

RIGHT TO LIFE NEWS

SEPTEMBER OCTOBER 2022

Oppose telehealth video-link consultations for euthanasia and assisted dying

It is essential Right to Life Australia Inc. and our supporters do our utmost to prevent the federal government legislating to allow doctors to use telehealth consultations to authorise physician assisted suicide which all states now allow.

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 our contact details in the brochure enclosed.

EITHER:

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

OR

Write a short letter

OR

Send an email

Prominent Doctor "Extremely Concerned"

Dr John Daffy, spokesperson for the Australian Care Alliance, a group opposed to voluntary euthanasia, said he was "extremely concerned" about any legislation that would enable doctors to conduct telehealth consultations on "something as serious as this".

"Through in-person consultations, you get to know patients and with every consult and interaction you learn more about them and you can pick up on their unspoken body language, which can't be ascertained through the internet," Dr Daffy said.

"I understand the motivation, they're doing it because of people in the country ... but you're talking about people killing themselves. It's actually the most serious thing anyone would ever be involved in, and it would seem inappropriate to do it via telehealth."

Arguments to use against telehealth consultations for euthanasia and assisted dying

- In itself this a dramatic step down a perilous path, where physicians would be authorised to prescribe death to patients on demand without even seeing them in person.
- Such telehealth consultations are the most serious step in a patient's life. The consultation must be treated with appropriate seriousness because it involves a "life and death" decisions.

- Patients struggling to accept imminent death will, most likely, be deprived of the palliative care that might make the end of their life a journey and not a defeat.
- Palliative care accompanies patients as their struggle through the various stages — or various forms of resistance — to the peaceful acceptance of death. Depriving patients this care and relegating them to a merely a video link "tick" is irresponsible.
- There would be no adequate be safeguards from exploitation, such as elder abuse which is so rampant yet hard to detect particularly in a brief video-link consultation in which the "abusers" may well be present.
- The atmosphere of merely a video consultation can actually lead to impulsive decision making.

Victoria's voluntary assisted dying laws, which came into force in 2019, require two doctors to make an in-person assessment to ensure the patient is of sound mind, and has less than six months to live with a physical illness or 12 months with a neurological condition.

Mr Grimley, a Justice Party MLC, moved a private member's bill in 2021 to allow Telehealth consultation for euthanasia and assisted dying. The bill was never debated and with the coming election it has fortunately now lapsed.

The Voluntary Assisted Dying Review Board said in its latest report that while accessibility to euthanasia was improving for regional Victorians, there was a need for more specialists. It also found that 36 per cent of applications to access the scheme were from patients living outside of metropolitan Melbourne.

Euthanasia advocates including Mr Grimley, the VAD Review Board and the Andrews government, have urged the federal government to overturn legislation, which essentially makes it illegal for doctors to conduct voluntary assisted dying appointments via telehealth.

A Victorian government spokesman said the Commonwealth's Criminal Code 1995 is a barrier for accessing euthanasia, particularly for regional patients or those too ill to attend an appointment in person.

"We're aware that intersecting Commonwealth laws make it difficult for telehealth to be used to discuss voluntary assisted dying, which has also been exacerbated by restrictions required as part of the coronavirus pandemic response."

"The Victorian government and the independent Board have repeated its call for the Commonwealth to reconsider making an exemption from the Criminal Code to allow Victorians, especially those in regional Victoria, to be able to have important conversations about voluntary assisted dying over the phone or via teleconference."

Letter from the President



Margaret Tighe

Dear Friends of Life

To those of you who have responded generously to our recent call for funds - thank you so much!

As you will realise, so much more is needed to restore the work of Right to Life Australia as the leading opponent of the wilful destruction of human life in Australia today. I speak here of the gradual legalisation of abortion till birth – now the case in most parts of Australia today.

As an aside, I was recently gratified to hear referral in the TV report of a controversy in Australian Rules Football which suggested an indigenous player had been pressured to "kill my unborn child" (his words). At the same time AFL chief McLachlan used the same terms when referring to the wrong being inflicted on indigenous players. That means that Australians would be able to access information about the means of ending their lives through physician assisted suicide merely through a phone call.

Meanwhile the recent threat to the value of the lives of Australia's sick and elderly is the call for access to physician assisted suicide to be able to be made through telehealth!

