

JUNE-JULY 2019

HOW JESSE'S LIFE WAS SAVED

By Denissa Cojocea

I was 20 weeks pregnant as I walked into a women's imaging centre with my husband and one-year-old daughter. We were excited to find out if we were having a little boy or girl. What we did find out caused my world to shatter.

During the scan, I noticed the obstetrician scanning the same thing repeatedly, and for some time. I was fighting and suppressing fears that something could be wrong with our baby. The doctor gently placed his hand on my leg and said nothing for a moment. I knew then that my fear had been realised. "I'm so sorry" was all he could say at first, I could tell he genuinely was. My heart was pounding so hard I could scarcely hear, let alone comprehend the words that followed. He told us that our baby's heart was not in his chest where it should be, but protruding through his abdomen. Our baby had a rare and fatal condition called Pentalogy of Cantrell. With a fatality rate of 90%, our baby's chances didn't seem great. As I was lying on the ultrasound table my head spinning, trying hard to compose myself, the obstetrician asked very politely and without much emotion if I would like to terminate the pregnancy. This caught me off guard completely as it was the last thing I wanted or expected to hear. My immediate response was "no".

As we went home that night, we decided to research Pentalogy of Cantrell. The images we found were of aborted, deformed babies which made me feel sick to the stomach. Surely abortion isn't the answer. For me it wasn't even an option. This child's life was precious and worth fighting for, no matter the cost. He deserved the chance to fight for life. I knew God had given me this special child to carry, and carry him I would.

Following further investigation, it was clear that our son had multiple abnormalities including a heart with only three chambers, which further complicated the situation. In the weeks and months that followed, we met with different doctors from various fields of medicine. Anyone who could possibly have an input did. With every doctor the same

question would arise, "do you want to terminate the pregnancy?", "it's not too late" was also used, as well other forms of suggestion. Even during an appointment designated to discuss the birth plan I was asked by another doctor, whom I had just met if I wanted to have an abortion. Abortion was presented as the best solution. I felt unspoken pressure from doctors', as though we were making the wrong decision

by declining to have an abortion. My conscience however would not allow me to even consider it as an alternative. After declining time and time again, repeatedly requesting it to be documented that termination was not an option did the topic of abortion cease to arise.

Plans for a caesarean were put into place for the birth of our son. We were told to expect medical intervention to try keep him alive due to limited oxygen circulating through his body. Surgery would likely be required shortly after birth. I was prepared for the worst but had much hope that my son would survive. I knew his life was in The Lord's hands and trusted Him completely.

I went into labour 10 days early. Despite expectations of intervention, the moment Jesse was born, to everyone's surprise he kicked and screamed the house down! No

medical intervention was needed to keep him alive, no surgery was needed after birth. As though by miracle his heart, as abnormal as it is, was maintaining his life. Jesse was immediately transferred to the Royal Children's Hospital for monitoring and investigations. Jesse spent the first month of life as an inpatient for nothing other than observation.

Despite a rough start to life and having undergone multiple surgeries, Jesse is a thriving, active and typical three-year-old boy. He has beaten the odds against him and has overcome many hardships. He is our miracle child and fighter, full of life and confidence. A life which would have ceased to exist had we chosen abortion. As parents it is our duty to give our children the best chance at life, regardless of the circumstances. Human life in all its forms is valuable and precious, it should be preserved

not discarded without regard.

In times of great uncertainty lies a calm and still voice of a loving and merciful God. Whom if we put our faith and trust in turns every impossible situation into a miracle, and a testimony of His unending love and strength to those in need.



The Alfred Pharmacy – Now Dealing in Death – How Sad!

Letter to Chief Pharmacist, Alfred Health, Melbourne – May 2019



Margaret Tighe

Dear Sir,
I write as one who worked as a pharmacist at the Alfred hospital for several years after my return from working in the UK in late 1956. I cannot recall the exact date of my employment there beginning at some time in 1957 until the beginning of 1961.

During my time in the UK I worked in several hospitals but mainly in St Mary's Paddington and the Radcliffe and Churchill hospitals in Oxford. The Alfred pharmacy was a mess at the time, mainly because of lack of space. An appeal was being conducted at the time for badly needed funds to upgrade the hospital. I'm quite proud of the work I did in categorising the drugs etc in alphabetical order, so that doctors could come in and find out what they were after.

