



**Margaret Tighe**

## Letter from the President

Dear Friends of Life

For many years The Right to Life Australia Inc. has enjoyed very appropriate office accommodation. Firstly, we were able to purchase a Victorian terrace house in Brunswick.

Subsequent to that we moved to a very suitable office building in Nicholson Street, Brunswick East which was able to be used for Pregnancy Counselling as well.

Eventually because our funds were beginning to dwindle, we sold the building and moved to a suitable office which we have rented in Brunswick East for many years.

Unfortunately, we are badly in need of financial help to be able to remain in this very suitable office space.

You may ask, why is this so?

Quite simply the answer is the gradual Australia-wide legislation that has stripped away all respect for human life. Is this a good enough reason for us to go away?

Of course not! It is more important that ever that we must continue to speak out and be more active about the protection of human life. Many of you have been faithful supporters for many years.

Perhaps there may be some of you who are able to afford that extra amount that could help us continue to pay the rent in Brunswick East?

Maybe you would be able to set up a weekly debit from your bank account.

**Margaret Tighe, PRESIDENT**

## DANGER AHEAD

**Kate Chaney MP (IND) introduces private member's bill to allow telehealth for assistance to suicide and euthanasia**

**STOP KATE CHANEY MP's BILL**



**Ms Katherine Chaney  
MP Member for Curtin  
introduced bill**

### BACKGROUND:

As we explained in our December 2023 Right to Life Australia Inc. newsletter there was a small win in the Federal Court of Australia which reinforced the current ban on the use of telehealth (for assisted suicide and euthanasia). Judge Wendy Abraham KC ruled on 30/11/23 that the Criminal Code Act 1995 [which prevents doctors using telehealth] does apply to ending someone's life using assisted suicide and euthanasia. i.e the words "commit suicide" does apply to "VAD".

But this reprieve was not for long.

A private member's bill has now been introduced into Federal parliament on 12 February 2023 by Ms Katherine Chaney MP and seconded by: Dr Monique Ryan MP (both Independents). The bill is called the [Criminal Code Amendment (Telecommunications Offences for Suicide Related Material- Exception for Lawful Voluntary Assisted Dying) Bill 2024]. The bill aims to circumvent the present ban on using telehealth by amending the Federal Criminal Code Act 1995.



**Dr Monique Ryan MP  
Member for Kooyong  
seconded bill**

### PRIME MINISTER'S RESPONSE

On 3AW Melbourne radio on 1st December 2023 Prime Minister Hon Anthony Albanese MP made it clear he personally didn't support telehealth appointments to access assistance to suicide and euthanasia counselling. He said: "My personal opinion is that these issues are serious and that telehealth should not be used because I'd be concerned about some of the implications there."

It is essential all of us write to Mr Anthony Albanese supporting his stand against the use of telehealth for assistance to suicide.

### FEDERAL ATTORNEY-GENERAL RESPONSE

The Member for Curtin, Ms Chaney MP said that the Federal Attorney-General had committed to considering her bill.

Federal Attorney-General Mark Dreyfus KC MP represents all Australians, so it is essential we also write to Mr Dreyfus to express our opposition.

Margaret Tighe, President, Right to Life Australia Inc stated:

"I urge the Albanese government to resist the pressure for change on this issue and protect patients from any pressure from doctors to choose to kill themselves by euthanasia or so-called doctor assisted dying."

### ACTION PLEASE SEND TWO LETTERS:

A short personal letter is necessary. We don't need to get into the intricacies of the *Commonwealth Criminal Code Act 1995*!

Please write to:

- 1. Write to:** **Hon Anthony Albanese MP**  
Prime Minister of Australia  
Parliament House  
Canberra ACT 2600.
- 2. Write to:** **Hon Mark Dreyfus KC MP**  
Federal Attorney-General  
Parliament House  
Canberra ACT 2600.

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Keep writing to our Federal MPs and Senators representing our state. Phone Parliament House, Canberra, 02 6277 7111 and ask for assistance to find your member of Federal Parliament and Senators or search [www.aph.gov.au/Senators\\_and\\_Members](http://www.aph.gov.au/Senators_and_Members)



**“NO to TELEHEALTH” POINTS TO USE IN YOUR LETTER:**

- 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.
- 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.

**SAMPLE LETTERS:**

**Dear Prime Minister/Mr Dreyfus**

If access to assistance to suicide and euthanasia is allowed via a telephone call or a video consultation the safeguards in place to protect patients will be easily circumvented leading even to wrongful deaths. Safeguards are there for every person, and not related to postcode. All Australians in cities as well as remote areas need to be protected. Please oppose Ms Chaney MP's bill and continue the existing ban on assistance to suicide and euthanasia using telehealth consultation.

Yours faithfully, Name, address, state

**Dear Prime Minister/Mr Dreyfus**

I wish to oppose Ms Kate Chaney and Dr Monique Ryan's bill to allow telemedicine for assisted suicide and euthanasia consultations. Telehealth Consultations were used during COVID replacing face to face medical care. However, there are significant disadvantages to such telehealth consultations. Many patients using telehealth consultations may not know the treating doctor.

Likewise, the doctor may not know the patient. Telehealth consultations for assessment and approval for assistance to suicide and euthanasia would be in a special class of their own involving life ending decisions. Please oppose the removal of the existing ban of telehealth consultations.