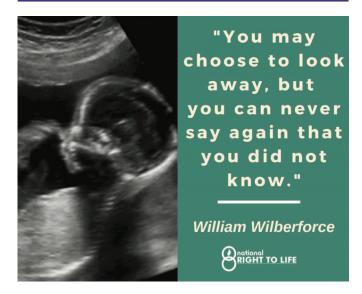
Already Australia's new Attorney General Mark Dreyfus has indicated his interest in pursuing this matter!

Until now, a number of special telephone counselling services have been performing a valuable role in reaching out to those who are contemplating suicide. Government funds are spent on suicide prevention!

Many years ago, before the anti-abortion movement began, I volunteered as a telephone counsellor for Lifeline - frequently doing the midnight shift which invariably dealt with calls from suicidal people. This service as are many such services today, saved many lives.

Please follow our instructions for contacting federal MPs and Senators asking them to oppose this very dangerous move.

Margaret Tighe - President



Courageous MP Speaks Out Against Euthanasia

PARLIAMENT OF AUSTRALIA – HOUSE OF REPRESENTATIVES

RESTORING TERRITORY RIGHTS BILL 2022 (Excerpts) For full speech go to bit.ly/3RgmdHK



Mr Julian Leeser MP (Berowra), 2 August, 2022: This is not the first time I've risen in this place to speak on this matter. Every few years, the old arguments are dusted off and freshened up and someone wants to raise the flag on this issue or thinks the numbers might finally be in their favour to turn the tables. In the last parliament I said that I rose with a heavy heart; today the weight is doubled. I'm sad that we

are fighting what I sense will be a losing battle. I think that, in time, we will look upon this as a huge mistake, but even if the Restoring Territory Rights Bill 2022 is passed I will not regret standing here today and being counted. There are times in your life when doing so is important, and today for me is absolutely one of those days. I'm standing to speak about something that I know, at the very core of my being, is wrong. We've seen in the past that where this goes is monstrous. Nothing about what we're doing today is enlightened or compassionate, even though the proponents' intention may be to do so. As we rip apart these laws, what we are doing is ripping apart the values our society has stood for.

I want to directly address the argument that's been made by the mover of this bill, the member for Solomon. He's argued that this is just about territory rights and not about euthanasia. I have great respect for the member for Solomon, but I could not disagree with him more. This bill endorses no other right than the right to kill his fellow Territorians. We hear a lot about territory rights. Well, I can't think of any political movement in history that has asked for rights and freedoms in order to kill people. This is a perversion of what liberty is about, and we should be deeply troubled by the idea that we are crossing this line. Let me be clear: this bill deals with only one right, and that is the right to pass euthanasia laws in the territories.

As the shadow minister for Indigenous Australians, I'm particularly concerned about the implications of euthanasia for Indigenous people. Indigenous Australians facing high rates of disease are particularly vulnerable to euthanasia legislation, and the Northern Territory government cannot be trusted to manage the introduction of something like euthanasia in a way that will have anything near the necessary safeguards. We've seen that the Territory government, at the end of the Stronger Futures legislation, has been completely incapable of managing alcohol restrictions in communities, and the consequences have been devastating. Instead of creating a situation in which restrictions were in place unless opted out of, the Territory removed restrictions automatically. The Northern Territory government's failures are causing massive increases in domestic and sexual violence and hospital admissions. Given the record of the Northern Territory government, how can we expect that something like the introduction of euthanasia will be properly managed, with adequate safeguards, and will not have devastating consequences in these places?

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Euthanasia also runs counter to the values and beliefs of many Indigenous Australians. Many Aboriginal leaders have been clear that euthanasia is fundamentally at odds with their culture. In 1996, the introduction of the Northern Territory euthanasia laws was met with strong opposition from Indigenous people. As Dr Djiniyini Gondarra OAM told the Senate committee at the time:

"It does not fit into our customary law. It seems to be seen as a form of sorcery, that you are doing something to somebody else. You cannot create a law within a parliament to take somebody else's life."

In 1996 Chips Mackinolty was commissioned by the Northern Territory government's Aboriginal steering committee to go to Aboriginal communities and to record people's views on the Rights of the Terminally III Act to feed back to government. Twenty-one community meetings were conducted across the Territory, with about 900 people participating. The results were virtually unanimous. Only two participants expressed support for the legislation, and at every single meeting people were strongly opposed to the legislation.