Frankly I cannot believe that such a fine hospital as the Alfred – one of Australia's leading trauma centres – could involve itself in the provision of lethal drugs for use by doctors assisting sick people to suicide!

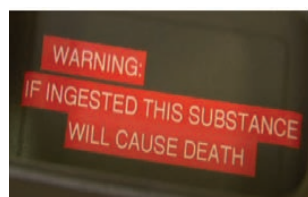
At least I know that the British hospitals in which I had worked all those years ago, are not involved in helping sick people to suicide. In 2015, the British Parliament overwhelmingly rejected – in a vote of 3 to 1 – euthanasia legislation.

In so doing, they heeded the warning of Professor Theo Boer of the Netherlands who, initially an advocate of that country's euthanasia laws now said "don't do it". He saw the harm it was doing to the Dutch people with some losing their lives without even their consent – to say nothing of Belgium and Switzerland!

I am enclosing for you a copy of a leaflet which maybe of interest. [enclosed Right to Life brochure named Euthanasia is Toxic. Perhaps it will not be too late to reflect on UK hospitals who are not involved in patient killing.

Yours sincerely, **Margaret Tighe, PRESIDENT**

NB Needless to say I have had no reply to my letter – Ed.



Label on locked box!



Contents of the Locked Box

The abortion clinic "bubble zone" saga comes to an end

In March 2014 I was arrested outside each of the two abortion clinics that then operated in Hobart. I had intentionally travelled from Queensland to Tasmania to challenge the newly introduced "bubble zone" laws that made it a crime to express opposition to abortion within 150m of places where abortions were done. Tasmania was the first place in Australia to pass such laws and it was thought that if these laws were not overturned it would be only a matter of time before such laws were passed throughout the country. That proved to be true.

In Hobart I simply held a sign which read, "Everyone has the right to life, Article 3, Universal Declaration of Human Rights" along with an enlarged photo of an unborn baby. For that I was charged, convicted, and fined \$3 000.

That conviction was appealed and eventually made its way to the High Court of Australia. Along the way, Kathy Clubb joined the appeal as she had been convicted under similar legislation that had been introduced into Victoria. The appeal was based on the view that these laws were un-Constitutional in that they restricted freedom of speech.

Finally in April 2019, just over five long years since this all began, the High Court gave its judgment. The decision was unexpectedly handed down here in Brisbane so I was able to attend and Kathy Clubb was there for it also. The whole thing lasted about one minute after five of the judges filed in. Each of them said that they rejected the appeals and handed over their written reasons and the same was done for the two absent ones.

It was very disappointing, but not a great surprise given how things went when the appeal was held in the High Court in Canberra back in October last year. As I wrote in a press release after the decision was handed down:

"It is a very sad day for this country. This decision means that a person can be fined up to \$10 000 and/or be jailed for up to 12 months simply for promoting the Universal Declaration of Human Rights in a public place in Australia.

"This is not the old Soviet Union we are talking about where human rights laws were a mockery, this is Australia. Australia is signatory to this document but now you can be sent to jail for promoting it on a public footpath!



Graham Preston outside abortuary in Hobart

Every Australian, whatever their views on abortion may be, should be very concerned about this draconian suppression of free speech that has been upheld today."

To add insult to injury, costs were awarded against us. Given that about 34 lawyers, from every State and Territory, were arrayed against us at the High Court this bill could be very considerable. But as the old saying goes, you can't get blood out of a stone.

The real challenge is, what do we do next?

Graham Preston - Protect Life Queensland
protect-life <contact@protect-life.info>

Pharmacists at The Alfred to mix lethal dose and hand deliver to patients!

Excerpts from article in The Age by Melissa Cunningham June 9, 2019

Three pharmacists at The Alfred hospital have been given the job of mixing and delivering the lethal dose to be taken by Victoria's first voluntary assisted dying patients. The pharmacists will personally deliver the substance, made from a cocktail of drugs already legal in Australia, in a locked box to terminally ill people across the state.

No matter where they are in Victoria, they will dispense the medication to them. If there is any medication remaining, they will collect that and take it back," Victoria's Health Minister Jenny Mikakos said.

The historic laws will come [have come] into force on June 19 and will allow terminally ill adults who only have about six months to live and meet other eligibility criteria – such as being able to give informed consent – access to a lethal substance.

Most people will drink the dose – a liquid of about 100 millilitres (just over a third of a cup) – in their own homes at a time of their choosing.

