

JULY-AUGUST 2017

More dangers for Victorians in Andrews Government's Assisted Suicide Bill

The Age reported on 3 July 2017 (Farrah Tomazin, *Assisted death [sic] law extended for MND*) that the proposed Andrews government's assisted suicide Bill is likely to allow the direct killing of people with motor neurone disease and other conditions that make it difficult to self-administer a lethal dose of drugs.

The article also indicated that the timeframe for eligibility is likely to be a prognosis from two doctors that a person has less than twelve months to live.

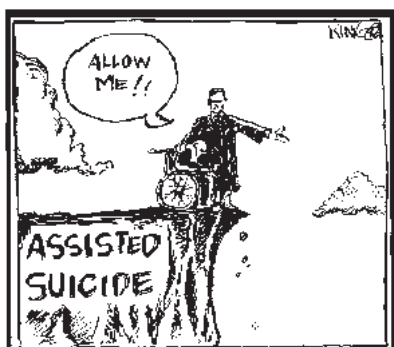
Based on the data from Oregon, which requires a prognosis of less than six months to live, many Victorians who could still have years of life to enjoy could be at risk of dying prematurely under the Andrews government's Bill.

In 2016 one person ingested lethal medication 539 days (nearly 18 months) after the initial request for the lethal prescription was made. The longest duration between initial request and ingestion recorded is 1009 days (that is 2 years and 9 months). Evidently in these cases the prognosis was wildly inaccurate.

Jeanette Hall who was initially determined to access assisted suicide under Oregon's law in 2000 was, thankfully, persuaded by Dr Kenneth Stevens to undergo treatment for her cancer instead. She is still alive – and cancer free – today.

The prognosis of twelve months to live is likely to take into account any refusal of treatment by the person. So for example, any insulin dependent diabetic could become eligible simply by announcing a refusal to continue taking lifesaving insulin. Besides a prognosis of less than twelve months

(Continued on Page 5)



Letter from the President Victorian Death Law Debate Looms



– Margaret Tighe

Dear Friends of life,

As I have said so many times – I can't imagine that it would come to this – I could not expect that the current Victorian government – bad as it has been on the abortion issue – would now be planning to make legal the deliberate ending of life by a doctor – using drugs that will need to be provided by a pharmacist who will become an accessory after the fact!

Let me assure you that we are working so hard to stop this push for legalised patient killing.

I can't believe that we may be going down the same slippery slopes of those very few countries in the world: Holland, Belgium and in the US: Oregon and California, etc., whose record on this is appalling. Just plain scary! And to think that this current campaign is being driven by a former TV host, Andrew Denton.

As I said we are doing our utmost to stop this assault on the sick and infirm. To this end we are blitzing nine marginal electorates with specially printed leaflets which are exposing the government plans, (See one enclosed).

This is costing us an enormous amount of money, which we can ill afford. But we could not live with ourselves, if we did not do our utmost to stop patient killing.

Please give as generously as you can afford.

In life,

Margaret Tighe, PRESIDENT

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URGENT!
ACT TODAY AGAINST
ANDREWS' DEATH BILL.

Visit, write, or phone your M.P. (see enclosure)

The life you save may be your own!

Vermont: Pro-euthanasia politicians lose big in midterm elections

LIFE SITE NEWS – by Kirsten Anderson

The Vermont legislators behind the 2013 passage of a bill legalising doctor-assisted suicide faced major backlash in the 2014 elections.

After his election in 2012, Democrat Gov. Peter Shumlin led the fight to pass Act 39, which allows doctors to prescribe lethal doses of medication to critically ill patients who want to end their lives. In 2014, he faced what should have been an easy re-election battle against his Republican challenger – a political newcomer who entered the race late and with very little funding. Instead, he barely survived the race, winning by only a few thousand votes, and is likely to lose his position as chair of the Democrat Governor's Association.

State Rep. Linda Waite-Simpson was the House's most vocal advocate for legalised assisted suicide. She repeatedly said she was "doing this for my Dad who was a member of the Hemlock Society," and made her support for the issue a major focus of her re-election campaign. Not only did Waite-Simpson lose her seat, she came in fourth place in a two-seat district. Similarly, Rep. Cindy Weed lost her seat after making her support for Act 39 a campaign issue.

