

## Letter from the President Defence of Human Life Must Continue

During our campaign to defeat the Andrews' government's euthanasia bill we spent at least \$150,000 on educating the public and politicians (and the media!) - about the dangers of legalising euthanasia. After all - one only has to look at the results in other countries - where this has occurred.



Margaret Tighe

The longer it is allowed the more the practice of it and reasons for doing so escalate.

Yet this has been ignored by those who embrace it eg the Andrews' government.

What it really boils down to is the embracing of a culture that says - if you believe you will be better off dead - then we'll help you to be killed.

And having been sold to the naïve public as a means of preventing an agonising death - it eventually becomes a panacea for the depressed, the aged and the lonely.

**This was the sole reason the British House of Commons - and the Scottish Parliament voted overwhelmingly against it!**

We are committed to continue to fight against the death culture but we are very worried about money. Those of you who may not have made a will as yet - please consider making a bequest to this worthy cause - the upholding of the value of human life.

In life, Margaret Tighe, PRESIDENT

## KATHY CLUBB is taking the fight for the unborn to the High Court - see page 2.



## Health Minister Hennessy's "Helpline" - where to get an abortion!

from Jill Hennessy twitter page @JillHennessyMP

by Wendy Tuohy, Herald Sun 12 march 2018

Victorian women will be able to access free and confidential sexual and reproductive health support and abortion advice by phone from March 19.

The state government will today launch the 1800 My Options helpline offering women information on contraception, where to get an abortion, counselling and other services.

Health Minister Jill Hennessy says the government has committed \$1.76 million over four years to set up 1800 My Options, which will be operated by the independent not-for-profit, Women's Health Victoria.

The helpline will operate five days a week, and be staffed by workers trained in sexual and reproductive health issues.

Women's Health Victoria Executive Director Rita Butera said the service fills a significant need across Victoria for evidence-based, trusted information for women.

"It is a much needed service, a lot of women's health services right across the state can provide information and stories about women needing information, and the right information, and there's an absence of it," Ms Butera said.

"It is a sensitive area for a lot of people, you can't just talk to anybody about it. Sometimes you need confidential, professional information."

Ms Hennessy said the service was intended to make it less difficult for women to find services.

"For too long, women have faced barriers accessing the information and services they need to manage and control their fertility. That's why 1800 My Options is such an important initiative," she said.

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## KATHY CLUBB LEGAL CASE TO ARGUE AGAINST EXCLUSION ZONES

As many of you are aware, Melbourne mother, Kathy Clubb was arrested in 2016 for violating an abortion facility 'safe-access' zone. The Victorian safe-access zones, also known as an exclusion-zones or bubble-zones, prohibit pro-lifers from approaching women within 150 m of an abortion facility. In October last year, Kathy was convicted in the Melbourne Magistrate's court and fined \$5000: all this for simply offering help to a couple who were entering an abortion facility.

Kathy's case has now advanced to the High Court of Australia, where the law will be tested at the constitutional level. Her legal team will argue that exclusion-zones limit the freedom of political communication of the pro-life community. The hearing will take place later this year, and will also evaluate the legitimacy of a similar exclusion-zone law that exists in Tasmania. Please keep Kathy and her legal team in your prayers. For more information, visit <http://thefreedomsproject.com/safe-access-zones/>

## Ireland – Abortion Referendum

Ireland, where abortion was illegal for years, appears to have succumbed to the siren song of many other countries like the UK, the US, Australia, Canada, New Zealand and many in Europe where abortion is freely practised – in many instances – right up till birth!



For example in the United States in 1973 the US Supreme Court swept away all the abortion laws of that country. This was despite various legislative attempts having been made over the years – in both Congress and state legislatures – to clip the wings of abortionists.

Abortion is legal in the UK since the passage of the UK Abortion Act 1968 – up until 24 weeks of pregnancy with some restrictions. And, in Australia – in Victoria, Tasmania and the ACT – because of the actions of anti-life governments – legal right up till birth!

Australia's abortions are funded entirely with your taxes – through Medicare. Those performed in government hospitals are also funded with your taxes. But to return to Ireland. For many years Ireland could boast of the lowest maternal mortality rate in the world. Sadly many young Irish women would travel to the UK to have abortions. Is this the main reason for the new push for Irish babies in the womb to be killed at home?

Meanwhile to their credit – Northern Ireland puts many countries to shame, by insisting upon tougher abortion laws!

Finally the Irish should hang their heads in shame, should the country give a green light to a new crop of Irish abortionists! Does Ireland want to appear "trendy" instead of under the influence of the Catholic Church?

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## TRUMP COMES UP TRUMPS!

As reported by CNSNews.com 4/4/18 in declaring April 2018 as National Child Abuse Prevention Month, President Donald Trump said that all children are blessings from God and that they are endowed with human dignity and purpose from the moment of conception.