In my view, no parliament in Australia should have euthanasia on its statute books, and yet since 2017 every state has passed legislation to make euthanasia lawful. Euthanasia laws in Australia are young, but they're already leaving a significant mark. In Victoria, 331 people died in the first two years following the introduction of the law. Advocates there predicted there would only be 12 people a year when the law first came in. In Western Australia, 171 people were euthanased between the commencement of their law, in 2019, and May 2022. In the latest report from Victoria, covering the period January to June 2021, the youngest applicant for euthanasia was 18—eighteen! Every other state has now legalised euthanasia and is waiting for that law to come into effect. In a few short years our definition of what makes life meaningful and our understanding of the value of life have been quietly and significantly altered.

One of the catchcries of modern politics is that we should listen to the experts. Why are the same people who chant that mantra, ignoring the Australian Medical Association, which continues to oppose such laws? Very soon it will be normal for Australians to consider the idea that they might end their own life. With this law, we are fundamentally changing the relationship that people have with government and the compact that we have with one another. There is never a time in which a person's life is expendable. The consequences are broader than we would like to believe them to be.

Today in the Netherlands euthanasia is available to children and to people with dementia or mental illness, rather than just physical disabilities. In Canada, within five years the categories of people accessing euthanasia expanded to include people with disabilities even though they don't have a fatal condition. How can we tolerate the idea that a disabled person's life should not be defended with as much fervour as that of an able-bodied person? As Dr John Fox, a disability advocate in New Zealand, argued during that country's recent euthanasia debate, why is it that a 25-year-old fit and healthy rugby player goes to a doctor and says he wants to end his life and is referred to all sorts of services to help him find meaning and hope again, but if a 25-year-old disabled man goes to a doctor and says he wants to end his life, he's offered help to do so?

I cannot forget what the most civilised and enlightened society in Europe—which wiped out six million of my people in the Holocaust—began their program of industrial murder by euthanising vulnerable disable people who were thought to be in pain. I cannot in good conscience know this history and say nothing. The law impacts who

we are and what our culture looks like going forward. It operates as a standard setter and as a teacher, and this law endorses a cultural change that I hoped we would never see. I want to finish with the words of Dylan Thomas that I quoted last time I spoke on these issues in this place. It's galling to me that the proponents of euthanasia have called their organisation Go Gentle to make their case. They're turning on its head, in my view, all that Thomas was saying in his famous poem. Indeed, I think we should rage for life. We must rage for life. As Dylan Thomas wrote: "Do not go gentle into that good night. Rage, rage against the dying of the light."

"Don't Repeal Telehealth Laws" - Call by Catholic Bishop

Excerpt: Needs a reference

Catholic Bishop Tim Harris of Townsville has urged the federal Government not to repeal laws that prevent doctors using Telehealth consultations by phone to discuss euthanasia with patients.

Bishop Harris says changing the law could undermine euthanasia safeguards and increase risks to vulnerable people.

Bishop Harris has raised the alarm against such remote phone or internet hook-ups, known as Telehealth consultations, especially "when depression is one of the major factors driving the suicide rate and interest in euthanasia."

"It is very difficult for a doctor to be able to determine over the phone that a patient may require palliative treatment or treatment for their mental health, instead of being encouraged to pursue euthanasia or assisted suicide," said Bishop Harris.

"You may be aware that one of the reasons the government implemented sensible restrictions on the use of a carriage service to counsel and incite suicide was to protect vulnerable members of the public from individuals, organisations or groups who were using the Internet or telephones to promote suicide."

Townsville Bishop Tim Harris has written to the Federal Government urging it not to repeal laws that currently prevent

doctors using telehealth to discuss assisted dying...

"People in regional and remote areas considering euthanasia deserve access to high quality medical services, not an online or telephone substitute because governments are not willing to properly fund health care," Bishop Harris wrote in a letter to Attorney General, Mark Dreyfus.

"There is no case for euthanasia advice by telephone for people in rural and remote areas when governments refuse to provide adequate palliative care services to people outside a capital city."



Most Rev Timothy Harris DD, Bishop of Townsville

"Suicide and euthanasia are non-therapeutic treatments that demand the highest standards of medical attention because they are lethal and therefore non-reversible," wrote Bishop Harris.

