

## Letter from the President



Margaret Tighe

Dear Friends of Life  
Thank you to those of you who responded so generously – both with action and money – to the very dangerous threat of the euthanasia bill in the federal parliament. It is some time since we had a victory – and this was an important one!

Now we are faced with a battle in Queensland that plans to legalise abortions till 22 weeks and till birth - if two doctors and the woman claim it is necessary. We are further challenged by the release of an end of life inquiry and probably a euthanasia bill in WA. So we must keep battling! Finally, we are very proud of our very effective campaign to kill the Leyonjhelm Bill.

Margaret Tighe, PRESIDENT

### RIGHT TO LIFE AUSTRALIA'S EFFECTIVE TSUNAMI AGAINST CANBERRA'S DEATH BILL!

Right to Life Australia was overjoyed at the defeat of Senator Leyonjhelm's death Bill. We had feared defeat following the vote for euthanasia in Victoria. But – nonetheless – we threw all our resources at the defeat of this bill!

I feel very proud of the work of our team, Mary Collier, Michael Fewster, Anton Pergl and the many volunteers who helped us churn out so much valuable material. A special effort was our stand-alone issue of the Right to Life News (July 2018) dedicated solely to defeat the bill! We mailed 8,100 copies of the 4 page newsletter to over 1300 Churches Australia wide. Each brochure also contained information about how to contact Senators in each state.

Seen here is a photo of some of our 10 volunteers who worked so hard for us including Mary P, Gina, Letty, Charles and Rita, Dianne and David and Mary H. The good news is that so many supporters phoned us to tell us they had acted on our instructions!



Michael Fewster with volunteers David, Dianne, Mary and Charles packaging material to post to supporters and Churches to oppose Leyonjhelm's Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015

## The Good News!

### Front page "The Australian" 18/8/18 Doctors scuttle euthanasia vote



The influencers: Dr Stephen Parnis and Dr John Daffy at Parliament House in Canberra. Picture Kym Smith

GREG BROWN @gregbrown\_TheOz

(Excerpt): "Emergency-room doctor Stephen Parnis flew to Canberra on Monday morning on what he considered to be a life-saving mission. The senior St Vincent's Hospital physician and former Australian Medical Association vice-president had received phone calls in preceding weeks from social conservatives on both sides of politics – the Liberals' Eric Abetz and Labor's Don Farrell – who sought him out for his experience in lobbying against voluntary euthanasia.

It was hoped he could turn the tide on the likely Senate support for a bill that would overturn a 20-year ban on the ACT and Northern Territory legalising euthanasia; last week *The Australian* confirmed 39 out of 76 senators were leaning towards supporting the legislation sponsored by crossbencher David Leyonhjelm, who was claiming the support of more than 40 senators.

Parnis brought not only 25 years of medical experience but memories of his uncle who died of cancer seven years ago at his family home in Melbourne after nine months of palliative care. Parnis is convinced all Australians should be given access to the same world-class care his uncle received, rather than rushing to the "quick option" of doctor-assisted suicide.

"I use it as an example that reaffirms the values that I regard as important and the desire to ensure all Australians have access to (good palliative care), not just in the circumstances of having a doctor in the family," Parnis told *The Australian*. "It makes me angry that there are people who aren't able to avail themselves of that sort of care."

The numbers seemed so favourable for Leyonhjelm last week that he had began threatening Malcolm Turnbull about claims the government would block the bill from coming to a vote in the House of Representatives due to fears the ensuing debate would be as divisive as same-sex marriage.

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# Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015

Second Reading 14/15 August 2018



**Senator DODSON (Western Australia)**

"... Moving away from such principles and values begins to reshape the value of human beings and our civil society, in my view. We exist not as solitary individuals; we exist within a family, a community, our cultures and ethos, and in the kinship landscape. I'm a great admirer of those who have cared for

loved ones and made personal sacrifices to do so. Not everyone is able to do this, I know, and I do not condemn them for the choices that they make. In the broad sense, we are part of a common humanity. If we give one person the right to make that decision—that is, to assist in committing suicide—we as a whole are affected.

If we give one family that right, we as a whole are affected. If we give one state or territory that right, we as a country are affected. If we give one nation the right to determine life, our common humanity is affected. I cannot support this legislation...."

**Senator FARRELL (South Australia)**

"... It's important to note that the Australian Medical Association's code of medical ethics warns that assisted suicide and euthanasia would be difficult or impossible to control and could be extended to patients for whom these practices are not intended. In recent days, I've seen reports that question the idea that paving the way for assisted dying would be a slippery slope. But I've also read with concern the comments of Australian bioethics professor Margaret Somerville reported in The Sydney Morning Herald yesterday.