In contrast, Republican Lieutenant Gov. Phil Scott, who opposed Act 39, faced a campaign onslaught by the pro-suicide "Patient Choices Vermont PAC." He was outspent by his nearest challenger, Dean Corren, who was a primary proponent of assisted suicide during his time in the state legislature. Even so, Scott defeated him by more than 2-to-1.

"We are buoyed by these election results which send a strong signal that support for killing a patient rather than caring for them is not a winning issue with the public, even in a state like Vermont," said Heather Weininger, executive director of Wisconsin Right to Life. "And, it shouldn't be. Public education is key to informing the public that we must maintain the goal of caring for a patient until his or her natural death, rather than allowing death to occur by lethal ingestion of drugs."

Doctor assisted suicide: A harsh end!

Senator Ted Kennedy's widow Victoria, has been campaigning against doctor assisted suicide in Massachusetts. Mrs Kennedy says most people wish for a good death "surrounded by loved ones, perhaps with a doctor and/or clergyman at our bedside." But with **doctor assisted suicide**, "what you get instead is a prescription for up to 100 capsules, dispensed by a pharmacist, taken without medical supervision, followed by death maybe alone. It's a harsh end!"

From the Right to Life Association of South Australia Newsletter Autumn 2017

ALL THAT GLITTERS IS NOT GOLD! SA Euthanasia campaigner loses pre-selection - quits Liberal Party

Former Liberal frontbencher Dr Duncan McFetridge has quit the Liberal Party after he lost pre-selection for his seat at the next state election and will move to the crossbench in State Parliament, as an Independent.

In a very unusual circumstance, as a sitting member, Dr McFetridge lost pre-selection in the seat of Morphett despite the backing of Opposition Leader Steven Marshall. He was defeated by Holdfast Bay Mayor Stephen Patterson who secured the final pre-selection victory by a solitary vote.



Dr Duncan McFetridge

Dr McFetridge was dropped from the Liberal frontbench in a January reshuffle. He has previously held shadow portfolios including health, transport corrections and emergency services.

He has caused a lot of grief to the pro-life cause in SA. Dr McFetridge has been a strong campaigner for voluntary euthanasia and was responsible for sponsoring a SA euthanasia bill that was defeated by only one vote last November.

He is not a medical doctor but a veterinarian who has dealt with horses and livestock and would no doubt be used to putting suffering animals out of their misery. Euthanasia for humans would be a logical step, coming from this sort of background.

Dr McFetridge has not clarified his plans about the future. He could either retire or stand as an independent at the next SA state election, due around March 2018.

Sectarianism to the Fore in the Fight Against Patient Killing

The speaking tour of Professor William Toffler has engendered the usual sectarian scare campaign against – you guessed it – Catholics. With those who are against us in the media – even the Health Minister – getting down and dirty simply because Professor Toffler told us the truth about the doctor assisted suicide in Oregon. And he happens to be a Catholic!!

To those who attack Christians and Catholics in particular on this issue I tell them to look in the telephone directory and see the many entries to help the deaf, the blind, the disabled, the sick, the elderly, the dying, the disadvantaged refugees, etc., to say nothing of the work in so many disadvantaged countries being carried out by Catholics.

And I ask those who are promoting this deadly legislation what are you doing in this regard?

– Margaret Tighe



Margaret Tighe introducing Professor Toffler M.D.



Professor Toffler M.D speaks at Vic Parliamentary Briefing

Visit of Professor William Toffler M.D., Oregon USA a great success.

We were most fortunate to have the services of Oregon based physician Professor William Toffler who visited Australia to help us with the campaign against the Victorian government’s plan to legalise doctor-assisted suicide.

Professor Toffler spoke in Melbourne on three occasions. The first was a very well attended meeting in Mulgrave – Daniel Andrews’ electorate – over 200 people attended at St John Vianney’s hall!

The next engagement was on the other side of Melbourne at the Symons Centre – attached to St Monica’s Moonee Ponds – also very well attended.

His final Melbourne engagement was at a Parliamentary briefing in Victoria’s Parliament organised by Inga Peulich MLC of the Liberal Party – South Eastern Metropolitan Region.

Overall Professor Toffler’s message was: “Don’t go down the path of Oregon which legalised doctor-assisted suicide in November 1994” - with all of the expected abuses and deteriorating lack of respect for human life.

Appalling examples have been instances where some patients expecting health department funds for say chemotherapy were told instead they would only finance suicide pills!

