

NEWS FROM THE FRONT LINE

It was so demoralising sitting in the Legislative Assembly in the small hours of the morning, watching the MPs do battle over the euthanasia bill because that's what it really is!

The title of the bill "Voluntary Assisted Dying Bill 2017" – is dishonest in the extreme. We all hope to receive appropriate assistance as we near the end of life. The bill is designed to allow people to either kill themselves with assistance from a doctor or be killed by a doctor if they can claim to be terminally ill – 12 months before they may die.

It is very easy to make oneself terminally ill by rejecting life saving treatment for a whole range of very serious illnesses. e.g diabetes, heart disease, Parkinson's, kidney disease etc.

Many valiant attempts were made by six ALP MPs led by two ministers, Deputy Premier Hon James Merlino MLA and Minister for Consumer Affairs, Hon Marlene Kairouz MLA. The other good guys were Elizabeth (Lizzie) Blandthorn MLA (Pascoe Vale), Natalie Suleyman MLA (St Albans), Tim Richardson MLA (Mordialloc), Anthony Carbines MLA (Ivanhoe).

Liberals led by Hon Robert Clark MLA (Box Hill) and included Murray Thompson MLA (Sandringham), Graeme Watt MLA (Burwood), Neil Angus MLA (Forest Hill), Dee Ryall MLA (Ringwood), Michael Gidley MLA (Mt Waverley) and others all of whom continued to expose the dangers in the bill.

Health Minister (!) Hon Jill Hennessy MLA (Chief Sponsor of the bill distinguished herself by sending a four letter word to the courageous Deputy Premier Hon James Merlino MLA who spoke so strongly against the bill.

Premier Daniel Andrews clearly believes that because we have so many "bad" suicides we have to legislate to have "good" doctor provide suicides!

He and Hennessy were resolute in rejecting the amendments which illustrated just how very dangerous the bill is.

In this role the Attorney General Martin Pakula MLA was an eager and somewhat ignorant assistant.

Paul Keating: Voluntary euthanasia is a threshold moment for Australia, and one we should not cross

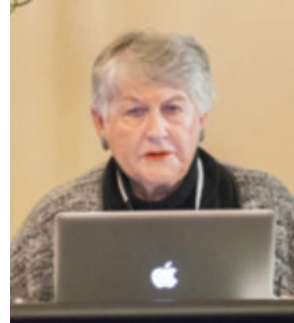
COMMENT OCTOBER 19 2017

There is probably no more important issue in contemporary bioethics or a more serious ethical decision for our parliaments than that raised by the Voluntary Assisted Dying Bill 2017 being debated this week in the Victorian Parliament.

Under this bill, conditions and safeguards are outlined that will allow physicians to terminate the life of patients and to assist patients to

(Continued on Page 2)

Letter from the President



Margaret Tighe

Dear Friends of Life

As Christmas approaches we are making an annual appeal for the invaluable work of Pregnancy Counselling Australia – headed by the very effective Co-ordinator of our service - which is funded by Right to Life Australia – Lois Dean.

Lois is a volunteer and deeply committed to her work which is supported by approximately

30 trained volunteers who take the phone calls. An invaluable member of the PCA team is Graham Neal who coordinates the roster – a very difficult task. Thank you to all the PCA volunteers. May God bless their work!

In life, Margaret Tighe, PRESIDENT

STOP PRESS:

On Friday 3 November 2017, the Legislative Council voted in the second reading debate in favour of the Voluntary Assisted Dying Bill 2017 in a vote of 22 for and 18 against.

The third reading will resume on Tuesday 14 November 2017.

Many MLCs are planning amendments which the government may or may not accept. One thing is certain, the government will be prepared to do anything to ensure passage of the bill. We have a very very slim chance to defeat the bill.

Remember – it's not over until it's over!

(Continued from Page 1)

Paul Keating: Voluntary euthanasia is a threshold moment for Australia, and one we should not cross (cont.)

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.

The justifications offered by the bill's advocates – that the legal conditions are stringent or that the regime being authorised will be conservative – miss the point entirely. What matters is the core intention of the law. What matters is the ethical threshold being crossed. What matters is that under Victorian law there will be people whose lives we honour and those we believe are better off dead.

In both practical and moral terms, it is misleading to think allowing people to terminate their life is without consequence for the entire society. Too much of the Victorian debate has been about the details and conditions under which people can be terminated and too little about the golden principles that would be abandoned by our legislature.

