abridged), 11 March 2016

Lifeline has launched an online campaign seeking a million signatures calling on the Federal Government to double funding to suicide prevention.

Wesley Mission Victoria CEO Paul Linossier called on Victoria to get behind the campaign, highlighting the importance of whole-of-community approach to suicide prevention. Wesley Mission Victoria operates the Lifeline Melbourne service.

We were surprised and saddened to learn that the suicide rate increased almost 13.5 per cent in 2014, especially considering the amount of suicide prevention work by Lifeline and other agencies," Linossier said.

To sign Lifeline's petition, visit prevent-suicide.lifeline.org.au/sign.

We wish them luck with this all important work. Yet the Victorian government is contemplating legalising physician assisted suicide. - Editor

Some Good News

From Dr Peter McCleave

"The Tablet" - 2 July 2016, page 28

"The Prolife Charity LIFE said it was relieved by the British Medical Association's decision to restate its opposition to assisted dying following a vote at its annual conference in Belfast.

"The decision by a two to one majority came after doctors debated whether to change their position on assisted suicide from opposed to neutral.

"The charity's spokesman Peter Sullivan said that the outcome showed that

"doctors at the BMA have carefully considered the intensive and thorough study done by the Association on this issue and have decided that legalising assisted suicide will place their patients at risk and damage the relationship between patients and their doctors." "

People don't like killing!

We can win by talking about patients **killing** themselves or being **killed**.



Follow us on Twitter @RightToLifeAust And Follow us on Facebook- Right to Life Australia



QUEENSLAND – COMMITTEE TO CONSIDER ABORTION LAW REFORM

The following is the submission prepared by Dr Katrina Haller for the Queensland Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

The Right to Life Australia supports the right to life of everyone, especially the most vulnerable members of our human family.

The United Nations Declaration of Human Rights, article 3 states,

"Everyone has the right to life."

The International Convention on the Rights of the Child, states, "The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."

Abortion violates the right to life of preborn children.

There is no recognised International "right to abortion" or so-called "right to Choose." No one has the right to choose to kill another. This smokescreen was coined by Dr. Bernard Nathanson and his abortionist friends, to gain support for their profitable practice.

1. Existing practices

Late term aborted babies are born alive and left to die – this is a cruel way to die from exposure and starvation. The medical staff, particularly nurses, witness this and some are upset by listening to the cries of the preborn child while they die This is a violent and barbaric act. It is actually infanticide. Babies of the same gestation who are "wanted" by their biological mothers are in humidicribs being cared for. No baby is unwanted – many couples want to adopt. Abortion is the ultimate in family violence. It pits mother against her child, and enables the mother to kill her preborn child.

There is some protection if social abortion, or abortion on demand, is not legal. The irony about abortions for "psychological reasons" is that after the abortion the psychological problems can worsen. Why not deal with the problem, instead of killing the baby? If the mother is homeless, refer her to an Accommodation Support Service, if she is in a domestic violence situation, refer her to counselling. The women who have abortions have low self-esteem and after their abortion their self-esteem decreases further. The abortion does not solve their problem, it is a refusal to help her and a failure to seek a solution to her problem.

Abortions done because the baby has a disability or suspected disability is the most blatant form of discrimination against those who have a disability. How inappropriate it would be for a Disability Service to promote abortion for those who have a disability.

2. Legal principles

Human Rights Law provides that everyone, including the preborn child, has the right to life. Everyone, no matter how



small, what their level of development, whether or not they have a disability, and their place of residence (the womb) has the right to life. We do not allow big people to kill small people, we do not allow more developed people to kill less developed people (e.g. 14 year olds to kill 4 year olds), we don't kill people depending on their place of residence, we don't kill people with a disability. Abortions discriminate against those who are small, at an early stage of development, live in the womb, and who have a disability.

There is no recognised International "right" to abortion, or euphemistically called "right to choose" as it clashes with the long established Right to Life of everyone.

Abortion for a disability entrenches discrimination against those with a disability. It confirms a view that they have less value and can be disposed of. Rather than the attitude that we should celebrate them for who they are, accept them, and provide assistance to them. Their current slogan "Disability – anyone, anytime" shows us that anyone of us can become disabled at any time, and we are not suddenly made worthless because of that. Disability should not become a death sentence.

