Life: the basic human right

RTLA

THE RIGHT TO LIFE AUSTRALIA INC.

RIGHT TO LIFE NEWS JUNE JULY 2023

SAVE AUSTRALIA'S BORN ALIVE ABORTED BABIES

Senate Inquiry Human Rights (Children Born Alive Protection) Bill 2022 hearing - Canberra 8 June 2023. L-R: (Presenters in Italics): Scott McCamish (Office, Sen R. Babet), ***MICHELLE OATES***, Warwick Marsh (Canberra Declaration) ***JODIE PICKARD*** (Love Adelaide) ***DR JOHNY SAKR***, Clare Parslow, ***MATTHEW CLIFF*** (Cherish Life Queensland) Joel Jammal, ***SAMUEL HARTWICH*** (Canberra Declaration) Michael Arbon (Office, Sen R. Babet), Professor ***JOANNA HOWE***, ***MARY COLLIER*** (Right to Life Australia Inc).

Right to Life Australia Inc was invited to give evidence at the Senate Inquiry – Human Rights (Children Born Alive Protection) Bill 2022 held 8 June 2023 at Parliament House, Canberra. Mary Collier, Chief Executive Officer represented Right to Life Australia Inc. Sincere thanks to Dr Elvis Ivan Šeman MBBS, FRANZCOG, EUCOGE, FRCOG, NFPMC, PhD who appeared by video link as expert medical witness. Thank you to the staff of Senator Babet – Scott, Michael and Merryn for their hospitality. Other witnesses included David d'LIMA (FamilyVoice Australia) Wendy Francis and Michelle Pearse (Australian Christian Lobby) Juli Sharpe, (Love Adelaide) Dr Bernadette TOBIN (Plunkett Centre for Ethics). It was inspiring to meet and work with Australia's peak pro-life leaders on such an important bill. Draft transcript of the hearing can be found at https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;db=COMMITTEES;id=committees%2Fcommsen%2F26959%2F0001;query=Id%3A%22committees%2Fcommsen%2F26959%2F0000%22

Senators attending the hearing were: Senator Marielle Smith (Chair), Senator the Hon. Matthew Canavan, Senator Alex Antic, Senator Anne Urquhart.

Senator Marielle Smith (Chair) (SA) ALP

Senator Anne Urquhart (TAS) ALP

Senator the Hon Matt Canavan (QLD) NAT

Senator Alex Antic (SA) LIB

Mary Collier's opening statement: Thank you for inviting us to attend today. I would like to acknowledge women who have had abortions who may be suffering and their partners as well. Abortion Grief Australia operates a helpline – and is here to help. Right to Life Australia is here to today to advocate for the voiceless, for the unborn child, who has an inalienable right to life, and that life cannot be given away to another person–to an abortionist or a person who deems their life valueless. Mother Teresa said: 'The right to life does not depend, and must not be declared to be contingent, on the pleasure of anyone else, not even a parent or a sovereign." So what is this bill about? It is about seeking a "fair go" about seeking justice and about righting wrong. So, when hearing about the treatment of born-alive babies after abortion, we recoil in disbelief, whether we are writing the submission, whether we are administering the offices in parliament today or whether we're here in person or on video. It is difficult to process the concept that any baby is just left to die. Is medical treatment of a born-alive baby really determined by what is desirable and by whom? The flow chart I have distributed today looks at Victoria under the microscope. The flow chart is contained in the Consultative Committee on Obstetrics and Paediatric Morbidity and Mortality (CCOPMM) Report 2020 - produced every year (2020 latest available report)–https://www.safercare.vic.gov.au/sites/default/files/2022-05/FINAL%20CCOPMM%20REPORT_SCV-2020.pdf page 70

Continued on page 2

STOP PRESS: URGENT NEWS

LABOR EXPANDING ABORTION PILL ACCESS AND PROPOSING FREE ABORTION POLICY

see inside for details

The Right to Life Australia Inc. ABN 12 774 010 375 • 161A Donald Street. Brunswick East Vic 3057 • P O Box 2029 Brunswick East Vic 3057
Tel: (03) 9385 0100 Fax: (03) 9384 6811 Email: rtl@rtlaust.com Website: www.righttolife.com.au

Donate: Commonwealth BSB 063 -111 Account no 1010 9208 or online

Continued from page 1

The 2020 report shows 43 babies with congenital problems were born alive after abortions and died postnatally. The types of disability are not labelled. They could be babies with Down syndrome, a cleft palate or a club hand. This is the number for 2020. Does 'extremely rare' as claimed by some - mean 43 babies a year? If you look at the chart–I've marked it in highlighter–it shows the 43 babies who died perinatally in terminations of pregnancy–TOP or abortions–for suspected or confirmed congenital abnormality resulting in neonatal death. In 2020 in Victoria, there were 43; in 2019 there were 34; in 2018 there were 29; in 2017 there were 28; in 2016 there were 33; in 2015 there were 31; in 2014 there were 38; in 2013 there were 43; in 2012 there were 53; and in 2011 there were 40 babies. Statements such as 'Late-term abortions are only for babies incompatible with life,' or 'They are extremely rare,' are fake news as far as we're concerned.

As I stated, babies are being aborted late term because of confirmed and now even '**suspected**' congenital problems. The disability, from what is seen on the label, has not even been diagnosed. Babies are being aborted for having Down syndrome, a cleft palate or maybe a club hand. These are babies who have as much a right to belong to society as each one of us. What is unknown is that late abortions are being performed for a whole range of psychosocial reasons, and this comprises 40 per cent of late-term abortions in Victoria. This is not just about statistics. I worked in Melbourne hospitals in the late eighties where babies' lives were being saved every day, including those born to mothers who were drug addicted and from disadvantaged backgrounds and whose babies were suffering at birth from these effects. These babies were not discriminated against. Money is being allocated and raised for treatment and research into every type of neonatal illness, from congenital heart problems to the best way to bond mum and baby in the NICU [Neonatal Intensive Care Unit]. Abortion is about destruction of human life and life that is not wanted. These babies are alive. We've received calls to our office about these babies. I answered a one call - from a very distressed midwife. She knew the baby was alive and told her story to me. This midwife was shellshocked when the baby was born alive and left to die in a Melbourne hospital in 2013.