Under certain circumstances, those physically incapable of swallowing will be allowed to take the substance as a lethal intravenous drip set up by a doctor. Those choosing to end their lives will be given medication to relax and reduce any chance of regurgitation before they take the dose which will cause unconsciousness within minutes and a peaceful, pain-free death soon after. While The Alfred will be the only pharmacy in the state to provide the drugs for voluntary euthanasia, the government has hired two voluntary assisted dying care "navigators" who are based at Peter MacCallum Cancer Centre.

The government plans to hire more "navigators" but is yet to determine how many or where they will be placed. Meanwhile, 89 doctors scattered across Victoria have begun receiving the mandatory training required to be allowed to assist terminally ill patients who need medical help to die when the laws come into effect. Ballarat Health palliative care physician Dr Greg Mewett has registered himself as a doctor prepared to participate in euthanasia by making an assessment of a patient and if it came to it, administering the fatal drug.



The lethal liquid dose will be about 100 millilitres (just over a third of a cup), mixed up by three pharmacists from The Alfred hospital.

There is a range of strict eligibility criteria for those wishing to access the scheme, including that two doctors would have to conduct favourable assessments of a person's eligibility, and a person has to make three separate requests to end their life, after initiating the process themselves.

It has been estimated that about 150 to 200 Victorians could make use of euthanasia laws each year but in its first year, Ms Mikakos said the number could be as low as 12. Terminally ill patients will also be able to get advice on voluntary euthanasia from a government-sponsored hotline.

News from the United States – Good and Bad

The abortion issue has been front page news in the US of late.

The Good News has been from the following states – Ohio, Mississippi Alabama, Georgia, Kentucky, Louisiana – where a variety of laws curtailing abortion under certain circumstances – and at certain stages – have been enacted. Well done to the pro-lifers in those states!

It was interesting to see an Alabama state politician being interviewed on TV recently. When asked why he voted for a ban on abortion following rape or incest, he replied that, although he was in favour of that – he just voted against it. Just shows what political pressure will do!

The Bad News! States like Illinois, New York, Rhode Island, to name a few – have voted to ensure more not less abortion with the usual acclaim from the pro-abortion media – which uses dishonest rhetoric in describing abortion – as do the political proponents in this country. eg women's reproductive rights! They never have the courage to use the work kill.

In relation to the Illinois bill, on 12 June 2019 USA Fox News' Caleb Parke reported the following:

"The bill, effectively immediately, repeals a 1975 Illinois abortion law. It eliminates spousal consent, waiting periods, criminal penalties for abortion providers and restrictions on abortion facilities, such as licensing requirements and health and safety inspections. It also repealed the state's Partial-birth Abortion Ban Act and establishes 'that a fertilized egg, embryo, or fetus does not have independent rights under the law, of this State.' Former Illinois state representative and Thomas More Society Vice President Peter Breen slammed the measure as 'the most radical sweeping pro-abortion measure in America and makes Illinois an abortion destination for the country,' protecting abortion to a greater degree than Free Speech and other First Amendment rights."

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

FEDERAL ELECTION CAMPAIGN 2019 – the good news!

Many of you will be delighted at the unexpected result of the recent Federal Election. Many of you, like me, would have been especially thankful because both the Labor leader – Bill Shorten and his deputy Tanya Plibersek and their health spokesperson Catherine King – all declared their intention of ensuring more availability of abortions in public hospitals.

However, they may well regret this as the issue of abortion has played an effective role in the election, especially in Queensland. Apart from our supporters in the vital eastern suburbs of Melbourne – seats that Labor hoped to win – receiving our hard hitting brochures - we also ran a very effective campaign in the Sydney seat of Bennelong.

The reason for this was that the Labor candidate for Bennelong was Professor Brian Owler - Sydney neurosurgeon – who played a major roles in the implementation of Victoria’s terrible euthanasia law. It was essential he was not elected because if Labor had won

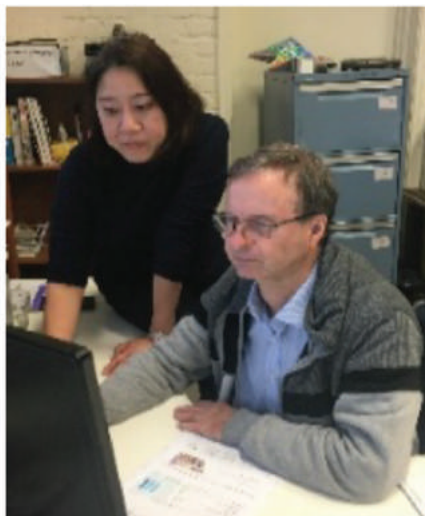
government and Owler had won Bennelong – he could have become the Federal Health Minister.