3. Modernise and clarify the law

Modern ultrasound technology demonstrates to us the humanity of the preborn child - the baby can be seen moving around in the first trimester, and the baby's heartbeat, approximately twice that of the mother, can be heard. Women have a right to know, but abortionists are careful to shield them from the truth. The law should be modernised to take into account the demonstrated humanity and preciousness of the preborn baby. and protect him or her, instead of introducing a violent act to end their lives, for the convenience of a mother. If you want to prevent family violence, you must prevent abortion, as it is the ultimate in family violence. It says that you can use violence to get what you want. Men do not have the "right to choose" to kill women. Women do not have the "right to choose" to kill men. Parents do not have the "right to choose" to kill their children. No one has the "right to choose" to kill another. Rightly so.

4. Other jurisdictions

Abortion law is hugely variable, however now in a first world country like Australia, the mother can be cared for and the pregnancy monitored until the right time for the baby to be induced and cared for early, if the mother's medical condition requires it. There is no need for abortion to be legalised to save a mother's life. The baby may or may not survive, but is given the best chance. Every baby born alive should be cared for, and if not wanted by her biological mother, this baby could be adopted.

5. Counselling and support services

Women with problems need to be referred to counselling and support services. When they are pregnant and at their most vulnerable, they are sometimes abandoned by those they expected to care for them – the father of the child, their family, their employer. They are realising that their relationship was merely exploitative. No mother should be coerced into abortion because it suits everyone else. This breaks the bond between mother and baby. What a terrible price to pay for being able to survive in society. Women should be able to study, work and have children, not have to choose between these activities. We need a more contemporary attitude to work and family, which includes pregnant women. Women deserve better than abortion.

Conclusion: The Law should be strengthened to protect the lives of preborn children, and genuinely help their mothers.



Mark your Diary Saturday 8 Oct 2016, 1p.m. Treasury Gardens, Melbourne

Marchforthebabies.org.au



Photo by Anna von Marburg

When you Die, Help Someone to Live

When you write or update your Will, please include a bequest to The Right to Life Australia. "I bequeath to The Right to Life Australia, 10% of my estate, or the sum of \$xxxxx, for the general purposes of The Right to Life Australia, 161A Donald St. East Brunswick VIC 3057, ABN number 12 774 010 375."

On behalf of the most vulnerable members of our community, thank you.



Graham Preston campaigning - photo by Mishka Gora

The Preston Report

Rescue those being led away to death. Proverbs 24:11

Well the verdict has been given and the three of us were found guilty. Ray and Penny each have a 12 month good behaviour bond but no conviction recorded. For myself I received a \$3000 fine to be paid within 28 days! The short time period doesn't matter much though as on principle I don't intend to pay as I do not believe we have acted wrongly.

The magistrate did not say about what jail time there would be for not paying. Hopefully this will now go on to appeal in the high court and if we win there the fine will not need to be paid anyway.

Christopher has taken away the decision to examine it closely but we are keen to go on with the appeal. This means unfortunately that we need to try to raise some more funds to help cover further legal costs. If anyone has some bright ideas as to how to do that we would like to hear them as the crowdfunding effort did not raise a great deal.

Thanks again for your support and hopefully we can help people see how important it is that we win this free speech case.

Sincerely, Graham

Protect Life

Doctors must always care, never kill!



News from around the World

U.K. – Where will Theresa May's new government stand on pro-life issues?

SPUC/News, Paul Tully, SPUC's General Secretary, 14 July 2016



Theresa May became the UK's second female prime minister after David Cameron resigned yesterday

After a whirlwind three weeks in British politics, the country has a new prime minister in Theresa May, formerly the Home Secretary.

May's voting record

We are glad to note that Mrs May has voted with the pro-life lobby on a number of occasions, most notably during 2008's Human Fertilisation and Embryology bill and last year's Assisted Dying bill.

How has the new PM voted?

In 2001, Theresa May voted against regulations to extend human embryo research including the production of human clones.

In 2008 during the passage of the Human Fertilisation and Embryology Bill, Mrs May voted:

- against the bill as a whole
- for a ban on human-animal hybrid embryos
- for a ban on creating 'saviour siblings'
- to prevent the creation of genetically-modified
- for a requirement that IVF doctors consider a child's need for a father and a mother
- to lower the upper time-limit for social abortions from 24 weeks to 20 weeks

In February 2015, Mrs May voted for a bill seeking to ban sex-selective abortion and also voted against Rob Marris's bill, which sought to legalise assisted suicide, later that year.