One of the inevitable aspects of debates about euthanasia is the reluctance on the part of advocates to confront the essence of what they propose. In this case it means permitting physicians to intentionally kill patients or assisting patients in killing themselves. Understandably, the medical profession is gravely concerned by this venture.

An alarming aspect of the debate is the claim that safeguards can be provided at every step to protect the vulnerable. This claim exposes the bald utopianism of the project – the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor.

No law and no process can achieve that objective. This is the point. If there are doctors prepared to bend the rules now, there will be doctors prepared to bend the rules under the new system. Beyond that, once termination of life is authorised the threshold is crossed. From that point it is much easier to liberalise the conditions governing the law. And liberalised they will be. Few people familiar with our politics would doubt that pressure would mount for further liberalisation based on the demand that people are being discriminated against if denied. The experience of overseas jurisdictions suggests the pressures for further liberalisation are irresistible.

While there are different views strongly expressed within the medical profession, the president of the Australian Medical Association, Dr Michael Gannon, has explained that the formal position of the AMA is opposition to interventions that have as their primary intention the ending of a person's life.



Former prime minister Paul Keating.

Photo: Nic Walker

Dr Gannon recently said: "Once you legislate this you cross the Rubicon. The cause for euthanasia has been made in a very emotional way and this is the latest expression of individual autonomy as an underlying principle. But the sick, the elderly, the disabled, the chronically ill and the dying must never be made to feel they are a burden."

Palliative Care has issued the most serious warnings. It says at least one in four Victorians who die each year (about 10,000 people) do not have access to needed palliative care, that access in aged residential care is "very low", that between 2 and 10 per cent of older Australians experience abuse in any given year and that its funding is inadequate to meet growing demand.

The submission highlights the problems with this bill – it is a disproportionate response to the real problems of patient pain and suffering, a situation that demands greater priority in public care and funding. It is true that if this bill fails then some people will endure more pain and this is difficult for legislators to contemplate. It is also true, however, that more people in our community will be put at risk by this bill than will be granted relief as its beneficiaries. This is the salient point.

Palliative Care said the bill 'sends the wrong message to people contemplating suicide and undermines suicide prevention efforts.' How could this not be the case? Suicide is the leading cause of death among people aged 15-44 and the second leading cause of death among people aged 45-54. International studies offer no support for the view that legalising euthanasia is associated with a decrease in non-assisted suicides.

The bill's failure is pre-set by its design.

The issue is not how many people will choose to die under this proposed law. It is how many people may die when otherwise they wouldn't. As Dr Gannon says it is "commonplace" for patients to tell doctors in front of their loved ones that they have no wish to be a burden on families.

Once this bill is passed the expectations of patients and families will change. The culture of dying, despite certain and intense resistance, will gradually permeate into our medical, health, social and institutional arrangements. It stands for everything a truly civil society should stand against. A change of this kind will affect our entire community not just a small number of dying patients. It is fatuous to assert that patients will not feel under pressure once this bill becomes law to nominate themselves for termination.

Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society. The concerns I express are shared by people of any religion or no religion. In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

Paul Keating is a former prime minister of Australia

Article source: <http://www.smh.com.au/comment/paul-keating-voluntary-euthanasia-is-a-threshold-moment-for-australia-and-one-we-should-not-cross-20171019-gz412h.html>

News from Graham Preston – Protect Life



Dear Friends,

I just thought it was time again to let know what has been happening. Or has not been happening. The High Court decision on the Bob Brown Case has not happened. This means that there has been no movement regarding the appeal of my conviction for breaching Tasmania's abortion clinic bubble zone legislation.

Unfortunately, the High Court seems to have been having a busy time of late and so there seems to be very little chance that my appeal will be heard this year. Frustrating.

Kathy Clubb in Melbourne has had her hearing on similar bubble zone charges completed and just today was pronounced guilty. She has been given a two year good behaviour bond and a \$5000 fine. She is also looking to appeal.

There is also an abortion clinic bubble zone case about to commence in the ACT.

I have mentioned Donald Whittaker (Brisbane abortionist) at the Salisbury abortion clinic quite a number of times but this is something quite different but almost as awful. One of my daughters came across this story about him in the Sunshine Coast Daily: "You may have 300 kids': Coast man's shock discovery." It turns out that Whittaker was a very frequent sperm donor when he was a medical student and now a woman who was conceived using his sperm has tracked him down.

The article notes, "He (Whittaker) didn't believe spending his profession as a doctor performing pregnancy terminations contradicted with his decision as a student to help impregnate women."