New UK Health Secretary Faces Pressure Over Abortion Stance

Thérèse Coffey, a Catholic, has voted consistently for pro-life positions

LUKE COPPEN September 7, 2022



Thérèse Coffey. Chris McAndrew via Wikimedia (CC BY 3.0).

Britain's new health secretary is facing pressure over her stance on abortion.

Thérèse Coffey, a practicing Catholic, was named the U.K.'s deputy prime minister and health secretary on Sept. 6 by incoming prime minister Liz Truss, the successor to <u>Boris Johnson</u>. Coffey, who has voted against measures to expand abortion, <u>told</u> Sky News on Sept. 7 that she was "a complete democrat." "It's not that I'm seeking to undo any aspects of abortion laws," she said.

She added that her priorities as health secretary would be "A, B, C, D – ambulances, backlogs, care, doctors, and dentists." The British Pregnancy Advisory Service (BPAS), a major abortion provider, criticized Coffey for voting in March against an <u>amendment</u> to make at-home medical abortions permanently available in England... The U.K. permits abortion up 24 weeks for all unborn children but with no time limit if there is a "substantial risk" of disability or to the health and life of the mother. A <u>record number</u> of abortions took place in England and Wales in 2021. The authorities recorded a total of 214,869, the highest figure since the passage of the <u>1967 Abortion Act</u>.

According to the charity <u>Right to Life UK</u>, Coffey has voted for pro-life positions on <u>10 occasions</u> since 2011, the year after she became the Conservative Member of Parliament for Suffolk Coastal. She voted in favour of independent abortion counselling and an explicit ban on sex-selective abortion, and against moves to liberalize abortion laws in Northern Ireland.

In 2010, she was the primary sponsor of a motion in Parliament urging the government to "give its full backing to mental health assessments for women presenting for abortion" and "make available information on the possible mental health risks to women of an induced abortion."



Lives Under Threat From Pressure To Allow Telehealth Consultations On Euthanasia

Lydia Lynch - The Australian 22 August 2022

Anthony Albanese is under renewed pressure from Queensland's Labor government to change laws which prevent doctors using **Telehealth** to discuss assisted dying before another 14 million Australians become eligible to access the scheme by next year.

Queensland's Acting Premier, Steven Miles, the champion of assisted dying laws in his state, is urging the federal government to allow **Telehealth** consultations on euthanasia and assisted suicide by the end of the year.

"We would certainly urge them to move quickly," Mr. Miles said. "Obviously they have only been elected a couple of months now so we have been letting them get their feet under the desk and get on top of issues, but from here we would urge them to address that concern. I know other states have expressed a similar view."

The Australian revealed in July that Attorney-General Mark Dreyfus was investigating changes to the Criminal Code after senior members of the Palaszczuk government raised concerns about doctors being fined \$222,000 for discussing euthanasia via telehealth.

Assisted dying is already under way in Victoria and Western Australia and will be available in Tasmania in October.

Queensland and South Australia's schemes will come into effect in January, and NSW in October next year.

Mr Miles said the inability to use Telehealth for euthanasia and assisted suicide was a "bigger issue here in Queensland than anywhere else" because the state was so decentralised.

Mr Miles said if the law could not be changed, then commonwealth prosecutors could be given guidelines not to charge VAD doctors, which would be a *"relatively simple thing to do"*.

A spokesman for Mr Dreyfus said there was "no update at this stage" beyond a communique issued after a meeting of Attorneys' General on August 12.

"The Australian government is closely considering the issue of health practitioners being at risk of prosecution and agreed that this item will be further considered at the next meeting," a statement read.

This is a **red warning signal** for vigilance by Right to Lifers to oppose any change in the present ban on such Telehealth consultations.

A change in the federal legislation to allow Telehealth consultations for euthanasia and assisted suicide would open the way to allow patients to access euthanasia and assisted suicide by a very superficial assessment and approval by doctors who are active promoters of euthanasia and assisted suicide.

Already, in Victoria, a quite small group of doctors are responsible for the majority of deaths by euthanasia and assisted suicide.

No Case Made for Overturning Territories Euthanasia Ban

The Restoring Territory Rights Bill 2022, a private members' bill, which removes the ban on the Northern Territory and the Australian Capital Territory legislating for euthanasia, was passed by the Commonwealth House of Representatives on Wednesday 3 August 2022, 99 votes to 37.

