

Letter from the President



Margaret Tighe

Dear Friends of Life,

Thanks to all of you who have responded so generously to our recent desperate appeal for funds. I readily acknowledge that not everyone can give a large amount and I want you to know every little helps.

We are trying our best to stop passage of the WA Voluntary Assisted Dying Bill 2019 – which is worse than the Victorian legislation. Already in South Australia a bill creating an exclusion zone around abortion facilities is before the Parliament. An abortion till birth bill is in the wings followed by a euthanasia bill. Meanwhile plans are afoot for similar legislation in Queensland and South Australia with pressure mounting for NSW and Tasmania. Should we just lie down and allow it all to happen? Definitely not! With your support we shall continue to speak out about the killing that is and will be occurring at both ends of life.

In life

Margaret Tighe, PRESIDENT

HON NICK GOIRAN MLC – A GREAT STALWART FOR LIFE!



Hon Nick Goiran MLC

The Voluntary Assisted Dying Bill 2019 is currently being debated in the Legislative Council in the Parliament of Western Australia. We are immensely proud of the work of Hon. Nicolas (Nick) Goiran MLC – Member of the Legislative Council, Parliament of Western Australia. Nick has spearheaded the opposition to the Bill.

The debate has passed the 2nd reading (see vote below) and is now in the Committee stage, where every clause – over 180 of them – is being examined before the final vote. It is expected the final vote will occur before the end of the year. Nick has proposed over 350 amendments - to expose the flaws and enable Members to see through this dangerous bill. We continue to work to oppose the bill and encourage those of you living in WA to contact your MLCs.

Parliament of WA Hansard Legislative Council 22/10/19 Hon Nick Goiran MLC – (excerpt)

... “I turn now to page 31 of the Ministerial Expert Panel on Voluntary Assisted Dying’s report and its consideration of matters that are of interest to Indigenous Western Australians. It states –

The complexity of medical terminology and the balance of power between health practitioner and patient was also identified as potentially challenging and would require thorough consideration during any implementation planning (including being part of practitioner education and training).

What did the Aboriginal Health Council of Western Australia have to say to the Ministerial Expert Panel on Voluntary Assisted Dying about that?

It said, as quoted in the Ministerial Expert Panel on Voluntary Assisted Dying’s report – ‘Clinicians often use complex medical terminology when discussing treatment options with Aboriginal people ... This results in the real risk that Aboriginal people may consent to something they don’t fully understand.

There is also the issue of the disparity of power between a doctor and Aboriginal people; Aboriginal people will often agree with a doctor’s advice even if they are not happy with it as they can feel overpowered in the doctor–patient relationship’. Those are not my words and not my view of the world; that is a submission by the Aboriginal Health Council of Western Australia to the Ministerial Expert Panel on Voluntary Assisted Dying.”

2nd reading vote, Voluntary Assisted Dying Bill 2019- WA Legislative Council, Wednesday 23rd October 2019

Ayes (25)

- Hon Martin Aldridge
- Hon Jacqui Boydell
- Hon Robin Chapple
- Hon Jim Chown
- Hon Tim Clifford
- Hon Alanna Clohesy
- Hon Stephen Dawson
- Hon Colin de Grussa
- Hon Sue Ellery
- Hon Diane Evers
- Hon Adele Farina
- Hon Laurie Graham
- Hon Colin Holt
- Hon Alannah MacTiernan
- Hon Kyle McGinn
- Hon Martin Pritchard
- Hon Samantha Rowe
- Hon Robin Scott

- Hon Tjorn Sibma
- Hon Aaron Stonehouse
- Hon Matthew Swinbourn
- Hon Dr Sally Talbot
- Hon Darren West
- Hon Alison Xamon
- Hon Pierre Yang

Noes (10)

- Hon Ken Baston
- Hon Peter Collier
- Hon Donna Faragher
- Hon Nick Goiran
- Hon Rick Mazza
- Hon Michael Mischin
- Hon Simon O’Brien
- Hon Charles Smith
- Hon Dr Steve Thomas
- Hon Colin Tincknell

The debate resumes on Tues 19/11/19
You may listen or watch: bit.ly/2O6jB0J

If you live in Western Australia please contact your 6 MLCs in your region!
Use our enclosed guide. Check your regions on the map overleaf.
The bill should be defeated not amended.
Tell them to “VOTE NO” to Patient Killing.