Yours sincerely

Name, address, state

**Dear Prime Minister/Mr Dreyfus**

I oppose Ms Chaney MP's bill to allow access to assistance to suicide and euthanasia by telehealth. If passed, a virtual visit suffices in finding a doctor who will prescribe lethal drugs. It no longer depends on having a personal relationship with a doctor. Nothing prevents depressed or suicidal patients from doctor shopping to find someone willing to prescribe them death rather than the mental health care and suicide prevention they need. This is a dangerous move which could result in potential abuse and fraudulent use of prescribed medicines.

Yours faithfully, Name, address, state

**Dear Prime Minister/Mr Dreyfus**

I oppose Ms Chaney MP's bill to allow access to assistance to suicide and euthanasia by telehealth. This is a life and death issue. Already in Victoria a medical Dr Carr was found guilty last year and fined \$12,000 when he failed to obtain signatures while approving a patient's application for assistance to suicide. It is not hard to imagine the problems when digital signatures are used! Please oppose the bill and continue to protect patients who need good medical care and not a fast track to giving up.

Yours faithfully, Name, address, state

**Dear Prime Minister/Mr Dreyfus**

We know older people are being coerced into giving up inheritances early and for financial gain by relatives. They often talk about being a burden to their family. A medical practitioner providing assisted suicide information to a person by telehealth cannot possibly know what is going on in the background. We need to pass legislation to strengthen protection for our elderly not reduce safeguards.

Yours faithfully, Name, address, state

*Alex Schadenberg, the co-founder and executive director of the Canadian-based Euthanasia Prevention Coalition, recently warned: “Safeguards are part of a deliberate bait-and-switch tactic by assisted suicide advocates to get a bill passed and then come back to amend it by gutting those safeguards.” (Alex Schadenberg blogspot (Canada) 11 December 2023).*

**Silence After Abortion Death!**

Appalling news regarding the death of a Melbourne mother of two following an abortion at a Melbourne clinic in January 2024. Especially appalling is the silence of Melbourne media. I wonder why the only report in major media in Melbourne was the Herald Sun which ensures the true nature of the procedure is not revealed.

Daily Mail (Aus) produced an article which can be read online: <https://www.dailymail.co.uk/news/article-13025855/Abortion-surgery-death-Melbourne-Harjit-Kaur.html>



## Re-Imagining a Prolife Australia: Why We Have Lost and How We Can Win



Professor Joanna Howe DPhil in Law (Oxon), M.Studies in Legal Research (Oxon), B.Law (First Class Honours) (Sydney), B.Economics (Social Sciences) (Sydney) (pictured) was a key presenter at The Right to Life Australia Inc. conference held in Melbourne in November 2023.

The following is the copy of her presentation.

"The creation of Emily's List in 1996 has been pivotal to making our state and federal parliaments more radical on the issue of abortion than the Australian population.

The first of five core founding values of Emily's List is that it is pro-choice, which of course really means pro-abortion. You cannot be a member of Emily's List if you're not pro-abortion. This has transformed the Labor party and made it a very hostile place to be if you are a prolife Labor woman.

Emily's List stands for Early Money Is Like Yeast and is based on the need to give preselected Labor candidates money during their first election campaign to help them as receiving many donations early in a race helps attract subsequent donors.

Emily's List doesn't give money to help women seek re-election as the focus is on getting more and more new women into the parliament.

The first time EMILY's List put its toe into the water to support candidates was in the 1997 South Australian election when their six candidates all won.

Since then Emily's List has supported 640 Labor women, with 312 elected into state and federal parliaments.

There's three key aspects to Emily's List success:

- **Mentoring** – once preselected, a woman is matched with an Emily's List mentor, either a current or former MP who connects in on a weekly basis.
- **Money** – a lump sum donation once preselected
- **Network** – connected to a significant and powerful Emily's List network that includes Julia Gillard, Joan Kirner, Carmen Lawrence. The ALP federal caucus is now 53% female, and more than half of these women were EMILY's List endorsed.

The infiltration of Emily's List on Labor has also infected the Liberals.

This has meant that each of our state and territory parliaments have passed abortion up to birth on demand despite the fact that only 31% of Australians support abortion up to 20 weeks. Up to birth would be even less.

We can see a different story emerge in the US. Although Emily's List was created in 1985 with the specific and singular focus of expanding abortion, only seven years later an alternative was created in the US.

Marjorie Dannenfelser and a group of pro-life women founded Susan B. Anthony Pro-Life America in 1992 as the political arm of the pro-life movement.

SBA List has been around for 30 years and its fruits are evident.

For example, in the 2022 election they reached millions of Americans with a \$78 million campaign budget:

- 65 million digital ad views
- 3.8 million visits to voters through doorknocking
- 7.3 million mail to voters
- 8 million voter calls
- 4 million voter text messages

They have 1300 members on their field team. This is the organising model in action.

The legacy of SBA List is significant.

Roe v Wade prevented abortion bans pre-viability but when it was overturned the prolife movement was ready.

The effect of a proper parliamentary representation of the people's views on abortion has meant that in the US the laws are much more balanced and only 8 states out of 50 are as extreme as Australia.

Out of the US states-

- 16 have either banned abortion entirely or have a limit of 6 weeks
- 2 states have a ban at 12 weeks
- 2 states have a ban at 14 weeks
- 1 state has a ban at 18 weeks
- 21 states have a ban at viability or around viability 22-24 weeks
- only 8 allow abortion up to birth with no gestational limits

This shows the success of SBA List in supported prolife candidates to be elected in state governments in the US.

For example, in 2020, the SBA List Candidate Fund endorsed 21 pro-life Senate candidates and 69 pro-life House candidates in the 2020 election cycle.

