RTLA
THE RIGHT TO LIFE AUSTRALIA INC.
RIGHT TO LIFE NEWS JANUARY FEBRUARY 2023

DEATH BY TELEPHONE!

ACTION ALERT – ALL SUPPORTERS

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

- Currently, Federal Law in Australia (Criminal Code Act 1995 Subdivision G) prohibits doctors and others inciting or counselling suicide over the phone or internet.
- Contact between Doctor and patient must be made at a meeting in person for assessment and approvals - enacted to stop those who prey on vulnerable people offering death over the internet
- Our aim is to keep the law as it is.
- However, there are moves to change the law. The Australian newspaper (July 2022) revealed "concerns" doctors were fined $222,000 for discussing euthanasia via telehealth. The article also stated Federal Attorney-General Mark Dreyfus is investigating changes to the law.
- Alarmingly, to circumvent the Federal law the state of Queensland will use taxpayers' funds for "Fly in, Fly out" doctors (the Australian 5/12/22) to fly to regional Queensland to "help terminally ill patients end their lives".

ACTION: Please write to your federal representatives in the Parliament of Australia:

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

FEDERAL PARLIAMENT RESUMED ON 6 FEBRUARY 2023.

HOUSE OF REPRESENTATIVES. You have ONE Member of the House of Representatives to contact.

SENATE: There are 76 senators, 12 from each state and two each from the Australian Capital Territory and the Northern Territory. The same letter can be sent to each person.

DON'T DELAY ACT TODAY!

We urge readers to please IMMEDIATELY contact your local Member of the House of Representatives **AND** to the Senators representing your state.

Use the enclosed brochure to find contact details of your representatives

EITHER:

Phone and leave a brief polite message with your name and address

OR Write a short letter

OR Send an email

Key points:

- 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.
- The availability of telehealth makes doctor shopping easier and increases the risk that factors impairing judgement such as depression may not be detected.
- Such telehealth consultations are the most serious step in a patient's life. The consultation must be treated with seriousness - it is a **"life and death"** decision.
- Palliative care accompanies patients through the various stages of dying. Depriving patients of this care and relegating them to merely a video link is irresponsible.
- 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.
- Using a video consultation may lead to impulsive decision making.
- Governments should not use taxpayers' money to fly doctors in to circumvent a law which exists to provide safeguards to protect vulnerable patients.

For more information on telehealth/euthanasia: Video interview with UK Professor John Wyatt.

Kristen Hanson, 14 July 2020, The Washington Times - When Telemedicine can be dangerous - even deadly.

Eugene Ahern – January 2023. A Case to Oppose Legalisation of Telehealth Consultations for Assisted Suicide and Euthanasia.

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

Letter from the President

Margaret Tighe

Dear Friends of Life

More patient killing for Victoria? Already there has been a suggestion that there will be some easing of restrictions on physician assisted suicide. What is being suggested is that doctors be allowed to suggest suicide to their patients whereas, previously the patient had to ask the doctor for it.

With the Victorian Premier Daniel Andrews being the first harbinger of death in Australia – Victoria the first state to legalise abortion till birth and then euthanasia – my prediction is that his statue, planned for outside the Victorian parliament will eventually finish up in the Yarra River in many years to come, when people grow sickened by the killing he initiated with abortion and euthanasia.

You will recall the recent demise of some of the statues of former slave traders in other countries.

Voluntary assisted dying via telehealth is another step down a perilous path

Eureka Street Hoa Dinh S.J. 10 June 2021

NOTE: The following article refers to Victorian MP **Stuart Grimley MLC**. (Derryn Hinch's Justice Party) . He served one term in the parliament from 2018 – 2022 but was not re-elected at the 2022 state election.

Hoa Dinh SJ Rev Dr

In legislatures around Australia at present euthanasia is a staple item. Apart from the moves to legalise it in Queensland and South Australia, Justice Party MP Stuart Grimley has proposed amendments to the Victorian law.

It would give regional Victorians the option to use the euthanasia services to end their lives through telehealth.

Critics of the amendment have claimed that it is unreasonable to make euthanasia more widely available when palliative care services are still critically lacking in regional Victoria.

They cite the recommendation of the Royal Commission into Aged Care Quality and Safety that dementia care and palliative care ought to be the core business of aged care. It is vital that euthanasia legislation ought to balance the liberty of the invulnerable against the safeguarding of the vulnerable, especially the elderly and people with disabilities.

In considering the amendment it will be helpful to consider two common arguments in support of euthanasia.

First, that it would enhance individual autonomy or self-determination.

This argument, which featured prominently in the submissions to the 2016 Victorian Parliament Inquiry into End of Life Care is often played as the trump card in the euthanasia debate.

Second argument, central to the advocacy of Drs Philip Nitschke and Rodney Syme, is that euthanasia provides relief for people with existential suffering that palliative care cannot adequately offer.

The principle of respect for individual autonomy was introduced into health ethics with the Nuremberg code (1947) in response to the need to safeguard the vulnerable from abuse at the hands of health professionals. The Nuremberg code ushered in a new era, in which the vulnerability caused by the power imbalance that exists between the physician and the patient has become the major concern in health ethics.

The Nuremberg code has restricted the power of physicians by making it compulsory for them to obtain informed consent from the participant before making any medical intervention, be it in health practice or in research involving human subjects. The principle of respect for autonomy in health ethics is formulated to address this power imbalance.

Its aim is to safeguard the vulnerable from abuse by empowering the vulnerable and simultaneously restricting the power of the physician.

Seventy years after Nuremberg, in Australia safeguarding the vulnerable has become mandatory in virtually every sphere of social interaction: safeguarding children against abuse, safeguarding women against abuse and harassment in the workplace and in the home, safeguarding LGBTQI children against discrimination, to name a few examples.

Now, paradoxically, respect for autonomy is being used to argue for euthanasia legislation.

'...existential suffering is precisely one of the ailments that palliative care is meant to address.'

This is paradoxical because the effect of euthanasia legislation is not to safeguard the vulnerable.

On the contrary, it gives physicians unprecedented powers over their patients.

The physician now has the power to assess the competency of the patient to make decisions for themselves, to predict how long they have to live, and to provide the lethal drugs to end the patient's life if they are judged to have the mental capacities to make such choice.

This is contrary to the spirit of the Nuremberg code.