We ran a public meeting in Bennelong with help from the Catholic Church in Eastwood in whose hall we ran the meeting. In addition, some of the Chinese community were very helpful. The campaign was reported in the local Chinese newspaper and we also placed an advertisement in Mandarin in the paper (Epoch Times).

Congratulations are due to Robyn and Trevor Grace of Pregnancy Help SA who ran a very tenacious campaign in the South Australian seat of Boothby, which was narrowly maintained by Liberals’ Nicole Flint (against Labor’s EMILY’s List candidate Nadia Clancy).

Thanks are due to our Michael Fewster who spent several long days in Sydney running the Bennelong “Vote Owler Last”! leafleting teams. Vital to the campaign was the co-ordinating effort of our CEO Mary Collier with diligent office support team of Anton Pergl and Linda Khoo. Our volunteers in Melbourne, with new volunteers Margaret and Lidia and particularly our new interstate volunteers in NSW were outstanding. We could also not do with our faithful longstanding volunteer Mary Price. Thanks are due to the speakers at the initial Bennelong meeting, which was chaired by Sydney barrister Greg Smith SC and addressed by Dr Maria Cigolini – Palliative Care Expert, Dr Rachel Carling PhD and myself.

Margaret Tighe, President.



Michael Fewster and Linda Khoo, RTLA office working on the Bennelong campaign



Angela Finnane and Jane Landon leafletting our ‘Vote Owler Last’ brochures in Bennelong campaign.



Volunteer Margaret Hussein with Michael and Mary leafletting in electorate of Deakin



Fr Martin R Maunsell B.Th - Parish Priest, St Kevins’ Eastwood, NSW - his assistance was invaluable.

大紀元時報 EPOCH TIMES SATURDAY, 14 MAY 2019 CHINA NEWS 中國新聞 A9

質疑中共濫權 教師遭處分

【本報北京14日電】一名在中國大陸工作多年的教師，因在課堂上質疑中共濫權，被學校處分。該名教師表示，他是在履行教師的職責，對學生的生命負責。他認為，中共的濫權行為已經嚴重威脅到了公民的權利和自由。他呼籲社會各界關注此事，並要求政府正視問題，保護公民的合法權益。

據悉，這名教師在課堂上對中共的濫權行為進行了詳細的分析和批評。他認為，中共的濫權行為已經嚴重威脅到了公民的權利和自由。他呼籲社會各界關注此事，並要求政府正視問題，保護公民的合法權益。

此外，該名教師還表示，他將繼續為維護公民的權利和自由而奮鬥。他認為，只有當政府正視問題，並採取實際行動時，公民的權利和自由才能得到真正的保護。

BENNELONG 選區的投票人請注意

您知道嗎，Bennelong 選區的工黨候選人 Dr Brian Owler 在維多利亞州的安樂死合法化方面發揮了重要作用？ (2017年11月)

- 多數的澳大利亞醫生反對安樂死。
- 2015年英國議會以3比1的比例投票否決安樂死。
- 為什麼？因為這對老人和體弱者來說太危險了。
- 荷蘭 - 允許安樂死的地方 - 未經同意就死亡431人！ (2015年官方數據)
- 比利時 - 現在使用安樂死的死者器官用於器官移植。

請不要在每一個方格內都填入數字

請記得在每一個方格內都填入數字

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Advertisement in Epoch Times 11/5/19 and 14/5/19

BENNELONG VOTERS

- Did you know Labor candidate for Bennelong - Dr Brian Owler - played a major role in legalising euthanasia in Victoria? (Nov 2017)
- Most Australian doctors oppose euthanasia.
- The British Parliament in 2015 voted 3 to 1 against euthanasia.
- Why? Too dangerous for the elderly and the infirm.
- Holland - where it is allowed - 431 deaths without consent! (official figures 2015)
- Belgium - now uses organs for transplant from euthanasia deaths. <https://bit.ly/2Vmv1DL>

VOTE OWLER LAST

Remember when you vote to number every square

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English Translation of advertisement in Epoch Times

Euthanasia too dangerous for the U.K.