The Sydney Morning Herald reports that Professor Somerville, who has spent decades observing euthanasia in Canada, has said that the international experience demonstrated that 'euthanasia was being used as a cheaper alternative to psychiatric and palliative care'. The professor is quoted as saying that it would be a 'societal tragedy if we allow this', and I agree with her. The article goes on to say that, in a paper published in the Journal of Palliative Care, Professor Somerville and nine of her international counterparts argued that voluntary assisted dying has gone beyond the aims of relieving pain and suffering and is now being misused...."

**Senator BERNARDI (South Australia)**

"... I make the point that Nembutal, the drug of choice for many suicide advocates, is the same drug used in executions. It's the same drug that massive concerns have been raised about in those countries that have the death penalty, because the drug can cause not only death but also a huge amount of pain along the way. We know that in 10 per cent of cases in the Netherlands, where this drug was used, it took longer than the expected median of three hours for the person to die after taking this drug. In one case, it took the person seven days to die...."



**Senator CORMANN (Western Australia)**

"...There is no circumstance in which I could or would vote in support of any bill which would either directly or indirectly legalise or facilitate the state sanctioned taking of a human life. Of course, like all in this chamber, I want to see the right care and support available for our terminally ill. I want to see high-quality care for those that go through this very difficult process as they approach the end of their life—the appropriate pain relief and palliative care to help facilitate dying with dignity. But I cannot support the official, state sanctioned, deliberate taking of a human life. It goes against everything I believe to be right. I do not believe there is a safe way that it can be legislated...."



**Senator MCKENZIE (Victoria)**

"...It is a government's role to actually protect the most vulnerable in our society. Even opening the door by a fraction to the potential of another person, another officer of the state or the state itself to be taken advantage of for monetary gain or convenience is something that I can't be a part of. I will be voting against the bill...."



**President-Senator Hon. Scott RYAN:**

"... I fear euthanasia not because I distrust individuals but because I distrust the state and the scope of it that now exists with the public health system we are all part of through a very strong and effective national insurance system and the public provision of health services. I fear it not because engaged citizens, like many of us in this chamber, are able to navigate the health and aged-care systems; I fear it because of the risks to the most vulnerable, who do not have the capacity for choice many of us have. I simply do not believe the checks and balances can guarantee that no innocent person will have their most important right, that of life, taken from them through the lack of care or even the feeling of being a burden upon those close to them or their fellow citizens. I also fear the inevitable expansion of this to those not equipped to make such a choice, let alone the pressure they may feel in the most difficult of circumstance...."

**Senator WILLIAMS (New South Wales)** "... I rise to speak on the Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015 and make it clear that, as I said to my parish priest, Father Joe, last Saturday week, I will not be supporting the bill. In some ways, I take offence at the term 'dying with dignity'. When my father died at home he had cancer. I totally supported the drugs he was using. He was on morphine and painkillers. I don't care if it's medicinal marijuana, I support all sorts of drugs to make more comfortable those people who are terminally ill and suffering in pain. People say this bill is about dying with dignity. Does that imply that my father, or my mother in her old age, did not die with dignity? I do take offence to some of these slogans that are tagged on to some of these bills. I believe that where there is life there is hope. I'm glad to see a media release today from the President of Right to Life Australia, Margaret Tighe. She says: The bottom line in this debate is that the bill is designed to unleash into the Australian community legalised physician-assisted suicide.

Would those same Senators who claim to be more concerned

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about so-called ‘territory rights’ be willing to give rights to the territories to legalise capital punishment? She goes on to say: Last official figures from the Netherlands— where euthanasia has been in for a while— in 2015 reveal that 431 euthanasia deaths occurred without the patient’s consent....”



**Senator HUME (Victoria)**

“...So this is not a question of whether we should allow people to die with dignity. Indeed, as lawmakers, we take it as a given that everyone—and most of all us, the parliamentarians—wants to ensure Australians have dignity at all phases of their lives, including when they die. Rather, this

debate is more about whether we should give the territories the unfettered ability to legislate for assisted suicide. The legislation before us today provides no guarantees that those choosing to end their lives won’t be guilted into doing so, and neither does the system of government employed by the territories. The respective legislatures affected by the proposed legislation are unicameral; like Queensland, they lack an upper house of review.

The Northern Territory experience of the 1990s demonstrates very clearly just how easy it is to get the law on this issue wrong and why it can’t be repeated again ....”



**Senator STOKER (Queensland)**

“... Often proponents of euthanasia frame this issue as a mere matter of personal freedom, of choice. That argument is attractive, particularly to someone approaching this in a secular way, as many people do. But it’s overly simplistic. It fails to take into account the ways in which extreme pain, mental illness, depression and the anguish of facing the

unknown trials that lie ahead when in receipt of a negative prognosis can affect an individual’s disposition to the point of clouding judgement. In this place, sometimes slippery slope arguments are dismissed as though they’re not logical. That’s a mistake. The notion of a slippery slope is that one starts with a clear-cut case and, by a sequence of many small choices, one ends up accepting a practice in circumstances where, had they been considered at the outset, they would have been strongly opposed ...”