It exacerbates the power imbalance in the physician-patient relationship by endowing the physician with new powers over patients, making them even more vulnerable to abuse.

Mr Grimley's bill to make assisted death available on telehealth goes further in tipping the scale in favour of doctors, by empowering doctors to end the patient's life in regions where they have no access to palliative care.

With assisted death available on telehealth, the elderly and people with disability, the most vulnerable people in the community, will be even more prone to exploitation or neglect.

Such euthanasia advocates as Dr Rodney Syme often insist that assisted death should be available because despite excellent palliative care, people with existential suffering cannot be helped. In this case, existential suffering is thought to be a form of intractable misery that lies far beyond the realm of palliative care.

The only solution to it is to help its victims to end their life.

In the medical world existential suffering is a term used to describe a range of experience. In the palliative care setting, existential suffering can refer to 'lack of meaning or purpose, loss of connectedness to others, thoughts about the dying process, struggles around the state of being, difficulty in finding a sense of self, loss of hope, loss of autonomy, and loss of temporality'.

These afflictions are not limited to people at the end of life.

They can be experienced by many people, particularly people with mental illness, or those going through a crisis or severe trauma.

Discussion of existential suffering leads naturally to reflection on the nature of suffering. Medically, pain and suffering are two distinct concepts.

The International Association for the Study of Pain (**IASP**) defines *physical* pain as 'an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.'

Mental pain refers to the experience of perceived injury to or diminishment of the self. In contrast, suffering refers to the subjective experience of pain plus the volitional resistance to it.

In other words, suffering is the experience of pain plus the revolt against that pain.

In this broad perspective **existential suffering** refers to revulsion at the prospect of death, or to resistance to ongoing life in the present condition.

Continued on page 3

Continued from page 2

If that is the case, then **existential suffering** is not some form of intractable misery that lies beyond the reaches of palliative care that the only solution is to end the life of its victim.

In reality, existential suffering is precisely one of the ailments that palliative care is meant to address.

Elisabeth Kübler-Ross in her influential 1969 book, *On Death and Dying*, described the five stages of grief as one faces imminent death.

Though the actual descriptions of these stages have undergone significant revisions, the main tenet remains valid:

people refuse to accept death, and this refusal lies at the heart of their suffering.

Palliative care is precisely to accompany people in their struggle through the various stages – or various forms of resistance – to the peaceful acceptance of death.

Paradoxically, that peaceful acceptance of imminent death is also the end of suffering, including the existential suffering that has been the major concern behind Dr Syme's advocacy for euthanasia.

> **Mr Grimley's bill would take us a further step down a perilous path, where physicians are authorised to prescribe death to patients on demand without seeing them in person.**

And those who struggle to accept imminent death will be deprived of the palliative care that might make the end of their life a journey and not a defeat.

Hoa Dinh

SJ Rev Dr DRANZCOG, BTheol, MBBS, MBioeth, MTS, STL, PhD

Rev. Dr Hoa Trung Dinh SJ is a member of the Department of Moral Theology and Canon Law. He lectures in moral theology, bioethics and sexual ethics. He is a priest of the Society of Jesus in Australia.

He trained as a medical doctor and practised medicine for five years before he became a priest.

He holds the degrees of Bachelor of Medicine and Bachelor of Surgery from the University of Melbourne, a Diploma in Obstetrics and Gynaecology from the Australian and New Zealand College of Obstetricians and Gynaecologists, Master of Bioethics from Monash University, Master of Theological Studies from the University of Divinity, Licentiate in Sacred Theology from the Weston Jesuit School of Theology, and Doctor of Philosophy from Boston College (USA). His doctoral research studied the virtue-based approach to medical ethics.

He also lectures at Pilgrim Theological College of the University of Divinity in Contemporary Christian Ethics. He serves on the ethics committee of the Mercy Hospital for Women, and in the advisory committee for the Catholic AIDS Ministry of the Archdiocese of Melbourne.

When telemedicine can be dangerous – even deadly

Why telehealth should never be used to prescribe lethal drugs for assisted suicide

By Kristen Hanson –
Tuesday, July 14, 2020, The Washington Times

The coronavirus pandemic has forced us to adapt the way we access health care, and telehealth is now widely used to overcome many hurdles related to receiving in-person attention. But there are some contexts in which relying on telemedicine can be dangerous – even deadly. Telemedicine should never be used in the context of assisted suicide because it increases the dangers of a practice already ripe for abuse.

The American Clinicians Academy on Medical Aid in Dying recently put out guidelines (acamaid.org) for doctors to prescribe lethal drugs remotely. Their reckless recommendations include establishing the diagnosis, prognosis and decision-making capacity of patients to "legally establish the patient's first verbal request and the start of the waiting period." Following the waiting period, the required second verbal request for assisted suicide can be made "by telephone without visual contact."

Eligibility for assisted suicide depends upon a six-month or less prognosis and the patient's mental competence. Would you trust a doctor you have never met in person if they told you 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.

One example is "doctor shopping." A patient or caregiver who engages in doctor shopping is not interested in professional medical advice but obtaining a predetermined prognosis or prescription. The goal with doctor shopping in the context of assisted suicide is to achieve death regardless of the circumstances that would legally prevent it.

With telemedicine, finding an unscrupulous doctor who will prescribe lethal drugs no longer depends upon geography. A virtual visit suffices. Nothing prevents clinically depressed or suicidal patients from doctor shopping until they find someone willing to prescribe them death rather than the mental health care and suicide prevention they need.

On top of that, without doctors knowing the patients' caregivers or family, there is greater risk for coercion from greedy heirs or abusive caregivers. Vulnerable patients are in grave danger when abusers can shop on their behalf for telehealth doctors known to bend the rules when it comes to assisted suicide.

Continued on page 4

Continued from page 3

Even when patients are seen in-person, it is difficult for a physician or psychiatrist in a single session to diagnose depression, incompetence or other factors which could impair judgment. In one documented case (dredf.org), a psychologist outsourced the psychiatric test to the patient's family members, who had no medical credentials.

Such unprofessional standards should never be allowed to replace vital in-person care, especially when results literally determine whether the patient will live or die. Thankfully, the psychologist in this case concluded that the patient was depressed and did not qualify for assisted suicide. This demonstrates, however, how easy it is to flout the legal requirements for confirming mental competency.