If it were thought that by doctors helping people to commit suicide, the uglier methods of self-administered suicide eg hanging, deliberate jumping from high buildings, drownings etc. might disappear - this has not been the case. Suicides have increased in keeping with doctor-assisted suicides!

Generally the outcome in places where patient killing has been legalised has been once the so-called “right to die” is established it eventually becomes the “duty to die”.

Professor Toffler’s live presentation videoed at Parliament House together with written transcript are available on our website www.righttolife.com.au. Thanks to Andrew Smith of Studio Solutions for the high quality production. If you would like to revisit the myths of assisted suicide viewing Professor Toffler’s video is a must.



Tom Elliot, 3AW radio Melbourne, interviews Professor Toffler M.D.



David Cutler, Committee Member RTLA in discussion with Professor Toffler M.D.



Attendees at the Vic Parliamentary Briefing.

Evolutionist Claims “Survival of the Fittest” Makes it OK to Euthanase Disabled Newborns

WESLEY SMITH JUL 17, 2017 WASHINGTON, DC

The evolutionary biologist, Jerry Coyne, writes a blog entitled, “Why Evolution is True.”

One would think that by choosing that title, Coyne should restrict his discussions to questions of science that touch on questions and explanations about how and why life changes over time.

But Coyne—as many Darwinists do—takes the question beyond science, and extrapolates evolutionary theory into questions of morality, philosophy, and ethics.

And now, he is promoting the propriety of infanticide. From, “Should One be Allowed to Euthanase Severely Deformed or Doomed Newborns?”:

If you are allowed to abort a foetus that has a severe genetic defect, microcephaly, spina bifida, or so on, then why aren't you able to euthanase that same foetus just after it's born?

I see no substantive difference that would make the former act moral and the latter immoral.

After all, newborn babies aren't aware of death, aren't nearly as sentient as an older child or adult, and have no rational faculties to make judgments (and if there's severe mental disability, would never develop such faculties). It makes little sense to keep alive a suffering child who is doomed to die or suffer life in a vegetative or horribly painful state.

Coyne makes the boringly predictable claim that since we euthanase our sick pets, we should also kill seriously ill and disabled babies. He then explains why he thinks the reasons we resist that meme are wrong, and indeed, irrational. From his blog:

The reason we don't allow euthanasia of newborns is because humans are seen as special, and I think this comes from religion—in particular, the view that humans, unlike animals, are endowed with a soul.

It's the same mindset that, in many places, won't allow abortion of fetuses that have severe deformities. When religion vanishes, as it will, so will much of the opposition to both adult and newborn euthanasia.

Well, no. As I have written repeatedly, human exceptionalism can include religious views, but it *definitely does not require them*. As Coyne's advocacy proves, once we reject human exceptionalism, universal human rights becomes unsustainable, and we move toward the manufacture of killable and exploitable castes of people, determined by the moral views of those with the power to decide.

Moreover, some of the most vociferous opponents of infanticide are disability rights activists—who are generally secular in outlook, liberal politically, and not pro-life on abortion. But they see the euthanasia and infanticide agendas as targeting people with disabilities. The advocacy of Coyne, Singer, and others of their materialistic ilk proves they are correct.

Besides, if allowable abortion is the lodestar, then *any baby could be killed*. At the very least, the killable categories of infants that would be killable would include babies with Down syndrome, dwarfism, and even, cleft palate – all reasons given for late term abortion.

Adding heft to that argument, Coyne cites the advocacy of Peter Singer to validate his own position. Singer believes all babies are killable as so-called human “non-persons,” and moreover, he has infamously used Down babies and newborns with hemophilia as examples of infanticide subjects.

Coyne concludes with the believe that contemporary times will be looked down upon as “brutal” for not allowing infanticide:

In the future we'll look back on our present society and say, “How brutal not to have been allowed to do that.”

Coyne's odious advocacy is the logical outcome of accepting the following premises:

- That human life does not have unique value simply and merely because it is human, and;
- That eliminating suffering is the overriding purpose of society—allowing the elimination of the sufferer.

Many scientists bemoan the fact that so many people refuse to accept evolution as a fact. Without getting into that controversy, perhaps they would be better off ruing the fact that ever since Darwin published *The Origin of Species*, so many of the promoters of that view also couple it with anti-humanism and a moral philosophy that was judged a crime against humanity at Nuremberg.