Aboriginal people do not need a new avenue to death



Pat Dodson urges MPs to 'consider the importance of the decision before them'. Picture Ben Houston/The Australian 5/10/19

Western Australia is considering a piece of legislation that may be the most consequential set of laws passed by its 40th parliament: a bill that radically changes our understanding of life, death and suffering; a bill that legalises an individual choice to die, or voluntary assisted suicide.

I have serious concerns about this bill and believe if passed into law it will be the source of confusion and potentially contain unintended consequences. Because of communication and medical protocols that are not clear, and concerns over the principle "free prior and informed consent", Aboriginal people will yet again be at the mercy of the professionals who are authorised to prescribe and administer the lethal drugs if you indicate a willingness to end your misery in this life.

These are no ordinary times and with the West Australian parliament at a crossroads I feel compelled as a senator for Western Australia to provide my perspective on this important issue – a First Nations perspective but coming from different foundations from those that may be based one way or another on Christocentric belief systems. It is important to note that, until recent times, First Nations affairs have largely been the province of state jurisdictions. The 1967 referendum and resulting constitutional changes have not necessarily translated to exclusive commonwealth government control of Aboriginal affairs.

This is most evident in health policy, where the ideological development of commonwealth-driven Aboriginal self-determination has been in tension with state-controlled mainstream service delivery. To put it simply, the right of First Nations people to manage their health, their way, has mainly been championed by federal governments, not necessarily state governments. The evident lack of public commentary on Aboriginal self-determination surrounding this bill concerns me because it fails to recognise Aboriginal ideas on civil society or other concerns with its quality.

Aboriginal people's unique conception of life and death, their holistic understanding of health, and their fundamentally collectivist nature is part of their concept of civil society. These are matters only gradually being understood by health professionals in the field, or through sustained research. For the more than 100,000 First Nations people

in Western Australia, this is important – and they have a right to be fully informed and heard. The Western civil society has had an alleged need for this change to the sanctity of life. This sanctity-of-life understanding has much resonance with our perspectives and First Nations have respected it. Now, with little education or explanation we are confused as to why a change is necessary.

The UN Declaration on the Rights of Indigenous Peoples, article 24.2, states: "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realisation of this right."

First Nations need not look far to see that Australia has totally failed in its duty of care to respect this fundamental right. Repeated Closing the Gap speeches tabled to parliament and traumatic coronial inquires with numbing regularity remind us that at every stage of life, First Nations people do not enjoy a quality of life afforded by the most basic instruments of human rights. This indictment should not simply exist abstractly in keynote speeches or academic literature.

It should offend us daily, and it must inform any conversation or deliberation about an individual choice to end life in Western Australia.

First Australians live shorter lives. Their babies are likelier to die of preventable diseases. They watch their friends, cousins and siblings prematurely end their own lives. They have had their hearts broken too often when there is a "death in custody" because of mis-judgment, prejudice or ignorance as their culture faces power and authority. One simply cannot bear witness to this reality – where First Nations are overrepresented at every stage of our health and criminal justice systems – and put forward another avenue to death. As representatives and legislators, surely we must be focusing our attention on enacting laws that help prolong life and restore the right to enjoy a healthy life. Our endeavours should be directed to enabling all citizens to access the highest quality of healthcare. It's about priorities, values and care. The duty of care we saddle those administering and prescribing this system with is an onerous one and morally cannot be conveniently shoved off to government legal drafters.

The Northern Territory experience in the 1990s suggests the mere presence of this legislation may be a barrier to First Nations people receiving healthcare. Fears and suspicions of "white fella" medicine will only increase, and the capacity to ascertain informed consent will be difficult.

Supporters of this bill – most with good intentions and compassion for loved ones – build their case on an individualist rights agenda. Such a perspective emphasises the rights of an individual and ignores the wider influence of such decisions on those around them – families, friends and communities. Individual choice is an important component of this but it should not be the only significant factor because other humans are going to be required to live with the consequences of their part in ending the life of another.

In an increasingly atomised world, we are finding it harder than ever

to understand the interconnectedness of our social structures and the political choices that hold them together. First Nations have always been about survival and balance. Death is about returning your body to your place in the land and your spirit to the sky. Your Rai (embryonic essence) may return as part of a newborn member of your people. So, life and death are interwoven with country, community and creation. It is simply not just about the individual leaving this world. It is about being intrinsically interwoven with the dynamic of nature and the powers that sustain it.

Collectivist conceptions of civil society are common features of First Nations. This can be seen in notions of "health" – the National Aboriginal Community Controlled Health Organisation says Aboriginal health "means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life." Clearly, the quality of life for individuals and communities is intertwined and we are fundamentally responsible for honouring our fellow human beings – those in need, those who are ill and those who are elderly and frail. Others may have a different perspective and that has to be respected, but so does our view. We come from different cultures and societies so civil society has to accommodate this.