U.K. – Speech of Helen Jones against

U.K. Bill Assisted Suicide (No. 2) Bill, House of Commons, U.K. 11 September 2015

You have asked us to be brief. Madam Deputy Speaker, and I shall try to do so out of courtesy to my colleagues.



on two grounds. Helen Jones The first is that it (Warrington North) (Lab): asks us to cross a

line in our attitude to life, which I believe as a decent

society we should not cross. At the moment, our law strives to protect life. We regard murder as one of the worst crimes; we seek to deter people from suicide; we do not execute criminals. But if we cross the line, deciding that some lives are less valuable than others, we shall be opening ourselves up to a process that I think we would deeply regret.

Those who have said that this would require more legislation are, I believe, quite wrong. Our law works on case law and precedent, and it would undoubtedly be the case that people would go to court for equal treatment, to put their own cases-and gradually and insidiously the law would be extended. People need to look at what has happened in other jurisdictions—not just in Oregon, but in the Netherlands where assisted suicides have gone up by 60% over five years and where the law has been extended to include in the definition of "unbearable suffering" not only physical but mental suffering. It covers dementia and psychiatric conditions. In Belgium, the law covers children who cannot give consent. That is my first reason for opposing the Bill.

My second reason is that I think the Bill is badly drafted. My hon. Friend the Member for Wolverhampton South West (Rob Marris) asks us to allow those with six months or less left to live the option of assisted suicide. As has been made clear by many doctors, however, it is impossible to predict the length of time that someone will live. He says that lawyers decide this on the balance of probabilities. In criminal cases, though, the decision has to be beyond all reasonable doubt. What he offers in this Bill is a lower standard of proof for those who require assisted suicide than we allow to those charged with a criminal offence.

The Bill provides that people must have a settled intention. I ask how long does it have to be "settled" for? People with serious illnesses often go through periods of depression. Palliative care specialists know that people often request to die, but when their fears are addressed and their process towards death is discussed with them, it often changes their minds. It also has to be voluntary, but there is no safeguard against the insidious pressures that can be put on people to want to end their lives—fear of being a burden on their friends and family, for example, No. two doctors can know what goes on beyond closed doors. We no longer have the family GPs who knew people and their families from birth. Doctors will simply not be able to tell. And the High Court having just 14 days is not sufficient to investigate the case properly.

Robert Flello: My hon. Friend will be aware that in Oregon, which is the example most cited, almost a quarter of all cases are seen by just three doctors—and they do not know anything about them.

Helen Jones: My hon. Friend is exactly right. Most of the lethal prescriptions in Oregon are written by a very small minority of participating doctors—something that we would want to investigate very closely if the same applied to prescribing in this country.

This Bill is not just about individual autonomy; it is asking us to take a decision that will have a profound effect on society.

This Bill is not simply about those who have a terminal illness and are expected to die within six months, because it will inevitably be extended. It is a Bill that will in future lead to consequences for this society that in my view no civilised society should contemplate. For that reason I will vote against it.

USA – House Passes Bill to Protect **Conscience Rights on Abortion**

By Aaron Mercer, NRB., Vice President of Government Relations, 15 July 2016



This week the House of Representatives voted to approve the Conscience Protection Act, a bill aimed at protecting healthcare workers and entities from being forced into providing abortions. The need for this legislation has become particularly magnified by the State of California's mandate that all health plans cover abortion. Calling movement toward forcing abortion participation "a disturbing trend," House Speaker Paul Ryan (R-Wis.) said, "That is not the kind of country we want to live in-any of us. There is nothing more fulfilling than to live out our faith. We want all people—of all faiths—to live freely in our country. But we can live out our faith only if our government respects our faith. And that's why we need to pass this bill." Similarly, Jeanne Mancini, President of the March for Life, stated, "During this time in our country's history when Americans' moral and conscience protections are under direct attack from the Administration and Supreme Court, we thank the House of Representatives for passing this just and necessary bill which will protect healthcare providers, small businesses, non-profits, and churches from being forced to cover abortion."

Of note, the House Energy & Commerce Committee held a forum on this subject last week featuring testimony from former Rep. Dave Weldon (R-Fla.), Pastor Jim Garlow of Skyline Church in California, and Casey Mattox of Alliance Defending Freedom, among

Similar legislation sponsored by Senator James Lankford (R-Okla.) is currently before the Senate Health, Education, Labor, and Pensions Committee.

Currently in Victoria and Tasmania there is no provision for doctors who oppose abortion and who refuse to help procure abortions. They are penalized for refusing to do so! - Ed.