Of the SBA-List endorsed candidates, 14 senators and 46 candidates to the U.S. House were elected—a record 31 of whom are pro-life women.

In Australia we've never had the handbrake of Roe and yet we have never focused on getting prolife politicians elected.

Importantly, SBA List hasn't focused on niche parties but on infiltrating mainstream political parties with prolife candidates.

They've also used the organising model for grassroots fundraising and campaigning to change hearts and minds of ordinary people and build general education and awareness on abortion."

### From our CEO...

*You may not be aware but I have been working for The Right to Life Australia Inc for nearly 13 years – since September 2010. The longer I have worked here the more experience I have gained and the more committed to the cause I have become.*



*With a skeleton workforce we work hard to campaign against parliamentary bills, write submissions to government and keep you abreast of our work with our newsletter and emails. In addition, we have accounting requirements to adhere to state and federal legislation.*

*We always rely on you to assist us. Many supporters prefer to be active by writing to MPs, others volunteer their time on our Committee of Management or in the office, others prefer to give a donation. Right now, our **biggest worry** is having sufficient income to keep going. Please consider helping us with an ongoing regular donation. We may be seen as the "Cinderella cause" – but the unborn and vulnerable need us more than ever.*

**Mary Collier, Chief Executive Officer**

## PRESENTATION: RIGHT TO LIFE AUSTRALIA INC CONFERENCE 2023:

RICHARD EGAN BA, Grad Dip Lib Sc

### Fighting back against legalised euthanasia and assisted suicide

I want to talk to you about fighting back against legalised euthanasia and assisted suicide and I was very encouraged by Dr Joanna Howes' talk. I like her fighting spirit.

Euthanasia and assisted suicide will - when the New Wales Act, sadly comes into operation on 28th November [2023] - then be legal in 26 jurisdictions around the world, including all six Australian states and obviously with imminent law in the A.C.T.

In Colombia, Italy, Germany, Austria and Canada euthanasia became legal following decisions of the highest court in each of those countries based on an alleged constitutional charter right. Weirdly, in Canada they found a right to kill people as part of the right to life. Very bizarre.

In the Netherlands, euthanasia was first declared legal by the court, interpreting the defence of force majeure or in common law, the defence of necessity. Essentially, the court said when a doctor is faced with otherwise unrelievable suffering in the patient, he or she is, as it were, forced to kill the patient if the patient requests it.

In some US states, firstly in Oregon, assisted suicide became legal following a popular vote, so a kind of referendum or plebiscite. In all other jurisdictions, including the six Australian states, euthanasia or assisted suicide became legal as a decision of the legislature or the Parliament. Now, in every case legalising the two acts, euthanasia or assisting someone to suicide creates an exception to the otherwise universally applied criminal laws which prohibit you murdering anyone.

And consent is never a valid defence to murder. We don't allow duels to the death or cage fights to the death or a mutually agreed cannibalism to the death. So consent is never a valid defence to murder. And we also have laws against assisting a person to suicide. So, people argue suicide is not illegal. That's correct. But helping someone to commit suicide is, in every case, illegal.

But legalising euthanasia and assisted suicide creates a carve-out to that - says we're [not] going to apply the law of murder or assisting suicide to certain categories of people. Legalisation also abandons a public policy commitment to suicide prevention for all. In Australia, we call it "towards zero". We want how many suicides? NONE. We don't want to see anyone taking their life.

And we do everything we can to prevent suicide. But then we carve out this group so - not only we're not going to try to prevent your suicide, we're going to approve it with a state permit: "You may top yourself. Authorized -Secretary of Health Victoria". These carve-outs from the criminal law and from prevention efforts are based on the idea that some people are right to think that they are better off dead.

Then it becomes a good thing for the state to authorise health practitioners - or in Germany under the court decision, anyone - to supply the person with a lethal substance to commit suicide or directly administer a lethal substance to kill them. In the parliamentary debates, both the public argument and the debates in Parliament have tended to focus on the claim that "a small number" - it's always "a small number" - of terminally ill or chronically ill people cannot be adequately helped by palliative care so that direct killing is the only way to provide them with a peaceful death.

This has been combined with an argument that the choice to end one's life is a valid exercise of autonomy. We all like autonomy. We all like to make our own decisions in our life, not to be told what to do.

Well, this argument for autonomy is mostly advanced by the white, the well and the wealthy - and the slightly worried.

And this was typified when James Downar, who was the lead euthanasia pioneer in Ontario, came to Melbourne for the launch of legalised euthanasia here. And he described the typical case after he'd killed several dozen people in Ontario as involving - his words - "a self-willed captain of industry who demands the right to exit on his own terms because that is how he manages the rest of his affairs".

Now, looking at the race issue or cultural issue, if you look at the statistics for California, white Californians are accessing assisted suicide at **27 times** the rate of blacks and at **14 times** the rate for Hispanics. It's a white issue. **It's a white privilege issue.**



Euthanasia is not the poor, the vulnerable, the lonely, the disabled who are demanding it, but they become its victims.

There is accumulating evidence that once legalised euthanasia becomes a threat to more vulnerable people - not the people who are demanding it, but others who get caught by it.

Since 1998, 125 Oregonians have died from assisted suicide after expressing concerns about the financial cost of treatment. In Canada, euthanasia is now being openly offered as an alternative solution for poverty, homelessness, disability - including the notorious offer of euthanasia to a female veteran and Paralympian as an alternative to waiting for a stair chair so she could get up to the second floor of her house: "If it's taking too long Ma'am, you can always ask for MAID (Medial Aid in Dying)".

