



Margaret Tighe

Letter from the President

Dear Friends of Life,

As you are aware I have been committed to this work for many years. During that time, I had been blessed with the help and commitment of many fine women and men. It was my late mother Ivy Farnan who first taught me about abortion when we

were travelling on the bus to shop in Camberwell. I had been accepted to begin my studies to become a pharmacist.

My mother said to me that I should never give anyone something to "bring on the period" - a very occasional request in a pharmacy.

She illustrated her point by referring to the beautiful little girl who lived opposite us, whose mother had been advised by another neighbour to "take a good dose of salts and get rid of it." Many years later, I had married my husband Ron Tighe - also a pharmacist. At that stage we lived in the dwelling behind the pharmacy prior to buying our house.

One day after hours my husband was asked to provide something of that nature by a well-liked customer. I was in the kitchen pregnant with our first child and I overheard the conversation in which my husband managed to convince the woman not to go down that path for her son and his fiancé.

The following year I happened to be in the pharmacy when the proud grandmother came in with the baby in a pusher and a big smile of gratitude for my husband. By then I had learned the lesson on abortion I was not to forget! Some years later as I became involved in the fight against legalised abortion my late husband who was not inclined to join organisations said to me "this is something that's worthwhile". Although he at times suffered the slings that were part of my life, he always supported me.

Ron Tighe 2 Feb 1928 - 11 Dec 2021 R.I.P.

In life

Margaret Tighe, PRESIDENT



Ron Tighe with his 1st great grandchild



Josephine Cudmore

Josephine Cudmore, who died recently was a wonderful worker and supporter of our work for the protection of human life from abortion and now euthanasia.

Josephine lived in Sydney with her late husband Joe. She was a mother of three. From the first time we became friendly

with her it was clear she was deeply committed to our work and would join in enthusiastically in our protests in Sydney and our general political activity.

She even joined us when we went to Brisbane to protest at Bayliss Brisbane's abatory. This had been closed by the Bjelke-Petersen government and Melbourne abortionist Dr Bertram Weiner flew to Brisbane to keep the clinic open.

Our protest ended in arrest and subsequent acquittal by a magistrate that day.

Quite apart from Josephine's deep commitment to the cause her most spectacular achievement was the successful defeat of federal MP Michael Maher (Lowe) (NSW). Michael Maher who was known as "Father Maher" had allowed himself to be used to move against a pro-life amendment to a bill which would establish that human embryos are human beings.

"When former prime minister Billy McMahon retired from public life in 1982, a by-election loomed for his federal seat and Maher was persuaded to give up his safe seat for the federal electorate of Lowe. Maher achieved a 9 per cent swing to capture this previously safe Liberal seat. After winning again in the 1983 and 1984 elections, a torrid campaign in 1987 saw Maher narrowly defeated." bit.ly/41fVf9

May dear Josephine rest in peace.



**Michael Maher MP
successfully defeated in 1987**



Ellen-Nora Connors

17 May 1941 - 8 February 2023

Ellen-Nora Connors -who died recently after a long battle with Parkinson's disease- was the first person I joined with in the fight against plans to legalise abortion.

Ellen-Nora - a solicitor then barrister - married to Dr Terry Connors - mother of two and subsequently five - like myself was deeply concerned about the push to legalise abortion at that time.

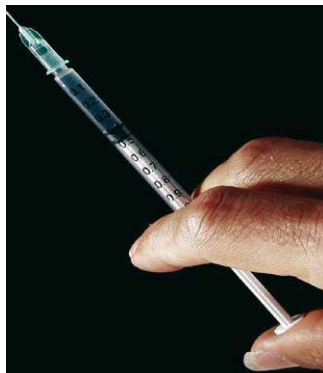
We joined with a small group in Essendon where we both lived - to work against this move.

Sadly, the group decided to "wait and see" if such legalisation eventuated and then to fight against it! So, Ellen-Nora and I - helped by Joan, her husband's Aunt - began a small campaign of our own. We had been asked to work on petitions which could then be sent to members of state parliament. So, with Aunt Joan on the typewriter working from my dining room we proceeded to do just that.

Eventually our little group - with advice from a Jesuit priest - Father John Phillips S.J. whose letters were frequently published in "The Age" - was in operation!