There are significant deficiencies in this bill and the process that has led to it. Consultations with First Nations have not been conducted well; stakeholder submissions were not made to an exposure draft of the bill; and too many assurances depend on the 18-month implementation phase. On paper, the bill allows for clinicians to initiate a discussion about voluntary assisted dying – a measure specifically opposed by the Aboriginal Health Council of Western Australia – and clinicians who may discuss it by phone, email or telehealth may fall foul of the commonwealth Criminal Code. For a bill that reimagines our approach to human existence, it is important that proper consideration is given to details and it is not rammed through parliament with late-night sittings. There are many lives to be affected including the individual who makes a choice to end life.

I have not taken the decision to express my views lightly. I acknowledge the burden of sacrifice carers often have to carry, the all-encompassing pain of suffering, and the natural human desire to alleviate it. I admire the dignity with which many have cared for their loved ones to their end. I do not condemn anyone for the choices they make. However, I also believe in the dignity and sanctity of the individual and the importance of not allowing a state to make such a conclusive decision on our common humanity – the power to assist someone in taking their own life. I urge all West Australian parliamentarians to consider the importance of the decision before them. This cannot be business as usual.

Patrick Dodson is a federal Labor senator for Western Australia.

Words of Wisdom!



**Most Rev G J Bishop
Holohan**

Dear Brothers and Sisters in Christ
Letter dated 29/9/19

During this past week, the lower house of the Western Australian Parliament, the Legislative Assembly, voted to pass the draft legislation which would legalise euthanasia in our State. The draft moves now to the Upper House, the Legislative Council.

I acknowledge that those for and against euthanasia share a desire to save people from suffering. Euthanasia is not the only option. However, if this legislation were to become law in our State, it would have far reaching consequences. In this Letter, I want to share with you my own experience after serving the Catholic and wider community as a priest for 48 years. In that time, I have cared for numerous dying people and their families. What follows is based upon probably more practical experience than the average Western Australian.

From my experience

First, I have never met a dying person who wanted to end their life because of physical pain. I have met dying people who talked of wanting to end their lives due to psychological and emotional sufferings such as

- Loneliness and a feeling that no one cares
- Feeling of guilt stemming from family members communicating in different ways that the seriously ill patient should hurry up and die as they are a nuisance
- The sense that, if they died, their children's financial problems could be relieved as parents' assets are inherited
- a feeling that they are a burden on others
- a fear of future pain

Second, there is the reality of elder abuse. Relatives abusing elderly family members will be 'emotionally weaponised' by the passing of euthanasia. Pressuring the elderly to seek death as a relief from abuse will be easier.

According to the Commonwealth Attorney General's website, in any given year, between two percent and fourteen percent of our elderly experience elder abuse.

Third, despite the best use of their medical skills, doctors and specialists can be wrong. People I have known who have been told they have a short time to live have recovered fully to live productive lives. Others have lived fulfilled lives for well after times forecast of medical staff.

There is no doubt in my mind that, should the draft euthanasia legislation be passed, there will be people who will die prematurely because of mistaken medical advice.

Fourth, terminally ill people who initially thought of taken their own lives, but did not, have told me later how glad they were that they did not do so. They had not understood how modern medicine could help them, the effect of good pastoral care and how they were enriched as individuals by facing the questions terminal illnesses stir.

Continued on page 4

Words of Wisdom! *Continued from page 3*
Safeguards have not lasted elsewhere

Some would claim that there are safeguards in the draft legislation to go to the Legislative Council but this is disingenuous. Initial safeguards in other countries have been whittled down over time. The common pattern is that advocates argue for euthanasia for extreme cases. Then, once legalised, as social tolerance grows, safeguards are legislated away.

Today, children can seek euthanasia in Belgium; a quarter of the deaths in the Netherlands in 2017 were the result of euthanasia legislation. There are other examples. It is naïve to imagine that Western Australian safeguards will remain.

Parliament the authority on life and death?

The legislation of euthanasia will be a claim by the Parliament to be the ultimate authority in principle to decide the conditions in which someone can be killed – either by their own hand using means given to them by others, or by the hand of another.

Once it is accepted that Parliament can legislate to permit the killing of a human being, it is easy to see this happening in other circumstances. It is a question of the direction of public opinion which can be manipulated so easily by the media.