568 cases in Canada in 2022 are recorded in the official annual report as "needing disability support services but did not receive them". 568 people needed disability support services did not receive them, but they did get MAID - euthanasia.

From 24 March 2024 in Canada sadly, euthanasia will also be offered as a solution for people dealing with mental illness as it is already in the Netherlands and Belgium.

Some cases from the Netherlands with Asperger's [syndrome]: A man in his sixties with Asperger's -described as an utterly lonely man whose life had been a failure - that's how the doctor wrote up the case, the doctor who killed him - was euthanased because he was horrified at moving into sheltered accommodation.

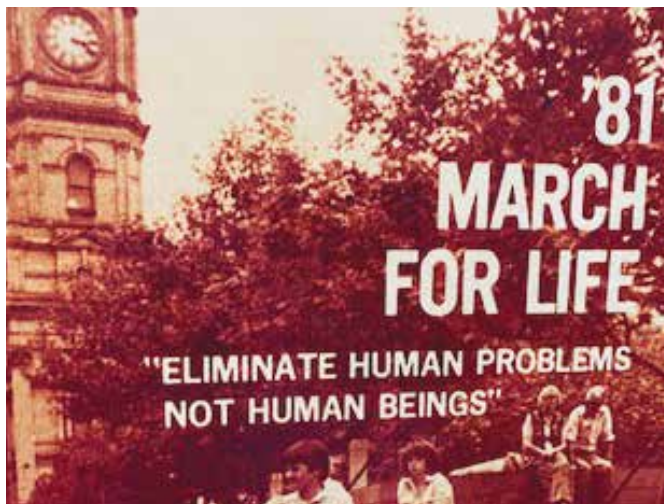
Although he had been diagnosed with severe and probably chronic depression with a persistent death wish, another psychiatrist, after seeing him just once, certified he was free enough of depression in order to be able to competently consent to euthanasia.

Another man in his thirties, also with Asperger's, was euthanased based on his distress at his continuous yearning for meaningful relationships and his repeated frustrations in this area because of his inability to deal adequately with closeness and social contacts.

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## MARCH FOR LIFE 1981 – MEMORIES OF EARLY RIGHT TO LIFE MARCHES

These photos of the annual Melbourne March for Life in 1981 (courtesy of John Dynan) illustrate how successful it was being held for many years in Melbourne by The Right to Life Australia Inc. (The March for the Babies is a more recent event held by Bernard Finn).



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These things make me weep. This abandonment of the disabled and the mentally ill. Even before euthanasia has become legal in Canada for mental illness 2,294 Canadians were euthanized, citing loneliness as a factor in their decision. Why couldn't the medical practitioner or nurse practitioner just have made a cup of tea and had a chat?

In Belgium, persistent suicidal ideation is now accepted as valid grounds for euthanasia.

So you qualify for euthanasia if you repeatedly want to kill yourself, that's all. You don't need anything else.

In opposition to this notion of being "better off dead" is the wonderfully named disability group "Not Dead Yet!" Exclamation mark. I love those guys.

These are some of their observations on assisted suicide based on their lived experience of disability.

"Although intractable pain" these are their words - "has been emphasized as the primary reason for enacting assisted suicide laws the top reasons given are:

disability issues, loss of autonomy, less able to engage in enjoyable activities, loss of dignity, ^loss of control of bodily functions and feelings of being a burden." ^ People with disabilities live with those **every day of their life**. Are we saying they'd be better off dead?

In judging that an assisted suicide request is rational essentially, doctors are concluding that a person's physical disabilities and dependence on others for everyday needs are sufficient grounds to treat them completely differently than they would treat a physically able-bodied suicidal person.

So, if you take the two things that drive the argument, one - autonomy.

Clearly we don't take that principle the whole way. No one so far in our society is advocating assisted suicide for anyone who asks - well, apart from Philip Nitschke. He was happy to kill off the troubled teen, the depressed farmer who lost his land. He'd help anyone die.

But you know, he's running a cult. So that's Philip.

But generally, there's a second plank. The doctor has to agree that the person would be better off dead. So euthanasia and assisted suicide laws, by definition, are ableist and discriminatory. They abandon some people. They decide who's worth saving, whose life is still worth living. ^ In Victoria, it's not sufficient for the doctor to agree that you're better off dead before being able to kill you. The doctor has to get a permit from the Secretary of the Department of Health and Human Services. This was the first time that this has been required since 1st September 1939 when Adolf Hitler authorized Dr. Karl Brandt and others to decide which disabled young German children would be better off dead. ^ So Victoria boasts of its 68 so-called safeguards. We did an analysis of those - most of those are illusory. Mostly, they just require ticking a box. Has this form come in? Tick. Safeguard? Really?

Recently, Dr. Nick Carr was found to have acted unprofessionally and fined when he failed to get the required two people to actually witness an applicant sign the final request form. So one of the safeguards is we prove it's voluntary because when the person signing "I want to have euthanasia or assisted suicide", two other people are supposed to sign and say they saw them sign.

Well, Dr Nick Carr gets the witnesses to sign the form and doesn't get the person to sign the form, sends it in. Some bright clerk at the Board - the Voluntary Assisted Dying Board - actually notices. So that was good, sends it back, says you better get the signature. So [Dr Carr] gets the patient in [again] and the patient signs it, but the witnesses aren't there!

He just uses the witnesses' signature from three days before and sends that in. Now, the clerk must have known that's what had happened. But it gets put through and the Secretary issues a permit. Why isn't the Secretary being investigated, sacked, charged with approving a murder? Because there was no evidence, according to the famous 68 safeguards, that the person actually signed in a voluntary way. So quite, quite shocking.