All this began in the late 1960's until eventually a much larger group known as the Right to Life Association of Victoria was established in 1973. Ellen-Nora never abandoned her interest in and support for our work over many years until her death. May dear Ellen-Nora rest in peace.

A brief roundup of news on euthanasia and assisted suicide laws in Australia



Euthanasia or doctor assisted suicide laws, commonly described as Voluntary Assisted Dying (VAD) laws have been now passed in all Australian States.

Euthanasia or doctor assisted suicide laws are operating in Victoria, Western Australia, Tasmania, Queensland, and South Australia.

The euthanasia (for brevity "euthanasia or doctor assisted suicide" will be referred to below as "euthanasia") will commence in New South Wales on 28 November 2023.

The Australian Capital Territory and the Northern Territory do not currently have euthanasia laws. The ACT government has begun a process of consultation prior to the introduction to parliament of a euthanasia bill. That process will not begin in the Northern Territory until after the next Territory election.

Unlike other States, euthanasia laws in Victoria, Western Australia and Tasmania do not discuss or regulate residential facilities' participation in euthanasia. Instead, guidance is provided by policies issued by each State's health department.

Important information about euthanasia and doctor assisted suicide laws

Euthanasia laws in each State are similar, but there are key differences.

- The eligibility criteria a person must meet to access euthanasia vary from state to state.
- Residential facilities in Victoria, Western Australia and Tasmania can choose whether to participate in euthanasia.
- The laws relating to the administration of euthanasia medication also vary from state to state.
- The request and assessment process before a person may take or be given the euthanasia medication generally involves a person making at least three requests (a first request, a second request (in writing) and a final request) and being assessed as eligible by at least two independent medical practitioners.

Euthanasia and doctor assisted suicide laws commence in Queensland and South Australia

The Euthanasia Acts commenced operation in Queensland and South Australia in January 2023.

Unlike the other Australian States where a Euthanasia Act is operating, the laws in Queensland and South Australia impose specific obligations on residential aged care facilities (RACFs) and other health services, e.g. public and private hospitals, to enable a person to access euthanasia.

For example, in both States, all residential facilities must allow a resident to receive information about euthanasia on request, and to make a first or final request for euthanasia at the facility.

N.B. For more information on the euthanasia laws in particular states simply phone the **RTL Australia** Office. Tel 03 9385 0100.

TELEHEALTH DANGER AHEAD – REMINDER

Stop plans to allow telehealth for euthanasia and assisted suicide in Australia

- Over the past few months we have asked supporters to contact their Federal representatives to ask them NOT to repeal current laws preventing doctors using telehealth for assisted suicide and euthanasia.
- Currently, Federal Law in Australia (Criminal Code Act 1995 Subdivision G) prohibits doctors counselling suicide over the phone or internet.
- Contact between Doctor and patient must be made in person for assessment and approvals.
- Our aim is to keep the law as it is. However, there are moves to change the law. The latest information is the Federal Attorneys-General will be meeting in late April 2023 and use of telehealth for euthanasia and assisted suicide is on the agenda.

Urge your representatives NOT to repeal laws preventing doctors using telehealth for assisted suicide and euthanasia.

PLEASE contact your
Member of the House of Representatives **AND** Senators.

IT IS NOT TOO LATE TO DO SO!

You have ONE (1) Member of the House of Representative to contact. There are There are 76 senators, 12 from each state and two each from the ACT and the Northern Territory.

EITHER: Phone and leave a message OR write a short letter
OR email

PHONE (03) 9385 0100 OR EMAIL rtl@rtlust.com IF YOU
NEED CONTACT DETAILS OF YOUR REPRESENTATIVES.

- Telehealth consultation for euthanasia and assisted suicide is a dramatic step down a perilous path. Physicians would be authorised to prescribe death to patients - without seeing them in person - a person will be able to be assessed for doctor assisted suicide and euthanasia via electronic communication - with a doctor who may not have even met them.
- Imagine the death toll if Death by Telehealth goes ahead! Already in Victoria the Andrews' government's euthanasia law of 2017 has led to more than 900 deaths (official figures). * We were told initially there would be only approximately 12 a year!
- Dr Stephen Parnis, Melbourne Emergency Physician said use of Telehealth to assess patients for assisted suicide would be "horrifying!" (Weekend Australian 25/26 Feb 2023)
- The availability of telehealth makes doctor shopping easier and increases the risk that factors impairing judgement such as depression may not be detected.
- There would be no adequate safeguard from exploitation - such as elder abuse - so rampant, yet hard to detect - in a brief video-link in which "abusers" may well be present.