"We must always remember that all children are blessings from our Creator. They are endowed from conception with value, purpose, and human dignity. They are a source of unmatched joy, and they represent our Nation's future.

It is thus our civic and moral responsibility to help every child experience a childhood free from abuse and mistreatment, guiding them toward a future full of hope and promise. I encourage all Americans to nurture the children in their lives and to extend a hand to those in need of love, protection, or even just attention.

Only together can we put an end to the tragedy of child abuse and neglect. I am confident that our combined efforts in combatting these evils will help create a world that is more tender, compassionate, and inviting to our children for centuries to come".

## Vic Government's "instructional directives" – a Pathway to Euthanasia

The following excerpts from "The Age" 19/3/18 article by Aisha Dow titled "New laws to give patients control of own destiny" are alarming. "Victorians, including those with dementia, now have the power to refuse medical treatment or resuscitation even after they lose consciousness or forget who they are.

New laws that quietly came into effect this week mean families can no longer overturn such instructions, as has happened in the past. The laws aim to give people more power over what happens to them when they are ill and can no longer communicate their wishes. The introduction of the Medical Treatment Planning and Decisions Act 2016 means people with dementia still can have a say about how they are treated, long after their memory starts showing signs of failing"... "People can also leave instructions asking they receive treatment in certain circumstances, such as a young person with a severe disability who wants to make it clear they do want to be resuscitated to save their life".....

As anyone can see if life-saving treatment is refused by patients with serious conditions – even with dementia, diabetes, paraplegia, quadriplegia for example – their condition will become terminal and they will qualify for euthanasia under the Voluntary Assisted Dying Act 2017

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## Help is on the line (cont.)

“Women’s sexual and reproductive health is vital to their overall health and wellbeing. That’s why we are working hard to improve access to the sexual and reproductive health information, support and services, closer to home.”

Family Planning Victoria CEO Claire Vissenga said women in regional towns who may only know the family GP would benefit from the “without fear or favour” helpline.

“It means that for a young woman living in a town like, say Warrnambool, where the family doctor probably delivered them and would be the only place they’d know to go, phoning this service they’d be able to learn about services they could go to in Geelong, or Hamilton or Melbourne,” Ms Vissenga said.

Talking to an operator would remove “the stigma, fear and loss of confidentiality, and fear of the unknown when someone finds themselves with an unintended pregnancy or another reproductive and sexual health matter”.

“Having an advocate, someone to say, ‘Here are the options, and here are the people you can call for help’ is just invaluable,” she said.

## South Australian Elections 2018



Thomas Richard Kenyon

Right to Life Australia was very disappointed at the defeat of Tom Kenyon MLA – former ALP member for Newlands. Tom was an outstanding politician who stood firm against the legalisation of euthanasia in his state.

Tom not only voted against the numerous euthanasia bills in the South Australian Parliament but did all he could behind the scenes to help those

campaigning for life. The following advertisement was placed by us in the Adelaide Advertiser prior to the 17 March 2018 election.

One piece of good news is that the sponsor of a recent euthanasia bill that was narrowly defeated last year - Dr Duncan McFetridge – lost his seat.

ADVERTISEMENT  
SA Election 2018

### DON'T SUPPORT EUTHANASIA!

The British House of Commons voted overwhelmingly against Voluntary Euthanasia [Assisted Dying (No. 2) Bill 2015-16]. Why? Too dangerous for the elderly and vulnerable.

The following candidates for the 2018 SA state election voted in 2016 **FOR** Voluntary Euthanasia\*

Name of Candidate	House of Assembly District	Name of Candidate	House of Assembly District
Bedford, Frances	Florey	Marshall, Steven	Dunstan
Biggall, Leon	Mawson	McFetridge, Duncan**	Morphett
Brock, Geoff	Frome	Mullighan, Stephen	Lee
Chapman, Vickie	Bragg	Odenwalder, Lee	Elizabeth
Close, Susan	Port Adelaide	Picton, Chris	Kaurna
Cook, Nat	Hurtle Vale	Pisoni, David	Unley
Digance, Annabel	Elder	Sanderson, Rachel	Adelaide
Gee, Jon	Taylor	Weatherill, Jay	Cheltenham
Hildyard, Katrine	Reynell	Wingard, Corey	Gibson
Hughes, Eddie	Giles	Wortley, Dana	Torrens

**A legislator who votes for such an injustice is not fit to sit in Parliament**

\*Death with Dignity Bill 2016 \*\*Death with Dignity Bill Sponsor

Authorised by Margaret Tighe, Right to Life Australia Inc, 161a Donald Street, Brunswick East, Vic 3057, ABN 12 774 010 375  
www.righttolife.com.au

## The Death Culture at Work Already

Following the passage of the Andrews’ government’s Voluntary Assisted Dying bill late last year, already the government is setting up a so-called task force to implement the working of this appalling piece of legislation.