[Page 5 of our submission highlighted the case of Baby Jessica Jane in the Northern Territory- a healthy baby weighing 515grams, who survived an abortion. This case and others no doubt highlighted today showcase the direction that we must take to the discrimination that occurs – the terrible treatment that our most vulnerable are subject to. Northern Territory Coroner Greg Cavanagh SM established Baby Jessica was fully born in a living state, in the 80 minutes she was alive, she had a separate and independent existence to her mother. Every case of a baby born alive after an abortion must be referred to the Coroner for investigation. In his words: "In my view, the fact that her birth was unexpected and not the desired outcome of the medical procedure, should not result in her, and babies like her, being perceived as anything less than a complete human being. Similarly, the fact that her death was inevitable should also not have the same result. The old, the infirm, the sick, the terminally ill are all entitled to proper medical and palliative care and attention. In my view, newly born unwanted and premature babies should have the same rights. The fact that her death was inevitable should not affect her entitlement to such care and attention. The deceased – [Baby Jessica] having been born alive deserved all the dignity, respect and value that our society places on human life."]

Presenters -Mary Collier, Jodie Pickard, Matthew Cliff - Inquiry into Human Rights (Children Born Alive Protection) Bill 2022 [Canberra 8-6-2023]

Lastly, these babies are super babies. We should be celebrating their lives. To survive the intended destruction of their tiny bodies is a miracle. There must be legislation to right this injustice. They are entitled to care, no more but no less than any other baby born alive at that gestation. There must be legislation to protect them, as the Northern Territory Coroner stated, from a death 'contrary to nature' and 'caused by artificial means'. Will all Australians commit to seeking justice for these babies today?

Letter from the President

Margaret Tighe

Dear Friends of Life,

As you will see from this copy of the Right to Life News – Right to Life Australia was well represented by our CEO. Mary Collier who amongst others in the life movement, appeared before the Senate inquiry into babies born alive after abortion.

This inquiry is headed by one of the finest members of the federal parliament- Queensland Senator Matt Canavan (LNP) and several of his colleagues who speak out in protection of human life.

The photo (cover page) shows those who were invited to make a verbal submission (based on their written submission) before the Senate committee.

Clearly Mary Collier's submission was highly regarded as were the othersubmissions, in particular of the impressive Adelaide university Professor Joanna Howe and Dr Johnny Sakr (PhD) of Sydney.

The tragedy is that the Australian newspaper (27/6) reported two more attacks on human life in this fair country of ours.

Firstly, the ACT government represented by 17 in their Legislative Assembly wants to make euthanasia available to teenagers!!

In other words the way in which we treat illnesses which may or may not – lead to death and despite the day by day advances in medical science – we should be able to offer suicide if the patient request it.

The other item on the same front page of the Australian (27/6) is that the proabortion ALP group – EMILY's List wants the next ALP conference in August to vote for free abortion for one and all!

They are calling out the Prime Minister Anthony Albanese to support them.

Given his frequent words in praise of his late mother – a single mother who struggled to raise and educate him – does he ever reflect upon the fact that that valiant woman did not seek an abortion!

In life

Margaret Tighe. PRESIDENT

Community Affairs Legislation Committee

Senate Inquiry - Human Rights (Children Born Alive Protection) Bill 2022
Hearing 08/06/2023

Professor Joanna Howe:

Prof. Howe: Thank you to the committee for this inquiry and the opportunity to appear. In my opening statement I'd like to make four points that call out errors about the bill that have been made in other submissions and publicly. The first error is that the bill is addressing a situation that doesn't happen, and that babies aren't born alive and left to die without care in Australia. For example, the submission by the SA Abortion Action Coalition says the bill 'seeks to regulate an extremely rare, if non-existent, procedure'. This is not true. Looking at the data I have combed through from the Victoria and Queensland health reports, we can see that 724 babies have been born alive and left to die without any legal right to mandatory care following a failed abortion.

We also know, through questions asked on notice by Nick Goiran MP, in WA, that 27 babies have been born alive and left to die. We know from a coroner's report in the Northern Territory, and another one in New South Wales, that there have been two more babies in those states. We know of 54 babies born alive without any rights to care in South Australia. Unfortunately, other than Queensland and Victoria, we don't have a complete picture, but we can assume the numbers are higher than what I've just recounted to you today. The fact that this bill addresses a situation that doesn't happen is incorrect; it does happen, and the bill addresses a real need for equal treatment for all babies who are born.

The second error that's been made is that this bill mandates resuscitation of babies that are born alive and prevents the application of palliative care. The submission by Marie Stopes International says: This Bill proposes mandatory resuscitation of a fetus which shows signs of life when outside of the uterus...

If this Bill were successful, it would mean that palliative care is not provided post birth.

The Office of the Rural Health Commissioner, the SA Abortion Action Coalition and the Australian Women's Health Network have also made this same error—that the bill would prevent palliative care and mandates resuscitation. In section 9 of the bill, it's clear that the duty of a health practitioner is no more than and is equivalent to what would be provided to other babies born in situations other than abortion. It doesn't mandate resuscitation or prevent palliative care; it's just a duty to provide medical care equivalent to other babies. Indeed, in section 9(4) of the bill, that is made clear through the example given, in that it says specifically 'life-saving emergency treatment' can be given and palliative care can also be given too. So that's a clear error that's been made; it is not true that this bill would actually prevent care to babies and mandate resuscitation.