But what's the Voluntary Assisted Dying (VAD) Review Board busy doing?

Well, we just did a Freedom of Information request. Got all their Board minutes.

What they're busy doing is persecuting aged care or health facilities that resist euthanasia. They're demanding they all allow it and they're criticizing and threatening to take to the Australian Health Practitioners Regulation Authority doctors who have been making public comments critical of euthanasia.

I don't think it was you Marion {Dr Marion Harris} but they will be coming for you! I thought Joanna [Howe]'s thing about the alarmist gatekeepers was very relevant to this issue.

We found in the Board minutes that there was a report received of a person who had a seizure after ingesting the lethal poison prescribed for assisted suicide and the minutes recorded that the members of the Board "with clinical experience" claimed the seizure was unlikely to be related to the ingestion of the substance.

What an extraordinary claim given that this is regularly reported from Oregon as a complication of assisted suicide. They showed no knowledge of that at all.

They also received reports of some deaths being unduly prolonged. As I think the clinical guidance says it could take up to 3 hours - that means some deaths are taking longer than that. And how did they want to deal with that? More euthanasia. So the doctor can bump you off instead.

The promise of a peaceful death is illusory.

The complication rates in Oregon over 25 years of data - seven and a half percent per year are complicated - regurgitation and seizures, recovering - as in, not dying - taking four days to die, and so on. In the Netherlands with euthanasia (they go with a backup euthanasia kit in case the first one doesn't work, which we don't do that here in Victoria - it's first time has got to work), three percent of cases [involve complications]: spasms, tachycardia, rapid heartbeat, excessive production of mucus, extreme gasping.

OK. There's no requirement in Victoria or other Australian states for actually reporting complications, so we're not going to hear about the worst things.

Assisted suicide and euthanasia laws usually require the request be voluntary and free of coercion.

To be truly free of coercion it would not just be overt coercion but also free from undue influence, subtle pressures and familial or societal expectations.

And for me, the very first thing I thought about back in the Nitschke days in the Northern Territory when that law passed, was that once you make a law for euthanasia, you can have Mrs. Brown who has been a paid-up member of the Voluntary Euthanasia Society all her life and is just dying to get euthanasia. Sorry, no pun intended. She wants it.

Well, good on Mrs. Brown. We'll leave her to her own thing.

But Mrs. Smith now, in the next bed in the nursing home, from the day that law passes can't take her right to life for granted anymore. Every morning she has to get up or wake up in bed and say, "I'm not going to ask for it today".

And maybe her favourite television show gets cancelled or the kids don't come to visit or make odd remarks about all the children's school fees and you know, how much is that house worth, Mum and so on. And so the subtle pressures - how do we know? And with elder abuse rife in Australia, the latest studies are just shocking, including inheritance impatience. Adult children wanting to get their hands on the money. And it doesn't have to be overt, but I did do up a little meme that said "Mum, have you asked for your VAD permit yet?" Because that's the subtle message.

Some supporters of euthanasia acknowledge this, but just don't care. Dr. Henry Marsh, British neurosurgeon and pro euthanasia, said:

*"Even if a few grannies are bullied into committing suicide, isn't that a price worth paying so that all these other people can die with dignity?"* Charming.

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In the Netherlands now, you want to be very careful what you put in advance directive. If you write an advance directive that says "If I have to go into a nursing home and I have dementia and am no longer competent, then I want to be euthanized." ^What that means now, according to the courts, is if you go into the nursing home, you've got dementia and they come to kill you and you say "No, I want to live." And you fight them. They can hold you down and kill you because your competent self - the advanced directive - binds your future demented self and authorizes them to hold you down and kill you - literally. The court said that.

It's unbelievable. But there we are.

Medical errors. Dr. Stephen Parnis and Dr. John Daffy from our Australian Care Alliance have been very good on this. There was a fantastic segment on "The Project" [TV] where essentially they forced Andrew Denton to make this statement. Andrew Denton, the Go Gentle founder.

"There is no guarantee ever that doctors are going to be 100% right".

What does that mean? It means they're going to kill some people on the grounds they have cancer and they don't even have the cancer. They're going to kill some people who have been told they've got six months to live who could have lived years longer. There's Jeanette Hall, the famous woman from Oregon, who got talked out of euthanasia and is still alive 23 years later.

There's going to be doctors who approve euthanasia and didn't know about the latest available treatment. I think there was a set of lung cancer patients in one study reported where they weren't even getting the proper biopsy done to see whether it was a more treatable form of lung cancer. Straight on the road to MAID.



I don't know how many of you remember the debate in Victoria when Jill Hennessy was claiming 50 suicides each year where these terminally ill people are killing themselves in horrible ways and we have to pass this law. We will be stopping one horrible suicide each week. ^Did they stop the suicides? There were 62 more suicides in Victoria in 2022 than there were in 2017 when she made that claim.

More significantly, the suicide rate among those over 65 years in Victoria increased between 2019 and 2022 by 42% which was five times the increase in New South Wales - where euthanasia was not yet legalised.

So studies all around the world have demonstrated there is no way that legalising assisted suicide prevents any suicides and it increases the overall rate, but it probably also increases the rate of unapproved suicides.

We need to reaffirm suicide prevention for all and not abandon those we think would be better off dead by affirming suicide or euthanasia as a valid choice. ^So, there's a very quick tour. What can we do?