In 2015 the British Parliament voted overwhelmingly against euthanasia!

Hon Paul Keating - former Prime Minister of Australia: "Under this bill conditions and safeguards are outlined that will allow physicians to terminate the life of patients and to assist patients to take their own life. This is a threshold moment for the country. No matter what justifications are offered for the bill it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human!"

Experience from four countries that practice euthanasia eg Holland, Belgium & Switzerland proves it is out of control.

Official figures [Central Bureau of Statistics, The Hague] from Holland in 2015 show 431 people had their lives ended without their consent!

If you value human life - a vote for Labor is NOT a vote for life

VOTE OWLER LAST

Remember when you vote to number every square

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Brochure used in Bennelong electorate

Federal Election 2019 and Labor

Is a Vote for Labor a Vote for Life? Definitely NOT!

- We already live in a country where the act of abortion i.e. the killing of a child in the womb, is freely available funded with YOUR taxes.
- In most states abortions are allowed up till birth!
- Yet - most hospitals save the lives of babies born very prematurely like Nicholas.
- Now Labor plans "wider access to abortions"

Deputy Labor leader Tanya Plibersek "we will expect termination services to be provided conveniently in public hospitals"

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Brochure distributed to 40,000 homes in Bennelong electorate.

RIGHT TO LIFE NEWS - SPECIAL EDITION -

APRIL-MAY 2019

Federal Election 2019 and Labor

What price Human Life?

- We already live in a country in which the act of abortion i.e. the killing of a child in the womb, is freely available.
- We already live in a country in which unborn babies in most states, and territories can be killed up to birth!
- We already live in a country where our taxes - whether we like it or not - are used to pay for the killing of children in the womb.
- Yet - LABOR wants more not less abortions!
- Right to Life Australia is non-denominational and non-party political. However we can no longer sit back and behave in a non-political way in the wake of the article below published in the Melbourne Age, 6/3/19.

Labor plans wider access to abortions

Judith Ireland THE AGE, 6/3/19.

The Right to Life Australia Inc. ABN 12 774 010 375 - 161a Donald Street, Brunswick East VIC 3057 - P O Box 2029 Brunswick East VIC 3057 Tel: (03) 9385 0190 Fax: (03) 9384 6811 Email: RHL@righttolife.com.au Website: www.righttolife.com.au Donate: Commonwealth BSB 065-111 Account no 1010 9208 or online

Right to Life News Election 2019 issue

Euthanasia is Toxic

* The Andrews Government's Voluntary Assisted Dying Bill 2017 narrowly passed the Victorian Parliament on 29 November 2017 and commenced operation on 19 June 2019.¹

* This radical Act allows doctors to kill terminally ill Victorians either by lethal injection or by giving the drugs to the person to self-administer.

* We are not talking here about the situation where life-support machines (which are maintaining a patient's life artificially) are switched off to allow nature to take its course.

* We are talking about a much bigger step authorising Victorian doctors to assist with the suicide of a person.

* Yet suicide rates have increased by 9% in Australia in just a year, with calls for more to be spent on suicide prevention.²

Euthanasia for the Mentally Ill

* The Victorian legislation supposedly cannot be used by patients with mental illness.

* However, if a mentally ill person – say with diagnosed depression – suffers from another condition eg diabetes, heart disease, kidney disease which is satisfactorily being treated – by ceasing treatment for their illness – the patient becomes terminal and so would qualify for euthanasia.

* Indeed many people receiving necessary treatment for a whole range of illnesses, can easily qualify for euthanasia by ceasing treatment, causing their condition to be terminal.

* Vulnerable people can act out of loneliness, fear of being a burden, financial pressure etc.

Euthanasia - too dangerous for the U.K.

* Premier Andrews and Health Minister Hennessy claimed their euthanasia bill is the "safest model in the world"³.

* Experience from those few countries that practise euthanasia eg Holland, Belgium & Switzerland proves otherwise – that it is out of control.

* Official figures [Central Bureau of Statistics, The Hague] from Holland in 2015 show 431 people had their lives ended without their consent.⁴

* These facts influenced the British Parliament in 2015 when they voted overwhelmingly against legalised euthanasia.⁵ The Scottish and Welsh Parliament did likewise.

The Rt Hon. the Baroness Elizabeth Butler-Sloss GBE (UK)

Former Judge, House of Lords.