If the information raises issues, Lifeline telephone crisis line 13 11 14 (24-hour assistance) is available.

OXFORD PREGNANCY CENTRE (MICHIGAN, USA) IN ACTION

We were delighted to meet with Mrs Kim Wolfe from the Oxford Pregnancy Center (OPC) in Michigan USA on her recent visit to Melbourne. Apart from Kim's heart warming story about her family's lucky escape from Saigon in 1975 and subsequent move to America she spoke to us about the genesis of her pregnancy help organisation in the USA.

The Oxford Pregnancy Centre www.oxfordpregnancycenter.org was established by four women from Kim's local parish church - St Josephs, Lake Orien - in 1985. The women wanted to help to vulnerable pregnant mothers and initially rental office space for the organisation was donated by a dentist who attended Kim's parish. As well, the parish gave monetary support for operational costs.

Today OFC employs four part-time staff and Kim is the Communications Director with the responsibility of fundraising and producing the quarterly newsletter. She said the centre operates at a cost of \$100,000 US a year.



Baby Bottle Campaign money raiser

One of Kim's key fundraising initiatives is the baby bottle campaign. A plastic baby bottle containing a slot for coins is given out to church congregations and money placed in the bottles is then donated to OPC. In one [good] year \$31,000 US was raised for OPC from this initiative alone.

In addition, a golf outing raises about \$20,000 a year - not as profitable - but the initiative has the benefit of attracting sponsors

who may continue their sponsorship during the year. The third fundraiser is a charity dinner.

The center operates a "Let them live" program in which an individual expectant mother is "adopted" and assisted throughout the pregnancy, with baby stores and food bank items. OFC is also able to refer to community agencies e.g. to lawyers or other resource groups as required.

Fortunately the center has the services of both a nurse and a registered sonographer. If requested by the woman undertaking an ultrasound the sonographer is able to forward the baby's scan to the GP - indicating antenatal care has been initiated - a positive indicator. Other informal indicators may show a woman has moved from what is termed abortion vulnerable' to 'less vulnerable' after the Oxford Pregnancy Center has become involved.



Kim Woolf and Margaret Tighe - March 2023

M Collier

Tele-Abortion or Abortion Online is freely available through abortion clinics



Abortion Clinic 66

An example of the availability of abortions online is the **Choice 66** clinic at Chatswood, a Sydney suburb. www.clinic66.com.au

Clinic 66 is a large facility founded by Dr. Emma Boulton and has a large staff of doctors. Clinics such as Clinic 66 show what big business abortion clinics now are.

Tele-Abortion or Abortion Online is Medical Abortion at home with the abortion pill for women who cannot easily access in-clinic abortion services. On the Clinic 66 website, abortion is presented in this way:

"Strip away any religious or societal judgement regarding abortion, and you are left with a difficult decision.

"This decision is always hardest for the woman who has to take the courageous step of terminating a pregnancy, and at Clinic 66 you can be 100% assured of a professional yet caring, compassionate and supportive experience.

"We can assist you with a surgical abortion, medical abortion or medical abortion via tele-health (tele-abortion) dependent upon your circumstances."

Most of the costs of an abortion are bulk billed on Medicare.

The **Tele-Abortion** service delivers medical abortion in the homes of the patients. Patients do not need to visit a clinic.

A **Tele-Abortion** consists of three consultations (via video and/or phone) health professionals who will assess your situation, request the necessary tests, prescribe the relevant medications, guide patients along the way and follow them up.

Tele-Abortion for early abortions, under 9 weeks gestation, kills the unborn baby and it is not without risk or discomfort for the mother.

Right to Lifers and those opposed to abortion would be appalled, were they to know just how freely available these Tele-Abortions are across Australia.