The third error that's been made about this bill is that babies who are born alive after an abortion are not really alive and that they're virtually dead already; they only live for a matter of minutes—in other words, that this doesn't happen, that it's a non-issue, that it's a bill about a non-issue. I think I saw in the press that it's a bill about virtue signalling. MSI, Marie Stopes International, has stated in its submission that in rare cases:

...if a feticide has not been used, a fetus may show 'signs of life'.

Signs of life are involuntary movements. Signs of life do not equate to life.

Similarly, the submission by the state government of Victoria says:

Where a medical termination is performed at 20-22 weeks and where no feticide was performed prior, there is a very small chance of a live born baby. Typically, in this uncommon circumstance the baby is born with a heartbeat and may take a few breaths, dying shortly thereafter.

These statements by MSI and the government of Victoria don't reflect the evidence. In 2018, a peer-reviewed study in the highly reputable Journal of Obstetrics and Gynaecology looked at 241 infants who had undergone late-term abortions without feticide on babies between 20 and 24 weeks gestation. It found that more than half were born alive; that the median survival time was not a matter of minutes or a few short breaths, as the state government of Victoria alleges, but was in fact 32 minutes; and that, at the outer limit, one infant in this study lived and breathed for 267 minutes.

We also know of Jessica Jane, who was born alive and placed on a metal kidney dish for 80 minutes without any rights to medical care. Although she was premature, she was apparently healthy and had good Apgar scores. Her birth weight was 515 grams. Another academic study, in the American Journal of Pediatrics, looked at babies born with a birth rate of less than 400 grams. Of those who are given care after birth, over 25 per cent go on to survive and live after care. For Jessica Jane, who born at 550 grams, her chances of survival were obviously reasonable. So that's the third error—that this is about babies who aren't going to live or who live for a matter of moments or seconds. It's not; some of these babies live for a long time.

The fourth error is that babies who are born alive after an abortion are not going to live at all. The submission by the Public Health Association states:

Pregnancies terminated after this point are rare and typically occur precisely because of life-threatening conditions that will also prevent the survival of the foetus.

But the data doesn't bear this out. Even in Victoria, where we have the reasons recorded for a late-term abortion after 20 weeks, we can see 44 per cent of babies are aborted after 20 weeks because of a psychosocial reason, which means the fetus is physically healthy. For the remaining proportion, there's a wide range of congenital abnormalities suspected and ascertained that can provide a reason for a late-term abortion. The submission by the Public Health Association that this is for life-threatening conditions that will prevent the survival of a fetus is just not true and not borne out by the data from Victoria.

The submission by Children By Choice states:

...fetal viability (the ability to survive outside the womb) has been demonstrated, at 22 weeks of gestational age, to range from 0-34%. Babies who are born at this age have a heartbeat, but no other indicators of survivability.

Again, this isn't borne out by the data. The Murdoch Institute for Children's Research says that babies born at 23 weeks have a 45 per cent chance of survival, with odds dramatically improving if they survive the first week. According to the *Journal of Pediatrics* in the US, gestational age is imprecise. Approximately one half of 23-weekers we take care of are, in fact, 22-weekers. They say in that journal:

These perceptions reflect a widely held but erroneous belief that treatment of babies born at 22 weeks is futile … Decisions for babies born at 22 weeks should be made the way all good clinical decisions are made, by taking into account all the relevant clinical information and the parents' preferences then making an individualized clinical judgment.

That's what's missing in this situation. We have a situation in Australia where babies are born alive but don't receive an individualised, clinical judgement mandated by law because they're born alive as a result of a procedure that was meant to end their life. This is the gap this bill seeks to address.

We even know of the situation of Tim, in Germany. He was a Down syndrome boy whose parents wanted to abort him after the Down syndrome diagnosis. In Australia, nine out of 10 babies lose their life because of Down syndrome in utero. Little Tim was born alive and cried, struggled to breathe and wriggled for nine hours on a metal plate, and eventually a nurse, who was involved in the abortion, who was just waiting for him to die, just picked him up, wrapped him up with a blanket, controlled his temperature and gave him a little bit of milk. He went on to live and was adopted out. His adoptive parents wrote a book about his life. To me, that sums up what this bill is about. It's about equality, it's about a principle of nondiscrimination and it's about the fact that we should have laws that mandate equal treatment for all babies in Australia, irrespective of how they came to be. Thank you. CHAIR: Thank you, Dr Howe.

Community Affairs Legislation Committee

Senate Inquiry - Human Rights (Children Born Alive Protection) Bill 2022 Hearing 08/06/2023

Dr Johhny Sakr PhD, MPhil, MBEth, LLM, Grad. Dip. Leg. Prac, LLB, Solicitor, Supreme Court NSW. [private capacity]

CHAIR: Thank you. I would like to ask each of you, if you wish to make a brief opening statement, to do so, and after that I'll be moving to questions from senators. Dr Sakr, do you have an opening statement?

Dr Sakr: I do. First of all, thank you for allowing me to appear before you all. I support this bill for the following reasons. First, abortion does not amount to homicide, because a child in utero is not recognised as a person in Australia because it is not born alive. Only when a child is born alive is it someone who is endowed with personhood and thus can be recognised as a separate victim. Following from the above, refusing to provide medical care to a child who is born alive amounts to allowing a person to be killed, warranting the charge of homicide. Homicide, as defined by the Australian Institute of Criminology, is the unlawful killing of a person.