**Doctors scuttle euthanasia vote (cont.)**

Leyonhjelm, the Liberal Democrats leader, was claiming the Prime Minister had promised him a free vote in both houses of parliament in return for his previous support on the Australian Building and Construction Commission. Turnbull denied the promise had been made.

Unperturbed about the apparent doom for his case, Parnis and his colleague, John Daffy, held meetings with MPs throughout Monday and attended an open session with undecided senators. Parnis and Daffy had spent the previous three weeks pushing their case to senators, together with as many as 20 other anti-euthanasia doctors around the nation, in a lobbying effort that outgunned the pro-euthanasia campaign driven by Andrew Denton and Parnis’s former boss at the AMA, Brian Owler.

Parnis, who calls himself a progressive, told MPs his views on euthanasia had been formed over more than two decades as a doctor in emergency services, where he dealt with terminally ill patients. He said many were vulnerable, depressed and would be at risk of coercion from family members if euthanasia were legalised. He also warned that indigenous people in the Northern Territory would have worse outcomes if assisted suicide were legalised because they would not want to go to hospital.

MPs on both sides of the debate believe the advocacy of Parnis and Daffy helped drive a late shift of support away from the bill, including flipping One Nation senator Peter Georgiou from being a backer of the change to an opponent. About five MPs reversed their support for the bill in the 48 hours before Wednesday’s vote in the Senate, when it was struck down by 36 votes to 34.

Turnbull is accused of intervening in the conscience vote, with Leyonhjelm claiming the Prime Minister’s supporters pressured Assistant Agriculture Minister Anne Ruston to vote against the bill to spare Turnbull a damaging debate in the lower house.

*The Weekend Australian* can reveal crossbencher Brian Burston reversed his support on the day of the vote because of a bad meeting with euthanasia advocates, while Labor senator Alex Gallacher – who was leaning towards supporting the legislation on the ground of territory rights – changed his mind on Tuesday when his Labor colleague Louise Pratt spoke in caucus about the virtues of euthanasia and its popular support. After Pratt’s comments, Gallacher is understood to have decided that the debate was not about territory rights but euthanasia. The first danger signs for the supporters of the bill came on Tuesday night when Georgiou told the Senate he had reversed his earlier support. The numbers had tightened a day earlier when the Nationals senator Steve Martin reversed his position, while it was also confirmed that absent senator Arthur Sinodinos would receive a pairing from Labor’s Kim Carr, despite Sinodinos’s office saying last week a pairing would not be sought.

At lunchtime on the day of the vote, supporters of the bill said the numbers had tightened but believed it would pass 36 votes to 34. But by 5pm – two hours before the vote – it was feared Gallacher and Burston had changed their minds at the 11th hour. The bill was defeated just after 7pm on Wednesday, in a relief for Turnbull.”

**The Senate Vote on the Leyonhjelm Death Bill Ayes 34 Noes 36 Majority 2**

AYES 34		NOES (36)	
Bartlett, AJJ	Moore, CM	Abetz, E	Georgiou, P
Bilyk, CL	Patrick, RL	Anning, F	Gichuhi, LM
Birmingham, SJ	Payne, MA	Bernardi, C	Hume, J
Brown, CL	Pratt, LC	Brockman, S	Ketter, CR (teller)
Cameron, DN	Rice, J	Burston, B	Martin, S.L
Chisholm, A	Scullion, NG	Bushby, DC	McGrath, J
Di Natale, R	Siewert, R	Canavan, MJ	Molan, AJ
Griff, S	Singh, LM	Cash, MC	O’Neill, DM
Hanson, P	Smith, DPB	Colbeck, R	O’Sullivan, B
Hanson-Young, SC	Steele-John, J	Collins, JMA	Paterson, J
Hinch, D	Sterle, G	Cormann, M	Polley, H
Keneally, KK	Storer, TR	Dodson, P	Reynolds, L
Leyonhjelm, DE	Urquhart, AE	Duniam, J	Ruston, A
Lines, S	(teller)	Farrell, D	Ryan, SM
Macdonald, ID	Watt, M	Fawcett, DJ	Seselja, Z
McAllister, J	Whish-Wilson, PS	Fierravanti-Wells, C	Smith, DA
McCarthy, M	Wong, P	Fifield, MP	Stoker, AJ
McKim, NJ		Gallacher, AM	Williams, JR

## Pharmaceutical Stumbling Block for Victorian “Voluntary Assisted Dying” Review Board.

Recently Margaret Tighe, a former pharmacist – applied to attend one session of the conference of the Pharmaceutical Society of Australia (in Sydney). The session was “Voluntary Assisted Dying” presented by Jarrod McMaugh, a Melbourne pharmacist who is a member of the Victorian Department of Health and Human Services Voluntary Assisted Dying Implementation Taskforce. Margaret Tighe was refused registration on the grounds that “she might interrupt the talk” which was designed “to educate pharmacists and answer questions about the development of euthanasia drugs.