Palliative Care

The aim of palliative care is that the seriously ill live as well as possible for the rest of their lives. It is not concerned just with dying. This means that palliative care should be sought when a terminal illness has been diagnosed – not as dying begins. In my personal experience, palliative care has been successful if started soon enough and provided by a suitably qualified practitioner.

Conclusion

I ask parishioners to do two things.

First, I ask that you all pray especially for members of the Legislative Council over coming weeks as the legislation of euthanasia is considered. As I have said, we are all united in our desire to relieve the dying of suffering – we disagree about how to achieve this.

Good palliative care is the option which not only will relieve suffering but also not encourage abusers of the elderly. Nor will it set the precedent that Parliament can decide conditions when people can be killed.

Second, I ask that we all consider the quality of our support for the sick and terminally ill. They need our love and support, as well as our affirmation of value and dignity as human persons. God bless you all.

Most Rev G J Holohan Bishop of Bunbury, WA sent to all Parishioners. 27/9/19

Our Right to Life News may be the just the place for pro-life supporters to advertise your business!

We would like to take the opportunity to raise funds by offering advertising in our bi-monthly newsletter at a reasonable cost.

All advertisements will be reviewed before publishing. We prefer .jpeg copy or are able to use word. We need advertisers to provide us with copy which is ready to print.

The Right to Life News is sent to several thousand homes. As well, an emailed copy is sent to those who have email addresses. Email rtl@rtlaust.com for more information.

Indigenous surgeon ‘terrified’ by WA euthanasia provision



Associate Professor Kelvin Kong
 Picture: Peter Stoop

*‘Not right thing’
 Kelvin Kong Excerpt.
 PAIGE TAYLOR, THE
 AUSTRALIAN OCTOBER
 10, 2019*

Australia’s first indigenous surgeon, Kelvin Kong, says he is terrified by the McGowan government’s plan to let doctors suggest voluntary assisted dying, describing patients in remote areas as often so thankful to see a specialist

that they are “very compliant”. Associate Professor Kelvin Kong, of the Worimi people of Port Stephens, north of Newcastle in NSW, said the priority should be change that improved the treatment and survival chances of indigenous Australians with life-threatening illness. Indigenous people with cancer tended to present late when their symptoms were well advanced, he said by way of example.

While Australia’s overall cancer survival rates were among the best in the world, there was a big disparity between the incidence and survival rates of Australians who were non-indigenous and Australians who were Aboriginal and Torres Strait Islander.

“We are jumping to an end-stage conversation when we haven’t got all the pathways in cancer management leading up to palliative care,” he said. *(End of excerpt)*

AGM 2019 - Right to Life Australia Inc.

The following members were elected for the Executive and Committee 2019/2020



President Margaret Tighe



Committee Member Mary Collier



Vice President John Dynan



Committee Member Denissa Cojocea



Secretary Michael Fewster



Committee Member Mia Kompira



Treasurer Linda Khoo



Committee Member Therese Mount

HARD TO BELIEVE!

The West Australian 18 October 2019 (excerpt)

Voluntary euthanasia Bill to include provisions for Aboriginal navigators

Tom Zaubmayr, Kalgoorlie Miner Friday, 18 October 2019 11:23AM



WA Health Minister Roger Cook

The State Government will enlist navigators to support indigenous people through the euthanasia process, a move Kalgoorlie-based MP Kyle McGinn labelled a “must” to maintain his support for the Voluntary Assisted Dying Bill. Mr McGinn on Wednesday confirmed he would support the second reading of the Bill,

all but guaranteeing its passage through the Upper House.

In supporting the current reading, Mr McGinn said he would reserve his right to vote on the third reading, citing concerns about assistance for Aboriginal people through the system.

“I have had, and still have fears, this legislation could be used in some way to disadvantage Aboriginal people,” he said. “I have a strong belief there needs to be, without question, a navigator through the VAD system for Aboriginal people, and this position needs to be filled by an Aboriginal person. “I do have concerns it doesn’t state within the Bill there will be an indigenous navigator in these regions in my electorate.”

If the Bill passes, there will be an 18-month implementation phase and Aboriginal health workers will be part of a voluntary assisted dying care navigator program which included consultation with Aboriginal communities, health stakeholders and representatives,” he said. Health Minister Roger Cook said a navigator program would be part of training should the Bill pass. “In the lead-up to the drafting of the Voluntary Assisted Dying legislation, a ministerial expert panel, supported by WA Health, undertook extensive public consultation, “The panel was aware that Aboriginal health services link with local and community services to facilitate cultural and spiritual support that is needed at end of life for people, their families and communities.