<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/vad-implementation-taskforce>

They are bringing together 13 health and medical experts including a pharmacist to set up the task force. Prominent among this group is Julian Gardner formerly the Victorian Public Advocate who featured prominently in the case of Mrs BWV – a woman with advanced dementia, living in a nursing home, whose husband went to VCAT seeking permission to withdraw her nutrition and hydration and so end her life.



Right to Life Australia was very involved in the case, hiring a barrister to appear at the court on our behalf in order to prevent the woman’s life being ended in this way.

Two other lawyers worked together on the case for us preparing material for the barrister.

Unfortunately we lost the battle and Mrs BWV eventually lost her life.

Interestingly, I subsequently heard Julian Gardner revealing in a talk he gave, that the nurses who cared for Mrs BWV decided to take their holidays at that time, rather than witness her demise.

## TASMANIAN ELECTIONS 2018

Right to Life Australia placed the following advertisement in both major Tasmanian newspapers – the Hobart Mercury and The Examiner (Launceston) prior to their 3 March 2018 election.

It is self-explanatory.

Thank God Rebecca White is not the Tasmanian Premier!

ADVERTISEMENT

### JUST BORN - TO ENJOY LIFE!

**Unlike those unborn - denied life**

The ALP on abortion: Tasmanian Labor has promised to make abortions available once more at a new clinic or in public hospitals (THE AUSTRALIAN 2/2/18). Federal ALP leader Bill Shorten has backed the plan with a promise of \$1 million funding.

**A vote for Labor is a vote for abortion till birth!\***

**EVERY ABORTION IS A LIFE LOST**

\*Reproductive Health (Access to Termination) Act 2013

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## Good out of Evil: What odds?

Some months ago, the Victorian Parliament enacted legislation effectively decriminalising assisting at suicide – described in order to avoid causing distress as ‘assisted dying’. Neither the euphemistic title of the legislation, nor the egregious detail of its content appears to have attracted as much attention as the circumstances associated with its passage through the Parliament. These were notable, perhaps not the most appropriate description, for marathon sittings in the quaint Gilbertian setting of the Legislative Council Chamber which ensured gradual attrition of opposition to the bill – perhaps not an unintended outcome.

That done, the Victorian media attention reverted to its fundamental interest, namely outdoor sport. Further discussion of the Victorian Act, in particular of its details and the possible consequences associated with its implementation no longer constituted ‘news’. A not entirely unexpected initiative north of the Murray raised the possibility that the Act might retain some newsworthy potential when the ACT Government established a Select Committee and set in motion a consultation process to consider the subject of End of Life Choices in the ACT. One of the topics on which the Select Committee sought submissions was the applicability of voluntary assisted dying schemes operating in other jurisdictions to the ACT, particularly the Victorian scheme. Inevitably, this term of reference offered an opportunity to take another look at the Victorian Act.

The ACT Legislative Assembly lacks the authority to legislate on assisted suicide and euthanasia because of federal legislation depriving the two Australian territories from such legislation. Moves are afoot in the Australian Parliament to reverse that legislation when independent senators in favour of doing this are able to horse trade with the government to assist with the passage of government bills currently stalled in the upper house.

Coincidentally, a proposal to legislate to permit assisted suicide is to be introduced into the legislature of Guernsey within weeks. The proponents have stressed that, if passed, this legislation would not permit other UK residents to avail themselves of this relaxation (a distinction from the attractive taxation incentives offered in the Channel Isles). The popularity of one way airline tickets from the UK to Zurich would not be duplicated. The similarity with the possible ACT situation lies in the uncertainty as to whether the UK parliament would invalidate Guernsey’s legislation. Apparently, that will be one for the Privy Council to chew over. It is indeed a small world.

Several details in the Victorian Act could come to the attention of the ACT Committee. Perhaps the most blatant of these is the Victorian conflation of regulation and compliance. Whereas the issue of regulation, at least when judged by the number of pieces of paper specified in the ‘robust’ (a mandatory adjective when one discusses this subject) regulation may be the most extensive in the world, the provisions to ensure compliance with those regulations is decidedly feeble. If a practitioner chooses not to seek authorisation to assist with a suicide, the only way in which the ‘regulatory’ authority has a chance of becoming aware of this misdemeanor is if someone else provides this information.

The Act envisages that a fellow practitioner will inform on his/

her colleague. In general, medical practitioners are reticent to be regarded by their fellow practitioners as pariahs. This is evidenced by the historical absence of this type of reporting notwithstanding the assertion in the lead up to the Victorian legislation that some 7% of practitioners in NSW and the ACT have admitted, in private communications with a researcher, to having intentionally acted to secure the death of a patient.