Eugene Ahern

Human Rights (Children Born Alive Protection) Bill 2022

WARRIORS FOR LIFE WORK TO PROTECT BABIES BORN ALIVE AFTER ABORTIONS



Senator the Hon Matthew Canavan Senator Alex Antic Senator Ralph Babet

Australian Senators Matt Canavan (LNP, Queensland) Alex Antic (Liberal Party, South Australia) and Ralph Babet (United Australia Party, Victoria) introduced the Human Rights (Children Born Alive Protection) Bill 2022 into the Australian Senate in November 2022. Most Australians are unaware babies are being born alive after abortions and left to die. Submissions to the inquiry have detailed evidence of this occurrence from research, government publications, and questions to parliaments revealing data on babies born alive in states. In the second reading of the bill, Senator Canavan stated:

“The Human Rights (Children Born Alive Protection) Bill 2022 seeks to place a duty of care on medical practitioners to provide exactly the same medical care and treatment to a child born alive as a result of an abortion as they would a child born in any other circumstances. Breaching that duty would incur a penalty and there is a new obligation for medical practitioners to report to the Federal Department of Health on children born alive as a result of abortions.”

Mary Collier, CEO prepared a submission in response to the Australian Senate referring the Human Rights (Children Born Alive Protection) Bill 2022 to the Community Affairs Legislation Committee for inquiry and report by 1 July 2023.

Submissions uploaded to date can be viewed on the Inquiry website bit.ly/3G9nv4z



The Right to Life Australia Inc. recommends the following be adopted:

1. A baby born alive after an abortion is afforded full federal protection of the law in Australia as applies to all citizens.
2. The Human Rights (Children Born Alive Protection) Bill 2022 is enacted to protect the lives and rights of babies born alive after abortions in Australia.
3. National protocols governing provision of medical care for a child born alive after an abortion including physical assessment and treatment activity are mandated.
4. Referral to the relevant state coroner for inquiry is mandatory for all babies born alive and who subsequently die after an abortion.
5. Standardised mandatory national data collection for all states and territories on numbers, gestational age and treatment of all babies born alive after abortions is collected, reported to Federal parliament and is publicly available.
6. If a baby born alive after an abortion, then subsequently dies, a medical practitioner- independent from the medical practitioner who carried out the abortion - is to certify the death of such a baby.
7. Auditing of public hospital and private abortion clinics is mandated to ensure legislation in relation to live births after abortion is complied with.

Conclusion

The Right to Life Australia Inc. restates our position that a baby born alive after an abortion has an inalienable right to life. The findings of Greg Cavanagh, Northern Territory Coroner – over 20

years ago - on the death of baby Jessica Jane reminds us of this urgent human rights issue in Australia which must be addressed.

“The deceased was not and should not be described as a ‘foetus’, an ‘aborted foetus’, an ‘abortus’, a ‘living foetus’ or a ‘living abortus’, ‘nonviable foetus’, ‘live neonate’ or anything else that diminishes her status as a human being.

“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.” bit.ly/3MvDRZo

Australia must recognise and protect the life of all babies born alive after abortions as the latest British Medical Association – policy book (2021-2022 edition) Item 9 states: “...babies born alive as a result of termination of pregnancy procedures receive the same full neonatal care as that available to other babies.” (Policy passed in 2004 and still current). bit.ly/3moAR6t

A copy of the bill is available at bit.ly/3G64q3r



Article in The Age newspaper by Barney Zwartz Oct 7, 2010

Médecins Sans Frontières performs 35,000 abortions in 33 countries in 2021

Médecins Sans Frontières (MSF) has clearly deviated from its charter of 'providing medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare.' The genesis of providing abortions was in 2003 as seen in minutes from the MSF International Council Meeting, 21-23 November 2003

<https://www.msf.org/sites/default/files/2022-05/ToP.pdf>

'On 21 November 2004 the IC adopted the following resolution: The IC states that: 1. The provision of comprehensive reproductive health care is essential in all MSF general medical programs 2. Despite recent improvements and efforts, such care is still poorly accessible to patients in MSF programs 3. The availability of safe abortion should be integrated as a part of reproductive health care in all contexts where it is relevant. 4. MSF's role in termination of pregnancy must be based on the medical and human needs of our patients 14 in favour – 2 abstentions (UK, Denmark) – 2 absents (Austria, HK)'