“If the Bill passes, there will be an 18-month implementation phase and Aboriginal health workers will be part of a voluntary assisted dying care navigator program.” Mr McGinn was one of four Mining and Pastoral members to speak on the Bill this week by time of print. *(excerpt end)*.

The provision of so-called “navigators” to help Aboriginal people access the Voluntary Assisted Dying Bill 2019 in Western Australia is nothing short of a disgrace.

Can you just imagine how often a sick Aboriginal person – perhaps a dying person – will be led towards death by those who should be the carers? It is the embracing of a principle which says that some lives are not worth to be lived! – *Editor*

WHO WOULD PUT ON A PARTY TO CELEBRATE ABORTION?

Well, Queensland Deputy Premier, Jackie Trad, did.

On Friday 1 November Ms Trad hosted a party to celebrate the one year anniversary of abortion being decriminalized in Queensland. Not satisfied that abortion is now available on demand up to 22 weeks of pregnancy and up to birth with the agreement of two doctors, Ms Trad wanted to rejoice in this horror!

Such a “party” could not be allowed to go ahead unchallenged.

So eight of us went along on the night and picketed the entrance to the venue. Apart from one young woman spraying some of our signs (and some on us) with shaving cream we didn’t have any problems.

A young fellow who was on the door that night (he is often seen going in and out of Parliament House and may work for Ms Trad) came over to us when we arrived and informed us that legally we were not allowed to be within 500m of the place!! I said to him, “You just made that up!” He assured me that he was correct and would show me. He spent some time searching on his phone but to no avail!

The only good news was that it appeared that only 30 – 40 disturbed people wanted to join the “celebration”.



Article by Graham Preston - - Protect Life Qld, Australia’s leading protestor against abortion



RTL
THE RIGHT TO LIFE AUSTRALIA INC.

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.

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@rtltaust.com or ph (03) 9385 0100

SOUTH AUSTRALIAN PROLIFERS AT THE COALFACE



Helen and Alan Tyson 40 days for Life SA

In December 2018 Greens MLC Ms Tammy Franks (Upper House) introduced an Abortion Law Reform Bill to decriminalise abortion and provide the most unregulated abortion regime in the country. It provides for unrestricted and de-regulated availability of abortion up to full term, allows abortions to be carried out by other than doctors or without referral to any doctor, allows babies born alive to die without medical support and introduces 150 m Exclusion Zones around any hospital, abortion facility or any other premises declared by the Minister.

The Bill was too extreme even for many pro-abortion politicians. On 26 February 2019 Attorney General Vickie Chapman intervened and referred the Bill to the South Australian Law Reform Institute (SALRI), an outgrowth of the University of Adelaide Law School. SALRI conducted public consultation and received over 3,000 submissions. After an extension of time, the SALRI Report was lodged with Attorney General Vickie Chapman about 1 November 2019.

In September 2019 Ms Franks tabled a separate Bill encompassing only the 150 m exclusion zones component, arguing it is a simple Bill that can be agreed before the main Abortion debate. As discussed in the RTL email earlier this month, in the Upper House the Bill progressed to the Committee stage by a vote of 12 to 5 and will be debated on Wednesday 13th November. Ms Chapman expects to report on the SALRI recommendations in early December 2019, followed by a Bill in parliament "in the new year".

If exclusion zones are introduced, it will not be possible for prayer volunteers to offer any form of pro-life counselling to the pregnant woman. Exclusion zones will make it even easier for abortion coercion to occur - and of course, exclusion zones deny people the right to free speech and freedom of religion. Ms Franks is particularly targeting 40 Days for Life, which has just concluded its twice-yearly campaign outside Adelaide's only stand-alone abortion clinic, aka "Pregnancy Advisory Clinic", Woodville (see prayer volunteers pictured behind council-mandated bollards).

We urge all our supporters to contact the Upper House members immediately to voice their objections against the Exclusion Zones Bill (enclosed list). Concerted action, prayer and fasting will be required to

defeat Ms Franks' draconian Bills. If possible, support the group praying against these Bills on the steps of Parliament House, Adelaide every Wednesday from 12 noon to 2 pm.

If you live in South Australia please contact your Members of the Legislative Council and Legislative Assembly urgently

Use our RTLA enclosed guide. Tell them to "VOTE NO" to Tammy Franks MLC's bill

PREGNANT MOTHERS IN CRISIS NEED HELP NOT ABORTION

STOP PRESS: As we go to print, sadly the Health Care (Health Access Zones) Amendment Bill (3rd reading) passed the SA Legislative Council (on evening 14/11/19). NOW Please concentrate on contacting your one (1) member of the Legislative Assembly! Tell them to vote NO to excluding mothers from help outside abortuaries.