But surely the death certificate will give the game away? The Victorian Act takes care of that one. Compliant practitioners are required to falsify the death certificate when assisting at suicide – at least one aspect of regulation with which their non-reporting colleagues are likely to comply.

To place the non-enforceable nature of compliance with the robust Victorian regulation in some context, compare it with the variety of processes in place to identify non-compliance with Australian taxation law. Sure, you can opt not to declare your income but your chances of this omission remaining undetected in the long term are not good.

The Victorian Act has incorporated a number of features which were not a part of original legislation in jurisdictions such as Benelux and Oregon (and were actually forbidden in those places) but which were eventually incorporated in later amendments because they were being regularly ignored. Perhaps the most striking of these has been the elimination of a requirement for psychiatric assessment if clinical depression is suspected. Rather than being an exclusion from eligibility for euthanasia in Belgium, depression is now acceptable as a justification for it. To quote the irrepressible Wim Distelmans, chair of the Belgian regulatory commission, ‘if a person is depressed because of lack of a family, we cannot supply a family but we can provide euthanasia’.

A feature of the Victorian Act, which was specifically credited to advice from Oregonian health authorities to the touring Victorian Select Committee was the designation of a 6 month life expectancy period as a requirement for authorisation of eligibility for assisted suicide. Identifying life expectancy limitation with such precision is a little like nominating, in April, the likely best horse on the first Tuesday in November. Leaving aside the questionable nature of this precision, the reason provided by the Oregonians for its selection is revealing. Six months is the period anticipated to ensure likelihood of demise if a person is to become eligible for hospice care. Sounds harmless, but there have now been a succession of instances in which health insurers/providers have declined to fund prescribed treatment, including measures with curative potential, once a patient enters the 6 months home straight. Well publicised examples have occurred in Oregon, Nebraska and, most recently, in Ontario. ‘Assisted dying’ is much cheaper than chemotherapy. Finally, in the aftermath of the Victorian government’s legislative achievement planning is afoot to provide ‘training courses’ for practitioners wishing to avail themselves of that legislation. This brings to mind the Benelux initiative of such a crash (crass?) course – 24 hours in all of which 3 hours is allocated for palliative care. Efforts to amend the Victorian legislation may well be a long shot unlikely to produce a positive outcome: withholding such efforts guarantees a certain outcome.

**Dr Peter McCullagh MD (Melb), D Phil (Oxon), MRCP (Lond)**



## QUEENSLAND AND THE LIFE ISSUES:

The Queensland March for Life was held in Brisbane on Sunday 18 March. The March went ahead successfully on a lovely sunny afternoon but as it was held at fairly short notice this may have affected numbers.

It had been thought that the report from the Queensland Law Reform Commission on abortion law reform was going to be presented early to the Queensland Parliament in March instead of the scheduled end of June date, but in the end this did not happen. Given precedents elsewhere it is anticipated that the QLRC report will not be at all friendly to the lives of preborn children.

As well, it is likely that there will be recommendations that Queensland follow other jurisdictions and introduce “bubble zones” around places where abortions are done. In relation to such laws, my appeal against the Tasmanian “bubble zone” law inches slowly toward being heard in the High Court. No date for the appeal has been set yet. Success in the High Court would mean all such laws throughout Australia would be overturned.

I was also invited by Right to Life Australia to give the pro-life side on the euthanasia debate on ABC radio Brisbane last month. [www.abc.net.au/radio/brisbane/programs/focus/focus/9545624](http://www.abc.net.au/radio/brisbane/programs/focus/focus/9545624). A series of callers rang in to support euthanasia by telling heart-breaking stories of the death of loved ones, but it was emphasised that we must never cross the line from caring to killing.

Graham Preston

[contact@protect-life.info](mailto:contact@protect-life.info)

## Threat to Right to Life Fundraising with Government’s Electoral Funding Bill 2018

All Right to Lifers and indeed other members of not for profit groups who campaign on a range of issues with Parliamentary representatives should be concerned about the Coalition Government’s planned Electoral Legislation Amendment (Electoral Funding and Disclosure Reform) Bill 2017.

If passed, the legislation will require groups such as ours to ask our donors of \$250 or more to send a statutory declaration indicating that they are “an allowable donor”. This is meant to prevent political parties receiving donations from other countries. However, if passed it will have a very damaging impact on our fundraising. As the **Institute of Public Affairs** describes it, it’s a “threat to free speech and civil society”.