The extent to which adoption of MSF's adoption of the practice of abortion is referred to on their website. The MSF website hosts an article dated 28/9/22 titled 'Q and A: How MSF provides abortion care now. In the article a midwife, trained to provide abortions states "

"As part of our commitment to reduce maternal mortality in places where we work, Médecins Sans Frontières (MSF) offers safe abortion care at many of our projects. We have made a global effort to address obstacles and scale up safe abortion services. As a result, the number of safe abortions we have provided has increased from around 74 in five countries in 2015 to nearly 35,000 in 33 countries in 2021." and 'Most women choose to have an abortion with pills, an extremely safe method that can be done on an outpatient basis, does not usually require blood tests or ultrasounds, and can be administered by nurses or midwives."



It is encouraging to hear those providing vital health services to expectant mothers employed in the health services are opposing these abortions. The midwife continues: "When I arrived I found MSF had stopped providing safe abortion care services in the Ministry of Health hospital that we were supporting. This time, it was due to a lack of knowledge and negative attitudes on the part of a few of the Ministry of Health staff working at the hospital". bit.ly/43ofXVJ

It is ironic the front cover of the MSF Annual Activity Impact Report is labelled: A father holds his twin daughters, Heba and Malath who are receiving care in the newborn unit of a Médecins Sans Frontières-supported hospital in Yemen.



International grass roots opposition to abortion

Walgreens 'bans' Abortion Pill

Herald Sun, Sunday 5 March 2023

New York



The White House has expressed regret at US pharmacy giant Walgreens' decision to not distribute abortion pills in some 20 states after 'dangerous' pressure from anti-abortion officials.

"Elected officials targeting pharmacies and their ability to provide women with access to safe, effective and FDA-approved medication is dangerous and just unacceptable" said White House spokeswoman Karine Jean-Pierre.

The comments came following confirmation from Walgreens - the second-largest pharmacy store chain in the US - stated it wouldn't sell the pill in states represented by 20 Republican attorneys general who advised Walgreens in a February 1 letter that the pill was illegal under state laws.

The battle over the so called 'abortion pills' has become a focal point in states around the country following the Supreme Court's June decision outlawing a national right to abortion.

A medication-induced abortion, also known as medical abortion, involves taking two different drugs over the course of one or two days.

The first (mifepristone) blocks the pregnancy, and the second (misoprostol) provokes bleeding to empty the uterus. Medication abortions account for 54% of all abortions in the US.

The State of Abortion in the USA 2023 [10th edition]

National Right to Life (USA) [NRL] released its 10th Annual Report on The State of Abortion in the United States on 23 January 2023.

As stated by NRL the tenth annual edition, which comes just seven months after the U.S. Supreme Court's decision in Dobbs v. Jackson Women's Health Organization, which overturned Roe v. Wade, summarizes key legislative developments on the state and federal level since Dobbs, and analyzes the data on the annual number of abortions in the United States.

NRL says key highlights from the report include:



'While the trends in abortion data through 2020 released by both the U.S. Centers for Disease Control and Prevention and the Guttmacher Institute differ (with the CDC showing a slight decline and Guttmacher showing a slight increase), both agree on one thing: a large majority of abortions are now done using chemical abortion – a method that puts women at increased risk. This comes as the Biden Administration works to

remove safety precautions and other regulations designed to protect women from the potentially deadly consequences of self-managed abortion.

– Based on data from the CDC and the Guttmacher Institute, National Right to Life now estimates that 64,443,118 abortions have been performed in the United States since 1973.

– In the months following Dobbs, several states have moved to enact laws designed to provide maximum protections from abortion to unborn children and their mothers. However, according the National Right to Life Department of State Legislation, as examined in the report, 23 states have guaranteed a right to abortion by court decision, constitutional amendment or state legislative statute.'

The report is available on the NRL website www.nrlc.org/stateofabortion/

Canberra Early Pregnancy Loss Unit Opens

24 Mar 2023 www.abc.net.au/news/2023-03-24/canberra-early-pregnancy-loss-unit-opens/102134498 Excerpt

A Canberra mother's passionate push for change has led to the opening of a dedicated early pregnancy loss unit at the Centenary Hospital for Women and Children. The three-bed inpatient service will care for those experiencing miscarriage and stillbirth. Canberrans who have complications early in their pregnancy will also have access to the unit.