I was at Whittaker's Salisbury clinic and there is now a sign on the door saying, "Please do NOT bring any children into this clinic. We do not want to upset any of our patients." **Graham Preston.**

When you Die, Help Someone to Live

I give, devise and bequeath xx% of my residuary estate, to The Right to Life Australia, ABN 12 774 010 375, for the general purposes of The Right to Life Australia, 161A Donald St. Brunswick East, Vic. 3057. On behalf of all the most vulnerable members of our community, we sincerely thank you for your generous support.



LETTER FROM A VICTORIAN MEDICAL SPECIALIST OCT 2017

Dear Member of the Legislative Council

Thank you for inviting the input of Victorian Doctors into the debate on the VAD bill.

I am writing to you to ask that you please vote against the VAD bill in the Upper House.

I have been a doctor for 21 years and practise in both public and private medicine as a gastroenterologist. I am also a mother of young and teenage children who will grow up in this state, and the daughter of elderly parents.

The ideology of assisted suicide seeks to uphold the autonomy of patients who wish to avoid what they fear may be a death which is prolonged and painful. There is no law against suicide but in creating assisted dying and euthanasia legislation we become a society which sanctions suicide and seeks to facilitate it. I recently read that there is no such thing as a truly private action, and in the case of legalising euthanasia, its effect will be to insidiously erode the value we, as a society, place on human life in its frailer stages.

I remember being taught as a young doctor that as a physician our job was to prolong life but not to prolong death, so of course we don't enter into futile interventions, but rather promote the palliation (soothing/calming/comforting) of patients as they are dying. Euthanasia creates enormous confusion over the aims of end of life care and doctors would be absolutely conflicted in contemplating it. I quote Professor William Toffler who likened doctors being involved with euthanasia to the one person acting in a trial as the defence, the prosecution, the judge and the executioner. Euthanasia and assisted dying will not only undermine the trust that patients can have in the medical profession but lead to crises of confidence in their intentions and care delivery for the doctors themselves. This morning as I gave my father, who has dementia, his 5 pills, I found myself realising the degree of integrity I am required to have in caring for those who put their trust in me.

The issue of coercion of sick and dying patients is a very real one. In recent years I have been involved in the care of 5 patients whom I can recall, died in circumstances where decisions had been made to limit care. Although these decisions were made medically, they were informed by the family's reports of the patient's preferences. In 2 of these 5 cases I recall feeling some doubt about the motivations of family members speaking on behalf of the patient but did not have the means, time or training to enter into detailed investigations of family dynamics to try to uncover hidden intentions. The grey areas around end of life wishes are going to be only more blurred and potentially lethal for the vulnerable, if euthanasia comes into the equation.

There is ample evidence that despair, hopelessness and fear of being a burden, not unbearable pain, are the reasons why people request euthanasia. Such feelings are a normal part of being confronted by our own mortality. Much successful research has been done into alleviating the existential suffering that is part of the human condition (eg with dignity therapy). Euthanasia only offers to avoid (indeed affirm) these concerns, not to address them.

Finally I write, because I know I should offer my testimony for, to quote Edmond Burke, "all that is necessary for the triumph of evil is for good people to do nothing".

Thank you for considering what I have to say. Please contact me if I can assist in any way.

*Victorian Medical Specialist (Gastronterologist and Hepatologist)
MBBS, FRACP, MPH, MD.*

OUR PROUD WARRIORS AGAINST EUTHANASIA

Please contact the following MLAs who spoke eloquently to oppose the assisted suicide bill in a marathon overnight sitting: www.parliament.vic.gov.au for contact details:

Hon Robert Clark MP

Liberal member for Box Hill

"Assisted suicide and euthanasia have been rejected by the House of Commons, the House of Lords, the Scottish Parliament and the New Zealand Parliament."



"Why have these parliaments rejected it? The reason is that the more the MPs in those Parliaments have looked at the issues that are involved, the more they have seen the ramifications, the more they have understood that there are better ways to end painful deaths, the more they have reflected on the darker side of human nature and the more they have realised that assisted suicide is not the way to go. MPs in those parliaments have done so despite opinion polls there saying similar things to Victoria."

"Each of us will have a choice. The question each and every one of us needs to ask ourselves is: will I vote for death, or will I vote for care?"