Assisted suicide laws also require a terminal illness diagnosis of six months or less. Properly diagnosing a patient as terminal is difficult enough in-person, but even more so virtually. In fact, any patient's life expectancy is a doctor's educated guess at best.

My husband, J.J. Hanson (usatoday.com), was diagnosed with terminal brain cancer and given just four months to live. With that prognosis J.J. could have easily sought and qualified for assisted suicide in places where it is legal. Amazingly, J.J. didn't listen to his doctors' predictions and outlived his prognosis by three-and-a-half years. Our experience is not uncommon and underscores the inability of physicians to accurately predict how long someone has to live.

Assisted suicide always endangers vulnerable patients and has no place in our society. Allowing telemedicine to play any role in the prescription of lethal drugs, though, will further breakdown the few "safeguards" that exist to protect patients.

Kristen Hanson is a community relations advocate with the Patients Rights Action Fund [patientsrightsaction.org].

Whatever happened to PCA?

Many years ago a constitution was drawn up for Right to Life in Victoria by the late Peter O'Callaghan Q.C.

Right to Life was to be non-denominational, non-party political and was to work in three ways – education, political action and social action. The social action eventually led to pregnancy help being available through Right to Life in a variety of ways.

Over the years great work was carried out by a legion of women led by the late Eileen Doyle. At one stage we had premises in Clarendon Street, East Melbourne near the Mercy Maternity hospital- some of whose doctors were most helpful.

Eventually the service became a telephone service manned by well trained volunteers. Tragically the previous Committee lead by Dr Rachel Carling sought to close Pregnancy Counselling Australia and transferred $50,000 to Pregnancy Help Australia in the mistaken belief it's not appropriate for Right to Life to be engaging in Pregnancy Counselling!

GOOD NEWS!

American Alzheimer's Association Terminates Partnership with Assisted Suicide Advocacy Group

January 31, 2023 Wesley Smith

www.nationalreview.com/corner/alzheimers-association-terminates-partnership-with-assisted-suicide-advocacy-group/

Alzheimer's disease runs in my family. My mother and uncle both died from it, so I have intimately witnessed the worst that the disease can inflict. I also know how much people with the condition need love, understanding, and patience. They are still the persons they have always been, just compromised and dependent.

I also know how vulnerable people with dementia are and how easily they can be manipulated.

I am also aware that too many denigrate them as less than human - so-called non-persons - and view their lives as no longer worth living.

People are understandably terrified of the disease.

Consequently, as the Catholic bioethicist Charles Camosy has written, people with dementia are targets of the euthanasia movement.

That is why I was appalled when Compassion and Choices (**C&C**) - the country's most prominent assisted-suicide advocacy organization – bragged that it had partnered with the Alzheimer's Association to advocate on behalf of Alzheimer's patients.

C & C talks a good game about end-of-life care, but their primary mission is to push suicide as an answer to serious illness.

An association dedicated to the care of people with the disease had no business affiliating in any way with a group that advocates assisted suicide.

Now, the Alzheimer's Association has seen **C & C** for what it really is and has terminated the relationship. This is an exert from the January 29, 2023 Alzheimer's Association press release:

Alzheimer's Association Statement About Compassion & Choices

*In an effort to provide information and resources about Alzheimer's disease, the Alzheimer's Association entered into an agreement to provide education and awareness information to **Compassion & Choices**, but failed to do appropriate due diligence.*

Their values are inconsistent with those of the Association.

We deeply regret our mistake, have begun the termination of the relationship, and apologize to all of the families we support who were hurt or disappointed.

Additionally, we are reviewing our process for all agreements including those that are focused on the sharing of educational information.

As a patient advocacy group and evidence-based organization, the Alzheimer's Association stands behind people living with Alzheimer's, their care partners and their health care providers as they navigate treatment and care choices throughout the continuum of the disease. Research supports a palliative care approach as the highest quality of end-of-life care for individuals with advanced dementia.

A Case to Oppose Legalisation of Telehealth Carriage Service Consultations for Assisted Suicide and Euthanasia.

Eugene Ahern – 20 January 2023

The legalisation and availability of telehealth carriage service consultations by - for example video link for euthanasia and voluntary assisted dying would open the doors to far more readily available access to euthanasia and voluntary assisted dying.

It is essential those concerned with the protection of the lives of patients oppose all moves by the federal government to legislate to permit doctors to use telehealth consultations for voluntary assisted dying and euthanasia. Both assisted suicide and euthanasia are now legal in all Australia's states – (it became legal in Queensland from 1st January 2023).

Background:

1. The Offence of Using A Carriage Service For Suicide-Related Material

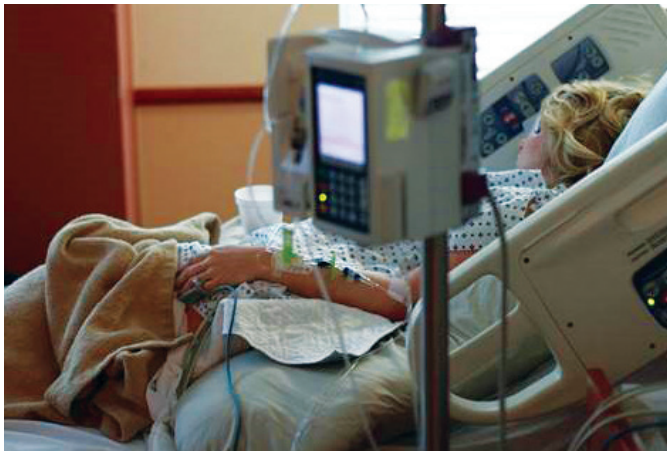
It is an offence to use a carriage service for suicide-related material. The offence of using carriage service for suicide-related material is contained in section 474.29A of the *Criminal Code 1995* (Cth) and is punishable by a maximum penalty of a fine of 1,000 penalty units.

The offence is committed where a person uses a carriage service to:

- access suicide-related material; or
- cause suicide related material to be transmitted; or
- transmit suicide-related material; or
- make suicide-related material available; or
- publish or distribute suicide-related material;

AND the suicide-related material either directly or indirectly:

- advises or motivates another to commit or attempt to commit suicide; or
- promotes a specific method of committing suicide; or
- provides instructions on a specific method of committing suicide;



AND the person intended:

- to use the suicide-related material to advise or motivate another to commit or attempt to commit suicide; or
- the material to be used by another to advise or motivate others to commit or attempt to commit suicide; or
- the suicide-related material to promote a specific method or provide instructions on a specific method of committing suicide; or
- the material to be used by another to commit suicide.