Karen Schlage lost her son Charlie at 16 weeks' gestation in 2018, and a year later, spoke out about the undignified care she said she received in Canberra's public health system. Mrs Schlage said she was given no choice but to deliver her son in the hospital's busy emergency department and later told an inquiry into Canberra's maternity services that staff referred to Charlie as "the products of conception."

"Babies have been referred to as medical waste and have been handed back to women in specimen jars," she told the visibly moved committee members. Mrs Schlage delivered her powerful evidence to the inquiry in 2019, despite being pregnant at the time with her second baby, Sophia, who she knew had also died. Her story led to the inquiry recommending the hospital dedicate a space to Canberrans who experience miscarriage and stillbirth – and that unit is being launched on Friday.



The three-bed inpatient service has been designed to separate Canberrans who have lost babies from those who are celebrating the arrival of newborns, so as to be sensitive to grieving parents. "This is an infinite grief. The loss of a child is something that you never get over. It does change shape, and you change shape around that grief, but it is always there," Mrs Schlage said.

Midwifery assistant director Wendy Alder said the unit would be staffed by nurses and midwives who were "trained in trauma-informed care" and that there was a quiet room for partners and relatives. A wider push for bereavement suites at all Australian public hospitals has also been launched with a current e-petition to the Australian parliament. The plea stated that women who had lost babies were feeling distressed having to spend time in maternity wards "surrounded by women in labour and hearing the cries of newborns". "There's all these different wards for different reasons but not one for this ... we should not be expected to give birth right next to someone birthing a live baby." "[Bereavement suites] would mean so much to families going through termination of pregnancy, stillbirth and neonatal deaths."

Ed. At least they acknowledge that loss by an abortion means the death of a baby. And the federal government pays for this through Medicare! Your taxes at work!

'Day of the Unborn Child' Rally 2023 - Sydney

The annual 'Day of the Unborn Child' March organised by the Life and Family Institute of Sydney was held on Sunday 26 March 2023. The proceedings commenced with Mass at St Mary's Cathedral followed by a peaceful rally witnessing to the sanctity of human life with a procession led by Catholic Archbishop Anthony Fisher OP through the central business district to Parliament House.

Although there was interruption of the rally by counter protestors, police managed to ward off violence and the march continued peacefully. The Day of the Unborn Child is an important public witness to the humanity of the unborn at a time when the mainstream media, and many others are trying to dehumanise them. It is a reminder that the baby in the womb is in fact a child, and not just a clump of cells which can be thrown away.



Pastor Namsende in Kenya - Educating Women not to Abort

We were inspired to hear from Pastor Collins Namsende in Eldoret, Rift Valley Province, Kenya who emailed us asking for help in fighting and educating against abortion. He educates in the streets and villages of Kenya. He said "I educate women on dangers of abortion and not to abort".

We sent him some material and asked him about his work. He said they do not have a pregnancy help centre. He is thinking about starting one slowly but has a few women whom he has been helping for a while now.

Pastor Collins said "There is not much difference in the fight against abortion between your country and ours, just cultural difference!"



Children from Pastor Collins' community.



Pastor Collins in Kenya.

"I educate women on dangers of abortion and not to abort."

Telehealth Abortions Likely to Be Provided by the Queensland Government



Last month, (March 2023) abortion advocates in Queensland proposed **Telehealth Abortion** to give greater access to abortions across the state.

A free **Telehealth Abortion** service now being considered by the Queensland government

would resolve the situation facing many women trying to access abortion services across the state, according to Queensland's peak medical groups and abortion advocates.

Supposedly women across Queensland are being turned away from hospitals, face travelling huge distances and at times plead with *"not for profit groups"* for financial assistance to pay for their abortions.

Children by Choice says if the government were to fund a service with **Telehealth** appointments and sent out medication for abortions under nine weeks, it would have a big impact on the one in three women who would have abortions in their lives.

"It won't solve all of the problems, but it would solve about 80 per cent of them," Children by Choice CEO Daile Kelleher said.

"We know most abortions happen in the first trimester, so it makes sense to have a free medical option."

The concept has the backing of the Australian Medical Association Queensland, the Royal Australian College of General Practitioners and MSI Australia, the country's largest abortion provider.