LifeNews.com Note: Wesley J. Smith, J.D., is a special consultant to the Center for Bioethics and Culture and a bioethics attorney who blogs at Human Exceptionalism.

Legalise euthanasia and the compassionate society dies too.
– Paul Kelly, editor-at-large,
The Australian, 1 October, 2016

Mary Collier CEO



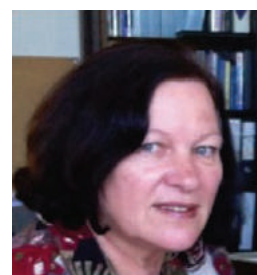
Mary Collier

Mary Collier has been employed by Right to Life Australia since August 2010 helping to coordinate many of our political and election campaigns very effectively. As well she was Secretary of the organisation for 5 years from 2012-2017. During that time Dr Katrina Haller was employed as our CEO which role she carried out very competently. Dr Haller has retired from our employment so Mary Collier is now

our new Chief Executive Officer.

Katrina Haller is still a member of our Committee and acts as Secretary. We wish to record our thanks to Katrina for all the work she has carried out over the past years.

We are indeed fortunate to have Mary Collier now as CEO as she has developed into a very effective campaigner.



Dr Katrina Haller

We would like to welcome new supporters who attended our meetings held at Mulgrave, Moonee Ponds, Sydney, Adelaide and Perth during Professor Toffler's tour in July 2017. We hope you enjoy this copy of the Right to Life News. If you have not sent us your email please do so, to enable us to keep you up to date with our campaigns.

The right to die or the right to kill? The argument against euthanasia

Extracts from an article by Melbourne physician and author,
Dr Karen Hitchcock published in *The Month* Dec-Jan 2015-16.

Now we even have the celebrity endorsement of euthanasia. Apparently **Andrew Denton** is an expert after eight months of research - less time than it takes to get a diploma from a TAFE.

"Eight months", he repeats, as if this is extraordinary, as if this country is not full of people on both sides of the debate who have spent decades seriously considering the complex issues around euthanasia.

On air, Denton declares that it's time doctors started listening to their patients, all the while interrupting, dismissing and undercutting questions from the audience in a tone so patronising it would get a junior doctor hauled over the coals. I'm thinking, "Are we not allowed to countenance any doubts about euthanasia? Has it become a *faith*?"

It is time for us to discuss death, Denton says. "*It's time.*"

He looks straight into the camera, like a prime minister reducing complex issues to slogans.

We hear compelling stories of torturous suffering that make us ache for a way to help people out of their misery. But is death the only solution? And isn't there something strange about the argument that we should give all these apparently deaf - if not entirely blockheaded - doctors a licence to kill?

"Euthanasia" is a word for the act of killing, as is "**physician assisted suicide**".

I have been criticised for using the word "**kill**", but if the real act is so offensive we should stop advocating that doctors do it. Euthanasia advocates wield powerful yet slippery words:

"*assisted suicide*" is promoted as a way to "**control**" one's death, and guarantee "**dignity**".

This debate has fallen into **euphemasia**.

The **right to kill** has been reframed as a **right to die**.

To kill an unconscious dying person relieves only the suffering of the family. The dying person feels neither hunger nor thirst.

Over the 12 years that I have worked as a doctor in large public hospitals, I have cared for hundreds of dying patients.

No one has ever died screaming or begging for me to kill them.

Patients have told me they want to die. My response to this is "Tell me why." It is rarely because of pain, but it is often because of despair, loneliness, grief, the feeling of worthlessness, or being a burden.

I have never seen a dying patient whose physical suffering was untreatable.

Studies repeatedly show that the desire to hasten death for those with a terminal illness comes principally from a feeling of hopelessness. We must listen to and attempt to address this and other fears.

Our responsibility is to help make your life bearable. I hope for a society with the values and the resources to allow us to say, "*Don't be scared. We will attend to you, ease your pain, witness your anguish.*"

"No, we will not kill you."

(Continued from Page 1)

More dangers for Victorians in Andrews Government's Assisted Suicide Bill cont.

to live, the Bill's eligibility criteria will most likely include a reference to "unbearable suffering". It is important to understand that this criterion will not be limited to actual physical pain but will include any psychological, existential or social suffering that the person considers unbearable.