Victorian Parliament Hansard, Tuesday 17 October 2017

Mr Murray Thompson MP

Liberal member for Sandringham

"The proposition 'Do not kill' has been a core ethical principle of every civilisation. Earlier this year a disability rights activist, Liz Carr, produced a musical at the Malthouse Theatre in Melbourne called Assisted Suicide: The Musical. She spoke in this Parliament as well. She was a wonderful advocate for the rights of people with disabilities and was a highly articulate opponent of the British legislation. Her key argument, which struck me to the highest degree, was: when would the right to die become the duty to die?"

"It might be pointed out that around the world 107 out of 109 medical associations oppose legislation such as that which is before this chamber today."



Mr Anthony Carbines MP

Labor member for Ivanhoe

"I do not believe this bill has that mandate, that affirmation from the Victorian people, and I think that is critical in ensuring its passage in this place. I think that bringing those matters before the Parliament with the support of the Victorian community affirmed in an election is fundamental to the way I want to operate as a legislator."

Victorian Parliament Hansard, Wednesday 18 October 2017



Ms Dee Ryall MP

Liberal member for Ringwood

"So we need to be clear: this bill is about the autonomy to end one's life, not about treatment or palliation in the lead-up to or at the end of life. To that end I have grave concerns about this bill; in particular I have concerns for the vulnerable and the elderly. Two of the predominant factors in elder abuse are reported to be financial and psychological abuse. The opportunity of financial gain opens up very serious implications for the vulnerable and the elderly with the passing of this bill."

Victorian Parliament Hansard, Wednesday 18 October 2017



Mr Graham Watt MP

Liberal member for Burwood

"I rise to support the member for Pascoe Vale (Lizzie Blandthorn)'s amendment. I am reminded of the saying 'If you've got nothing to hide, you've got nothing to fear'. If members opposite that are voting for this bill are so sure that there is nothing to fear, then they have got nothing to hide."

Victorian Parliament Hansard, Thursday 19 October 2017



Hon James Merlino MP

Deputy Premier and Labor member for Monbulk

"This is the line Parliament is contemplating crossing – state-sanctioned suicide – forever changing the doctor-patient relationship and establishing in law that the value and protection of human life is relative. The consequences for societies that have crossed this Rubicon are there for all to see."

"Despite all the best intentions of this Parliament, if this bill is passed its boundaries will expand. Deaths will increase. Sixty-eight protections, we are told, will ensure that the regime will not change. On what basis are we different from every other parliament that has pursued euthanasia? People in this Parliament should not succumb to the arrogant conceit that we are smarter and more informed than legislators in Canada, states in the US, Belgium, Switzerland and the Netherlands. And if this law need 68 protections to keep our citizens safe, how risky is this proposition? That is 68 things that can go wrong." Victorian Parliament Hansard, Tuesday 17 October 2017



Ms Elizabeth Blandthorn MP

Labor member for Pascoe Vale

"It is notable that there were no Victorian doctors on the panel (Ministerial Advisory Panel on Voluntary Assisted Dying). I am also concerned as to the extent to which they, in particular the chair, have become an advocate for the case in favour of the legalisation of euthanasia. In my view this is very inappropriate."

"I oppose this bill – and not because I am religious. I deeply resent the insinuation that because I am of faith I have a blind view on this issue and other moral issues. I always think critically – some would say too much so – and act according to my conscience."



My view on this issue is formed by an absolute belief that we have an obligation to protect and care for those who are most at risk in our society – children, refugees, workers, the homeless, the elderly and the sick. I believe that the measure of a civil society should be how we treat those who are most vulnerable, and I believe that everyone is entitled to a standard of living, at all stages of life, that is consistent with human dignity. This is a progressive agenda; it is not a conservative one.”

Victorian Parliament Hansard, Tuesday 17 October 2017

Hon Marlene Kairouz MP

Labor member for Kororoit

“The bill leaves it to two doctors, neither of whom may be previously known to the person, to certify that the person is acting voluntarily and without coercion. It is not surprising that strong opposition to this bill has come from people with disabilities and from those concerned about the growing problem of elder abuse. I share their concerns. I am also concerned with the latest data from Oregon and Washington which shows that in each of these states around one in two people accessing assisted suicide expressed as a concern contributing to their decision the physical or emotional burden on family, friends or caregivers. Do we really support autonomy by approving a person’s decision to die based on feeling like he or she is a burden?”

“I would caution against supporting a bill that will allow patients influenced by treatable mental illnesses to end their lives.”