The argument presented today can be summarised in syllogistic form. Premise 1: all children born alive are legally recognised as persons and are afforded the rights and protections associated with personhood. Premise 2: the child following a failed termination is born alive. Premise 3: if a person is unjustifiably and/or negligently killed then it constitutes homicide. Conclusion 1: therefore, the child following a failed termination, legally recognised as a person, is capable of being killed. Conclusion 2: therefore, leaving the child to die following a failed termination, when they are legally recognised as a person, amounts to unjustifiable and/or negligent killing and thus constitutes homicide. This argument is logically valid, for the conclusion follows necessarily from the premises. Therefore, in order to demonstrate the falsity of this argument, one must either (1) challenge the truth or reasonableness of these premises, (2) counter it with a stronger argument–that is, provide valid premises and logical reasoning to demonstrate that a different conclusion is more reasonable or supported by the available evidence–or (3) highlight any assumptions or hidden premises. Failure to do so thus establishes the soundness of this argument.

Senator CANAVAN: Dr Sakr, I believe, from your submission, you've done some work looking at laws in this space in the United States. I've noticed, in other briefing and in notes I've accumulated here, that some states in the US seem to have recently introduced protections for this particular issue, for instances of babies born alive. Have you looked at that in any detail? How do those approaches differ from what this bill proposes? Are there any lessons you think can be translated to the Australian situation?

Dr Sakr: Unfortunately my PhD was working on abortion, not the post-treatment of failed abortions, hence my expertise is more in that kind of sphere.

Senator CANAVAN: No problems. Just going to your submission then: you've made the point quite a little bit here about when and where a human life, under the law, at least, is recognised, the legal personality of–I don't know if I should use the word 'life' here. I suppose it is legal identity. It seems to me that, in the event where a late-term abortion occurs without the use of feticide beforehand, around half of those abortions end up with babies that are alive. In your interpretation of the law, in that circumstance, where the baby is breathing, is alive, they should have all the legal rights of any other human being in Australia. Is that correct?

Dr Sakr: That's correct. In Australia the law follows a 'born alive' rule. I don't personally adhere to that. I think it's a bit archaic. That was formulated by Sir George Baker. We see that in the case of Paton v British Pregnancy Advisory Service Trustees. I quote:The foetus cannot, in English law, in my view, have a right of its own at least until it is born and has a separate existence from its mother.

So, until it's born alive–whatever that criterion may be, because it can differ from circumstance to circumstance–it's a separate person. Abortion doesn't impact that, because abortion is with respect to termination in utero of a child, where it's spatiotemporally located in the mother. Under Australian law, it's seen as one person, being the mother. It's not seen as a separate existence. But, once a failed termination has occurred, it's seen as a separate person, just like you and I. The same rights you and I would have are translated also to that child. Just because that particular child, moments before, was intended to be terminated by the physician and wasn't wanted by the mother for whatever reason they believe is justified, it doesn't mean that that should be contingent upon the rights which that failed terminated child should receive or not.

Senator CANAVAN: You mentioned there that an abortion procedure occurs in utero. However, one thing that I didn't realise until we had this discussion today is that, quite often, it seems that in the case of late-term abortions, there is no specific abortion procedure, so to speak. There's just an inducement, which wasn't my, at least, colloquial understanding of what an abortion entails. So the baby is just induced, and then it's born. As we've heard, quite often–as you'd expect–at late term, the baby is alive. So does that at all bear any impact on what your interpretation is? You've just created a division there between an abortion occurring in utero, but there doesn't seem to be anything done specifically to the baby there. It's, I suppose, an act on the mother to induce labour.

Dr Sakr: It depends. Just because it's, let's say, halfway through the birth canal, it could still not be seen as a separate person. It just depends. For example, section 292 of the Criminal Code was briefly mentioned, and it says:

A child becomes a person capable of being killed when it has completely proceeded in a living state from the body– and that's obviously the term– 'living state'–

of its mother, whether it has breathed or not, and whether it has an independent circulation or not, and whether the navel-string is severed or not.

So there are different factors. From my understanding of what the procedure is, the syringe is put into the heart for the purposes of terminating, and then it's induced. I don't know the specifics.

Senator CANAVAN: I'm probably taking you outside your area–and I'm certainly going outside my area of expertise–but what we've been told this morning is that, yes, sometimes there is an injection into the heart with, I think, potassium chloride, which travels to the heart. Then sometimes there's not; sometimes the baby is simply induced and there's no specific intervention. That bit, that latter procedure, was something that I wasn't really aware of, but to me it raises a lot of ethical issues about how we do that. But, from the legal perspective, even though the pregnancy is somewhat artificially induced, that person, if they're alive when they're born, is a human being under the law. Is that correct?

Dr Sakr: Correct. They're deemed as a legal person. So you're right: if they are induced and they are born alive, according to the criteria under law, they are a separate person. Therefore, they are afforded the same rights and the medical practitioner has the same duty of care that they would give to any other person, whether they be 37 or 38 minutes old, to that child as well.

Senator CANAVAN: In that case, you're suggesting–I mean, I think you're suggesting; please tell me if I'm wrong–that them being left to die could be perceived as homicide. I don't understand the criminal law here, but, in my head, I'm thinking that this is a situation where someone is not given care.

Dr Sakr: Correct.

Senator CANAVAN: So there is not a direct act that necessarily–

Dr Sakr: It's an omission.

Senator CANAVAN: Yes, that's where I was going. It's not an act of commission that causes the fatality; it's an act of omission, where care is not provided. But I presume there are rare obligations under laws to provide care to minors and children.

Dr Sakr: Correct.

Continued on page 5

Continued from page 4

Senator CANAVAN: So what parts of the Criminal Code would that potentially trigger?

Dr Sakr: It's in section 294 of the Criminal Code in Queensland. I have the quote here:

When a child dies in consequence of an act done or omitted to be done by any person before or during its birth, the person who did or omitted to do such act is deemed to have killed the child.

Senator CANAVAN: So it is covered by that provision. That clears that up. -----

CHAIR: Senator Urquhart, do you have questions?

Senator URQUHART: I've just got a couple, so I'll throw them out to both the witnesses. Some submitters have advised that health practitioners are already required by practice guidelines to provide palliative care to infants showing signs of life following pregnancy termination. What would be the impact of legislating this requirement?