Background:

2. "Fly in, Fly out Doctors" to Help with Euthanasia in Queensland

An article in The Australian (5/12/22) "Fly in, fly out doctors to help with euthanasia" stated:

> *"Doctors will fly to regional Queensland to help terminally ill patients end their lives next month after the federal government failed to act on please from state Labor colleagues to change laws restricting assisted dying via telehealth.*
>
> *Queensland taxpayers will fund the flights to circumvent a federal law that prohibits inciting or counselling* ***"suicide over the phone or internet when the state's scheme begins on 1 January 2023."***

Attorney-General Mark Dreyfus is looking to change the Criminal Code to allow telehealth discussions of euthanasia

With 18 million Australians covered by legislation allowing voluntary assisted dying and euthanasia by the end of January 2023, the federal government has not yet made legislative amendments to exempt doctors from the ban on telehealth consultations touching on voluntary assisted dying, as explained above.

With federal parliament due to resume in February, commonwealth prosecutors could be given guidelines not to charge VAD doctors, as Queensland Deputy Premier Steven Miles has previously said would be a ***"relatively simple thing to do".***

Mr Dreyfus's office did not respond to questions as to whether he would use guidelines to shield medics from potential prosecution, or when the government may move to change law to the matter. The matter was raised at a meeting of the nation's attorneys-general in November. No news was forthcoming after that meeting as to any future action. Pressure for change will continue from Queensland and Victoria.

Arguments to use against Telehealth Consultations for euthanasia and assisted dying:

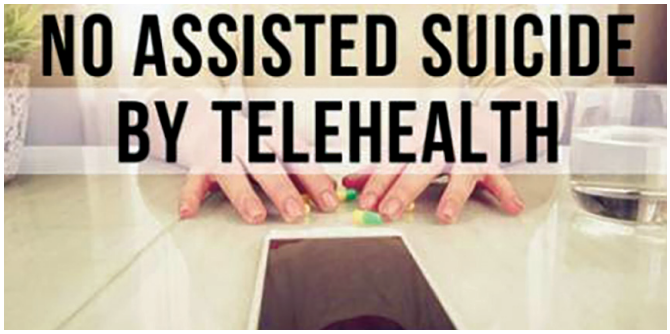
- As a matter of principle, the policy of our federal government is in opposition to suicide. The Australian government has had a National Suicide Prevention Strategy for many years. The Australian government has strategies, plans, programmes and research to help prevent suicide in Australia, and reduce its impact.
- For our federal parliament to vote to abrogate the present ban on the use of Carriage Services to facilitate or counsel for suicide to legalise telehealth consultations touching in any way on doctor assisted suicide and life ending decisions would be in direct opposition to the government's programmes to combat the prevalence of suicides.

- Telehealth consultations touching on voluntary assisted dying and euthanasia would be the most serious and decisive step in the lives of patients. Any consultations between patients and their physicians which involve patients actually requesting access to voluntary assisted dying must, of necessity, be treated with appropriate seriousness because they involve ***"life and death"*** decisions.
- For our society to allow such ***"life and death"*** consultations to take place by telephone or by video links diminishes the principle of the inherent value of the life of all patients. As a society we must not countenance such a devaluation of the value and worth of the lives of patients.
- The prospect of telehealth consultations allowing access to and the facilitation of voluntary assisted dying and euthanasia is in itself a dramatic first step down a perilous path, where physicians would be authorised to prescribe death to patients on demand without even seeing those patients in person.
- Even usual face to face consultations between patients and physicians are often unsatisfactory for the care and welfare of the patients due to patients' problems with open communications.
- In the case of consultations for VAD patients may find it more difficult to verbalise their underlying thoughts. Patients often are experiencing underlying undiagnosed depression. There may be a complex interplay of factors relating to their physical and mental health. These factors, when patients are suffering serious physical illnesses, may be affecting their judgements and their capacity to deal with the issues and decisions facing them. Such factors have even more impact when patients have mental health conditions.
- Such frequently encountered situations require particularly great skills on the part of physicians. Even if they were to have the required skills, they are unlikely able to draw on those skills within the context of a telehealth consultation to which patients would be unaccustomed.

  The artificial situation of a remote consultation, even if it be via video, will not be one in which such grave issues can be properly resolved for the benefit of patients.
- **The legalisation of the use of Telehealth Carriage Services for consultations for voluntary assisted dying and euthanasia would in itself be a new and dramatic step in medical practice. Such a step demands careful scrutiny.**

An excellent contribution to the debate over passing legislation to allow such telehealth is from Dr. Hoa Dinh S.J., Eureka Street, 10 June 2021.

> "With assisted death available on telehealth, the elderly and people with disability, the most vulnerable people in the community, will be even more prone to exploitation or neglect," he writes.



> "Ignoring the reality that only a percentage of patients can get palliative care, euthanasia advocates insist that assisted death should be available because despite palliative care, people with existential suffering cannot be helped. They argue that existential suffering is thought to be a form of intractable misery that lies far beyond the realm of palliative care."
>
> "For them, the only solution to it is to help its victims to end their life."
>
> In the medical world "existential suffering" is used to describe various experiences. In the palliative care setting, "existential suffering" can refer to 'lack of meaning or purpose, loss of connectedness to others, thoughts about the dying process, struggles around the state of being, difficulty in finding a sense of self, loss of hope, loss of autonomy, and loss of temporality'. These afflictions are not limited to people at life's end. They can be experienced by many people, particularly people with mental illness, or those going through a crisis or severe trauma.

It is clear we are on a perilous path to where medical practitioners would be authorised to assess patients and to prescribe death to patients without ever even seeing the patients in person.

VAD has been legalised in all six states and VAD is already being practised in three states, there is a profound possibility that the Australian population will grow accustomed to the deliberate ending of the lives of patients and come to accept VAD deaths as a routine part of medical practice but at present there are in effect reasonably specific procedures in place in the different states.

In the new atmosphere of the practice of VAD and euthanasia, the introduction of Telehealth Carriage Service consultations for voluntary assisted dying and euthanasia quite probably would be seen by Australians as just a further inevitable step. Almost certainly, the telehealth consultations not be regulated by the present tight regulations of VAD in the legislation of the different states.