Be informed: We are promoting our own work, of course - so the Australian Care Alliance - under the Facts tab, there's the two books that I keep up to date, particularly *Fatally Flawed Experiments*, where every time an annual report comes out from one of the 26 jurisdictions where it's legalised, we update it so all the latest information is there. I just updated it for Canada from the most recent report.

And also the 12 Categories of Wrongful Death, some of which are touched on today. So deaths with wrong diagnosis, wrong prognosis, people with disabilities being discriminated against and so forth. People with undiagnosed depression and people coerced and so on.

This narrow group that they said euthanasia was for - there is no jurisdiction where it's been kept to that at all. There's no possibility of doing that for all the reasons explained in that publication.

Look, there is some hope, there's some fightback. It is not looking all one way. There's places where they're still fighting off euthanasia laws. The UK is doing very well. They keep knocking them back. Although Jersey and the Isle of Man are now looking a little shaky.

But most there's still only ten out of the 50 US states have legalised assisted suicide and the others - they keep winning time after time. Some states bills get put up every year and defeated, so it is possible. In terms of turnaround, I think Canada has gone so far that there is a reaction now - when you get the main Canadian newspapers reporting these stories about the disabled veterans and the homeless and so on.

And then there was a bill just voted on in the last few days trying to prevent the coming into effect of the euthanasia for the mentally ill in March 2024. It was defeated by just 17 votes. So - a very close vote. And I think all the parties, all the members of the parties on the right voted for that bill.

So there is a reaction.

In Australia we need to analyse the evidence. We need to keep criticising the dangers, not let the VAD [Voluntary Assisted Dying] Review Board alarmist gatekeepers silence us. No-one will silence Marion Harris - I know that.

Okay, let me step back. In 1941, in Germany, two young people, Hans and Sophie Scholl, read on a secretly copied leaflet, the powerful denunciation by Bishop Clement Augustus von Galen of the Nazis' Aktion T-4 euthanasia program. Von Galen just had this absolute scathing denunciation of this program where they were literally killing disabled and mentally ill children, and then they went on to kill disabled war veterans and so on well before the Holocaust began.

This inspired those two young people to start the White Rose movement. They produced leaflets which they posted around Germany urging opposition to Hitler and Nazism. At her trial just before she was beheaded by the guillotine, 21-year-old Sophie said 'Somebody, after all, had to make a start'.

Professor Kurt Huber who was also executed as a participant in the White Rose group, said the leaflets aimed to "*call out the truth as clearly and audibly possible into the German night*".

We're living in a night - a dark night where elderly and disabled people are at threat of having their lives taken unnecessarily and prematurely being abandoned.

We need to be those who make a start and call out the truth, and most importantly, refuse to cooperate in any way or ever to accept as permanent the euthanasia and assisted suicide regimes.

Thank you.

## What's Going On in the USA?

Kathy Edgeworth, USA Correspondent for The Right to Life Australia Inc.  
16 February 2023

Last week President Biden called in the media to insist his memory was just fine, immediately after special prosecutor Hur described it as "poor". His performance reminded me of a story told about the late President Lyndon Johnson. Before getting the rumor mill activated, he said of a political opponent "we don't have to prove he's cheating on his wife, we just have to get him to deny it". (This is not, however, to imply Mr. Hur was intentionally trying to damage Mr. Biden).

The bottom line is that barring the unforeseen, the two presidential candidates will be President Joe Biden and former President Donald Trump. How did we get here?

First of all it's already nearly impossible at this point for anyone to overtake either of them for their respective party's nominations. The simple reason is that in most states holding primaries, (granted not all states have primaries) the filing date to get on the ballot has ALREADY passed. That means a new candidate must win with a write-in campaign. Not all states allow write-ins. Before Mr. Biden's success in New Hampshire, the last time a presidential candidate won with a write-in was Lyndon Johnson in 1968. In 1964, Henry Cabot Lodge was the only Republican to do so. The last two being in New Hampshire as well.



Why the rush? Parties want the presidential candidate to be chosen early to conserve campaign dollars for the general election and to minimize the negative effect a long campaign might have on their nominee's chance of winning the general election. Opponents in the general election can and do use information uncovered by the eventual nominee's primary opponent. In 1988 then presidential candidate, Al Gore, during the Democratic primary season, was the first person to mention the Massachusetts inmate furlough program. Using this bit of information the George H.W. Bush campaign discovered Willie Horton (a man convicted of first degree murder who committed rape while on a week-end furlough.) The use of this data worsened a "soft on crime" image for presidential nominee Michael Dukakis, who subsequently lost the White House by one of the largest margins in history. Who can forget Mr. Bush's characterization of Mr. Reagan's policies as "voodoo economics"?

The only person who has a chance of snatching the nomination away from Donald Trump is former U. N. Ambassador Nikki Haley. She is trying to run a centrist campaign. It didn't work in New Hampshire, where she tried to spin her 10 point loss to Donald Trump into a credible performance. The problem for her is that if she can't win in New Hampshire, where can she win? New Hampshire is a fairly liberal Republican-leaning state with an open primary, allowing independents to vote in the Republican primary. South Carolina, her home state and the next big contest,

has a closed primary, meaning only Republicans can vote in the party's primary. It's also pretty conservative. Losing her home state would be a psychological blow. After a defeat there her political contributions could dry up. Unfortunately her centrist campaign extends to life issues. Although she did sign a bill banning most abortions at 19 weeks, beyond that her position is unclear. That's simply not good enough.

When trying to figure out how candidates are chosen it helps to remember that the delegate selection process has evolved, differently in each states and party and is continuing to change. The South Carolina primary on February 24th is probably the last and very unlikely chance to stop Mr. Trump.