MARCH FOR THE BABIES 2019

On Saturday 12 October 2019, thousands of protestors marched through the Melbourne CBD to defend the right to life of the unborn. This year marked 11 years since the Abortion Law Reform Act 2008 passed both houses of the Victorian Parliament.

A small but nonetheless vocal group of counter protestors were present along Bourke Street, separated by Victoria Police and their barricades.

NSW Liberal MP Nathaniel Smith, addressing the march only 10 days after abortion was decriminalised in New South Wales, spoke of the short notice given to MP's regarding the plans to remove abortion from the criminal code.

Rebecca Gosper from Life Choice Australia detailed the online campaign to attempt to silence her and stop her speaking out against changes in the abortion law in NSW.

Finally, pro-life Victorian state Liberal MP Bernie Finn concluded the speeches with an invitation to everyone present to invite more attendees for next year's march and gave three cheers for the fantastic job by Victoria Police on the day.

The March for the Babies is a follow-on from the many Marches for Life that were held by Right to Life Australia in Melbourne yearly since 1973.



March for the Babies -12 October 2019 – still standing up for Life - Bourke St Melbourne Photo: Michael Fewster RTLA

THE 2019 YEAR IN REVIEW – PREGNANCY COUNSELLING AUSTRALIA

Volunteer counsellors at PCA continue to devote themselves to the women and men of Australia who are facing an unplanned pregnancy or are suffering following an abortion.



Lois Dean, Co-ordinator

There are so many voices in the community that suggest abortion is the best and easiest option for an unplanned pregnancy.

It is vital our service continues to offer a safe place where women and men are encouraged to make a fully informed decision.

“Today I had the privilege of receiving a call from a young lady who was very conflicted about the way forward. She is just a few weeks pregnant with her 4th child and is scared of the future. As she told me her story of various issues in her life, she also presented a picture of a resilient woman who has faced many challenges. As we talked, she confided that she really did not want an abortion” Lois Dean

She has had one in the past and became very mentally unwell afterwards. She just wanted the best for her family. I said that it sounded as if she needed support and when I suggested that I could find that support for her, her whole mood lifted.

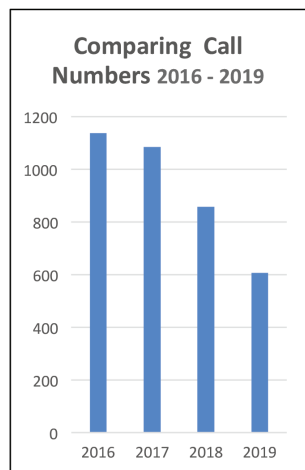
I was able to refer her to a great service in her area where she will not only receive support for her anxiety surrounding this pregnancy but on-going support after the baby is born. She was very grateful.” Lois Dean

ISSUES:

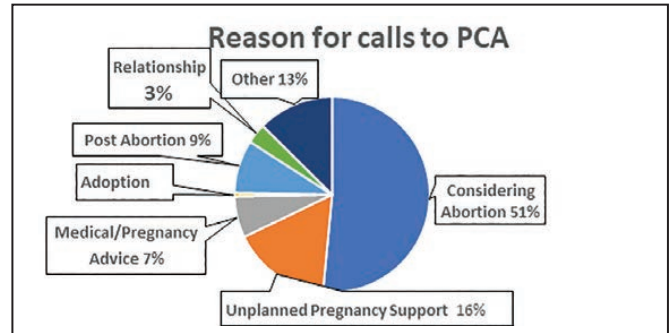
Unfortunately we are just not receiving enough of these calls where we know we can really help. The chart demonstrates a recent trend of decreasing number of calls from year to year.

There may be a number of contributing factors such as:

- A lot of information re unplanned pregnancy and abortion is readily available on the internet
- Abortion has been normalised in our community that it seems like the sensible option to an unplanned pregnancy.
- When a woman sees her GP to have her pregnancy confirmed, she will usually be asked, “Is this good news or bad news?” When the answer is, “Well, it is not good news”, the Dr will often give them the contacts for their nearest Abortion Clinic. No counselling, nothing.
- Government telephone lines like 1800MyOptions, Royal Women’s Hospital, Family Planning Victoria, all are readily found with a Google search, as are Marie Stopes, the main abortion provider whose webpage make it very easy to book an abortion.
- Young people prefer to text, rather than make a phone call. We may capture more abortion-minded callers if our service was linked with an online Chat option.