Victorian Parliament Hansard, Tuesday 17 October 2017



Mr Michael Gidley MP

Liberal member for Mount Waverley

“The need for best practice palliative care is important in this debate as it illustrates that with properly resourced palliative care services no-one is abandoned and everyone can be assisted and supported in some way, highlighting why the introduction of euthanasia under the guise of some sort of generally needed pain relief just does not stack up.”

Victorian Parliament Hansard, Wednesday 18 October 2017

Victorian Parliament Hansard, Tuesday 17 October 2017



Ms Natalie Suleyman MP

Labor member for St Albans

“As a legislator, I have a responsibility to protect the vulnerable, and I believe that this bill will unfairly impact the elderly, the disabled and those who have some form of mental illness while having a terminal illness as well. I have consulted my conscience, the community and medical professionals, and I know that some people will be disappointed in my position, but I genuinely believe that voluntary assisted dying is not the best solution to help suffering Victorians. For those reasons, I will not be supporting this bill.”

Victorian Parliament Hansard, Wednesday 18 October 2017



Mr Neil Angus MP

Liberal member for Forest Hill

“Since the bill was proposed I have been contacted by very many Forest Hill constituents and numerous other Victorians, with the overwhelming majority expressing their grave concerns with this bill. Of the 525 Forest Hill residents who advised their views on this issue, 504, or 96 per cent, were opposed to euthanasia, with only 21 in favour of it.”

“This bill sends totally mixed messages to the community in relation to suicide. It says to the seriously ill, ‘Go ahead and commit suicide, and we will help you’. At the same time we are desperately trying to communicate to the broader community, especially young people, the message of not committing suicide. These messages stand in stark contrast to each other. We spend millions of dollars trying to address the issue of suicide in our community, and rightly so, and then we have a bill like this, which sends the opposite message and introduces state-sanctioned suicide.”

Victorian Parliament Hansard, Tuesday 17 October 2017



Mr Peter Crisp MP

Nationals member for Mildura

“The current generation of elderly Victorians has worked hard to build Victoria, but they are sensitive to pressure. They should feel that they can choose palliative care. We just do not have a palliative care system that is currently fit for purpose. I welcome the coalition’s commitment to additional money for palliative care, and I think that is commendable and absolutely essential at this stage.”

Victorian Parliament Hansard, Tuesday 17 October 2017



Hon Peter Walsh MP

Nationals member for Murray Plains

“One of the deficiencies of this legislation is that at this stage, as I understand it, the medication that will be available is yet to be determined. One of the articles I read said that a pharmacist will mix up a concoction of different drugs that people will be able to take to end their life. They will most likely have to take another medication first to make sure they do not vomit up this medication. I do not think that is the process that most people have in mind when they are thinking about how you can have a peaceful end to your life.”

Victorian Parliament Hansard, Tuesday 17 October 2017



Mr Timothy Richardson MP

Labor member for Mordialloc

“We have to acknowledge that despite the best endeavours, schemes, initiatives and agendas our current system of democracy and the bureaucracy have failed to protect the most vulnerable in our communities for decades. Inquiry after inquiry in this place and others will point to similar conclusions.”

Victorian Parliament Hansard, Wednesday 18 October 2017



EUTHANASIA DEBATE REFLECTS DIVERSE OPINIONS - Michael Gannon 20 Oct 2017



The Victorian parliament is in the final stages of debating its Voluntary Assisted Dying Bill. So is the Victorian community, and the Australian community.

Events in Spring Street are being watched very closely nationally and internationally, and with good reason.

There is a VAD bill before the NSW parliament, and a parliamentary committee on euthanasia and physician-assisted suicide has been established in Western Australia. A bill was defeated in Tasmania this year, and another on the Speaker's vote in South Australia last year. There is a citizens-initiated referendum before the Finnish parliament.

The bill has implications well beyond the state of Victoria.

I do not envy the task before MPs in Victoria. These are difficult, deeply vexed and potentially very divisive issues.

I know this, having helped guide the Australian Medical Association through its routine revision of its policy on EPAS, first as chairman of its ethics committee, then as president when we released our statement last year.

The AMA's statement contains several key points. Most important, it is a positive piece, an advocacy document that calls for better end-of-life care. It calls for better education of the community on advanced care planning and the "doctrine of double effect" – that is, the notion that a death hastened by a treatment to ease suffering does not constitute euthanasia.

Importantly, it calls for much greater investment in palliative care.