We need to alert legislators to this likelihood with the medical practitioners authorised to approve assisted suicide for patients and prescribe fatal dosages of medications for the patients to take to commit doctor assisted suicide without the medical practitioner ever even seeing the patients in person.

Serious questions arise regarding the physicians or medical practitioners who can be expected to be actively involved in such telehealth consultations.

Statistics available from the annual reports on the operation of voluntary assisted dying in Victoria show that a limited number of medical practitioners are responsible for the majority of deaths resulting from VAD.

The Victorian statistics already reflect what is the case in British Columbia, where a very limited number of physicians perform the huge number of MAiD deaths. An example is of one physician, Dr Ellen Wiebe, one of Canada's most outspoken euthanasia doctors, who operates a euthanasia clinic in Vancouver says that she has killed 400 people by MAiD (Medical Assistance in Dying).[1]

In Victoria, certain medical practitioners have become known as facilitators of VAD. Their reputations have spread by word of mouth and by referrals from other medical practitioners.

1 https://thelifeinstitute.net/news/2023/canadian-doctor-boasts-of-euthanising-patients-as-concerns-rise-over-canadas-maid-law

Were legislation be passed which would permit telehealth consultations for VAD, an undesirable consequence problem would be the further concentration of VAD procedures performed by the already limited number of medical practitioners **"specialising"** in this field of medical practice, who can be expected to be performing increasing number of procedures based to the experience in British Columbia.

Reasons to oppose assisted suicide by telehealth based on U.S. use of telehealth.

On May 19, 2021 the U. S. **Hospice News** reported that a bill will be introduced in the US Senate to extend the use of telehealth that was initiated during the COVID-19 pandemic.[2] Last year Alex Schadenberg, Director, Euthanasia Prevention Coalition, reported that the assisted suicide lobby was using the Covid-19 crisis to implement assisted suicide by telehealth.[3]

This was not new. The 2019 New Mexico assisted suicide bill and the 2020 bill to expand assisted suicide in Hawaii included **assisted suicide by telehealth provisions**.

In June 2020, U.S. author, **Wesley Smith**, reported that assisted suicide by telehealth was happening.[4]

Quoting from an article entitled: ***"Dying Virtually"*** published in **The Conversation**,[5] Smith wrote:

> *"[Dr. Carol] Parrot says she sees 90% of her patients online, visually examining a patient's symptoms, mobility, affect and breathing.*
>
> *"I can get a great deal of information for how close a patient is to death from a Skype visit," Parrot explained. "I don't feel badly at all that I don't have a stethoscope on their chest."*
>
> *"After the initial visit, whether in person or online, aid-in-dying physicians carefully collate their prognosis with the patient's prior medical records and lab tests. Some also consult the patient's primary physician.*
>
> *"I understand the benefit of expanding telehealth services but* ***assisted suicide is not a form of health care.***
>
> ***Assisted suicide by telehealth means a person with difficult health issues who feels like a burden on others, or is experiencing depression or existential distress, could be assessed, approved and prescribed a lethal drug cocktail by telehealth without ever being examined by a physician.***
>
> "Considering how common medical misdiagnosis is, assisted suicide by telehealth may lead to abuse of the law."

The language of the legislation is everything.

Language referring to **"specialty consultations"** (assisted suicide requires consultations), or **end-of-life** care (the assisted suicide lobby defines assisted suicide as "end-of-life care") requires clear definitions to prevent its use for assisted suicide.

Imprecise language within the legislation may enable assisted suicide doctors to do assisted suicide assessments and prescribe lethal assisted suicide drugs, without meeting or physically assessing the person.

Assisted suicide is not health care.

Assisted suicide does not treat or cure a disease or condition, but rather it causes death.

The main goals of the assisted suicide lobby is to normalize assisted suicide by redefining it as **end-of-life care** and **to expand the availability of assisted suicide by telehealth consultations.**

Assisted suicide by telehealth achieves the second goal.

Telehealth may also lead to out-of-state assisted suicide deaths in Australia.

Medical error is the third leading cause of death in the U.S.A

In Australia, assisted suicide by telehealth will exacerbate the problem of misdiagnosis and the unfortunate death of misdiagnosed patients.

Palliative care accompanies patients as they struggle through the various stages of their facing imminent death and the various forms of resistance to the peaceful acceptance of death. Depriving patients this palliative care and relegating these patients who seemingly may wish to have VAD to merely an audio or video link with a **"tick"** from a physician is to devalue the inherent value of the patients' lives.

It is highly doubtful that there would be adequate safeguards from exploitation, such as **elder abuse** which is so rampant in Australia today, yet is so difficult to detect. This would particularly be the case in telehealth consultations by telephone or video link because the abused patients would find it more difficult to even give a hint of abuse, than might be the case in face-to-face consultations, in which it is hard to reveal the abuse. There is also the added factor that the **"abusers"** may well be surreptitiously present close to patients, unknown and undetected by the medical practitioner conducting the consultation, even if the presence of undeclared third parties is specifically precluded by regulation.

The possibility of patients being led to impulsive requests for VAD.

The pressures, tensions and atmosphere of audio or video consultations to which patients are quite unaccustomed may actually lead patients to impulsive decisions leading to asking for VAD. With some states already allowing physicians to raise the matter of VAD and recommendations from other states that their VAD legislation be amended to allow physicians to raise VAD with patients, vulnerable patients will be exposed to greater risks of impulsive decisions and asking for VAD.

Eugene Ahern
20 January 2023

2 https://hospicenews.com/2021/05/19/senate-bill-would-extend-telehealth-flexibilities-beyond-pandemic/

3 https://alexschadenberg.blogspot.com/2020/03/assisted-suicide-lobby-is-using-covid.html

4 https://www.firstthings.com/web-exclusives/2020/06/assisted-suicide-by-zoom

5 https://theconversation.com/dying-virtually-pandemic-drives-medically-assisted-deaths-online-139093

Down Syndrome - On the Side of the Angels

Maggie Fergusson, 22 Dec 2022, The Tablet UK - excerpt

In an age when we discriminate at our peril on the grounds of gender, ethnicity or sexuality, babies with certain disabilities can be legally aborted up to birth in Britain.