"My experience of presiding over the family division of the High Court showed me again and again how subtle and calculate the pressure, coercion and even control asserted on a vulnerable individual can be. The safeguards provide no real protection to the truly vulnerable and they will fall apart if this bill becomes law ⁶."

Mr Frank Field MP (Birkenhead) (Lab) - UK House of Commons

"...we seem to think this country is populated exclusively by husbands who love their wives, and wives who love their husbands, and grannies, uncles and aunties who all gather around to do the right thing. ...I know perfectly well that in certain circumstances some individuals would have no hesitation in trying to persuade a person that the decent thing to do is to end their life –and especially where money is involved ⁷."

Doctors Oppose Euthanasia

The World Medical Association opposed Victorian euthanasia urging MPs to block the bill arguing that assisted dying goes against "medical ethics."⁸

The organisation based in Geneva, represents more than 10 million physicians.

The Australian, the British and the American Medical Association all oppose euthanasia.

Assoc. Professor Mark Yates, former President Australian Medical Association (Vic)

".... we know now, quite clearly, that inheritance impatience is having an impact on older people. And as a geriatrician, I get to see the best. But sadly, I also see the worst of human nature and irrespective of our legal construct, now we cannot protect the elderly.....Despite 68 different regulations.....100 cancer specialists (who have written to the Parliament), and 100 palliative care physicians who have written to Parliament can't be convinced that this is safe legislation."⁹

Dr Karen Hitchcock, Physician, Alfred Hospital (Vic)

"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, meaninglessness or being a burden. I have never seen a dying patient whose physical suffering was untreatable."⁹

1 [www.legislation.vic.gov.au bit.ly/2BGRz7b](http://www.legislation.vic.gov.au/bit.ly/2BGRz7b)

2 The Age 27/9/2018 "Suicide rate rises by 9% in a year."

3 Media Release bit.ly/2PnFvPE 20/9/2107

4 Statistics Netherlands, Den Haag/Heerlen Deaths by medical end-of-life decision; age, cause of death, 24 May 2017 bit.ly/2NZZBdV

5 Assisted Dying (No. 2) Bill 2015-16, House of Commons, 11/9/2015 bit.ly/2ArErlA

6 The Times (UK) – Assisted Dying Bill 'puts elderly at risk' Frances Gibb, Legal Editor 8/9/2015

7 Frank Field: Assisted Dying (No. 2) Bill 2015-16, UK House of Commons, 11/9/15 bit.ly/2SebMY5

8 The Australian 27/10/17 World Medical Association calls on Victorian MPs to reject euthanasia bill bit.ly/2ONH61L

9 LO radio interview with Jon Faine 20/9/17 bit.ly/2CD6wYG

10 The Monthly Dec 2015-Jan 2016 Dr Karen Hitchcock - The right to die or the right to kill? bit.ly/2j2qHTe

Legalised Assisted Suicide: A Forum to Explore the Implications

Address given by Dr Rachel Carling, Board Member, Right to Life Australia, former Member of the Legislative Council, Parliament of Victoria.

Venue: St Thomas' Anglican Church, Burwood, Victoria 19/6/19

Today's implementation of Victoria's death permit system which will facilitate the suicide or direct killing of our residents, scares, disturbs and horrifies me.

Eighteen months ago we legislated to end the life of the most vulnerable, the lonely, the unwanted... those who are pressured by society's opinion about their worth, dignity and meaning... those who are pressured by inheritance-impatient family members, an increasingly risk-averse and fiscally-motivated healthcare system, and by the fact that palliative care is not a privilege every Victorian has equal access to.

A bill directly condemned by the World Medical Association.

A bill also condemned by hundreds of doctors and health professionals in Victoria and Australia-wide.

A bill widely objected to by lawyers like Julian McMahon who labelled it naïve.

However, this legislation passed by two votes in the upper house – two people decided the fate of thousands of Victorians over the coming decade. I honestly believe that personal concerns about pre selections and, the factional loyalty of MPs within both major parties, outweighed the gravity of this bill for those two votes which we desperately needed to defeat this legislation.

So, now, because MPs put their careers above the lives of their constituents:

From today, we no longer have an abstract debate about assisted suicide or euthanasia – from today, it is our reality.

Today, the first person to die under this regime spoke to a doctor to begin the application process. A second doctor will soon sign off.

Within a few days, the death permit will be finalised and medication ordered.