Data from Oregon indicates that the primary reasons for requesting assisted suicide are loss of autonomy, loss of control of bodily functions (incontinence) and loss of enjoyment of activities. In 2016 in Oregon nearly one out of two (48.87%) people who died after taking prescribed lethal drugs cited concerns about being a "Burden on family, friends/caregivers" as a reason for the request.

People with motor neurone disease "rarely die a painful death" but may have anxieties about choking and other difficulties in the end stage of life. The British Motor Neurone Disease Association has an excellent guide for how to manage these symptoms at the end of life.

The Bill is likely to allow lethal drugs to be taken home and, supposedly, self-administered any time the person chooses to do so. In Oregon in 2016 in four out of five cases (79.4%) there was no healthcare provider known to be present at the time of ingestion so there is no independent evidence that the person took the lethal medication voluntarily. It may well have been administered to them by a family member or other person under duress, surreptitiously or violently. We can never know.

The Andrews government's assisted suicide/direct killing Bill is a recipe for elder abuse by inheritance impatient heirs and a counsel of despair for those dealing with the physical and emotional challenges of disability, illness or ageing.

The government should be focusing on gold standard palliative care for all Victorians, including those with motor neurone disease at the end of life, and suicide prevention for all, not just some, Victorians.

Richard Egan,

Defend Human Life! defendhumanlife.blogspot.com

Elder abuse can lead to euthanasia

Most elder abuse is at the hands of a relative. We must recognise that the prospect of euthanasia and assisted suicide becoming law in Victoria may be aiding and abetting elder abuse with extremely grave consequences. It's easy to imagine that a relative who has been abusing an elder emotionally and financially for years could see euthanasia as the final and most profitable card to play for personal gain. An elderly person abused over years can easily agree to the idea that they "*do the right thing to end it all*".

Queensland lawyer James Farrell has said elder abuse was "the new wave of violence on the Gold Coast." with a 19% increase in one year. The Australian Law Reform Commission has just released a sobering report on elder abuse. Before Victoria legalises euthanasia it must ensure the protection of all its increasing elderly population.

NSW Euthanasia Push

The submission of Right of Life Australia to the Committee examining the Voluntary Assisted Dying Bill 2017 (NSW) currently before the Legislative Council NSW

The Right to Life Australia Inc. opposes the draft non-government bill titled "Voluntary Assisted Dying Bill 2017" because it fails to respect the right to life of everyone, especially the most vulnerable; it turns doctors who are trained to heal and save lives, into murderers; it provides conditions for the perfect killing of a relative by impatient inheritors and is the ultimate in elder abuse. It is the thin edge of the wedge for the philosophy that we can kill innocent people. A better alternative would be increasing access to palliative care.

THE MOST VULNERABLE

This bill provides no notification to family members about what is going on. A person could be resident of a nursing home, sign the request form, in the presence of the specified doctors/witnesses and be dead in a week and the person's relatives would be none the wiser until it was all over.

CHOICE IS COERCION

How can you measure coercion? It is invisible. People with disabilities are discriminated against and this would legitimise that discrimination. Liz Carr, the disability activist and actress says, "Choice is coercion." She admits to having the occasional bad day, when she asks, "Is it all worth it?" She might be tempted to talk to a doctor about this and her life would be ended if doctor-assisted dying were legal. A bad day or week is not a good time to make a decision about suicide. People with a terminal illness are dependent on others and are in a very vulnerable state. They can be subject to suggestion and subtle but persistent coercion by people with their own agenda. Instead they need love and care and deserve the best medical assistance we have to offer. Everyone wants medical assistance in dying, but this bill is about doctor-assisted suicide. The promoters do not want to use the word suicide, because we, as a society, discourage suicide and spend a lot of money on trying to prevent it. We need assistance to get through a bad patch, not assistance to suicide.

WHY DOCTORS?

This bill puts doctors in a conflict of interest. They want to heal and save lives, but this bill would make them Agents of the State and require them to become involved in the deliberate killing of their patient. Referring a patient to another doctor who would kill them still makes them an accomplice. Many doctors in Canada who were on the list of doctors who would administer assisted suicide have suffered post-traumatic stress syndrome after their first assisted suicide, and have taken themselves off the list. Another group of people could be designated, for example lawyers. Lawyers are much better at paperwork - they can determine if all the conditions have been met, such as whether a close relative or associate of the person will gain a financial or other advantage as a result of the death of the patient, and then provide the substance - but what would we think of lawyers going around killing people?