On 16 June 1986 my brother rang from Tokyo to say that his wife had given birth to their first child, Mary. She had Down Syndrome and severe congenital heart defects. The prognosis was bleak. It was a blessing that Mary was born in Japan. Standing by her incubator the paediatrician told my brother and sister-in-law that the Japanese call people with Down Syndrome *tenshi* – 'angels'.

But Mary was weak and getting weaker. At three months it was clear that without surgery she had only a short time to live. Mary would have been outside any British surgeon's criteria for operability but a Japanese cardiac surgeon was prepared to carry out open-heart surgery. She weighed less than 2lbs and there was a 50% chance she would die in the operating theatre. But she pulled through. Fast forward and Mary is now a 36 year old woman living a very full life, mad about drama and dance and enriching all who know her.

So it was Mary that I was thinking about when I heard the news that Heidi Crowter, a 27 year old woman with Down syndrome had lost her appeal in the UK High Court

She had been protesting against the current law which allows abortion right up to the second before birth for foetuses likely to be born with severe physical and mental abnormalities including Downs.

Britain is only a handful of European countries in which this kind of abortion to term is legal.

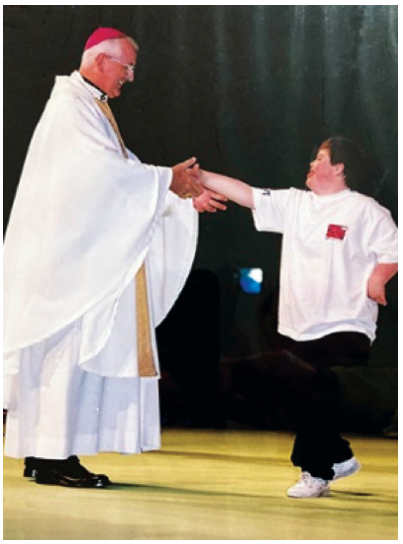
The BBC News 25 Nov 2022 stated "In a summary of the decision, by Lord Justice Underhill, Lady Justice Thirlwall and Lord Justice Peter Jackson, the judges said: "The court recognises that many people with Down's Syndrome and other disabilities will be upset and offended by the fact that a diagnosis of serious disability during pregnancy is treated by the law as a justification for termination, and that they may regard it as implying that their own lives are of lesser value.

"But it holds that a perception that that is what the law implies is not by itself enough to give rise to an interference with article 8 rights (to private and family life, enshrined in the European Convention on Human Rights)," the judges said.

Heidi Crowter who - together with Máire Lea-Wilson whose son Aidan has Down's syndrome brought the case against the government (UK High Court of Justice Case CO/2066/2020) said she will keep on fighting.

A gynaecologist who asked to remain anonymous said "The more I think about Heidi Crowter's case the more I realise how outrageous it is. The message is loud and clear: we are discriminating against babies with Down Syndrome. In a civilised society this is abhorrent. It's a modern form of (that word again) eugenics".

She believes that "the vast majority of the public are unaware that babies with Down syndrome can be terminated until term and most people don't know the grim details of what is involved in very late feticide". She talks me through what happens. It is too horrible to relay.



Mary dancing with Francis Walmsley, Bishop of the Military Ordinariate.

She is ambivalent about developments in screening. "With the improved sensitivity, there's no doubt that more women are opting in, resulting in more terminations. This will lead to fewer babies being born with Down Syndrome and a domino effect of increased isolation and fear for couples having babies with Downs. The resources that are ploughed into screening could be diverted into doing more to help these people."

China is desperate to raise its birthrate

Michael Cook, Editor, January 31, 2023

https://bioedge.org/public_health/population/china-is-desperate-to-raise-its-birthrate/

China's fertility rate has sunk to 1.18 children per woman and its population has begun to decline. Deaths outnumbered births for the first time in decades. The government of Xi Jinping has finally grasped that it is facing a slow-motion crisis. Unless more children a born, there will be fewer workers and more elderly. Economic stagnation or worse is on the horizon. Millions of Chinese face the prospect of getting old before they get rich. While experts say it would be nearly impossible for China's population to start growing again, the country could keep its birthrate steady.

Public Order Bill - to introduce "buffer" zones passes House of Lords UK

Alithea Williams – Public Policy Manager, SPUC, UK, 30/1/23.

An amendment to the Public Order Bill, first introduced in the Commons by Labour MP Stella Creasy with the intent of banning people praying or offering help to women outside abortion clinics, has been making its way through the House of Lords. Tonight, a slightly reworked version of the clause, put forward by former minister Baroness Sugg, was passed by a voice vote at Report Stage.

Baroness Sugg's amendment makes it an offence to engage in any act which has the effect of "influencing any person's decision to access, provide or facilitate the provision of abortion services". A person guilty this offence is "liable on summary conviction to a fine not exceeding level 5 on the standard scale". While this is a slight improvement to the original intention to jail people for up to two years, Level 5 fines are unlimited.

This is a black day for democracy and basic civil liberties. Ordinary, peaceful citizens will now be branded criminals and subject to crippling financial penalties for the simple act of praying in public, and offering help to women in need. Parliament has literally just criminalised compassion – and without even voting on it.

This is not just an outrageous assault on civil liberties, it removes a real lifeline for women. Many children are alive today because their mother received help and support from a compassionate pro-life person outside a clinic. Many women feel like they have to chose to have an abortion, and pro-life vigils give them options. Now their choices have been taken away.

Right to Life protest outside the notorious late term abortuary in Croydon, Melbourne prior to "buffer zones" being legalised in Victoria in 2016.

We know where such legislation ends. In the last month, two people have been arrested under local buffer zones. Isabel Vaughan-Spruce in Birmingham was arrested for 'maybe praying' silently, in her head, outside of a closed clinic. Adam Smith-Connor is facing fines for praying, again silently, for his dead son. Thoughtcrime is now very real in the UK.

It is very disappointing that peers ignored these warnings and passed this extreme and cruel legislation.

This amendment will soon return to the House of Commons, and we will be mobilising supporters to contact your MPs. Thank you for all your efforts in defending pro-life vigils.

Death by Telephone or Zoom

How much lower can we sink with this latest push for the federal government to legislate to allow doctors to give advice to patients who want to kill themselves over the telephone!

And yet, there are special telephone services in which trained volunteers are available to talk with suicidal patients in the hope that they will save their lives. In fact, the federal government spends money on suicide prevention programmes.