Then, within ten days, the first Victorian will be able to die under this regime.

Under the Victorian legislation, two types of death permits can be issued – one enabling a person to take their own life by taking lethal medication – this is assisted suicide. I absolutely refuse to use the sanitised term 'assisted dying'. And the second type of permit– will enable a doctor to administer a lethal medication to a person, which is euthanasia. This is clearly state sanctioned, with each permit individually signed off by the Secretary of the Department of Health and Human Services, or her proxy. The legislation is deeply flawed and deeply concerning on many levels – I have time tonight to outline only a few of the most significant concerns. Concerns raised in parliament, debated, then overwhelmingly ignored.

During the debate in parliament, we were led to believe that different cocktails of drugs would be designed – tailored to individuals' condition, weight etc... However, in reality, a one-size-fits all approach has been adopted. The strength of the medication being supplied is a higher dose than any used across the world. It is so lethal that it is enough to kill more than one person. (This may be a way of avoiding problems

in overseas jurisdictions, such as people in Washington who have taken up to 72 hours to die and others who have woken from comas induced by the medication).

Kits come in two forms: either a series of (7) needles, alphabetically labelled, which a doctor can inject in sequence, or an at-home kit of medication to self-administer. Without any medical supervision. Without any time limit on when – so a box could be stored at home for years. Without any ongoing monitoring for deterioration in mental health or for warning signs around coercion within the patient. Once a permit is issued, it is not reversed. We simply will not know the conditions under which a person takes this 100ml of poison which is so bitter that a sweetener is included in the pack to mix with it to assist in its palatability. And in case you are wondering about checks and balances here, I need to note that the Coroner will have no jurisdiction to investigate the death of a person who has been issued with a state death permit.

Furthermore, if a Doctor is present, even at self-administration no reporting of complications is required. So we will never know the real circumstances surrounding the death of people under this regime.

For MPs to pass such legislation is an abdication of their responsibility. We knew more about the implications of the so-called "Renter's Rights" bill, which was comparable in size, then we did about this legislation, prior to its passing.

A lot of questions asked surrounding locked boxes were asked during the debate. We now know that the Alfred Hospital pharmacy is the pharmacy which will be making up all the kits and distributing it state-wide in locked boxes which are just like standard black petty cash tins deliberately chosen as they are small enough to fit in a bedside drawer in a nursing home or a hospital where they can be stored without the knowledge or consent of the care home or hospice. There is no regulation around where the key to the locked box can be kept, and so, theoretically it is legal to keep the key in the lock.

During the debate, collateral damage -ie the risk that someone else would take the medication or even the leftovers of the medication if not all is consumed, was openly acknowledged and left unsolved. Considering the strength of medication supplied, concerns over this have been accelerated... and yet, or course, ignored.

We raised a lot of concerns during the debate about doctor shopping, that is, people going from one doctor to another until they found one to sign their application forms. This has been addressed through the employment of "Voluntary Assisted Dying Care Navigators" who will actively link people wishing to access a death permit, with doctors willing to lodge their applications. This will streamline the process for patients. It is important to note that: Doctors signing off on the application do not need to have specialist knowledge of the disease with which the patient is afflicted. Nor do they have to have any kind of relationship – long or short term – with the patient they are assessing.

The biggest argument we heard during the debate was about unrelieved pain. However, there has been a public acknowledgement (at the VAD Implementation Conference held in May here in Victoria) that euthanasia is primarily carried out for "existential suffering" and not because of the inadequacy of palliative care in treating pain or other physical symptoms. Dr Downar, a Canadian physician who euthanises patients regularly, made this observation to Victorians at the conference from a position of first-hand experience.

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Elder abuse, another concern raised in parliament, which may lead to coercion and pressure to apply for a permit – is a reality not actively screened for in Victoria. At the Implementation Conference one prominent practitioner went so far as to reject the existence of bullying of this kind, even though it is openly acknowledged by international champions of assisted suicide, like Dr Henry Marsch, a well-known British neurosurgeon who stated: *Even if a few grannies are bullied into committing suicide, isn't that a price worth paying so that all these other people can die ... ?* (My answer to this question is NO for the record). And one final point which MPs voting for the bill seemed unwilling to acknowledge during the debate:

Death is final. There is no coming back if a cure is found, if your diagnosis is wrong, if your prognosis is wrong, or if a renewed purpose for your life is just around the corner... a dear friend of mine, the late Dr Christopher Newell once described to me that at his darkest hour, when he was told he had only a few months to live, he contemplated suicide. If the option of state sanctioned suicide had been available to him – he may well have taken it. However, I met him years later when he had survived, grateful for his misdiagnosis and recovery because he then went on to marry and have a child. Such stories are not unheard of but were dismissed as irrelevant during the debate on the legislation.