Dr Sakr: If you're saying they're already mandated, then having this extra reinforcement wouldn't really add anything, per se, if, as you meant, it's already mandated. It might have different penalties, for example, or additional penalties. That would obviously be a different story. But if they are mandated then there's no harm in passing this bill. Even in circumstances when someone wants to argue that there's absolutely no child born alive, then, alright, this is not going to harm anyone, so why not pass it, in the event a poor human being is born alive, just to protect them?.....

Dr Tobin : Senator, I have a slightly different view, and it's this: if palliative care is already required, this bill may be clarifying what duties of care the doctor owes to the child–obviously in collaboration with the parents. What constitutes palliative care to one doctor may be different from constitutes palliative care to another doctor. I think you can well imagine the practitioner involved in the termination finding, in these circumstances, that palliative care might involve simply making sure that this little one doesn't additionally suffer as he or she dies. If that's what is meant by palliative care, then this bill really is saying: 'Look, that doesn't exhaust your obligations as the healthcare practitioner in those circumstances. You've got a neonate who is owed appropriate, good treatment. Then, of course, you've got a whole bunch of ethically challenging decisions to make.'

Senator URQUHART: Thanks, Dr Tobin. Some submitters have suggested that passing the bill would contravene the rights of women and girls, so I'm interested in what your views on that are. And, if the bill is passed, how would it affect human rights?

Dr Sakr: Dr Tobin, do you want to have the first go?

Dr Tobin : I don't see that that claim can be made out. I know of no such right as the right to feticide, the right to–I'm sorry. I've used the wrong word–the right to infanticide. There is no such human right as that.

Senator URQUHART: Dr Tobin, what about the suggestion by some submitters that it contravenes the rights of women and girls? Or is that your answer to both those questions?

Dr Tobin : I think it is, because, short of being told what those putative rights are, then it is my answer.

Senator URQUHART: Sure. Thank you.

Dr Sakr: Following on from that, if the right to women and girls, as you mentioned, was with respect to having an abortion, you wouldn't, because an abortion, with respect, refers to termination while the child is in the uterus. This bill looks to protect children who are already born alive. From a purely legal perspective, it's a separate person. So, you have two now. Before it was just one. Hence why women and girls have that right to have an abortion. But now it's a separate existence, and now you have two persons, so the duty of care is owed to someone other than the person having the pregnancy. I'll quote the Queensland Law Reform Commission. Their report titled Review of termination of pregnancy laws says:

The common law does not generally regard the killing of a fetus that is still in the womb as murder or manslaughter, because an unborn fetus is not a child or a person capable of being killed.

So, the termination–having an abortion–this bill isn't going to affect that whatsoever. It's not saying that after a certain amount of gestation you cannot have an abortion. All it's saying is that if you choose to have your right, that's one thing, and now, step 2, if that right so fails to reach the end of terminating that child in utero, and now it's ex utero, that's when we need to provide protection, and I think the duty of care of medical practitioners should be given and afforded to that child as if you or I lay dying, essentially.

Senator URQUHART: Okay. Thanks very much.

CHAIR: That concludes our questions for witnesses at the table. Thank you for providing evidence to our committee today and for your participation in our process.

Every GP and Nurse Practitioner will be able to prescribe abortion pills

In a stealth move, the Therapeutic Goods Administration approved an application from "Marie Stopes Health" to amend restrictions on the medical abortion pill MS-2 Step, which can be taken up to nine weeks from conception. Approval of the application was supported by the Advisory Committee on Medicine. The move - which will result in a massive increase in access to RU486 and the ending of more human life - was announced by the Albanese government by Assistant Minister for Health and Aged Care, Ged Kearney.

As part of the change, every GP and nurse practitioner in Australia will be allowed to prescribe the pill – expanding access for women in regional areas. Pharmacists will no longer need a "special certification" to dispense it. The changes will take effect from 1 August 2023.

Previously, regulations meant that only medical practitioners could prescribe and only if they were registered and had conducted additional training.

As reported in The Australian 17/7/23 Anthony Albanese's expansion of abortion pill access puts women at risk of complications, or even death - the National Association of Specialist Obstetricians and Gynaecologists president Gino Pecoraro says. Dr Pecoraro said he had been called in to help save the life of a 40-year-old woman earlier this year who was flown in from regional NSW after being prescribed the abortion pill and experiencing significant side effects and bleeding. "She nearly died," he said.

The tragic outcome is that more unborn babies face certain death from these attacks on human life.

Write, email or phone the Prime Minister about the expansion of abortion pill access in Australia. This is a blatant attack on human life. Allowing women to self-administer these life- threatening drugs ends the life of a vulnerable unborn baby and endangers the life of pregnant women.

MARK DATE IN YOUR DIARY

Right to Life Australia 1 day Conference and Dinner

Saturday 11 November 2023

The Treacy Centre, Parkville, Melbourne

Keep the date free!

Feto-maternal Micro-chimerism: Memories from Pregnancy

"Mom Genes: Inside the New Science of Our Ancient Maternal Instinct"

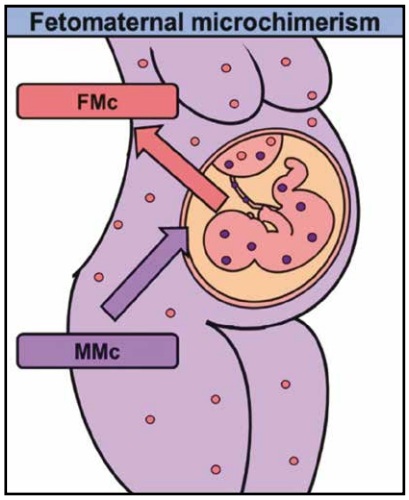
There is a two-way cell movement between mother and baby via the placenta during pregnancy in placental mammals. The presence and persistence of fetal cells in maternal tissues are known as fetal microchimerism (FMc)

The scientific phenomenon of FMc has been the subject of study since the early 1900s when fetal cells were identified in the lungs of women with eclampsia. In the 1960's studies pointed to fetal hematopoietic cells in healthy and sick women. In 1981, fetal cells were found in the maternal tissue of mice prompting research on FMc.