The chart below demonstrates the reasons for the calls we receive.



- By far the largest slice of the pie are callers who are considering abortion.
- The next largest slice are those needing support with an unplanned pregnancy.
- Therefore we are reaching those we are set up to help, just not enough are calling.
- The next slice are those who have experienced an abortion and are suffering afterwards.

2020 will be a huge challenge in maintaining our service in increasingly difficult times. – Lois Dean

NEW SOUTH WALES STRIPS PROTECTION OF UNBORN

New South Wales Parliament passed the newly titled Abortion Law Reform Bill 2019 on 26 September 2019 despite having been introduced to the Parliament only 6 weeks prior.

This was despite monumental opposition from churches, lobby groups and NSW citizens opposed to the killing of the unborn child. Huge rallies were held outside the Parliament with Church leaders and many young people attending for hours while Parliament sat.

The bill passed the second reading on 8 August 2019 in the Legislative Assembly with a vote of Ayes 59, Noes 31. It then moved to be debated in the Legislative Council. On Thursday 26th September, the Reproductive Health Care Reform Bill 2019, after passing the Legislative Council at 9pm the night before (Ayes 26, Noes 14) returned to the Legislative Assembly where it was passed, without division.



Several amendments were secured - boldly argued by a tenacious group of MPs - including amendments on doctors’ conscience, treatment of babies born alive after abortion and counselling. It was hard to watch the voting down of many amendments which would have at least placed more restriction on the slaughter of the unborn. Those MPs who fought tenaciously during long and overnight sittings, deserve to be commended and thanked.

26 September 2019 marks another dark day in Australia’s history but we vow to carry on - to have our voices heard and to register our opposition to the senseless killing of the unborn child - voiceless and helpless.

USA**Study Says Assisted Suicide Laws Rife with Dangers to People With Disabilities** by Michael Cook | Editor BioEdge 13 Oct 2019 (excerpt)

The National Council on Disability (NCD) has released a scathing analysis of the effect of assisted suicide laws in the United States on people with disabilities. It finds that safeguards are ineffective and that there is little oversight of abuses and mistakes.

Closely examining the experience in Oregon, where the practice has been legal for 20 years, NCD found that the list of conditions eligible for assisted suicide has expanded considerably over time, including many disabilities that, when properly treated, do not result in death, including arthritis, diabetes, and kidney failure. *Assisted Suicide Laws and their Danger to People with Disabilities* also notes suicide contagion in states where assisted suicide is legal; as well as a loosening of existing safeguards both in states with legalized assisted suicide and states considering bills to legalize.

USA**Conscience protection rules struck down by USA Federal judge.** Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition 6 Nov 2019 (excerpt)

A federal judge in New York **struck down protections in law for medical professionals who conscientiously object to assisted suicide.** Doctors may be forced to refer patients for assisted suicide. Physicians who believe that it is wrong to kill patients by lethal injection or prescribing lethal drugs have lost, today, clear conscience protection.

In May 2019, the **Trump administration announced an order to protect conscience rights for healthcare workers.** The Trump conscience rule protected medical professionals from participating in many medical activities including euthanasia and assisted suicide. The Trump administration must appeal this decision based on a false understanding of the role of health care providers. Doctors should not be forced to participate in legal healthcare services that many healthcare professionals morally object to, such as assisted suicide.

NEW ZEALAND**Euthanasia referendum will go ahead after 3rd reading vote**

STOP PRESS: Excerpt Media release 14/11/19 - Right to Life New Zealand: www.righttolife.org.au NZ Parliament voted 69:51 at 3rd reading of End of Life Choice Bill last night to send bill to a binding referendum at the next election – [2020]. Right to Life NZ said “Without the support of Jacinda Aherm and the vast majority of her [Labour] government the bill would have been overwhelmingly defeated at its first reading.

The bill would allow the terminally ill to request assisted dying from their doctors under specific circumstances. National and Labour MPs are allowed to vote freely on the bill as a conscience issue, while Green and NZ First MPs voted as a bloc to support it. Since the referendum question will simply ask if “the End of Life Choice Bill”

should become law many opponents of the bill argued that its name should be changed to make what the bill legalised clearer. National MP Tim Macindoe drafted a failed amendment that would rename the bill the “Euthanasia and Assisted Suicide Act 2019”. Maggie Barry, another National MP strongly against the bill, said the title was “misleading and euphemistic”. The End of Life Choice bill was first put into the ballot by Seymour in 2015 and has had a tortured journey through Parliament, including a 16-month select committee process.