There are similar sentiments in recommendations one to 48 of the Victorian upper house committee inquiry into end-of-life choices. Overall, this is a good report, but it was written by a group of parliamentarians known to favour EPAS. MPs did not visit jurisdictions that had elected not to implement euthanasia. They would have done well to read the detailed and careful deliberations of the House of Lords in Britain.

It is so important that conversations on EPAS do not fail to take into account the impact such laws would have on the rest of the health system and society as a whole.

The AMA's statement acknowledges the diversity of opinion in the community. It acknowledges the diversity of opinion within the medical profession.

But at its heart is a clear statement that "doctors should not be involved in interventions that have as their primary intention the ending of a person's life".

I do not doubt the compassion or motives of most people promoting the bill in Victoria. I have heard numerous moving stories of the helplessness people feel when they watch a loved one die.

Compassion is what drives doctors. It is at the heart of our code of ethics. I do not lack compassion for those who have watched a loved one die.

We have all experienced loss. Many of us have suffered the tragedy of watching a parent, child or spouse die. This grief never leaves people. It informs their opinions.

However, highly emotional stories of the grief felt subsequent to watching a loved one die do not constitute an intellectual argument in favour of EPAS.

The Victorian parliament has other opportunities to improve the end-of-life care it provides its citizens. That people suffer painful or prolonged deaths should be a clarion call to improve end-of-life care.

It should not, and must not, be an admission of failure that prompts a desperate decision to legislate EPAS.

Much has been made of the 68 protections in the VAD Bill. The bill has infuriated many euthanasia advocates because of its narrow scope.

It is not inevitable that legislation will be extended across time. The law in the US state of Oregon is roughly similar to the original legislation passed there.

But in many other legislatures euthanasia laws subsequently have been expanded to cover patients with dementia, disability and mental illness, and children.

At the recent World Medical Association meeting in Chicago, we endorsed what was only the fourth editorial revision of the 1947 Declaration of Geneva. At the heart of medical ethics is the sanctity of human life.

It is not surprising that 107 of 109 national medical associations affiliated with the WMA have statements opposing EPAS. This includes the US and Germany, nations with one form or another of EPAS law.

Euthanasia and physician-assisted suicide are at odds with modern and ancient codes of medical ethics. Every life is precious: the 10-year-old boy in Roebourne with foetal alcohol spectrum disorder and severe autism, the 36-year-old veteran with post-traumatic stress disorder, the 68-year-old woman in Morwell with metastatic cancer and no children to be with her as she dies.

I do not seek to diminish or demean the opinions of those doctors who hold a different view to AMA policy. This debate is vexed. It is difficult.

But the AMA's position statement – which I was elected to prosecute, protect and promote – is the result of thousands of hours of work supported by generations of wisdom and ethics.

It is appropriate that parliaments, not doctors, make laws on behalf of their citizens. I wish MPs in Victoria peace and wisdom in their deliberations.

If they decide collectively to vote down the bill before them, they will have made a better and safer Victoria.

Dr Michael Gannon

Published: 20 Oct 2017

Dr Michael Gannon is Federal President, Australian Medical Association (AMA) Article source: <https://ama.com.au/media/euthanasia-and-physician-assisted-suicide>

Premier Daniel Andrews track record on Human Life

In November 2008, Daniel Andrews MLA as then Health Minister in the Brumby Government, sponsored a bill which removed all protection for the lives of unborn children in this state. The Abortion Law Reform Act 2008 allows abortions right up to birth!

Today we find Premier Andrews enthusiastically endorsing the so-called Voluntary Assisted Dying Bill 2017 sponsored by his current Health Minister – Jill Hennessy MLA.

How ironic is it that there have been two Labor Health Ministers sponsoring bills which have led to and will lead to the loss of the lives of the vulnerable in our community – those soon to be and those nearing the end of their lives.

In 2010, Right to Life Australia ran a very effective campaign in nine marginal seats against MPs who had voted for the Abortion Law Reform Act 2008. Seven MPs lost their seats.

Then Premier John Brumby lost office because of our campaign. Daniel Andrews should know that the writing is on the wall for the 2018 election.

As for our Health Minister – Jill Hennessy in charge of distributing of millions and millions of dollars to promote good health for Victorians – sponsoring a bill which gives doctors the power to kill. Both Andrews and Hennessy stand condemned.

James Purcell, Member of the Legislative Council (MLC), Western Victoria

Much attention has been focussed on the decision of Independent MLC James Purcell as to whether or not he will vote for the government's death bill in Victoria. Mr Purcell has now come out in favour of doctor-assisted suicide which the bill will legalise i.e with amendments, according to him.