Most fetal cells gradually disappear from the blood circulation during the first weeks post-gestation. But a small proportion of fetal cells have been found integrated into maternal tissues up to three decades after delivery in humans. Fetal cells cross the placental barrier and enter the maternal circulation, where they can survive, migrate, and integrate into different maternal tissues- skin, liver, brain, heart, spinal cord, lung, lymph nodes. Scientists studying fetal micro-chimerism have autopsied brain tissue of mothers and discovered evidence of Y chromosomes presumably belong to their sons.

Scientists are still trying to work out what these cells do for us or to us. The fetal cells embedded in our hearts may help new mothers survive heart attacks. FMc may have a beneficial role in maternal health, participating in tissue repair and cell replacement. In contrast, FMc may have a detrimental role in maternal health, found in many post-pregnant women with autoimmune diseases such as rheumatoid arthritis. For more information: www.sciencedirect.com/science/article/pii/S2589004221016345

The phenomenon of these cells has recently been written about by Dr Abigail Marie Tucker MD -an Obstetrics and Gynaecological specialist in Willoughby, Ohio. https://lakehealth.org/doctor/abigail-tucker/ In her new book "Mom Genes: Inside the New Science of Our Ancient Maternal Instinct", Dr Tucker writes: Moms: You shaped your children, but the reverse is true, too – down to your very cells.



https://www.washingtonpost.com/lifestyle/2021/05/06/motherhood-biology-fetus-change-microchimerism/

Maternal-fetal cell transfer between mother and fetus in placental mammals. Fetal cells (pink circles) traffic into and set up in the maternal organism (FMc). Maternal cells (purple circles) also traffic into and remain in the fetal body (MMc).

Volunteers Working at the Office of RTLA

We are very pleased that volunteers have been and continue to be very helpful in enabling us to fulfill many important tasks.

For example, in June 2023 two long time volunteers, Mrs Mary Hart, also a member of the Committee of Management and Miss Mary Price came into our office and enveloped a letter from Margaret Tighe with supporting information to all federal politicians urging them not to change the current law to allow access to assisted suicide and euthanasia by telehealth.

It is important our representatives hear from us in writing, or by phone not just by email. There were over 200 letters enveloped and posted that afternoon to parliament house Canberra for a very reasonable cost.

In addition, there are two new young men coming in – Callum (pictured here) comes in on Thursday afternoon and has been very good at researching the internet new information that our CEO Mary Collier requires for various projects. Then on Friday another volunteer Michal arrives - he has been helping with our banking and other internet tasks.

Right to Life Australia's 2023 campaign to stop "Death Virtually" enters its 5th month!

Right to Life Australia's campaign to oppose the use of telehealth to access assisted suicide and euthanasia is still continuing. We thank all of you who have contacted their Attorney-General, the Federal Attorney-General, MPs and Senators. This campaign is now in its 5th month of 2023!

If the law is varied there is no doubt that the numbers of vulnerable patients accessing assisted suicide will skyrocket as is happening in Canada. State and territory attorneys-general have been pushing their federal counterpart, Mark Dreyfus, to amend the law to exempt *VAD* programs,

Alarmingly, the Federal court may decide on this issue! The Court may make a decision on whether to allow tele-heath consultations for Voluntary Assisted Dying *(VAD)* before the Albanese government acts to change current laws.

Melbourne euthanasia practitioner Nick Carr has now sought a legal ruling on whether or not the federal law banning the use of phone or internet to "counsel" suicide applies to *VAD* programs which have been adopted in all states. A federal court may make a decision on whether to allow teleheath consultations for Voluntary Assisted Dying *(VAD)* before the Albanese government acts to change current laws. His application is set to be heard in October 2023. Please continue to contact your representatives to oppose the move to allow access to assisted suicide/ euthanasia by telehealth.

Letter from Right To Life Australia Inc to Federal Members and Senators

Senator X
The Senate, Parliament House
CANBERRA
ACT 2600

20 June 2023

Oppose Access to Assisted Suicide/Euthanasia by 'Telehealth'

Dear Senator X

Right to Life Australia Inc (RTLA) opposes the amendment of the current Commonwealth Criminal Code to allow access to assisted suicide/ euthanasia by telemedicine – video, phone or internet. Refer: Standing Council of Attorneys-General (SCAG) communique 28 April 2023[1]

A vital safeguard in protecting vulnerable patients from access to assisted suicide/euthanasia is the current prohibition of access by electronic communications. This prohibition recognises the **inherent risks** in counselling a person to suicide over the phone or via the internet. Allowing telemedicine to play any role in the prescription of lethal drugs will further breakdown the few 'safeguards' that exist to protect vulnerable patients. The use of telehealth for access to assisted suicide/euthanasia is dependent on legislative requirements - one example being Canada where no such prohibitions exist. In Ontario - to make a formal request for medical assistance in dying, the person, if able, makes a verbal or written request. However, the request may take any form including, a text message or an e-mail![2] The following cases give an example of the dangers of access to euthanasia by telehealth.

CASE # 1: MOTHER CAMPAIGNS TO STOP EUTHANASIA DEATH OF 23-YEAR-OLD SON

On 7 September 2022 Canadian mother Margaret Marsilla launched a campaign to stop the euthanasia death of her 23-year-old son Kiano who had complications of diabetes and was depressed due to his loss of eyesight. Her son was approved to have euthanasia scheduled 14 days later – on 22 September 2022.