If you have not already done so, please contact by letter, email or phone:

### The Prime Minister:

The Hon. Malcolm Turnbull, MP

Prime Minister of Australia

PO Box 6022, Parliament House

Canberra ACT 2600

Email: [malcolm.turnbull.mp@aph.gov.au](mailto:malcolm.turnbull.mp@aph.gov.au) Telephone: (02) 6277 7700

### The Treasurer:

The Hon. Scott Morrison, MP

Treasurer

PO Box 6022, Parliament House

Canberra ACT 2600

Email: [Scott.Morrison.MP@aph.gov.au](mailto:Scott.Morrison.MP@aph.gov.au) Telephone: (02) 6277 7340

### Your Federal Member of Parliament:

If you don’t know your electorate, look it up: <https://electorate.aec.gov.au/>. [https://www.aph.gov.au/Senators\\_and\\_Members/Guidelines\\_for\\_Contacting\\_Senators\\_and\\_Members/](https://www.aph.gov.au/Senators_and_Members/Guidelines_for_Contacting_Senators_and_Members/). Or telephone the Australian Electoral Commission Call 13 23 26 (charged at a rate similar to a local call). Please contact your House of Representatives MP first. You can also contact your state/territory Senators if you wish.

Message – Please do not legislate to curtail the work of not for profit organisations by changing electoral funding laws.



## The Right to Life Australia Inc

LIFE – the most basic Human Right!

The Right to Life Australia Inc. defends the right to life of all human beings from conception until natural death. We seek to educate, inform and persuade the Australian community about the need for protection of all vulnerable people including the disabled and the unborn in our society. Right to Life Australia provides free counselling to women facing crisis pregnancies. We are non-party political and non-denominational.

*With your help we shall continue to advocate for the right to life of all human beings!*

### MAKE YOUR COMMITMENT NOW!

- Donate online at [www.righttolife.com.au](http://www.righttolife.com.au)
- Cheque/money order to: Right to Life Australia, PO Box 2029, East Brunswick, VIC 3057
- Transfer funds to Right to Life Australia: (quote your surname and postcode) BSB 063 – 111 Account no 1010 9208
- Bequest.....I GIVE to The Right to Life Inc., Registration Number A0042146V and ABN 12 774 010 375 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, contact us @ (03) 9385 0100 / email – [rtl@rtlaustr.com](mailto:rtl@rtlaustr.com) / Website: [www.righttolife.com.au](http://www.righttolife.com.au) / Facebook [RightToLifeAustralia](https://www.facebook.com/RightToLifeAustralia) / Twitter @ [RightToLifeAust](https://twitter.com/RightToLifeAust)

## BELGIUM AND THE NETHERLANDS - MEDICAL PROFESSIONALS RESIGN DUE TO EUTHANASIA LAWS

HOPE: PREVENTING EUTHANASIA & ASSISTED SUICIDE (INC.) FEB 02, 2018



In Belgium and the Netherlands, medical professionals are resigning in considerable numbers due to the lack of regulation surrounding the practice of euthanasia. This phenomenon is specifically peaking in the palliative care field, as nurses and doctors find their roles reduced to that of reluctant executioners.

Professor Benoit Beuselink, a consultant oncologist, has been studying the

corrupting effect of legalised euthanasia on Belgian medical care for years. He writes that hospital doctors, to avoid having to administer a lethal injection, will refer elderly or ill patients to a palliative care unit. The assumption is that, since palliative care professionals already deal with end-of-life issues, they will be more equipped to handle such a procedure.

However, this is far from the case. Instead, it has effectively driven away highly trained personnel, leaving palliative care units minimally staffed:

*"Some Belgian palliative care units that have opened their doors to patients requesting euthanasia have seen nurses and social workers leaving the unit because they were disappointed that they could no longer offer palliative care to their patients in an appropriate way."*

*"They were upset that their function was reduced to preparing patients and their families for lethal injections."*

But medical professionals are not just upset about the change in job description. For many of them, euthanasia laws pose a moral quandary. According to Willems Lemmens, member of the Belgian Bioethics Advisory Committee:

*More and more doctors are "testifying to the moral pressure they are experiencing. Since euthanasia is increasingly perceived by the general public as a right over the death of an individual and family members, the practitioners' therapeutic freedom and conscience are actually being put to the test"*

The Netherlands faces similar challenges, as the definition of euthanasia is being more loosely interpreted in order to include dementia patients.

During an interview, Berna van Baarsen, a Dutch euthanasia regulator, explained her reasoning for quitting her profession:

*"I do not believe that a written declaration of intent can replace an oral request for incapacitated patients with advanced dementia..."*

*"In people with a terminal illness like cancer, in whom euthanasia has already been agreed but who suddenly ended up in a coma because of their illness, that's fair."*

*"However, dementia is a very different kind of ailment. That disease is more erratic and patients often live longer. A lot of things can happen during that period. For instance, a patient might say that she would want euthanasia if she no longer recognises her relatives."*

*"This could happen. But at a next visit she can still recognize her partner or her children. What is the right moment to grant euthanasia?"*

We anticipated that euthanasia and assisted suicide laws would

drastically impact the most vulnerable of society, as in the cases that Berna van Baarsen described above. It is taking its toll.