A spokesperson for Queensland Health said the government wanted to ensure women could access abortions wherever they lived.

"Ongoing work is under way to understand barriers to access abortions and to provide potential solutions, including the feasibility of a **Telehealth** model," he said.

AMA Queensland president Dr Maria Boulton said her organisation had made clear its concerns around the lack of abortion services to the Queensland Government.



"Queensland Health currently offers no structured referral pathway process for termination services and there may be merit in the idea of providing abortion services via telehealth, provided it's done safely," she said.

"Any **Telehealth** pregnancy choice service would also need to provide referral to an accessible surgical abortions, which cannot be performed remotely, as well as around-the-clock access to after-care support to manage any recovery complications and offer abortion counselling."

Royal Australian College of General Practitioners deputy Queensland president, Dr Cathryn Hester, said the barriers women faced when it came to abortion services "were magnified the further you are from a metro centre" and said there could be real benefit for women who could access a free **Tele-Abortion** without needing to travel.

A spokeswoman for Health Minister Yvette D'Ath said the Queensland Government had been looking at the issues since late last year for both a Queensland Women's Health Strategy and for a plan for the government to take to improve abortion services in Queensland by eliminating gaps in the private abortion system and improving abortion access in the public system.

"These are expected to be finalised in the coming months," she said.

Right to Lifers can expect more bad news soon from Queensland with the state government providing **Telehealth Abortions**.

Eugene Ahern

Aston By-Election 2023

Unfortunately, because of the 6% swing to Labor at the recent Aston by-election held on Saturday 1 April 2023 [as a result of the resignation of Federal MP Alan Tudge] we were not successful in our campaign to prevent the election of their candidate Mary Doyle. Meanwhile we must continue to oppose this dangerous Labor plan to allow death by telephone conversation. Please continue to act against it!

M Tighe.

March 2023

Telehealth Danger Ahead

What you need to know

Dear Voters in **ASTON**

- We applaud organisations such as Lifeline Australia and Beyond Blue whose trained volunteers take phone calls from suicidal people – and constantly save many lives.
- Indeed, some Commonwealth funds are devoted to suicide prevention.
- Tragically all states (and soon to be territories) have now legalised doctor assisted suicide and euthanasia with moves to extend eligibility to other groups e.g. dementia sufferers.
- Alarming – the Albanese Labor government plans to meet with state Attorneys-General to discuss ways to remove current Commonwealth bans on the use of telephone or internet services giving advice on how to suicide. (Weekend Australian 25/26 Feb 2023)
- This means a person will be able to be assessed for doctor assisted suicide and euthanasia via electronic communication - with a doctor who may not have even met them.
- Imagine the death toll if Death by Telehealth goes ahead! Already in Victoria the Andrews' government's euthanasia law of 2017 has led to more than 900 deaths (official figures). * We were told initially there would be only approximately 12 a year!
- Dr Stephen Parnis, Melbourne Emergency Physician said use of Telehealth to assess patients for assisted suicide would be "horrifying!" (Weekend Australian 25/26 Feb 2023)

Before you vote for a new Federal MP in Aston ask yourself
"Do I want to vote for Death by Telehealth?"

VOTE LABOR LAST

Remember...number every box to make your vote count

* www.safercare.vic.gov.au/reports-and-publications/voluntary-assisted-dying-report-of-operations-july-2021-to-june-2022



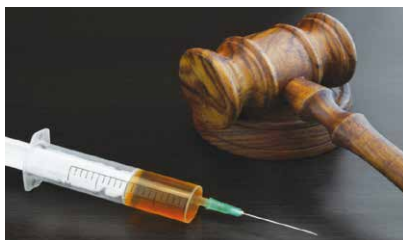
For help and support phone: Lifeline 13 11 14 Beyond Blue 1300 22 2636

Authorised By M Tighe, The Right to Life Australia Inc, 161a Donald Street, Brunswick East, Vic 3087

Dutch Euthanasia Deaths Soar, Mentally Ill Also Killed

By WESLEY J. SMITH
April 6, 2023 11:33 AM

Canada's increasingly enthusiastic embrace of euthanasia has received most of the attention lately, but the Dutch also continue to blaze a path to the lethal practice's normalization.