Ms Marsilla contacted her son's doctor pretending to be a prospective patient, describing her condition as much like her son's. She reported Dr Joshua Tepper was accommodating and said "We do them remotely, often by video of some type: WhatsApp, Zoom, FaceTime, something like that."

Ms Marsilla's said there was no attempt to connect with family members, no assistance to get proper help or medication for her son.[3] On 16 September 2022 Dr Tepper texted Ms Marsilla to say he had postponed Kiano's death until 28 September 2022. After further campaigning, five days later the doctor texted her again to say he was "not going through with it."[4]

Ms Marsilla's story offers a real-life account of the dangers that accessing euthanasia by telehealth can pose to individuals in distress, the families they leave behind, and society as a whole.

CASE # 2: CHEF SELLS SUICIDE KITS TO AT RISK AUSTRALIANS ON-LINE

On 11 June 2023 SBS Australia reported Kenneth Law, a Canadian chef from Ontario has been linked with up to 20 deaths internationally - accused of selling "suicide kits" to at-risk people online including in Australia.[5] Investigators from Australia, UK, USA, Italy, NZ and Canada uncovered his alleged crimes. Federal government sources report at least 10 packages containing the lethal substance were sent Australians, resulting in deaths.

Our concerns about the dangers of accessing assisted suicide/euthanasia by telehealth are also expressed by Medical Specialists around Australia. Eminent group Health Professionals Say No![6] (HPSN) published a full paged letter to Attorneys-Generals in The Australian (22-23 April 2023 p 9, 10) warning it would create "great hazards and injustice". The letter was published on behalf of 1000 doctors including specialists in geriatric and palliative care. See enclosed advertisement HPSN (The Australian 22/23 April 2023).

They stated:

"Further relaxation of criminal codes to facilitate telehealth for VAD assisted suicide would remove protections owed those vulnerable to suicide under duress and in need of palliative care, aged care and mental health services, especially so in regional and remote Australia," and…"It is oversimplistic and in breach of a patient's rights and owed dignity in healthcare to imagine competence, informed consent, lack of coercion, mental illness and comprehensive health care or palliative care needs can be adequately assessed using telehealth by VAD doctors".

Kristen Hanson USA writer- in her article "When telemedicine can be dangerous – even deadly" writes that telehealth ***further* endangers patients, over and above the inherent dangers in assisted suicide when provided in person by a medical practitioner:**[7] She stated:

"Would you trust a doctor you have never met in person if they told you that you had less than six months to live without getting a second opinion? Is one telehealth appointment enough to accurately diagnose depression or determine mental competence? Proponents of assisted suicide say yes. But the expansion of telehealth sheds light on how the so-called safeguards of assisted suicide can be easily circumvented." Enclosed copy of Article by Kristen Hanson 14 July 2020

The following statistics show assisted suicide and euthanasia cases are increasing in Australian states which have legalised these regimes and that telehealth will no doubt increase these figures.

VICTORIA:

The Australian Care Alliance[8] reported in the twelve-month period, July 2021- June 2022, 269 people died under the Victorian Euthanasia Act[9] – an increase of 31.9% from 204 in the previous year and 2 x more than the131 deaths in its first year of operation.[10] It took Oregon 22 years to reach that rate! There are now – not surprisingly – already moves in Victoria to expand eligibility to people with dementia.[11]

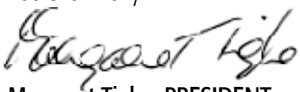
WESTERN AUSTRALIA:

The euthanasia rate in Western Australia is already 64% higher than the Victorian rate for January-June 2021 – after only two years of operating and 34% higher than Oregon where it has been operating for 23 years! A doctor is - unlike Victoria - able to initiate conversation about assisted suicide/ euthanasia without any indication a person has even considered it or be likely to consider it without such prompting.

Access to assisted suicide/euthanasia via telehealth will undoubtedly lead to an increase in Australia's already shameful euthanasia death statistics. Existing safeguards **MUST** be retained to prevent easier access to euthanasia for vulnerable patients.

RTLA supports retaining the current Commonwealth Criminal Code as a vital safeguard to protect vulnerable patients and prevent the expansion of assisted suicide/ euthanasia. Please give your support to retaining this essential protection.

Yours faithfully



Margaret Tighe, PRESIDENT

1 www.ag.gov.au/about-us/publications/standing-council-attorneys-general-communiques
2 www.health.gov.on.ca/en/pro/programs/maid/#assessments
3 https://alexschadenberg.blogspot.com/2022/09/mother-trying-to-stop-her-23-year-old.html
4 www.nwaonline.com/news/2022/nov/06/scheduled-to-die/
5 www.sbs.com.au/news/article/this-canadian-chef-is-accused-of-selling-suicide-kits-heres-why-australia-is-investigating/ni0q64ygj
6 www.healthprofessionalssayno.info/
7 www.washingtontimes.com/news/2020/jul/14/when-telemedicine-can-be-dangerous-even-deadly/
8 www.australiancarealliance.org.au/victoria
9 www5.austlii.edu.au/au/legis/vic/num_act/vada201761o2017348/
10 www.australiancarealliance.org.au/victoria
11 www.theage.com.au/politics/victoria/euthanasia-law-review-must-consider-the-thorny-issue-of-dementia-20230613-p5dg45.html

Eroding the 68 safeguards: making euthanasia in Victoria even easier

MICHAEL COOK Mercator Net 19/4/23

Voluntary assisted dying in the Australian state of Victoria was legalised in 2017 and the first legal euthanasia took place on July 15, 2019. The legislation had succeeded despite bitter opposition. Perhaps MPs believed assurances from the Andrews government that its proposal was the safest and most conservative assisted dying legislation in the world. It had not 10, not 20, not 40, but 68 safeguards.