The following makes for chilling reading -

1. Voluntary Assisted Dying Implementation Taskforce would prefer that barbiturates be given to people seeking to commit suicide. However, as barbiturates are a Schedule 9 drug under the Therapeutic Goods Administration (TGA) unless there is a change in the schedule to schedule 8, barbiturates will not be made available for people seeking to suicide.

Schedule 9 (S9) drugs and poisons are substances and preparations that, by law, may only be used for research purposes. The sale, distribution, use, and manufacture of such substances without a permit is strictly prohibited by law. Permits for research uses on humans must be approved by a recognized ethics committee on human research.

At this stage the TGA has indicated their complete lack of interest in altering their regulations to allow barbiturates to be prescribed for human consumption.

2. Due to the reluctance on the part of the TGA to cooperate with the Victorian ALP government’s *Voluntary Assisted Dying Implementation Taskforce*, the Taskforce committee was considering giving Schedule 4 drugs in larger than recommended doses to people seeking euthanasia and assisted suicide.

Schedule 4 (S4) drugs and poisons, otherwise known as prescription only medicines.

For example, they may recommend giving Digoxin (a drug designed for regulating heart rate) at a dose larger than recommended by the Australian Medications Handbook (AMH), a dose which would necessarily be harmful. Like how some people attempt to suicide by swallowing a whole bottle of Panadol in one sitting.

Now the Taskforce does not consider this ideal as barbiturates are much more efficacious in terms of killing than Prescription Only Medicines taken in large doses. Also, in Oregon, where some people have taken barbiturates yet survived, they tend to suffer fewer negative consequences to their health.

In addition, although this wasn’t mentioned in the talk. It seems to us unworkable that a pharmacist would be required to give a dose higher than is permitted by the official and authorised medical advisory texts. One wonders how a pharmacist would be able to keep their registration after dispensing a medication at a dose that will kill the patient when AHPRA expects them not

to dispense medication when they are aware that the prescribed dose is harmful.

3. The legislation is vague about the locked box. The Taskforce has no idea what will happen with this.

4. Jarrod McMaugh conceded that the legislation didn’t specify a specific euthanasia drug such as Nembutal, so it wouldn’t be hamstrung by the TGA’s unwillingness to cooperate with Victoria’s Assisted Suicide legislation.

5. If they go with S4 drugs then patient privacy becomes a bit of an issue as Pharmacists will have to ask the patient and/or call their prescribing Doctor to question them about the dosage the doctor has written on the script. If the pharmacist does not follow the dispensing protocol, then their registration can be called into question.

6. As Victoria’s Assisted Suicide Legislation permits pharmacists who object to Euthanasia and Assisted Suicide to not to refer to other pharmacies that are willing to provide the Taskforce’s recommended drugs, the Taskforce is considering creating a website to enable people to know which Pharmacies will supply the drugs. They fear that too many pharmacies will refuse to supply, and so people would have to phone around and drive great distances in Victoria to gain access to the drugs.

7. While not an exact quote, Jarrod suggested that the Taskforce was finding that the present legal environment was making it very difficult to implement the purposes of the *Voluntary Assisted Dying Implementation Taskforce*. The inconsistency between Federal and State laws is effectively delaying the development of a satisfactory protocol and drug regime for the purposes of the Vic Euthanasia law. In addition, there are sections of the Vic legislation whose ambiguity and lack of clarity is also an impediment.

*Thanks to a Victorian Pharmacist for this information..*

### Queensland Mothers opposing Abortion!

*Excerpt from The Catholic Leader - Published: 17 August 2018*



The group will pray the Rosary outside Jackie Trad’s office each Friday until October 26 (The Catholic Leader)

### 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.*



## QUEENSLAND FOLLOWS VICTORIA WITH BILL TO ALLOW ABORTIONS TILL BIRTH!

Recently the Queensland Labour Government announced with jubilation that, as a result of their Law Reform Commission investigation of Queensland's abortion availability, the government will investigate as the Victorian law did in 2008, to remove all protections about abortion from the criminal code. The legislation will allow the following:

1. Abortion on demand up to 22 weeks for any reason.
2. Abortion past 22 weeks' gestation until birth, under a wide range of criteria including "social" reasons. Although a second doctor's consent is required, the second doctor will not even have to see the woman, or look at her file – and there is no legal penalty if the abortion is performed without a second doctor's approval.
3. Sex-selection abortion would be legal, so unborn female babies would be killed for the "crime" of being a girl.
4. There are no safeguards for women seeking an abortion, such as independent counselling, informed consent conditions and cooling-off periods.
5. No effective conscientious objection for doctors. Doctors with conscientious objections would have to refer a woman seeking an abortion to another doctor who will be able to facilitate her request, thus making the referring doctor complicit in the outcome.
6. 150 metre "safe access zones" around abortion clinics. Any communication against abortion within 150 metres of abortion clinics would be criminalised, including peaceful "sidewalk" counselling, silent prayer, or even a mother asking her daughter not to have an abortion, or a boyfriend offering support and trying to persuade his partner to continue with the pregnancy.
7. Removing all provisions about abortion from the Criminal Code (other than an unqualified person performing the procedure).
8. One of the many consequences of this new law would be that abortions would be performed in taxpayer-funded public hospitals, and therefore would be free. This inevitably would lead to an increase in the number of abortions and therefore the number of women harmed.

(Thanks to Cherish Life Queensland for information on the Termination of Pregnancy Bill 2018):

### CURRENT ABORTION SITUATION in Qld

Under the current law, 14,000 abortions are performed in Queensland every year. This is the equivalent of two classrooms of children being destroyed in Queensland every working day. Private clinics already can get a licence to perform abortions up to 20 weeks' gestation, and women don't even need a doctor's referral to book an abortion. About 2% of abortions are performed in public hospitals, both before and after 20 weeks for foetal abnormalities and, in rare cases, where the pregnancy causes a serious danger to a woman's health. No woman has ever been convicted for having an abortion under the current law. Most abortions attract a Medicare rebate. Abortion is already highly accessible in Queensland. The question has to be asked of the Queensland Labor Government: How many abortions are enough?

**IF YOU LIVE IN QUEENSLAND PLEASE READ OUR INFORMATION FLYER AND CONTACT YOUR MEMBER OF PARLIAMENT TO OPPOSE THIS BILL!!!**



## Protect Life - Queensland August 2018

### Report from Graham Preston

The Termination of Pregnancy Bill 2018 was introduced to the Queensland Parliament yesterday 22/08/2018. The Bill was then sent to a Health Committee for further consideration. (Submissions from the public are once again invited – it is hard not to be cynical and not think that they will once again be ignored!) It is intended the Bill will then be put to Parliament for debate and vote from October 16.

The pro-abortionists are having a rally and March on Tuesday 18 September starting in King George Square at 4.30pm. If you would like to join me so that there is a pro-life presence there let me know so that I know how many signs to bring.

- Recently when I was outside the Spring Hill abortion "clinic" a passing woman stopped and we had a surprising conversation along these lines: How long have you been coming here? A long time, since it was opened. I used to work here many years ago. Really? Yes, but only for about a week and a half. One woman who came in was very upset and said she didn't want to go ahead with it. I told her just to go home. I got into a lot of trouble for that. (Then as she walked off) But at least I saved one. (!)

- Donations to the legal fund for my High Court challenge can be made at [www.gofundme.com/legal-costs-for-prolife-protester](http://www.gofundme.com/legal-costs-for-prolife-protester).

Sincerely, Graham – *Protect Life*

## Queensland March for Life 2018



Photo: Cherish Life Queensland

## Missing Girls in Victoria

The following article by Aisha Dow, was published in "The Age" on 12 August 2018 and makes alarming reading.

A phenomenon of "missing girls" could be afflicting Victoria, as a study of more than a million births suggests some parents could be aborting unborn female babies or undergoing embryo selection overseas in order to have a son. If nature was left to take its course, it is expected that for every 100 girls born, about 105 boys will be brought into the world.

But in findings researchers say indicate "systematic discrimination against females starts in the womb", mothers within some key migrant communities are recording sons at rates of 122 and 125 for every 100 daughters in later pregnancies. Lead researcher Dr Kristina Edvardsson from Melbourne's La Trobe University said it showed gender bias persisted in Victoria, despite laws banning people from choosing the sex of their child, other than for medical reasons.



**Dr Kristina Edvardsson,  
Leading Researcher,  
La Trobe University**

"We believe that some women may be terminating pregnancies after discovering they are expecting a girl and in other cases are travelling overseas to access non-medical sex selection services through assisted reproduction," she said.

Analysing almost 1.2 million births between 1999 and 2015, the study found while the overall ratio of male and female babies born across Victoria was as expected (at close to 105 to 100), there were notable exceptions.

During 2011 to 2015, mothers born in China had about 108 boys to every 100 girls. The bias towards boys was much higher if they already had two or more children, with boys born at a rate of almost 125 to every 100 girls.

Similarly, mothers from India had boys at a rate of about 104 to 100 for their first child. But after their second child, this blew out to almost 122 boys to every 100 girls. The rate of males born to mothers from some South-east Asian countries was also more than expected.