Clause 7 provides that a nominee may administer the substance - but the nominee can be a beneficiary of the Will. How dangerous is this?

ELDER ABUSE

Clause 17 requires that "the patient has considered the possible implications of the patient's assisted death for the spouse or de facto partner or family of the patient." The patient's family may be better off financially or be relieved of caring for the patient if the patient

suicides. Impatient inheritors and greedy relatives would be able to coerce a person to sign their life away. This occurred in the Northern Territory when it had a euthanasia bill in 1996. In that experiment, despite the 25 safeguards, all failed and some of those killed did not have anything wrong with them - they were mostly lonely depressed women. We have to properly treat depression, not kill the depressed.

THE THIN EDGE OF THE WEDGE

The very few countries in the world that have legalised doctor-assisted suicide and/or euthanasia have increased the categories of people to which it applies - in Belgium, now sick children can be killed. In Holland, non-voluntary euthanasia occurs, as does euthanasia for those who do not have the capacity to consent. This could be called the "slippery slope" or "bracket-creep." Where will it end? In 1920 Germany legalised death for sick children, then the categories increased to "useless eaters," including those in psychiatric institutions, gypsies, homosexuals, Armenians, Jews and non-German allies. Legalising the killing of innocent people is just too dangerous. It is safer to refrain from legalising the killing of innocent people.

UNIVERSAL DECLARATION OF HUMAN RIGHTS

This bill opposes the Universal Declaration of Human Rights which states that "Everyone has the Right to Life." Everyone includes the terminally ill.

In Oregon, patients have received letters from their Health fund refusing them cancer treatment but offering them \$50 for doctor-assisted suicide, however Barbara Wagner and Randy Stroup wanted treatment for their cancer, not assisted suicide. New South Wales can do better than this and work towards increasing access to proper medical and palliative care. This proposed bill should be killed, not the patients.

– Dr Katrina Haller LLB



**MARCH
FOR THE
BABIES**

Saturday 7th October 2017

1pm at Treasury Gardens, Melbourne
(meet at the corner of Spring Street & Wellington Parade)

**BABIES ARE PRECIOUS
PROTECT THEM ALL**



Show your Support: Wear Pink and/or Blue



Liz Carr is the creator and the star of the production *"Assisted suicide: The Musical"*, brought to Melbourne, as part of the Melbourne International Comedy Festival after its tremendous success in the U.K.

Liz Carr, a Disabled Advocate for Life

The following are extracts from Liz Carr's speech to MP's at Parliament House, Melbourne, in February: I made the show, I made *"Assisted Suicide: The Musical"* because I have done all of the serious political debates on this subject on TV in the UK.

I watch TV and I see compelling arguments and compelling cases and people and individuals who want what's called 'the right to die'. But one person's right to die becomes another person's feeling that it's a duty to die, and I know, and you can say it to me, "But nobody's gonna be dragged there."

"If you don't want it you don't have to have it!" they say. It's not as straightforward as that, because once it exists it exists, and, as I say, some of the worst coercion is choosing it yourself, because you feel you've got no option!

In Oregon, the reason for assisted suicide is not about pain. It's very rarely about pain. The dominant reasons are about loss of autonomy, loss of dignity, loss of the ability to do day to day activities. Pain is the second to last reason given. It's in the 30% range as contrasted to the 80% to 90% for the other reasons given for wanting assisted suicide ..

In **The Netherlands**, when we were there, we were given a pack of tablets. Me and my partner went to a conference of assisted suicide supporters and they gave us the **last will pill**. It was like a little pack of mints. Now the campaign there is for euthanasia for "a completed life" or "being tired of life".

I don't go with the phrase, "the slippery slope"! I don't agree with that phrase. It suggests panic and fear and things that are out of control. It's much more controlled than that - the extension of these laws. It's much cleverer than that. It's done in the name of equality. If you introduce a law in this state for those with only terminal illness, I'll tell you what will happen next is: people with other conditions will want to be included in that definition. They will! That's already happening. The law hasn't even been fully enacted in Canada yet, people with dementia or impending dementia are calling for an extension. Again, whether you want it or not, "Just be fair to everybody!" they say. Be very clear what you're getting. Be very clear where it's going to go because it will go there!

Is it about the benefits to the few? Is it about the risks of the many? Laws should be about protecting the majority and safeguards are difficult: the acknowledgement that we need safeguards is itself an acknowledgement of risks in the first place.