The Bill is now being considered by the Senate. Debate began 5th September 2022 and is continuing each Monday when the Senate is sitting.

The Bill was rushed through the House of Representative at record pace; yet there are serious concerns with the proposed legislation.

Despite its title, this new bill isn't about territory rights. The only "right" being restored is the right to pass euthanasia and assisted suicide laws in the territories.

The ban currently in place preventing territory governments from legislating for euthanasia should not be removed. There are some very important reasons why.

The Commonwealth Parliament, in 1998, after examining this issue carefully, made the decision that a ban on euthanasia and assisted suicide for the territories was important, given the disproportionate effect such laws would have on the Indigenous population. It properly exercised the responsibility conferred on it by the Constitution, especially regarding the health and welfare of Aboriginal and Torres Strait Islander peoples. This law has worked to support the Commonwealth government's ongoing "Closing the Gap" initiative, focused on the health and life-expectancy of Indigenous Australians.

In addition, a comprehensive consultation with Aboriginal Communities in the Northern Territory in 1996 revealed the extent to which Indigenous Australians are opposed to euthanasia and assisted suicide. It also indicated that these laws could adversely affect the willingness of Indigenous people to access appropriate health care. This is very troubling, particularly when there is already a significant gap between life expectancy for Indigenous and non-Indigenous Australians.



Neither of the two MPs who introduced the Bill, Labor's Luke Gosling and Alicia Payne, included any reference in their second reading speeches to the impact of this Bill on Indigenous Australians.

There was no evidence provided to counter the serious concerns that led to the Andrews Bill in the first place, or that the concerns of the Parliament in 1997 regarding the impact of such laws on Indigenous Australians have been ameliorated.

Are Indigenous Australians no longer opposed to euthanasia? Will legalising euthanasia in the Territories no longer have a negative impact on Indigenous peoples accessing health care? We don't know the answers to these questions because the government has sidelined all concerns regarding this issue.

So much for Labor's commitment to the "Voice". Indigenous people have made their views on this issue known, and have been completely ignored by the present government.

Given the gravity of the issue and its disproportionate impact on Indigenous Australians, the Commonwealth Parliament must not abandon its responsibility to Indigenous Australians by overturning the ban on euthanasia and assisted suicide laws in the Territories.

All the TEAL MPs voted for this bill! Apparently, climate change is more important than human life! Ed.

LIFE NEWS.COM – WE ARE UNDER ATTACK!

Pro-Life News Report www.lifenews.com

Excerpt: Saturday, September 25, 2022

The pro-life movement is under attack! Pro-Life Americans are facing attacks on all fronts like never before.

Here at LifeNews we have faced attacks in the weeks following the Supreme Court decision to overturn Roe v. Wade ranging from pro-abortion radicals trying to overwhelm our web site to emailed death threats and harassing letters in our mailbox.

But unfortunately, that pales in comparison to what other pro-life Americans are facing.

In North Dakota, a Democrat killed a Republican teenager after a political argument just because he considered him an "extremist" for being conservative.

In Michigan the other day a radical abortion activist shot an 84-year-old pro-life grandma because she was campaigning against a ballot proposal that would legalize abortions up to birth. And in Philadelphia Jo Biden's FBI raided the home of a pro-life pastor and traumatized his children over a bogus charge against him for protecting his son while sidewalk counseling outside a local abortion business.

All that doesn't even begin to touch on the more than 100 cases of violence against churches, pregnancy centers and pro-life groups — including fire bombings, arson and vandalism.

The horrors of Canada's assisted suicide regime are finally coming to light

(LifeSiteNews) Jonathon Van Maren Excerpt – Thu Sep 22, 2022

Left-wing media outlets around the world have begun criticizing Canada's assisted suicide laws as citizens turn to euthanasia to escape poverty.



VGstockstudio/Shutterstock

Over the past two years, Canada's euthanasia regime has gone from a hidden horror show to an internationally recognized horror show. The global headlines have been both brutal and damning.

From a Latin American <u>news outlet</u>: "Canadians Turn to Euthanasia as Solution to Unbearable Poverty." From the staunchly left-wing <u>Guardian</u>: "Are Canadians being driven to assisted suicide by poverty or healthcare crisis?" From the <u>Associated Press</u>: "'Disturbing': Experts troubled by Canada's euthanasia laws." From the UK's <u>Spectator</u>: "Why is Canada euthanizing the poor?" From Brazil's <u>Rio Times</u>: "Canadian government pays poor who can't 'live with dignity' to commit suicide."