Appendix 3 to a report from the Ministerial Advisory Panel on Assisted Dying lists them all, alongside comparisons with the American states of Oregon, Washington, Vermont, California and Colorado, Canada, the Netherlands and Belgium. The superiority of Victoria's legislation was simply overwhelming. It ticked each and every one of the 68 safeguards. Other jurisdictions were also-rans. Canada had only 27 of these safeguards; Oregon only had 31 of them.

Almost four years later, supporters are calling for some of the 68 safeguards in the legislation to be abolished. In June Victoria is supposed to conduct a review of the legislation. It is unlikely to find that it should be stricter. An editorial in the state's most influential newspaper, *The Age*, has complained that "there are many hurdles that have made access challenging." (Translation: not enough people are dying.)

It recommends three measures in particular.

First, doctors should be allowed "to use electronic devices when communicating with those seeking to gain access to euthanasia". This restriction was introduced by the Federal government to protect vulnerable people from being talked into suicide. But supporters of assisted dying say that phone calls or Zoom will make it easier for people in outlying regions to consult doctors.

Second, now that neighbouring states have all legalised euthanasia, the one-year residency requirement should be dropped. And third, "At a state level, most other jurisdictions do not restrict medical practitioners from initiating conversations provided they give information about all options, including palliative care. That is a sensible change that should be adopted in Victoria."

The editorial neglects to mention that such conversations may have led to the scandal of Canadian veterans being offered euthanasia as an appropriate option for their disabilities. As critics of Canada's assisted dying law have pointed out: "no one should suggest to another person – especially someone living with a disability – that their life is not worth living." The editorial concludes: "For all the fear and loathing that was generated when the euthanasia laws were going through parliament, they have proven to be remarkably uncontroversial in practice. These are good laws that, with some pragmatic and reasonable reforms, could be improved."

There is a very good reason why the law has been uncontroversial. All of its beneficiaries are dead. The relatives who participated in a person's request to end his or her life are unlikely to complain. Concerns about transgender medical treatment have been raised by "desisters". There are no "assisted dying desisters". A couple of years ago, *MercatorNet* published a complaint by a relative about a death under the Victorian legislation. It didn't take long for veiled hints about the possibility of a defamation lawsuit to arrive in the editor's in-box. Perhaps that's why there are no whistleblowers.

Back in 2020, there were already complaints that the law was too safe and not enough people were dying. "While safety is of course an important value, safeguards have access consequences," two academics from the Centre for Health Equity at the University of Melbourne declared. "Aiming to maximize safety has negative implications for equal access."

The notion of a slippery slope is often held up for ridicule. But its existence could not be clearer than in the state of Victoria. The 68 world-class safeguards are being eroded in broad daylight and The Age is cheering it on.

Right to Life Australia's Campaign to Save Calvary Hospital

In May/June 2023 Right to Life Australia ran a sustained campaign to prevent the forced acquisition of the ACT Calvary Hospital by the ACT government [on 3 July 2023] unless there was intervention either by the courts or by the Australian Government.

The grab for ownership and management of the hospital is unsurprising when a bill to legalise assisted suicide is expected to be introduced to Parliament later this year. The takeover of Calvary Hospital is a dangerous precedent for other governments to seize faith-based services like hospitals and aged care. In addition the ACT government on 20/04/22 announced its intention to expand abortion services in the ACT and is investing more than $4.6 million over four years to provide all ACT residents, including those without a Medicare card, access to free abortion services. Outspoken opposition to the takeover has been from Calvary Healthcare, Canberra Goulburn Catholic Archdiocese, Sydney Archdiocese, Australian Christian Lobby, the Anglican Church as well as Calvary Healthcare. Outraged members of the public have also rallied to oppose this grab for ownership and management. We would like to acknowledge the outstanding campaign work of Monica Doumit* in the Catholic Archdiocese of Sydney. She was always available to update us at a time when she was under immense pressure. Monica Doumit is the Director of Public Affairs and Engagement for the Archdiocese, engaging in policy and communications for issues such as abortion, euthanasia, marriage and religious freedom. She is an adjunct senior lecturer in law at the University of Notre Dame Australia and a regular columnist for the *Catholic Weekly*.

A petition was circulated - many of you have signed. However RTLA asked supporters to write to or telephone the Prime Minister. Letters could be uploaded onto the Prime Minister's website. The Prime Minister Anthony Albanese did not intervene in the ACT Labor-Greens' government decision to compulsorily take over Calvary Catholic public hospital. Calvary Healthcare then commenced legal action in the ACT Supreme Court. However, on 13-6-23 they released a statement which said "Calvary is disappointed by the ACT Supreme Court's decision to dismiss the application challenging the validity of the Health Infrastructure Enabling Act 2023." See https://www.calvarycare.org.au/blog/media-releases/calvary-continues-to-put-staff-at-the-centre-of-act-transition/. Calvary will consider the ACT Supreme Court judgement once it is made available.

QUOTE FROM MARGARET TIGHE, PRESIDENT (press release and twitter)

"The closure of the ACT Calvary hospital to be taken over by the ACT government is nothing short of appalling. Has the ACT government forgotten the leading role in health care played by Christian hospitals throughout the country in particular the Maters, Calvary and St Vincents healthcare. The hospitals have helped to train many nurses, doctors and other health professionals. Indeed it was Christians who first established such hospitals mindful of Christ's teaching - love one another as I have loved you. the ACT government should hang its head in shame."

Whether you live in the ACT - or elsewhere - please contact CONTACT THE AUSTRALIAN PRIME MINISTER to voice your objection.

CONTACT THE AUSTRALIAN PRIME MINISTER: WRITE EMAIL OR TELEPHONE!

Write to:
The Hon Anthony Albanese MP
Prime Minister
Parliament House,
CANBERRA ACT 2600

Telephone:
(02) 6277 7700
and leave a message

Email:
pm.gov.au/contact-your-pm

Social media:
@AlboMP
facebook.com/AlboMP

Calvary Public Hospital ACT