The harm of changing the law, to me, outweighs the risks of harm of leaving it where it is. I will leave you with a question: **What is worse? Killing someone who does not want to be killed?**

Or not killing someone who does want to be killed?

At the moment on balance, I think the former is worse.

Can a happy death come out of a bottle of lethal pills?

VIC EUTHANASIA CAMPAIGN 2017 - THE ENGINE ROOM!

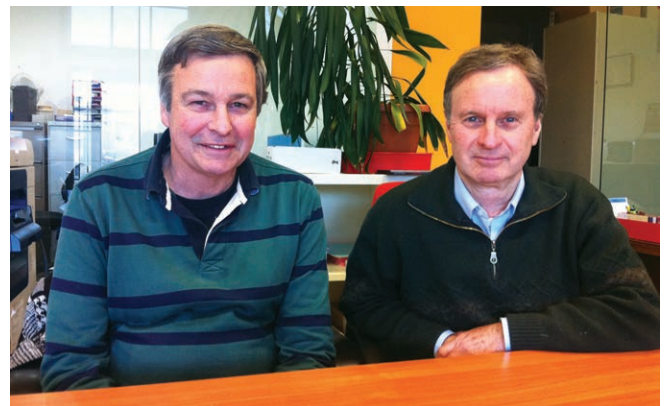
We are targeting 9 marginal electorates namely Carrum, Mordialloc, Macedon, Cranbourne, Ivanhoe, Bentleigh, Ripon, Shepparton and the Premier's electorate of Mulgrave. We designed different brochures which are being distributed to over 260,000 homes during the week of 1-4 August 2017, which coincides with the resumption of Parliament sitting.

Our campaign has been noted by journalists Farrah Tomazin (The Age) and retweeted last weekend by Matt Johnson (Herald Sun). As well, we are running a comprehensive telephone campaign contacting our supporters and churches in marginal electorates.



Shown here are our dedicated staff planning the campaign against the Vic euthanasia bill.

Left to Right: Mary Collier, Anton Pergl, Margaret Tighe, Michael Fewster, Mariana Hladik.



Bernie Angel, working on the accounts with campaign worker Michael Fewster.



Samples of our brochures and brochures on pallets in the mailing room.



News from around the World

From: Life Site

UK

Fr. Mark Hodges Mon Jul 17, 2017 - 12:14 pm EST

UK will pay \$1.3 billion to fund abortions and contraception around the world

LONDON, England, July 17, 2017 (LifeSiteNews) – England used last week’s “Family Planning Summit” to announce it is increasing tax dollars for abortions around the world.

The United Kingdom has committed more than one billion pounds (\$1.309 billion) in the next five years for global “family planning,” the politically correct euphemism for abortion and contraception. But International Development Secretary Priti Patel acknowledged the tax funds would pay for “safe abortions.”

Patel said her government’s spending to terminate fetuses the world over will be £225 million a year for the next five years, an increase of £45 million a year.

The British Pregnancy Advisory Service (BPAS) also has acknowledged that “Family planning” is contraception and abortion.”

The UK government is ignoring the sentiments of its citizens. A recent ComRes poll showed 65 percent do not want their taxes used for abortions overseas.

The Family Planning Summit was hosted by Patel representing England’s Department of International Development, Melinda Gates representing the Bill and Melinda Gates Foundation, and Natalia Kanem representing the United Nations Population Fund.

England is the second largest supporter of abortion in the world. In the past five years, Britain has given Marie Stopes International alone £163.01 million.

UK

Claire Chretien Mon Jul 17, 2017 - 2:51 pm EST

U.S. doctor examines baby Charlie Gard in hopes of saving his life



LONDON, England, July 17, 2017 (LifeSiteNews) – An American doctor who previously testified that Charlie Gard’s chances of improvement are up to 50 percent is examining the 11-month-old today and tomorrow.

The doctor’s name wasn’t made public at first, but then the Associated Press revealed his name is Dr. Michio Hirano of Columbia University.

Dr. Hirano is board-certified in Neuromuscular Medicine and Neurology. He’s the medical director of two laboratories and a professor at Columbia University. Dr. Hirano is affiliated with New York-Presbyterian Hospital, where Columbia’s medical center is.