Melbourne GP and president of the Australia India Society of Victoria, Dr Gurdip Aurora, said he had recently encountered one likely case of gender selection involving a couple who had migrated from India. The pair already had three daughters, and the woman was pregnant again.

"They wanted to have an ultrasound done and [then] decide whether they would have the child or not, if it happened to be a female," Dr Aurora said. The GP refused to help them.

There is now widespread global access to ultrasound technology to determine the sex of a baby, and Australian parents can find out their baby's gender from within 10 weeks with a newly-available blood test.

In India, Dr Aurora blames the entrenched preference for males on the country's illegal dowry system, where people are often compelled to hand over large amounts of cash, goods or property when their daughters marry.

The Indian government has estimated that two million girls go "missing" from its population each year due to sex selective abortion and other

forms of discrimination that lead to premature death.

Yet this bias was not felt by all migrants, Dr Aurora said, and he believes that gender selection does not appear to be a major issue in the Australian-born Indian community.

Dr Edvardsson said after some migrants arrived in Australia they had smaller families, which could mean they were more likely to turn to sex selection to have a son, as simply continuing to have children until a male was born was not a feasible option.

Gender selection through IVF is banned in Australia, except in cases where a child's gender may help avoid the transmission of a genetic abnormality or disease. In Victoria, such cases are assessed through the patient review panel, which considered 69 applications for sex selection between 2010 and 2016.

There are, however, companies that provide gender selection through IVF to Australian parents who travel overseas, while abortion providers may have no way of knowing if a woman is seeking a termination due to a preference for a son.

Dr Cameron Loy, chair of the Royal Australian College of General Practitioners in Victoria, said he would strongly advise parents not to put their health at risk by travelling overseas to countries where prenatal sex selection is legal for IVF.

A strong desire to have a child of a certain gender is not necessarily confined to select ethnic groups and many fertility service providers have called for governments to allow sex selection in Australia *for the purposes of family balancing*. Dr Jim Tsaltas, a clinical director of Melbourne IVF, said there was support for the use of technology in cases where parents already had two or more children of the same gender.

Researchers will now embark on a bigger project investigating the causes and prevalence of prenatal sex selection across the country. Dr Edvardsson said it had been shown in other countries that law changes had limited effect, instead she believed there needed to be a change to the value people placed on sons and daughters.

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### HIGH COURT CHALLENGE TO EXCLUSION ZONES:

Both Victorian Kathy Clubb and Queensland's Graham Preston's legal challenge to abortuary exclusion-zones will be heard in the High Court in Canberra from October 9 to 11, 2018. Coincidentally, this is very close to the tenth anniversary of the passing of that diabolical Victorian law that allowed abortions to full term. Please keep both Kathy and Graham's legal teams, especially our QC's, in your prayers.

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### Euthanasia battle on horizon for Queensland

The Queensland Labor government continues its attack on human life. **Premier Palaszczuk has ordered an inquiry into end-of-life care, including the issue of voluntary euthanasia, with Queensland the last state in the country to debate the issue.** She said the parliamentary health committee would lead the examination, which will also look at aged care and palliative care. Premier Palaszczuk said, "Following the vote on the termination of pregnancy bill the parliamentary health committee will begin examining all issues to do with what's known as end-of-life care," she said. Ms Palaszczuk said she would also have the issue added to the COAG national agenda so it could be discussed nationally.

## Unborn showing disabilities are being denied a chance at life

JENNIFER ORIEL THE AUSTRALIAN 30 July 2018

For decades, feminists have held the view that abortion is a form of liberation. Liberals believe it the lesser of two harms. Libertarians relegate it to the realm of choice. And everywhere, fair-minded folk ignore inconvenient truths about abortion, including the targeted extermination of foetuses with disabilities.

Western Australia's Department of Health reported that "the number of induced abortions performed at 20 weeks' gestation or more increased from 31 in 2002 to 76 in 2015, an increase of 145 per cent". The reason provided for abortions performed at 20 weeks or more was most frequently "foetal anomalies".

University researcher Susannah Maxwell and colleagues found that about 93 per cent of women given a prenatal diagnosis of foetal Down syndrome in WA chose to terminate the pregnancy.

SA Health reported 90 abortions performed at or after 20 gestational weeks in 2015. The majority (55.6 per cent) were for "foetal reasons". There were a total 170 abortions performed for foetal reasons overall, 96 for chromosomal abnormalities and 70 for "other foetal abnormalities detected or suspected prenatally".

The popular narrative is that late-term abortions are performed mainly for foetuses with terminal conditions, but data shows those detected with Down syndrome are targeted.