As Justin Trudeau famously announced before all of this came to pass: "Canada is back."

Even the normally domesticated Canadian press has been reacting in horror to the stories leaking out of our euthanasia regime, like blood under a hospital room door. Although it must be pointed out, with a few notable exceptions such as Andrew Coyne, the press championed the legalization of assisted suicide, obediently switched to using the euphemism "MAiD" (Medical Assistance in Dying) when asked, and generally celebrated the decision as the next step for progressivism.

Despite all evidence presented by the disability community, mental health professionals, and pro-life activists, we were repeatedly told that what is currently happening would never happen. Some were tragically wrong. Some were lying.

Now even the *Toronto Star* – Canada's largest and most liberal newspaper – is starting to realize that we may have made an awful mistake. A September news item is titled "'Hunger Games style social Darwinism': Why disability advocates are worried about new assisted suicide laws." The story isn't pretty...

'They may think they're doing something good for these patients, but that could be driven by ugly stereotypes about disability,' he said... 'Our society needs to do more to facilitate living with a disability, and not be so eager to facilitate dying.'...

When even the *Toronto Star* runs a headline comparing Canada's euthanasia regime to "Hunger Games style social Darwinism," perhaps MPs in a position to do something – and this includes the new Conservative leader, who deliberately said not a word about any of this during the recent leadership race – should step up and do something to ensure that the most vulnerable members of our society aren't driven by desperation to die at the end of a needle.

Fiona Patten's Bill to defund Catholic Hospitals fails

On 17th August 2022, Fiona Patten's Bill to defund Catholic Hospitals failed, as all the Labor and all the Liberal Members of the Legislative Council voted against it.

She called her bill, the "Health Legislation Amendment (Conscientious Objection) Bill 2022. It provided:

"a denominational hospital – (a) must provide advice and services for or relating to voluntary assisted dying; and (b) in the case of a denominational hospital that provides gynaecological, obstetrics or neonatal services – must provide advice and services for or relating to - (i) contraception; and (ii) the supply of contraceptives; and (iii) medical or surgical abortion; "

No state funding would be available to hospitals which refused to kill their patients by abortion or euthanasia. Victorian Health Minister, Mary-Ann Thomas, after conferring with Ms Patten, said that the proposals would lead to some hospitals losing money. "The bill seems to endorse funding cuts to public health services in Victoria," she concluded. "We are not in the business of cutting funding to public health services in Victoria – indeed the absolute opposite."

Shadow Minister for Health, and former mid-wife, Georgie Crozier said Ms Patten's Bill was "flawed." "There is no precedent in this state for health services to be mandated in the specific care and services that they provide – none whatsoever," she told Parliament. "To say that women's rights are being denied are not

right," she said. "It is ridiculous and it is wrong."



Fiona Patten MLC Northern Metropolitan Legislative Council

The Bill was defeated 28/7. Members of the Legislative Council who voted for the Bill were: Transport Matters Party M.L.C. Rod Barton, Animal Justice Party M.L.C. Andy Meddick, Greens Samantha Ratnam, Sustainable Australia M.L.C. Andy Meddick and Derryn Hinch's Justice Party ML.C.'s Tania Maxwell and Stuart Grimley, as well as Fiona Patten of the Reason Party, formerly the Sex Party.

Victoria's Euthanasia Deaths Increase 31% in 2021-2022

By Michael Cook, editor of Bioedge September 27, 2022

The number of Victorians using voluntary assisted dying has increased by 31% in a single year, despite the Covid-19 pandemic. In the year to June 2022, 269 people died, compared to 204 in the previous year. A total of 594 people has died through assisted suicide or euthanasia since the commencement of the state's legislation in 2019.

The chairman of the Voluntary Assisted Dying Review Board, Julian Gardner, was delighted with the results. "The number of people seeking to access voluntary assisted dying continues to increase," he wrote in an introduction to the Board's annual report. "This is a further indicator of the success of the system."