HOLLAND**The Hague Dutch doctor acquitted in case of euthanasia of patient with dementia.**

Stephanie van den Berg 11/9/19 Reuters (excerpt)

A Dutch doctor was acquitted on Wednesday of all charges for the euthanasia of an elderly patient who suffered from dementia. Judges at the Hague District court found the patient had expressly requested euthanasia at an earlier stage in her disease, and the doctor had acted carefully in accordance with the law in the case, consulting other doctors and the patient's family, and on the basis of her will.

The trial centred around a 74-year-old woman, who had been diagnosed with Alzheimer's disease four years before her death. The patient had a certified living will stating her wish for euthanasia if her condition were to worsen significantly. The doctor carried out the mercy killing with the consent and support of the woman's family. Prosecutors brought the criminal case, arguing that the doctor should also have checked with the patient herself, even though she was no longer mentally competent, saying the law was unclear on that point. But judges ruled the doctor was right to rely solely on the living will to carry out the mercy killing.

AUSTRALIA**Push for nurse-led abortions.** The Australian Doctor 7 Nov 2019(excerpt)

Nurses are willing to take over the ‘time-intensive aspect’ of early medical abortion care, says Dr Caroline de Moel-Mandel (la Trobe Uni Melbourne). There are new calls for nurses to take charge of most aspects of medical abortion to boost women's access to termination services. Aside from prescribing mifepristone-misoprostol (MS 2-Step), which must be done by a doctor registered with MS Health, medical abortion advocates say nurse-led evaluation, counselling and follow-up of patients would benefit rural women in particular. Nurses (77%) were far more interested in training than GPs (47%).

“Together with a GP wanting to be involved in the process, if registered nurses are trained, then there is definitely a possibility for them to [provide medical abortion],” Dr de Moel-Mandel told *Australian Doctor*.

UK**Society for Protection of the Unborn Child.**

Blog 9/11/19.

SPUC's General Election Campaign is underway. The aim is to help elect MPS who will defend the right to life of unborn children and other vulnerable people. As we go into the election on 12 December 2019 we are

facing one of the biggest threats to unborn babies since 1967. A horrific abortion regime has now been imposed on Northern Ireland by Parliament in Westminster. As a result, England and Wales could quickly see abortion decriminalised and Scotland would likely follow suit – leading to more babies losing their lives and more women hurt. At the other end of life, there are MPs determined to bring forward a bill to legalise assisted suicide.

USA**Babies Can Be Killed In Legal Abortions Up To Birth In The US.** National Right To Life of Michigan Washington, DC Excerpt 7 NOV 2019

In 1973, the Supreme Court handed down the decisions central to current abortion law in the United States. In *Roe v. Wade* and *Doe v. Bolton*, the Court legalized abortion on-demand in all nine months of pregnancy throughout the country, overturning abortion restrictions in all the states.

Along with creating a right to abortion, *Roe v. Wade* established a trimester framework for future abortion laws to follow. During the first trimester, the Court ruled abortion is entirely the decision of a woman and her doctor and cannot be interfered with. In the second trimester, the Supreme Court allowed for laws to regulate abortion in ways “reasonably related to maternal health,” but such laws could not protect the life of the unborn child. In the third trimester, the Supreme Court ruled states may restrict abortions, except when abortion is necessary to preserve a woman's life and health.

Prolife laws generally include an exception for the life of the mother, but what does “health” really mean? In *Roe's* companion case of *Doe v. Bolton*, the Supreme Court went on to **define health** as including “all factors – physical, emotional, psychological, familial, and the woman's age – relevant to the well-being of the patient.” The Court's broad definition of “health” means practically nothing can restrict abortion access, even during the final three months of pregnancy.

The trimester framework established in *Roe v. Wade* was replaced by the 1992 Supreme Court decision in *Planned Parenthood v. Casey*. Now, states can regulate abortions before viability – the point at which a child can survive outside the womb – but any regulations must not pose an “undue burden” on a woman seeking an abortion. After viability, states can restrict abortions, but restrictions must still allow for “health” exceptions. So, states can ban abortions after viability as long as the bans have exceptions to allow abortions for any reason; many people are confused by this nonsensical sham of a rule.

In a 2019 Gallup poll, when asked if the Supreme Court should overturn its 1973 *Roe v. Wade* decision concerning abortion, 60% of poll respondents disagreed with overturning it. A 2018 Gallup poll that asked people about support for abortion in specific circumstance found that only 20% believe it should be legal to have a late-term abortion for any reason, and only a minority of 45% thought that first trimester abortions should be legal for any reason.