(AVNphotolab/Getty Images)

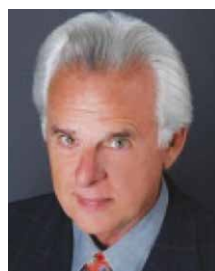
Here are the latest concerning statistics, as reported by DutchNews:

- Euthanasia killings rose by nearly 14.1 percent in 2022, totaling 8,720 deaths. That's 5.1 percent of all deaths in the Netherlands. Since about half of deaths come from things such as accidents or sudden heart attacks, that means around 10 percent of deaths in which a patient was under medical care were from lethal jabs. The same percentage of USA deaths would total about 170,000 annually, or as many people as live in Ontario, California. (The USA totals about 3,400,000 deaths per year.)
- 115 mentally ill people were euthanized in the Netherlands (sometimes conjoined with consensual organ harvesting).

- 379 elderly couples received joint euthanasia. In the past, this has sometimes meant that one spouse was very ill and the other less debilitated but wanted to avoid the grief of widowhood.
- 288 people with dementia were euthanized. In the Netherlands, killing can be ordered ahead of time by filling out an advance directive.

The Dutch demonstrate that once killing becomes an acceptable means of eliminating suffering, the numbers of people who die by euthanasia steadily increases — as do the acceptable causes of suffering used to justify killing. Indeed, eventually, euthanasia will encompass the terminally ill, the chronically ill, people with disabilities, psychiatric patients, ill children, and disabled babies — ultimately leading to death on demand (as it has already come to in Germany, after that country's highest court created a right to a "self-determined death").

It should be clear by now that it isn't a matter of whether there will be a "slippery slope," but of how long the slide will take. That's the debate we should be having, not whether doctor-hastened death will be limited to the terminally ill. Because logically it can't be, and ultimately, it won't be.



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Australian Capital Territory moves ahead with "Voluntary Assisted Dying"

On 1 December 2022, the Restoring Territory Rights Bill 2022 was passed by Federal Parliament in Australia and amended the Australian Capital Territory (Self-Government) Act 1988 and Northern Territory (Self-Government) Act 1978 to enable the territories to legalise euthanasia. Following the passage of the bill, in early 2023 the Australian Capital Territory (ACT) government announced its intention to legislate to allow physician assisted 'voluntary assisted dying' in the ACT. bit.ly/3zS4i3U



A discussion paper was produced and Information about the process tabled on the ACT government website. bit.ly/3GB84IZ

A public consultation period (between 7 February 2023 to 6 April 2023) was established to be followed by a "listening report" to be produced mid-2023. A bill for 'voluntary assisted dying'

is planned to be introduced to the Legislative Assembly in late 2023.

Mary Collier, CEO Right to Life Australia responded to the ACT Government's consideration of 'how to approach and regulate access to 'voluntary assisted dying' by preparing a submission. We await the production of the 'listening' report which no doubt will give the green light to introduction of a euthanasia bill.

Bequests – so important to us!

HELP THE RIGHT TO LIFE AUSTRALIA INC. CONTINUE OUR LIFE AFFIRMING WORK

- The Right to Life Australia Inc is the most active prolife group in Australia - working tirelessly on protecting human life mainly on the issues of abortion and euthanasia.
- We are grateful to our supporters who are responsible for generous donations which fund the entire operation of our organisation.
- Not only do we work on educational campaigns and keeping our supporters up to date with our work but our office must be staffed to comply with the complex financial compliance requirements of any business.
- Sadly, however we have not benefited from many bequests over the years.
- To those of you who may wish to leave something to one of the many charities that abound, PLEASE consider our work – aimed at saving the lives of the precious unborn and those who may become victims of euthanasia legislation.
- It is important the words of the will accurately identify the beneficiary of your choice.
- Thank you for considering The Right to Life Australia Inc. as a beneficiary of your will and helping us to continue our work in the future.

Please ensure the correct details for our organisation are recorded in your will.

I give, devise and bequeath to:

The Right to Life Australia Inc.

Registration Number A0042146V ABN 12774010375

of 161a Donald St, Brunswick East, VIC 3057
in the state of Victoria 3057

xx % of my residuary estate, (OR the sum of \$xxx xxx for the general purposes of The Right to Life Australia Inc.)