While there is no national reporting scheme for abortion in Australia, the data is indicative of a global trend towards aborting foetuses with disabilities and suspected genetic abnormalities. Iceland is nearing a 100 per cent termination rate of foetuses diagnosed with Down syndrome. A CBS News documentary reported high termination rates of Down syndrome foetuses in European countries 77 per cent in France and 98 per cent in Denmark. The news has sparked controversy but not enough to correct the practice.

China is giving Iceland a run for its money. Its Communist Party is the world's most powerful atheist outfit and it permits the termination of babies with Down syndrome very late in pregnancy.

The Vatican appealed to UN members in March to stand against the abortion of children with Down syndrome. Archbishop Bernardito Auza said: "Despite the commitments made in the Convention on the Rights of Persons With Disabilities to promote, protect and ensure the full and equal enjoyment of all human rights ... many members of the international community stand on the sidelines as the vast majority of those diagnosed with trisomy 21 have their lives ended before they're even born."

Combined with research demonstrating foetuses can sense pain around 20 weeks, evidence that late-term abortions are being used to selectively target foetuses with disabilities has outraged US Republican politicians. Donald Trump has condemned late-term abortions. But repeated efforts to curb the practice have been met with resistance from Democrats.

The research on foetal pain capability is especially relevant to ethical concerns about abortion because many terminations at 20 weeks' gestation or more are foetuses with disabilities.

The question of whether foetuses can feel pain arose initially from the empirical observation of infants in neonatal intensive care units.

Pediatrics, anaesthesiology and neurobiology professor Kanwaljeet Anand was a pioneer in the foetal pain capability field. During the 1980s, he observed post-operative infants showing signs of distress. At the time, it was believed that neonates did not require anaesthetic because they did not feel pain. Anand's clinical trials demonstrated that newborns exhibit pain avoidance behaviours and suffer post-operative distress. He concluded they were capable of pain and recommended the use of anaesthetics. His research findings reduced the mortality rate of neonates undergoing cardiac surgery from 25 per cent to less than 10 per cent.

Anand's work set new standards for neonatal care. In 2009 he won a distinguished international award for pediatric medicine, the Nils Rosen von Rosenstein Medal. However, his research that preterm babies as young as 20 weeks produce stress hormones and pain avoidance behaviours became controversial once it was applied to the practice of abortion.

Medical and technological advances are reducing the mortality rate of premature babies and foetuses with life-threatening conditions. But advanced screening techniques can result in the expectation that mothers will consent to aborting foetuses with disabilities.

Parents of children with disabilities are going public about being pressured by doctors to terminate pregnancies if prenatal screening reveals foetal abnormalities. Some Australian mothers are fighting back. They have created the group T21 Mum Australia. The name refers to Down syndrome, where abnormal cell division results in extra material from chromosome 21.

In an article for news.com.au, Benedict Brook interviewed mothers from the T21 group. They told of appalling treatment at the hands of doctors who expected mothers to abort unborn children if they tested positive for Down syndrome. Expectant mothers were verbally abused for nurturing the life inside them. In one instance, a GP reacted by asking the parents if they were Christian. When they said yes, he explained: "All the people who don't terminate are Christians, and martyrs of parents." US legislators are trying to ban late-term abortions on the basis of foetal pain capability and to prevent the targeted termination of foetuses with disabilities. However, in the absence of a strongly Christian voting base, there seems to be little incentive for Australian politicians to address the issue.

The Queensland Labor government is set to introduce a bill to decriminalise abortion. Feminists are celebrating the anticipated reform. Critics fear it will follow the example of other states and allow late-term abortion, including the termination of foetuses with disabilities.

The question of how to balance women's rights with the rights of the child will become more complicated as prenatal screening technology advances. An informed choice might include emerging research on foetal pain capability and the fulfilled lives led by many people with Down syndrome.

Remember that the first victims of Nazism were people with disabilities. They were considered a financial burden on the state and a threat to social purity. Remember, too, that medical professionals ushered in the final solution by killing infants deemed imperfect.



Photo by LifeNews

## Euthanasia in WA - yet again?

Article by Dr Ted Watt. (formerly Professor in Politics and Dean of the Faculty of Arts, University of WA).

On 23 August 2018 the Committee charged with reporting on euthanasia law, presented its report to Parliament. Its main recommendation: that a bill be introduced in Parliament to legalise physician-assisted suicide. No surprise here - the committee had been hand-picked by the State Government to do just that, and it included only a single token dissenter, **Nick Goiran MLC**.



The language of the majority report, no less than its specific recommendations, reflected the absurdly lop-sided membership of the committee - all Choice, Compassion, and soothing confidence that Parliament would be able to draft Effective Safeguards.

A long minority report was written by the lone dissenter on the Committee, Nick Goiran, setting out in detail what the majority report should have included: all the things that could go wrong, and that have gone wrong wherever laws like they were proposing have been in force.