Only illness, death, or a change of heart can stop Mr. Biden at this point. None of these seems terribly likely. Democrats know if Mr. Biden left the race, Vice President Harris would be in a good position to get the Democratic party's nomination. Her approval ratings are even worse than Mr. Biden's.

We live in interesting times. Not entirely a good thing.

## Woman with Down Syndrome Wins Election in Spain

The Australian newspaper and other media outlets reported on 16/1/24 that Mar Galcerán has made history by becoming Spain's first parliamentarian with Down syndrome.



After being elected to Valencia's regional assembly, Mar Galcerán says she wants to be seen as a person, not for her disability.

Her feat has been years in the making. When Galcerán was 18 years old, she joined the conservative Peoples Party (PP). Galcerán had spent years working to advance the status of people with Down's syndrome in Spain.

For more than 20 years Galcerán had worked as a civil servant in Valencia, adding to the four years she spent at the helm of Asindown, a Valencian organisation dedicated to helping families with children that have Down's syndrome. Last May (2022) she was on the list of candidates the PP was fielding in Valencia's regional elections.

The region's Peoples Party leader Carlos Mazón said "Great news for politics, overcoming barriers." The Australian reported that Ms Galceran wants to break down prejudices in society, particularly around those living with Down Syndrome.

Here is a video of Ms Galceran (English subtitles)

<https://www.theaustralian.com.au/news/woman-with-down-syndrome-wins-election-in-spain/video/c3fa7b44443d987c81602b36058a5e09>

## Canada Delays Euthanasia for People with Mental Illness

Michael Cook, Bioedge –

February 1, 2024

For a second year in a row, Canada's federal government is going to delay opening euthanasia to people whose only condition is a mental illness. The expansion in eligibility was due to begin on March 17. But a report from a joint parliamentary committee has declared that the country is ill-prepared for this change.

A majority of the members of the committee argued that euthanasia for mental illness should not be made available until the federal and provincial health and justice ministers believe that "based on recommendations from their respective departments and in consultation with their provincial and territorial counterparts and with Indigenous peoples, that it can be safely and adequately provided."

"The system needs to be ready," acknowledged Mark Holland, the federal health minister. "We need to get it right."

Canada's debate has attracted world-wide attention. Even the editorial board of the Washington Post, a bellwether for progressive thinking, urged the Canadians to put on the brakes. "They need to remember that no procedural protections are perfect – and building them for psychiatric euthanasia is a profound challenge."

Stakeholders in discussions over euthanasia for mental illness have expressed a number of intractable reservations. These include:

- Whether safeguards established by the medical system can protect the most vulnerable.
- Whether it is possible to predict the long-term prognosis for a mentally ill person.
- Whether it is possible to distinguish between suicidality and a "reasonable wish to die".
- Whether providing – or denying – medical assistance in dying is compatible with Canada's Charter of Rights
- Whether there are enough psychiatrists available to give a second opinion on a mentally ill person's condition.

Supporters of MAID were exasperated by another year of delay. "For the people across the country who live with treatment-resistant mental disorders who have patiently waited for this change in Canada's MAID law, Dying With Dignity Canada is disheartened and shares the frustration of the continued exclusion, stigmatization and discrimination based on diagnosis – a clear breach of the Charter of Rights and Freedoms," said Helen Long, of DWDC.

Euthanasia in Canada is increasing faster than in any other country in the world, according to an analysis by the Investigative Journalism Bureau and the Toronto Star. "Assisted deaths accounted for four per cent of all deaths in Canada in 2022 – up from one per cent in 2017, the first full year the legislation was in place. The number of MAID deaths quadrupled during that time. In 2022, the total number hit 13,000 nationwide – a 31 per cent jump from the previous year."

## Former Dutch PM and His Wife Die Together in 'Duo Euthanasia'



Former Dutch Prime Minister Dries van Agt and his wife Eugenie on February 5, 2024. / Image: Facebook/Mark Rutte

Michael Cook, Bioedge – February 15, 2024

They may have been the most publicised deaths in the history of euthanasia in the Netherlands. A former prime minister of the country and his wife, both aged 93, died together in a so-called "duo euthanasia" earlier this month.

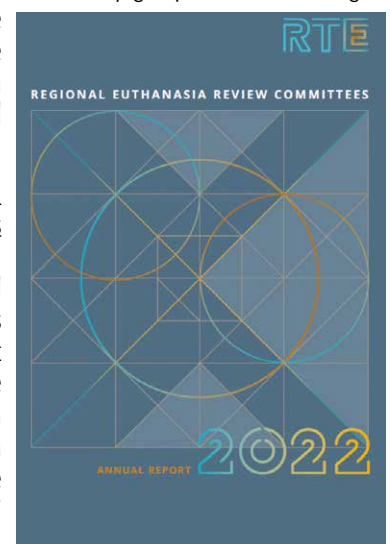
Dries van Agt served as prime minister from 1977 to 1982 and later became the European Union's ambassador to Japan and the United States. He was a prominent leader of the Catholic People's Party (KVP) and later its successor party, the Christian Democratic Appeal (CDA). In recent years he had actively supported the Palestinian cause, arguing that Benjamin Netanyahu should have been arraigned before the International Criminal Court over the settlements on the West Bank.

He had a cerebral haemorrhage in 2019 from which he never recovered fully. His wife Eugenie's medical issues were not made public.

Duo euthanasia is a growing trend in the Netherlands. At least 29 couples – or 58 people – died together in 2022, according the most recent figures from the [Regional Euthanasia Review Committees](#).