This latest push for greater access to physician assisted suicide began in Queensland with the current Deputy Premier Miles arranging for doctors to fly in and out with their bags of death procuring drugs for those despairing of life because of their illness.

Just recently, I heard of this same man – Queensland's Deputy Premier Miles – writing to members of the British House of Commons encouraging them to vote to legalise euthanasia!

In 2015, the British House of Commons voted overwhelmingly (330:118) against physician assisted suicide. In this they were encouraged by the words of the Dutch Professor Theo Boer – initially an ardent advocate of legalised euthanasia - but now essentially against it.

Professor Boer had seen how patient killing in the Netherlands had spread once the genie was out of the bottle!

Margaret Tighe, President.

Men and Abortion Trauma – Forgotten Fathers

Abortion Trauma Recovery [ATR] (previously Abortion Grief Australia) www.abortiongrief.asn.au/ was founded in 1984 by Registered Nurse Dawn Dureau. It is a not for profit organization providing specialised care and advocacy for those experiencing abortion grief and pregnancy crisis. Since 1990, AGA has operated a National Crisis Line on 1300 139 313 and provides training for volunteers working on the telephone line as well as being a resource for health professionals.

ABORTION TRAUMA RECOVERY HELPLINE

1300 139 313

Abortion Trauma Recovery explains abortion trauma/grief frequently destroys relationships and shatters families both present and future.

Untreated it has a tendency to be trans-generational. At present understood to be a type of post traumatic stress disorder (PTSD), abortion grief/trauma tends to (but not always) have a delayed onset (months/years) that is often precipitated by a triggering event.

The cardinal features are denial and suppression, meaning most women and men do not consciously connect the problems they are experiencing with their abortion(s).

One fifth (20%) of callers to the helpline are from men.

ATR's publication called Men and Abortion Trauma https://www.abortiongrief.asn.au/documents/AGA_R_PMP_Men%20and%20abortion%20trauma%20'Forgotten%20Fathers'_Updated.pdf gives an insight into the issues facing men.

> Abortion can have a profound impact on men's lives, both through their own exposure and/or through their partner's trauma.

The extent to which men suffer from abortion is unknown. However, whether the abortion was wanted or unwanted, underlying conflicts are not uncommon.

These include denial and distancing, to burying feelings or putting them on hold. Their personal stories illustrate that men can suffer trauma/grief reactions similar to women.

Most men find themselves totally unprepared for the suffering abortion can cause in the lives of their present and/or future partners and children.

Insights from Therapists & Researchers:

'... We find that guys that have not ventilated, have not processed the experience, have at a level of their psyche a feeling of second class citizenship. They were not a full partner in the matter. So there is a lack of resolution, a seething discontent. they become reluctant to trust and reluctant to commit.'

Dr Arthur Shostak - Sociologist and Author

'Abortion breeds anger, resentment, and bitterness towards the partner who was not supportive or who ignored their partner's desire to keep the baby. At the same time, there is often tremendous pressure in the relationship to conceal one's true feelings of grief or guilt. This can especially be a problem for men, who are often taught to hide their emotions. Men may also feel obliged to appear 'strong' so as not to upset the woman any further.'

'Can Relationships Survive After Abortion?'
Dr Theresa Burke - Psychotherapist and Author

'Typical male grief responses to abortion include remaining silent and grieving alone. In the silence, a male can harbour guilt and doubts about his ability to protect himself and those he loves. These 'silent sufferers' who feel they must not talk or cry may appear tough, but inside they crumble under the crushing weight of their own conscience and shame.

'Some [men] become depressed and/or anxious, others compulsive, controlling, demanding and directing. Still others become enraged, and failure in any relationship can trigger repressed hostility. To mask or substitute the need to grieve fosters denial and forces a male to become a 'fugitive'; from life, loving and healing. A guilt-ridden, tormented male does not easily love or accept love. His preoccupation with his partner, his denial of himself and his relentless feelings of post abortion emptiness can nullify even the best of intentions. His guilt may prevent him from seeking compassion, support or affection. In turn, he 'forgets' how to reciprocate these feelings.' Dr Vincent Rue - PhD

©DepositPhotos.com/grassyone

PETER SMITH, FORMER CHIEF UN REPRESENTATIVE FOR SPUC (UK) VISITS MELBOURNE

We were delighted to meet with Mr Peter Smith, Former Chief UN Representative, Society for the Protection of Unborn Children and hear of his work in the United Nations and exchange ideas. Peter was visiting Melbourne in February 2023 where he visited family.

Margaret Tighe and Peter initially met at a United Nations conference many years ago. Peter has written a book on his work for SPUC. To view go to www.lulu.com and search for "Confessions of a Pro-Lifer at the United Nations."

Margaret Tighe, Mary Collier meeting with
Peter Smith Former Chief UN Representative, SPUC UK.

Canadians are having buyers' remorse over Euthanasia

BioEdge, by Michael Cook 6 February 2023

https://bioedge.org/end-of-life-issues/euthanasia/are-canadians-having-buyers-regret-about-euthanasia/

bit.ly/3XaijTy

Watch a haunting video recently produced in Canada which shows a young Canadian man, struggling with diabetes and its effects reports on his telehealth consultation (at 9 mins 46 seconds into the programme) with a euthanasia doctor. He states that he is assessed for euthanasia over FaceTime while eating at a Keg Steakhouse!

This is where telehealth for doctor assisted suicide and euthanasia leads in the real world.

The Canadian situation:

Finally **after 40,000 or so deaths, Canadians are having second thoughts about legalised euthanasia.**

Euthanasia deaths in Canada have shot upwards like a skyrocket.

- In 2015, the year before **"MAiD", Medical Assistance in Dying** (Canadian euphemism for doctor assisted suicide and euthanasia) was legalised **there were none**.
- In **2021**, the most recent year, for which there are statistics, **there were 10,064 deaths**.
- **On current trends another 10,000 died in 2022, bringing the total to 40,000 deaths.**

But Justin Trudeau's government believed that it was being too restrictive. The government announced it would permit patients with mental illness to request "medical assistance in dying". This was due to begin on 17 March.

Canada's media, politicians and voters have been firmly behind MAiD. But as this deadline approached, a number of cases emerged of people who applied for MAiD simply because they didn't have housing, or because they couldn't access mental health care, or because they were lonely.

The video states that access by people whose reasons for wanting to die aren't only medical. Assisted suicide is being offered to people who aren't seeking to die at all.