However, Mr Purcell plans to be selective in his opposition to suicide. On his website we find:

"Purcell will support Voluntary Assisted Dying". (30/10/17)

Below, also on the website, is a depiction of his priority projects and guess what? A photo of a young man appearing depressed with the words "Suicide Prevention"! Is he only concerned about youth suicide? Enough said!



OUR PRIORITY PROJECTS

THESE ARE THE PROJECTS WE ARE WORKING ON FOR RESOLUTIONS IN THE VICTORIAN PARLIAMENT.



EUTHANASIA ON THE HORIZON IN NEW SOUTH WALES

MLCs in New South Wales will debate and vote on new euthanasia laws on Thursday 16th November. The 'Voluntary Assisted Dying' Bill, which would legalise both assisted suicide and euthanasia, was introduced by Trevor Khan in September, but debate was delayed throughout October while the Victorian Parliament debated their own version of the euthanasia bill.

The numbers are too close to call at the moment, and the result could come down to a last-minute decision by one or two undecided MLCs. Please write immediately to any and all of the 42 MLCs in the NSW Parliament, as well as your local MP, telling them why you are against the bill and asking them to vote it down when it is debated in Parliament.

Right to Life NSW, along with other pro-life groups is organising a rally outside Parliament on the day the bill will be voted on. This could be our final opportunity to show MLCs our deeply held concerns over this bill, a bill which could have a devastating impact on some of the most vulnerable and neglected groups in society. Please contact isaac@righttolifensw.org.au for more information about this rally.

– Isaac Spencer Campaigns Manager

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**Do you believe in
Suicide Prevention or Suicide
Assistance from a doctor?**

Did you know
the Victorian Premier and the Health Minister
are planning legislation to allow doctors
to help sick people with assisted death?

Say NO
to Patient Killing for Victoria!

Telephone your MP now!

Phone Ms Stephanie Ryan (Euroa)
(03) 5762 1600

Remember, the life you save may be your own!

Authorised by M Tigue, President, Right to Life Australia Inc, 181a Cornhill Street, East Brunswick, Vic 3007.
ABN 12774010275 www.rtlife.org.au

HOW YOUR MLCs VOTED: PARLIAMENT OF VICTORIA – HOUSE OF ASSEMBLY

VOLUNTARY ASSISTED DYING BILL 2017 Thursday, 19 October 2017

https://www.parliament.vic.gov.au/images/stories/daily-hansard/Assembly_2017/Assembly_Aug-Dec_2017_Daily_19_October_2017.pdf

“The DEPUTY SPEAKER – The question is: That this bill be now read a third time. House divided on motion:

Ayes, 47	Pakula, Mr	Spence, Ms (Teller)	Noes, 37	Ryan, Ms	Walsh, Mr
Allan, Ms	Donnellan, Mr	Halfpenny, Ms (Teller)	Angus, Mr	Crisp, Mr (Teller)	McCurdy, Mr
Languiller, Mr	Pallas, Mr	Staikos, Mr	Northe, Mr	Smith, Mr R.	Watt, Mr
Andrews, Mr	Edbrooke, Mr	Hennessy, Ms	Battin, Mr	Dixon, Mr	McLeish, Ms
Lim, Mr	Paynter, Mr	Staley, Ms	O’Brien, Mr D.	Smith, Mr T.	Wells, Mr
Britnell, Ms	Edwards, Ms	Hibbins, Mr	Blackwood, Mr	Fyffe, Mrs	Merlino, Mr
McGuire, Mr	Pearson, Mr	Thomas, Ms	O’Brien, Mr M.	Southwick, Mr	
Bull, Mr J.	Eren, Mr	Howard, Mr	Blandthorn, Ms	Gidley, Mr	
Morris, Mr	Perera, Mr	Thomson, Ms	Pesutto, Mr	Suleyman, Ms	Motion agreed to.
Carroll, Mr	Foley, Mr	Hutchins, Ms	Bull, Mr T.	Guy, Mr	Read third time
Nardella, Mr	Sandell, Ms	Ward, Ms	Richardson, Mr	Thompson, Mr	Abstained:
Couzens, Ms	Garrett, Ms	Kealy, Ms	Burgess, Mr	Hodgett, Mr	Victoria, Ms,
Neville, Ms	Scott, Mr	Williams, Ms	Riordan, Mr	Tilley, Mr	Asher, Ms
D’Ambrosio, Ms	Graley, Ms	Kilkenny, Ms	Carbines, Mr	Kairouz, Ms	
Noonan, Mr	Sheed, Ms	Wynne, Mr	Ryall, Ms	Wakeling, Mr	
Dimopoulos, Mr	Green, Ms	Knight, Ms	Clark, Mr	Katos, Mr (Teller)	



News from around the World

UK

8 Million Lives Too Many

*Society for the Protection of Unborn Children, UK
27 Oct 2017*

Today, on the 50th Anniversary of the 1967 Abortion Act, crowds gathered outside Parliament for a minute’s silence commemorating the over 8.8 million lives lost to abortion.