"It is likely that this will happen more and more often," Rob Edens, press officer for NVVE, a Dutch right to die lobby group, told the Washington Post. "We still see a reluctance among doctors to provide euthanasia based on an accumulation of age-related conditions. But it is permitted."

NB [The Dutch Regional Euthanasia Review Committees report for 2022](#) (77 pages) is published in English and downloadable. It makes sobering reading. The report publishes 10 examples of the 13 cases where the "Physician did not act in accordance with the due care criteria". In the prior 2021 year there were 7 cases (2021).



## When Telemedicine Can Be Dangerous – Even Deadly

We published this article in a previous Right to Life Australia News written by Kristen Hanson, in the Washington Times in 2020. It reiterates the dangers of telehealth for assistance to suicide and euthanasia. As Ms Hanson stated "Would you trust a doctor you had never met in person if they told you had less than six months to live without getting a second opinion?"

### WHY TELEHEALTH SHOULD NEVER BE USED TO PRESCRIBE LETHAL DRUGS FOR ASSISTED SUICIDE

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."



Photo: Bigstock

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.

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.

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

## RTLA Conference November 2023



Seen here a section of the crowd at our very successful conference – so many new faces!

## 'Protect Life' news – Graham Preston, QLD

In early 2002 a few friends from around Brisbane, Australia, met together to discuss whether the taking of non-violent direct action to stop abortion was the right and responsible thing to be doing. Each of the group had already been involved for many years in opposing abortion in a variety of ways. The discussion that day led them to the conclusion that it was not sufficient to be just saying that abortion kills children. If that statement was correct, as they believed it was, then direct intervention to try and stop that killing needed to be taking place. Thus the group, Protect Life, was formed to carry out that specific objective.

On April 16 2002 year four people carried out the first sit-in in front of the doors of one of Brisbane's four abortion death-houses. On subsequent days that week similar actions were conducted at the other places of death. In the years since then about 60 sit-ins have been held.

The make-up of the group has varied over the years with some people having to leave and a few new people getting involved. The number of people prepared to risk being arrested at any one sit-in has ranged from five down to, on some occasions, just one. The hoped for influx of new participants has not yet occurred.

The police have usually been called when those sitting-in have refused to move. Sometimes the police have just repeatedly pulled the activists out of the way to ensure that people could gain entry, but most often arrests have been carried out. Initially the group members were charged and subsequently convicted for failing to obey a police order to move on. Convictions under this charge resulted in increasingly steep fines being given. Some have chose to pay the fines, while others have chosen to do community service, and others have refused to pay the fines on principle.

After many convictions there was a success in court against the failure to move on charge and so since then those involved have been charged with the offence of unlawfully remaining on property. This is a more serious charge as a conviction can result in jail. One activist has received a six-month suspended sentence and another has spent several periods of a few months in jail. See [www.protect-life.info](http://www.protect-life.info) for further information.

Ed: Graham has been a long-term worker and supporter of Right to Life Australia.



## "My sonographer shared the sad, shocking responses she sees at gender scans"



News.com.au (21 November 2023) posted an online article about an interview with an Australian sonographer. The sonographer performs scans on pregnant women and is often asked by parents to reveal the gender of the unborn baby. The sonographer says she hates sharing the baby's gender because that abortions occur when the baby's sex is revealed. The sonographer says she knows an abortion has been performed after a "gender reveal". News.com.au reported the sonographer interviewed said -"I know this, because they come back to me for the ultrasound evaluation to confirm they are no longer pregnant." <https://www.kidspot.com.au/pregnancy/stages-of-pregnancy/my-sonographer-shared-the-sad-shocking-responses-she-sees-at-gender-scans/news-story/4101e53cd20087221d18e278217fdae2>

In 2018 research from La Trobe University indicated gender bias is leading to more male births in Victoria. Researchers revealed a cultural preference for sons among some ethnic groups has led to more boys than girls being born in Victoria in recent years.

While the naturally occurring ratio worldwide is 105 boys born to every 100 girls, the new findings show there were 108 and 109 boys born to Indian and Chinese-born mothers from 1999-2015 in Victoria.

Lead researcher and epidemiologist Dr Kristina Edvardsson – from La Trobe's Judith Lumley Centre – said this skew towards boys indicates prenatal sex selection, following migration from countries where these practices have been documented.





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The Right to Life Australia Inc is the most active prolife group in Australia - working tirelessly on protecting human life mainly on the issues of abortion and euthanasia.

We are grateful to our supporters who are responsible for generous donations which fund the entire operation of our organisation.

Not only do we work on educational campaigns and keeping our supporters up to date with our work but our office must be staffed to comply with the complex financial compliance requirements of any business.

Sadly, however we have not benefited from many bequests over the years.

To those of you who may wish to leave something to one of the many charities that abound, PLEASE consider our work – aimed at saving the lives of the precious unborn and those who may become victims of euthanasia legislation.

It is important the words of the will accurately identify the beneficiary of your choice.

Thank you for considering The Right to Life Australia Inc. as a beneficiary of your will and helping us to continue our work in the future.

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

I give, devise and bequeath to:

**The Right to Life Australia Inc.**

Registration Number A0042146V ABN 12774010375

of 161a Donald St, Brunswick East, VICTORIA 3057, AUSTRALIA

PO Box 2029 Brunswick East, VICTORIA 3057, AUSTRALIA

xx % of my residuary estate,

(OR the sum of \$xxx xxx for the general purposes  
of The Right to Life Australia Inc.)