The Columbia University Department of Neurology

is one of the world’s leading institutions researching mitochondrial diseases. Charlie Gard has a rare mitochondrial disease.

According to Columbia University Medical Center’s website, Dr. Hirano has been named one of America’s Best Doctors, was elected a member of the American Neurological Association, and was elected a Fellow of the American Academy of Neurology.

Charlie’s parents have raised more than \$1.5 million to bring him to the U.S. for experimental treatment. But English and European courts have ruled they don’t have the right to take their son from the hospital for treatment elsewhere and that the hospital can decide to remove his ventilator instead.

The judge will examine Dr. Hirano’s findings and likely make a decision by or around July 25.

POLAND

Polish pro-lifer requires surgery after attack outside Warsaw hospital

WARSAW, Poland, July 10, 2017 (LifeSiteNews) - A young woman and a man injured two pro-lifers and damaged a pro-life display in an attack outside a hospital performing abortions in Warsaw.

One of the pro-life activists was battered and the other was hospitalized and underwent surgery.

The Right to Life Foundation website reported that on July 7 the two assailants defaced pro-life posters displayed on a truck in the Orłowski Hospital parking lot. The two pro-lifers, identified as Artur and Dawid, were keeping an eye on the mobile exhibit when they saw a woman spraying the posters. When confronted, the woman’s companion, a young man, punched Artur. The pro-lifers pepper-sprayed the assailants in self-defense and made a citizen’s arrest until police arrived.

During the struggle, Dawid’s ankle was sprained and his arm required immediate surgery and several days of hospitalization. He told LifeSiteNews that he feels good and awaits a doctor’s decision on when he can go home. He thanked all those who offered support and prayers.

UK

From: Live Action

‘Miracle’ baby Austin, born at 22 weeks, is one of Britain’s smallest surviving preemies

By Nancy Flanders | June 30, 2017, 09:35am

Baby boy Austin Douglas weighed just one pound, four ounces when he was born at 22 weeks gestation on March 31, 2017. Doctors had little hope that Austin would survive, but after weeks in the hospital in Britain, he is doing so well that doctors expect him to be able to go home in July with his parents Rhys and Helen.

Baby boy Austin Douglas weighed just one pound, four ounces when he was born at 22 weeks gestation on March 31, 2017. Doctors had little hope that Austin would survive, but after weeks in the hospital in Britain, he is doing so well that doctors expect him to be able to go home in July with his parents Rhys and Helen.

Austin’s mother Helen Douglas went into premature labor. By the time she arrived at the hospital, she was fully dilated, and there wasn’t anything doctors could do to stop the labor.

Austin still has a long way to go, but his life is a testimony to the fact that preborn children are living human beings.

Believing that we should be able to kill a child because he hasn’t reached the predetermined age of 24 weeks gestation doesn’t make any sense when you see a child like Austin. Abortion is completely legal before the 24th week of pregnancy in the United Kingdom.

AUSTRALIA

From: The Catholic Leader

Triple suicide on Gold Coast prompts euthanasia concerns – July 12, 2017 By Mark Bowling



Euthanasia push: With the push to legalise euthanasia gaining momentum in states across Australia, it’s a chilling end-of-life strategy, with grave implications according to Catholic ethicists. Photo: CNS

IT happened in our midst – an apparent planned and researched triple suicide on the Gold Coast.

With the push to legalise euthanasia gaining momentum in states across Australia, it’s a chilling end-of-life strategy, with grave implications according to Catholic ethicists.

On June 27, mother Margaret Cummins, 78, and her daughters Wynette and Heather, aged 53 and 54, took their own lives in a luxury residential apartment on Ephraim Island.

Police reported the husband of one of the daughters found the women dead after returning to the apartment.

He was understandably upset, but not surprised at the discovery.

The women were followers of controversial euthanasia advocate Dr Philip Nitschke’s group Exit International, having joined the pro-euthanasia group about six months ago.

Dr Nitschke, the man known as Dr Death, confirmed from Amsterdam that he didn’t know them personally, but they had subscribed to the group’s online Peaceful Pill eHandbook, which provides research and information on voluntary euthanasia and assisted suicide.

The handbook includes practical information about end-of-life strategies such as over-the-counter and prescription drugs, gases and poisons.

Each of the women involved was said to have had a diminished quality of life recently.

Wynette suffered brain cancer in the 1980s, and Margaret reportedly suffered dementia.