SPUC joined representatives of other pro-life organisations to mark this tragic anniversary with a minute’s silence from 11:04am - the moment Royal Assent for the Bill was declared 50 years ago.

United Nations

UN Committee opposes abortion based on disabilities – *LifeSiteNews.com Thu 26 Oct, 2017*

The support group Every Life Counts has warmly welcomed the submission of the UN Committee on the Rights of Persons with Disabilities (CRPD), which says that allowing abortion on disability grounds violates the UN Convention of the Rights of Persons with Disabilities.

Tanya Coonan of Every Life Counts said that parents were very pleased that the UN Committee had also rejected the “incompatible with life” label that she said was used to dehumanise and discriminate against babies with a severe disability.

“We went to the UN in Geneva in 2015 and we asked that this label be recognised as a form of discrimination which was undermining the humanity of our babies and misleading parents, so we are especially delighted that the Committee on the Rights of Persons with Disabilities has rejected the ‘incompatible with life’ label,” she said.

In their response to draft General Comment No36 of the Human Rights Committee, the UN Disability Rights

body wrote specifically that “Laws which explicitly allow for abortion on grounds of impairment violate the Convention on the Rights of Persons with Disabilities (Art, 4,5,8).”

CANADA

Death with Dignity? Think again. Canada’s suicide activists are coming for your children

October 27, 2017 (LifeSiteNews) –

When the command to legalize euthanasia came down from the Canadian Supreme Court, suicide activists were ecstatic. At long last, they said, people suffering horribly would have the opportunity to “die with dignity” – that is, kill themselves. Not only that, they could kill themselves with the help of a physician, and the whole thing would be funded by the government. It was Progress, we were told. The recently-discovered yet unalienable right not to exist anymore was finally being respected by the courts.

But of course, the legalization of euthanasia and assisted suicide for those nearing the end of their lives – or at least those whose deaths could be “reasonably foreseen,” which permitted the Orwellian activists to label lethal injections and suicide assistance as “end of life care – was not nearly enough. This is despite the fact that the number of people who have decided to avail themselves of this service is staggeringly high: 1,982 deaths between June 17, 2016 and June 30, 2017.

It is not surprising that suicide is becoming more common than anyone expected. One Canadian judge has already indicated that a patient need not be terminal in order to qualify for killing – and one euthanized woman may have only had a bladder infection. There have been other suspect killings, as well. One disabled woman was even pressured to accept euthanasia. No one talks about them

much, of course. Collateral damage is an expected side effect of euthanasia regimes. There will be many, many more in the years to come...

Of the 1,050 pediatricians who participated in a Canadian Paediatric Surveillance Program (CPSP), 118 said that over the course of a year, they had MAID (medical assistance in dying)-related discussions with a total of 419 parents; most of the minors in question were children under the age of 13. When it came to explicit MAID requests, 45 doctors said they dealt with a total of 91 parents. Nearly half of the requests related to infants less than one month old.

People have a tendency to forget about issues like assisted suicide and euthanasia once the political brouhaha has settled down and it vanishes from the headlines. But it is important to remember that the suicide activists aren’t done yet. They aren’t satisfied with the current borders of the euthanasia regime, and have said to anyone willing to listen that they intend to see it vastly expanded. The media is on their side – the overt hostility of radio interviewers towards anyone who disagrees with assisted suicide is nauseating to listen to. The time for vigilance is not over simply because euthanasia is now legal. Suicide activists want more. Next, they’ll come for the children.

ICELAND

Down Syndrome children – lucky to make it to birth –Iceland

News from Iceland, sadly confirms that on average just two people are born with Down Syndrome each year. The rest are killed by abortion. Eugenics writ large! Sadly – the news on this in Australia is not much better. If you are diagnosed in the womb with Down Syndrome in this country – you are lucky to make it to birth!