Furthermore, with doctors and nurses fleeing their professions, the consequences of legalised euthanasia have started to affect all Belgian and Dutch citizens as their system of care crumbles before their eyes. The fact that those who were once willing participants in euthanasia are fleeing because of how it is being practiced demonstrates just how dangerous and uncontrollable the process is.

It lends credence to the fact that, ultimately, euthanasia laws hurt everyone, regardless of their status. With this in mind, we must oppose this policy in all of our states and let our politicians know that legalised killing will never be safe.

## WA GOVERNMENT MARCHES ON WITH EUTHANASIA PLANS



Nick Goiran MLC.

The Labor government came into office in WA a year ago, promising to introduce a bill to legalize euthanasia. Later in the year the government set up a parliamentary Joint Select Committee to receive submissions, conduct hearings, and report to parliament on 'End of Life Choices'. About the only good thing about the committee was its broad scope -- broad enough to encompass every aspect of the question, including

improved palliative care as the obvious alternative to legalizing the killing of patients.

The worst thing about the committee was its membership - decisively weighted in favour of euthanasia. There were a few fence-sitters, but only one member who was emphatically pro-life, Nick Goiran MLC. Parliament included a number of strong pro-life members who might have been included, including some on the Labor benches, but the government was taking no risk of the committee returning recommendations that the government disagreed with!

The committee began with a call for submissions, and received over 600 of them, from individuals, and from groups such as the Motor Neurone Disease Association. Submissions have now closed. This was followed by weeks of hearings, which are still going on.

Opponents of euthanasia have given a lot of attention to the alternative of good, accessible palliative care. There is a parliamentary palliative care promotion group of MPs. Even in Perth there is still work to be done to make top-quality palliative care available to everyone who needs it. In remote areas - and some parts of WA are indeed remote - it is much more difficult. As I write (3 April 2018) Nick Goiran MLC is in Broome to investigate palliative care in the far north.

The committee is due to report in August. It's hard to be optimistic about the forthcoming report but until we see it, we won't be able to explain what's wrong with it. Then, we presume, a bill will be introduced in Parliament, and we will have to explain what's wrong with that, and begin the labour of approaching MPs, one by one, asking them to vote against it.

- Dr Ted Watt - former Professor of Political Science at the University of Western Australia.

## WELL DRESSED CANADIAN COUPLE – EXPONENTS OF THE DEATH CULTURE.

Article BY WESLEY J. SMITH 3/4/18



George and Shirley Brickenden in their Toronto retirement home on March 22, 2018

- Canada is fast becoming the Niagara Falls of euthanasia, rushing to join the “infamous three” – the Netherlands, Switzerland, and Belgium – by now permitting the joint euthanasia of elderly couples.
- A *Globe and Mail* reporter interviewed the couple before they were put down, and the family was well aware of their plans. There were apparently no efforts at suicide prevention.
- The first time the couple asked to be killed, their doctor – a pro-euthanasia advocate – approved both their deaths. But the second-opinion MD refused to certify because the husband did not have a diagnosed condition. So, the couple carried on for another year. *The next time they asked for joint euthanasia, the first doctor made sure that the required second opinion was made by a different doctor. From the Globe and Mail story:*
- The doctor who first assessed Mr. Brickenden for his eligibility in January, 2017 – the same doctor who would ultimately inject the lethal medications on the evening of his death – said that kind of stoicism and the fact that Mr. Brickenden still looked good at the time of his appointment may have played a role in his being turned down for an assisted death the first time. More than a year later, after Mr. Brickenden’s fainting and heart problems surfaced, a different, second doctor assessed Mr. Brickenden and found him eligible.
- I’ll bet the second doctor is known as pro-euthanasia too. *Death-doctor shopping.* If one MD won’t give you death, just find a different doctor who will. This happens in the U.S. too. There was a time when the joint suicides of elderly people – technically, these were homicides – were deemed to be tragic, and families wracked their hearts wondering what could have been done to save them.
- No longer. This joint killing was celebrated and romanticized with a going away party held by the family and supported by the local Anglican dean: Two nights before their death, the Brickendens went out for one last date at Opus, their favourite restaurant in Toronto’s Yorkville neighbourhood.
- The next night, they bid farewell to more than 20 members of their immediate family at a bon voyage dinner at their daughter Pamela’s apartment. The evening of their deaths was more intimate,

Pamela, Angela and Saxe told me two days later. “It couldn’t have been a better way to go. Totally peaceful,” Angela said. “It allowed them to bow out gracefully together, as they lived.” Present were Pamela, Saxe and Angela, their spouses, the two doctors and Andrew Asbil, the Dean of Toronto’s St. James Cathedral, who later told me he had “without hesitation” supported the couple’s wish for their funeral to be held at the Anglican church. This is how the culture of death is normalized.