At least four military veterans were pressured by a caseworker to accept MAiD, including a paralympian.

People began to realise that something was wrong - very wrong.

A Toronto psychiatrist who had helped hundreds of people to die, Madeleine Li, told the **BBC** that Canada had gone too far.

"Making death too ready a solution disadvantages the most vulnerable people, and actually lets society off the hook," Dr Li said. "I don't think death should be society's solution for its own failures."

In an astonishing documentary, **A Complicated Death**, from Canada's premier investigative journalism program, **The Fifth Estate**, journalist Gillian Findlay interviews several critics of the MAiD.

Despite reassurances from the Minister for Justice, David Lametti, the journalist, Gillian Findlay, concludes, *"Canada is about to fall off a cliff."*

https://www.cbc.ca/news/fifthestate/a-complicated-death-1.6717266

How does this affect us in Australia?

The Australian Government is under pressure to amend the **Commonwealth Crimes Act** provisions which currently prohibit the use of "carriage services" (i.e. telephone, internet) for suicide related material, and so doctor assisted suicide. It is up to us to oppose any change in legislation which will no doubt lead to the dangerous situations now occurring in Canada.

Abortions of disabled babies are increasing in Britain

February 1, 2023 Sarah Terzo

The number of women having "selective abortions" (i.e., abortions because the baby is disabled or sick) has increased in England.

According to British pro-life author S. Nye:

"In 2011, there were 72 selective terminations in England and Wales.

By 2019, that yearly total had risen to 126.

This is a 75% increase in nine years.

These abortions are carried out under statutory grounds E (substantial risk the child would be born seriously handicapped)."

S. Nye. "Whose Child? UK Abortion, a Gospel Matter " p.80.

Editor's note. This appeared at Clinic Quotes and is reposted with permission.

20,000 Attend March for Life in Paris

Jan 27, 2023 Right to Life UK

As a group of politicians in France attempt to make abortion part of the constitution and seek to introduce a law allowing euthanasia, Paris' annual March for Life 2023 has responded with a resounding 'non'.

Held every year on the third Sunday of January to commemorate the enactment of a 1975 law that made abortion legal in France, the March for Life took to the streets of Paris again last weekend. This year, the organisers were especially focused on plans by certain members of the government to make assisted suicide and euthanasia legal in France.

Objecting to the push for euthanasia and assisted suicide, president of the March for Life, Nicolas Tardy-Joubert, said "the prohibition of killing must remain fundamental".

Tardy-Joubert pointed out that out of 96 departments (administrative regions) in the country, a large number do not have palliative care units.

"While 26 French departments are lacking palliative care units, we believe that the political priority must be brought there", he added.

In addition to opposing assisted suicide and euthanasia, the March was focused on opposing efforts to enshrine the right to abortion in the French constitution. The National Assembly voted on the matter in November but it will be considered before the Senate next week. In October, members of the Senate voted against the proposal.

While some pro-life campaigners are concerned that media pressure may cause senators to change their minds, as many as 20,000 pro-lifers attended the March showing their support for life from conception to natural death.

Abortion is legal on demand in France up until the 14th week of pregnancy, whereas euthanasia and assisted suicide are currently illegal in the country.

Right To Life UK spokesperson Catherine Robinson said "Hopefully French politicians have learned from the tragic consequences of their neighbour, Belgium, making euthanasia legal in 2002. Since then, Belgium has changed the law to permit child euthanasia and official reporting shows that euthanasia accounts for as many as 2.4% of all deaths in the country, although one expert believes underreporting means the true figure is more like 3.5%".

"Furthermore, there is no moral or legal right to abortion. Any amendment to the French constitution ought instead to seek to protect the lives of the unborn".

MPs in UK revisit Assisted Dying Bill.

See: www.care.org.uk

Despite the overwhelming rejection of an assisted suicide bill in the UK House of Commons in 2015 (330:118) a new private member's bill to legalise assisted suicide made its passage through the UK parliament.

The private member's bill on assisted dying was introduced by Lady Meacher in May 2021 and received its second reading in the House of Lords, but failed to progress before the end of the parliamentary session.

The government has stated it is for parliament to decide on the issue. In 2015, MPs voted overwhelmingly against changing the law to allow doctors to help terminally ill people end their lives, in the first Commons vote on the issue for about 20 years

The parliament then opened an inquiry into assisted suicide in 2023 and the closing date for submissions has just closed - on 20 January 2023.

As with most countries who contemplate assisted suicide bills the inquiry will look at particular at the experience of other countries that have changed their laws.

The Health and Social care committee will hear evidence from medical professionals, campaigners and the public, and make recommendations to the government on the issue.

Anyone assisting or encouraging another person to end their life faces a prison sentence, with 200 cases of assisted dying or assisted suicide referred to the Crown Prosecution Service by the police over the past 13 years. There have been four successful prosecutions.

Some form of assisted dying or assisted suicide is legal in at least 27 jurisdictions worldwide. It became legal in Canada in 2015, in the Netherlands in 2001, and in the US state of Oregon in 1994.

Twenty-three people travelled from the UK to the Dignitas clinic in Switzerland to end their lives last year.

The committee said its inquiry would consider the role of medical professionals, access to palliative care, what protections would be needed to safeguard against coercion, and the criteria for eligibility to access assisted-dying/assisted-suicide services.

Steve Brine, Chair of the Committee said: "The debate on assisted dying and assisted suicide understandably arouses passionate views with many different and equally valid perspectives. It's an issue that has vexed parliamentarians who have sought a way through the many ethical, moral, practical and humane considerations involved.

"What has changed in recent years is that there is now real-world evidence to look at. We will look at the moral, ethical and practical concerns raised in a way that is informed by actual evidence."

NB SCOTLAND, JERSEY AND ISLE OF MAN: Scotland, the Crown Dependencies of Jersey and the Isle of Man are all consulting on legalising assisted suicide (and euthanasia). It has been confirmed that Scottish Liberal Democrat MSP Liam McArthur has the right to introduce an Assisted Dying for Terminally Ill Adults (Scotland) Bill in Parliament, which would make Scotland first in the UK to legalise the right to end one's life. McArthur will now work with the Scottish Parliament's Non-Governmental Bills Unit (NGBU) to draft a bill, which he aims to introduce to the parliament in 2023.