The euthanasia promoters welcomed the report with a demo on the steps of Parliament House on the same day. Their theme was Choice - 'We want choice', they chanted, over and over. In this way they confirmed that, however much they may try to reassure us by their 'strict safeguards' claims, the logic of their position excludes all restrictions on 'assisted dying'.

To their mind, euthanasia is for everyone, a benefit that needs to be made available, as Dr Nitschke said years ago, even to 'the depressed elderly, the troubled teen'. 'We want choice, we want choice...'

The rally was addressed by a doctor who claims to have killed (she used a different verb) several of her patients (while providing none of the information - names, dates or locations - which would be needed in order to bring a prosecution, so she was taking no risk at all) Other speakers included spokesmen for a group of doctors who want, like James Bond, to be given a Licence to Kill, and a Christian group who dissent (for Compassion, of course) from one of the Ten Commandments.

Opponents of death-by-doctor organised a counter-demo, with smaller numbers. They plan a larger demo of their own later on. What happens next? Probably nothing immediately. There is no bill yet for opponents to attack and pull apart. When a bill has been prepared, there will be the familiar job of lobbying MPs one by one, assuming, very probably, that there will be a free vote.

One complication is that the ALP majority in parliament includes several senior members who are pro-life. It could be interesting. Watch this space.

## What's next from the Andrews' Government?

The following appeared in "The Age" 11/7/18 under the title "Dire cost of Labor's electoral move" by Gideon Rozner, Research Fellow of the Institute of Public Affairs.

Mr Rozner was commenting on the Andrews' government's

Electoral Legislation Amendment Bill 2018 which was enacted recently - despite opposition from the Coalition party.

Putting it briefly he said "One of the bill's most egregious features is limiting the amount of money that individuals can privately donate to political parties and candidates, which will be capped at just \$1000 per year. Such a stringent donations cap would be a grievous attack on freedom of speech and political communication."

Cutting it short, the legislation provides campaign funding for the major parties and the greens, but for the likes of us - we have to reveal the identity of any donor who gives us \$4000 or more over four years. Any donation of \$1000 or more requires the identity of the donor to be revealed to the Electoral Commission! Smacks of Soviet Russia!

Oh, and by the way - this will not affect in any way the huge funds that will come from the unions for the Victorian November 2018 election!

## Belgium's Euthanasia Moral Abyss

By WESLEY J. SMITH NATIONAL REVIEW 29 AUGUST 2018

• Now, MercatorNet has published a story based on a translation of the "Belgium Federal Commission on the Control and Evaluation of Euthanasia" - the nation's official report on patient-killing by doctors. It makes for very chilling reading.

Here are some lowlights:

• Deaths by legal euthanasia have increased nearly tenfold (982%) from 235 in 2003 - the first full year of legalisation - to 2,309 in 2017 (my emphasis).

• Organ donation [conjoined with euthanasia] has been reported in 8 patients for the years 2016 - 2017. Patients had either a nervous system disorder or a mental and behavioral disorder.

• In 2017 there were 375 cases of reported euthanasia of people whose deaths were not expected in the near future.

• In 2017 some 87 (3.76%) cases involved no physical suffering at all. [!!!] This included 14 cancer cases and 15 other cases of physical illness. There were also 18 cases of "polypathology" as well as 40 cases of mental ill health. The psychic suffering, apart from psychiatric conditions, included "addiction, loss of autonomy, loneliness, despair, loss of dignity, despair at the thought of losing ability to maintain social contacts, etc."

• Three children have so far been killed under the Belgian law in 2016 and 2017. These were a 17-year-old child who was suffering from muscular dystrophy; a nine-year-old child, who had a brain tumour, and an 11 year old child, who was suffering from cystic fibrosis.

• Between 2014 and 2017 two patients who were in an irreversible coma after a suicide attempt were euthanized based on an advance directive 5 months and 35 months respectively before the suicide attempt.

• A total of 201 people with psychiatric disorders were killed by euthanasia in Belgium between 2014 and 2017 including for mood disorders such as depression, bipolar disorder (73 cases); organic mental disorders, including dementia and Alzheimer's(60 cases); personality and behavioural disorders (23 cases); neurotic disorders, and disorders related to stressors including posttraumatic stress disorder (16 cases); schizophrenia and psychotic disorders (11 cases); organic mental disorders, including autism (10 cases) and complex cases involving a combination of several categories (8 cases).

I note that there is no mention of joint-geriatric-euthanasia cases - elderly couples killed together for fear of future grief or not wanting to be widowed, etc. - of which I know of at least three cases. Those with eyes to see, let them see.

WESLEY J. SMITH - Wesley J. Smith is an author and a senior fellow at the Discovery Institute's Center on Human Exceptionalism @forcedexit