Members of parliament who passed this legislation, and who are overwhelmingly still in their seats, had a party at parliament house last night, reportedly hosted by Fiona Patten, to celebrate the implementation date of today.

While those of us who stood firmly against it like – Graham Watt former member for Burwood who is here tonight, Robert Clark former member for Box Hill, Dee Ryall former member for Box Hill and Michael Gidley former member for Mount Waverley, have been deliberately displaced from parliament. Graham and I actually spent last night on the front steps of parliament, joined by about one hundred others, holding a candlelight vigil to mark and to mourn the beginning of this regime.

From today, we become only the 15th in a series of jurisdictions in legalised euthanasia and/or assisted suicide – described by Richard Egan of Australian Care Alliance “as fatally flawed experiments resulting in wrongful deaths. There is nothing in the design of the Victorian experiment to justify any expectation of better results”... despite the continual rhetoric in parliament that we have a safe regime.¹ Saying something is safe, does not make it so.

Taking the life of a person, or assisting in the taking of the life of a person, is not what I would consider to be safe.

I don't have time to go through all the jurisdictions tonight, so let me give you a few highlights:

First there was the failed experiment in the Northern Territory in the 1990s where four people described as “fatigued, frail and depressed” died in a 9-month period in an area where palliative care was underdeveloped. Then there is Oregon, where over half the people who opt in sight “being a burden” as their major issue and 1 in 20 use financial considerations as a reason in their request to die.

The most famous example is perhaps Switzerland, where international suicide tourism is big business and “weariness of life” is an accepted reason to request suicide.

In Belgium euthanasia now accounts for 2% of all deaths in the country,

where people with psychiatric disorders, PTSD and children as young as 9 are now eligible. In the Netherlands, euthanasia is so well established it accounts for 1 in 16 deaths of people over 60.

Lesser known is the jurisdiction of Hawaii which conducts assisted suicide consultations over the phone. Quite a difference from the lifesaving work of Lifeline – imagine being depressed and calling the wrong number.

If the implementation in Victoria proceeds without opposition, without confrontation, and without objection both from within the medical community and from voters in the next election, the risk that surrounding states will follow our poor example is high.

Those of us who are opposed to this legislation, to this state sanctioned death-permit regime need to be strong enough, vocal enough and, quite simply, care enough, to speak out; to speak against; and to speak the Truth. To raise awareness of the dangers within our community, not just as keyboard warriors debating topics in the echo chambers of social media, but also in a very real and practical way.

We must ensure that those who are vulnerable, elderly and/or sick around us feel valued, feel worthy and feel hope. This is something we can all take responsibility for.

And we must ensure that the next Victorian Parliament is filled with people who value Life over their own careers.

¹ Egan, R. (2019). *Seventeen Fatally Flawed Experiments*. Australian Care Alliance. www.australiancarealliance.org.au/flawed_experiments

STAND AGAINST EUTHANASIA – THE EVENING BEFORE ASSISTED SUICIDE BEGINS IN VICTORIA

A Candlelight Vigil was held on the steps of Parliament House in Melbourne 18.6.19, on the eve of the “implementation date” of euthanasia or patient killing of the sick, vulnerable, those with mental illness and the aged in Victoria. Over 80 people stood in very cold temperatures, less than 6 degrees Celsius, to mark and mourn this tragic occasion. The very next morning, a patient would be able to go to their doctor, and request that they could have assisted suicide. Major metropolitan hospitals in Victoria such as Peter MacCallum Cancer Centre and Alfred Health are participating whether by training as a doctor who will be able to give the go ahead to a patient, being involved on a practical level, eg involving staff, including pharmacy, transport and other ancillary groups in this macabre scheme. In a sickening contrast, Victorian MP, Fiona Patton MLA of the “Reason Party” was holding a party 50 metres away, inside Parliament to mark what she sees as an event to be celebrated.



Candlelight Vigil on the steps of Parliament House, Victoria to mourn the implementation of euthanasia which is to occur on 19 June 2019 (the following morning).