- I have no reason to doubt this family loved their folks and think they were doing right by them. That’s part of the problem with euthanasia! But anyone who doesn’t think that elderly euthanasia could also be coerced or arise out of fears of abandonment, doesn’t understand human nature or our elder-abuse crisis. For those with eyes to see, let them see.

## Lois Dean, PCA Coordinator to attend Heartbeat International Conference 2018 in USA

I am very happy to report that Right to Life Australia are sponsoring me to attend **Heartbeat International Conference 2018 “A Gathering of World Changers”** April 9–12 in Anaheim, CA, USA.

Key note speakers include:

**Jor-El Godsey** President of Heartbeat International, **Kerri Caviezel** - long-time pregnancy help advocate, **Dr. Ronaldo Archer** - pro-life warrior and **Father Shenan Boquet** President of Human Life International (HLI). I will also be attending an In-depth Training Day titled Abortion-Minded Caller from Start to Finish by Brad Imler, Ph.D. ACP. Talking to abortion-minded clients is intimidating. Gather the tools needed to gain confidence as you engage in these conversations about life-and-death situations.

There will be five Workshops that I can attend on a variety of different subjects e.g. *Pregnancy Support after a Lethal Antenatal Diagnosis; Effective Marketing for Mobile Devices; The Latest on Abortion Pill Reversal; Meeting the Needs of Post-Abortive Clients; Changing the Conversation from Sex to Love; Starting and Strengthening Church Relationships.*

I am excited not only to be inspired and motivated by the excellent teaching that I will receive but I will also have the opportunity to connect with nine others who are attending from all over Australia. These ladies are involved in pregnancy support centres in WA, Tasmania, NSW, Qld and SA.

**Lois Dean**

Coordinator – Pregnancy Counselling Australia



Lois Dean PCA Coordinator



## News from around the World

### UK – Guernsey

#### Will Guernsey become a suicide haven as well as a tax haven? by Michael Cook | 25 Mar 2018 |

Guernsey could be the first place in the British Isles to legalise assisted suicide. Better known as a tax haven, the tiny island off the coast of Normandy, has only about 65,000 residents. The island's chief minister, Gavin St Pier, is backing a bill in the Bailiwick's 40-seat Parliament based on the Oregon model. It is due to be debated in May.

The bill permits people who are terminally ill, mentally competent and have less than six months to live, to end their lives with the help of a doctor.

Mr St Pier, whose father died a distressing death from cardiovascular disease nine years ago said: "This is about giving people choice and a sense that they have some control themselves, rather than being frightened, out of control and in the hands of others."

Strictly speaking, Guernsey is not part of the United Kingdom, but its relations with its Channel neighbour are so close that the bill raises the prospect of Guernsey becoming a suicide destination. However, as a British Crown dependency, major legislation has to be approved by the UK Parliament, which may not look kindly upon an offshore suicide haven.

The local branch of the British Medical Association is opposed to assisted dying and the island's local branch and warns that legalisation could lead to problems recruiting and retaining doctors

"Doctors need to be registered with the General Medical Council in the UK in order to practice medicine. The GMC offer excellent guidance for doctors on assisted suicide requests from patients and makes it clear it is a criminal offence for anyone to encourage or assist a person to commit suicide. As doctors need to remain GMC members to work in Guernsey a unilateral change in legislation in Guernsey would make it difficult to understand how these two conflicts could be reconciled."

### NEW ZEALAND

Media Release Right to Life New Zealand 2/4/18: The Prime Minister, Jacinda Ardern in an undated letter obtained by Right to Life under the Official Information Act has directed the Minister of Justice, Andrew Little to refer the abortion laws to the Law Commission, "to make changes to ensure New Zealand's abortion laws are consistent with treating abortion as a health issue that is a reproductive choice for women, rather than as a criminal issue."

Never before in the history of New Zealand has a Prime Minister instructed a Minister of Justice to take steps to withdraw the protection of the law and the Crimes Act from New Zealanders in their first nine months of life in the womb. Under the Prime Ministership of Jacinda Ardern the most dangerous place for a New Zealander today is increasingly the mother's womb. The proposal of the Prime Minister is a statement to women that your child has no rights, is of no value and that the state has no

interest in protecting you or your child from the violence of abortion. It is your right to kill your child if you choose. In a response to a recent Official Information Act request from Right to Life, the Prime Minister disclosed that she had no evidence to support her claims that abortion criminalised women and that the killing of the unborn child was not a crime and was a health issue.