Mr Gardner emphasised that "The most significant matter to report is that voluntary assisted dying in Victoria continues to operate safely and lawfully." Four deaths were technically non-compliant with the legislation, but he was confident that they were "clinically appropriate". Three contact people did not return substances left over from the procedure to authorities quickly enough and one person had signed for the medication as both the applicant and witness.

The figures in the report are still incomplete, as there is no information on 6 people who had obtained a permit and died – but it is not clear whether they died a natural death or whether it was self-administered or practitioner-administered.

The number who died after obtaining a permit under the legislation is higher – some people passed away before a lethal drug was administered.

The Board is already pressing for amendments to the legislation. At the moment, under a Federal law forbidding giving advice about suicide, Victorian doctors are banned from tele-consulting for assisted dying. "The law as it exists creates barriers to access to care and, in some cases, imposes unreasonable travel demands on people suffering from life-ending medical conditions," Mr Gardner wrote. "A change to the law will enhance access for all Victorians, regardless of their location or mobility."

Mr Gardner's optimism about the latest figures contrasted with an observation by a trenchant critic of the Victorian legislation, the <u>Australian Care Alliance</u>: "Deaths by euthanasia and assistance to suicide in the twelve months July 2021 to June 2022 represent 0.58% of all deaths in Victoria for that period. It took Oregon 22 years to reach that rate!"

A total of 37% of applicants for assisted dying lived in regional Victoria, even though only 22% of Victorians live there.

Almost coinciding with the release of the report on assisted dying was a report on the state of palliative care in Victoria by KPMG, an independent consultant. According to Palliative Care Victoria, "Demand for palliative care services has increased by 11.9% over the last 5 years, due to the growing and ageing of Victoria's population. Meanwhile, funding increased by only 10.2% in the same period. The shortfall in funding for service delivery is expected to reach A\$91.2 million by 2025."

Forced Euthanasia Cases in the Netherlands.

Family and Life www.familyandlife.org 6.9.22 According to Medical Contact in the Netherlands and LifeNews, the Dutch Minister of Health Hugo de Jonge, spoke out against forced euthanasia. The Netherlands was one of the first countries to legalise this practice but there are many stories claiming elderly people are being forcefully killed in cases where they have a change of heart. Medical Contact stated that the Minister was speaking about a case about euthanasia without consent which was reported by Alex Schadenberg of Euthanasia Prevention Coalition. See bit.ly/3SBN7L6

The holding or fixing of a patient prior to the execution of euthanasia, with the aim of preventing the patient from resisting is and may not be part of the execution of euthanasia. That is what Minister Hugo de Jonge of VWS says in a letter to the House of Representatives with which he responds to the current discussion about euthanasia in case of capacity. De Jonge also refers in the letter to the case of a demented woman, in whom the geriatric specialist added a sedative to the coffee prior to euthanasia to put her to sleep. The family also helped to hold the patient after she raised herself from the bed. De Jonge states that coercion for euthanasia pertinently is not in accordance with a responsible performance practice. He points out that in such a case two laws apply. Firstly, the euthanasia law (Wtl) and secondly the law for care and coercion.

Only with the Law of Care and Compulsion there are exceptions to voluntariness and thus act without permission. Involuntary care, writes de Jonge, may only be used as a last resort. In addition, a step-by-step plan must be followed and external expertise must be engaged. With euthanasia there can be no question of care within the meaning of the Care and Compulsion Act because euthanasia and also help with suicide are 'special medical treatment.' Minister de Jong refrained from talking on the specifics of the case because it is the subject of a disciplinary case in which the geriatric specialist has appealed.

Catholic Health Australia is Actively Opposing the Restoring Territory Rights Bill 2022

Catholic Health Australia (CHA) has written to all Australian senators to voice its concerns over the passage of the Restoring Territory Rights Bill 2022 which, if passed, will usher in assisted suicide laws in the Australian Capital and the Northern Territories.

In its letter, CHA wrote: "Today medical science can provide Territorians with another more compassionate path – a way that supports living and gives people additional precious moments with loved ones. Good palliative care is a life-supporting choice that manages pain using the latest technologies and analgesics, while also providing extensive cultural, emotional, social and spiritual support for those with a life-limiting illness."

CHA has been very blunt in its attack on the bill calling the bill "a Trojan Horse for assisted suicide."

See CHA media release: www.cha.org.au/home/cha-urges-senate-to-oppose-trojanhorse-euthanasia-bill-for-territories/ 4/8/22