### USA

The National Right to Life USA has recently published on their website - "National Right to Life Releases 5th Annual Report: The State of Abortion in the United States see [www.nrlc.org/uploads/communications/stateofabortion2018.pdf](http://www.nrlc.org/uploads/communications/stateofabortion2018.pdf)

### USA - Washington

**Supreme Court rejects appeal to release anti-abortion activists' videos** Andrew Chung REUTERS HEALTH NEWS APRIL 3, 2018

The U.S. Supreme Court on Monday rejected a bid by anti-abortion activists to win the release of videos they surreptitiously recorded at meetings of abortion providers.

The justices declined to take up appeals by the abortion opponents and left in place a lower court's ruling blocking the release of videos that had the aim of exposing alleged illegal sales of aborted fetal tissue for profit. The trial judge in the case concluded there was no evidence of criminal wrongdoing by the abortion providers captured in the videos.

The activists, including anti-abortion group Center for Medical Progress founder David Daleiden, recorded the videos in 2014 and 2015 at annual meetings of the National Abortion Federation, a nonprofit organization representing abortion providers including affiliates of Planned Parenthood. Planned Parenthood has said the videos were heavily edited to leave a false impression of wrongdoing.

The National Abortion Federation in 2015 sued Daleiden, the California-based Center for Medical Progress and former center board member Troy Newman to stop the release of videos. The federation said the videos were illegally recorded at private meetings protected by confidentiality agreements and that the anti-abortion activists had infiltrated the meetings by posing as executives of a company that bought fetal tissue.

U.S. District Judge William Orrick in San Francisco blocked the release of the videos in 2016, ruling that enforcing the confidentiality agreements would not violate free speech rights under the U.S. Constitution's First Amendment. Orrick discounted the claim by the abortion opponents that they were acting as "citizen journalists" in an undercover investigation. Such confidentiality agreements help ensure privacy and safety for abortion providers given the increase in threats and violence they faced since the defendants' release of other videos in July 2015, Orrick said.

The judge noted that in November 2015 a man fatally

shot three people at a Planned Parenthood clinic in Colorado. The man told police he was upset with Planned Parenthood for performing abortions and "the selling of body parts," according to court documents. National Abortion Federation President Vicki Saporta said the video campaign has put abortion providers at risk. "We are grateful that the Supreme Court denied the defendants' latest attempt to circumvent the very necessary security precautions NAF has in place," Saporta said. Daleiden's attorney Catherine Short said, "The Supreme Court seems to have decided that the problems with Judge Orrick's gag order are better addressed at lower court levels at this time."

Orrick later found Daleiden, the Center for Medical Progress and two of his attorneys in contempt of court after they published some of the blocked material on the internet. The San Francisco-based 9th Circuit Court of Appeals last year upheld the injunction against the videos' publication, prompting Daleiden and Newman to appeal to the Supreme Court. Daleiden and an associate, Sandra Merritt, last year were charged in California with filming Planned Parenthood workers without their consent.

### USA - Kansas

#### Kansas Has Its Fewest Abortions in 30 Years as More Babies are Saved From Death

DAVE ANDRUSKO APR 4, 2018 | 5:39PM TOPEKA, KS  
A preliminary report released Tuesday by the Kansas Department of Health and Environment [KDHE] says there were 6,782 abortions in 2017, the lowest number in 30 years.

"The 6,782 reported abortions in 2017 is the fewest in the state since 1987, when there were 6,409," reported Jason Tidd of the *Wichita Eagle*. "The number was as high as 12,445 in 1999 before dropping to 6,810 in 2016."

KDHE's "Abortions in Kansas, 2017, Preliminary Report" is 36 pages long and, as noted in the beginning, "State law requires that physicians and hospitals report abortions they perform to KDHE" (The Woman's Right-to-Know Act.)

"Kansas has passed a lot of NRLC priority bills, such as A Woman's Right to Know, the Pain-Capable Unborn Child Protection Act, a ban on dismemberment abortions, and laws to involve parents in the abortion decisions of their minor daughters, to name just a few," said Ingrid Duran, director of NRLC's Department of State Legislation. "As this latest report demonstrates, these laws continue to have a very positive impact in saving the lives of unborn babies." The data table breaks out the 6,782 total into three categories: 3,372 were to Kansas women; 3,377 were to women from other states (mostly Missouri); and 33 Kansas women went to other states to abort.

Perhaps no longer surprising, according to KDHE's preliminary report, 58% of the abortions were chemically-induced, while "suction curettage was used in another 33 percent," according to Tidd, and dilation and evacuation accounted for "9 percent, or 592."