

Letter from the President



Margaret Tighe

Dear Friends of Life,
Many of you will recall one of the greatest pro-lifers who did so much for the cause of the unborn. Indeed many of you may not have heard of him at all. I speak here of the late Professor Sir William Liley (1929–83): New Zealand Perinatal

Physiologist – a great New Zealander – known as the ‘Father of Foetology.’

Professor Liley did so much to save the lives of the unborn through the development of a means of treating, in the womb, babies suffering from RH disease. Not only that though he travelled the world speaking on many pro-life platforms in defence of the unborn. I was privileged to have met him on a few occasions.

In life

Margaret Tighe, PRESIDENT

“THE UNBORN CHILD AS A PATIENT”

By Professor Sir William Liley (1929–83): NZ Perinatal Physiologist

(US National Committee for a Human Life Amendment Inc. WASHINGTON D.C. 20036 [1974].

The US Senate Judiciary Subcommittee on Constitutional Amendments held hearings on 7 May 1974 on proposed constitutional amendments to protect the unborn child. The full text of Dr. Liley’s testimony submitted at that time is reproduced herein.

“My name is Albert William Liley. I am a registered medical practitioner in New Zealand. I hold the appointment of Research Professor in Perinatal Physiology at the Post-graduate School of Obstetrics and Gynecology of the University of Auckland, New Zealand. I have trained in neurophysiology, obstetrics, and pediatrics, and clinically I have worked as a fetal pediatrician for most of the last seventeen years.



**Albert William Liley
(1929–1983)**

This work began with the development of techniques for the antenatal diagnosis of the severity of Rh hemolytic disease, and in 1963, I developed a method by which Rh babies beyond the aid of conventional therapy could be given transfusions in utero to tide them over to a deliverable maturity.

This situation has highlighted the fact that we are dealing with the same baby before and after birth, and our clinical approach to these children is simply a matter of whether we can look after them more safely and adequately in the uterus or out of it.

The techniques we developed for the diagnosis and supervision and treatment of Rh babies before birth have now been widely exploited for the investigation of other problems and, further, they have provided an opportunity to invade the privacy of the fetus and to make many observations of a variety of aspects of fetal life and behavior.

I would like to submit in written testimony an article entitled “The Foetus as a Personality” from the Australia-New Zealand Journal of Psychiatry. Aust. NZ.J.Psychiatry (1972) 6 99 bit.ly/2W0AE96

Several important points emerge from the experience I have had in the field of perinatal medicine. Firstly, it is obvious that the fetus can need and receive diagnosis and treatment just like any other patient. As one who has to look after babies before birth, I would find it extraordinarily arbitrary to be asked to consider that one baby was important and should be cared for properly, and that another was unimportant and that his existence should be denied.

Secondly, physiological observations and investigations demonstrate that the fetus is not a placid, dependent, fragile, nerveless vegetable, but very much in command of his own environment and destiny with a tenacious purpose.

It is the fetus who is responsible for the endocrine success of pregnancy, who solves the homograft problem in pregnancy, who determines how he will lie in pregnancy and present in labor, and who determines the duration of the pregnancy. Normally, the onset of labor is a unilateral decision by the fetus.

Thirdly, it is apparent that the classical picture of fetal life as a time of quiescence, of quietly and blindly developing structures in anticipation of a life and function to begin at birth, is completely erroneous.



“I recall Professor Liley telling me on one occasion that the youngest baby he had transfused in the womb was 16 weeks.” Ed.

Continued on page 2

Continued from page 1

Development of structure and development of function go hand-in-hand; the fetal environment is not a dark and silent world, and the fetus does not live in a state of sensory deprivation. The picture we have built up of fetal environment and fetal behavior is described in the article which I have submitted for testimony.

My own practice in medicine makes it very dear that in modern obstetrics, we are caring for two individuals, mother and baby. Indeed, it may be more than two individuals, as in a multiple pregnancy, and in this situation, we have found it clinically necessary to identify unmistakably and keep track of each of the babies in a multiple pregnancy before birth.

Not only is it apparent that an illness such as Rh disease may represent the same problem for the same patient before and after birth, but a similar continuity is demonstrable for behavior traits. For instance, measurement of fetal swallowing rate in utero shows considerable variation from one baby to another, but these rates correlate closely with the independently assessed feeding performance of the newborn in the nursery.

Further, some babies suck their thumbs in utero and some do not; but we have never observed a baby who sucked his thumb in utero who was not also a thumbsucker after birth.

We have x-ray evidence of thumbsucking in utero at 24 weeks gestation, but thumbsucking has also been photographed in the 9-week abortus.

The fetus is also responsive to experimental modification of the taste of amniotic fluid. Injection of oily contrast media (a foul-tasting iodinated poppy seed oil) causes the fetus to quit drinking or swallowing; conversely, artificially sweetening the amniotic fluid with saccharine usually causes an approximate doubling of fetal swallowing rate, although a minority drink decidedly less after saccharine injection.

We are interested in following these children and checking saccharine tasting when they are older, as it is well known that to some people saccharine in concentration is not tasted as sweet, but intensely bitter.

The fetus is responsive to touch and pressure, and sustained pressure will produce evasive action which, in fact, can be utilized when we wish to modify fetal position for diagnostic or therapeutic purposes.

The fetus responds violently to painful stimuli, for instance, needle puncture and the intrafetal injection of cold or concentrated solutions.

Our observations of many of these aspects of fetal behavior have been made after 18 weeks gestation for two reasons: 1) this has been the time span when the clinical problems with which we deal have permitted us to invade fetal privacy; and 2) many of our diagnostic techniques, for instance, x-ray and fetal electrocardiography, are applicable only in later pregnancy.



Professor Liley at an anti-abortion rally in Wellington, NZ, 1974. Beside him are (from left) Dr Diana Mason, Ruth Kirk (wife of Prime Minister Norman Kirk) and Archbishop Reginald Delargey. bit.ly/2YyCe3w

However, new techniques such as the use of ultrasound, are enabling us to push these observations back into the first half of fetal life. In any case, the fact that these fetal responses were already intact by the time our former techniques of observation were applicable shows that these responses must have developed earlier, and indeed from brief observations on the early miscarried fetus, such as the classical studies in the United States by Davenport Hooker, we know that early fetal responsiveness was only quantitatively, and not qualitatively, different from the early to the later stages of pregnancy."

Post script: Both Liley and his wife Helen were active pro-life activists. Professor Liley became distressed that amniocentesis became a tool for parents to decide to abort their unborn child. He was also concerned that doctors used the needle procedure he had pioneered for life-saving transfusions to administer saline for abortions.

Professor Liley, together with Dr Pat Dunn, Obstetric specialist and foundation member, and Ken Orr (now of Right to Life New Zealand) formed the Society for the Protection of the Unborn Child (SPUCNZ) in 1970 in response to the creation of the Abortion Law Reform Association. (NB. SPUCNZ is now Voice for Life).

In 1978, Pope Paul VI recognised Professor Liley for his pro-life work and, although not a Catholic, appointed him to the Vatican's Pontifical Academy of Sciences.

Sir William Liley died unexpectedly on 15 June 1983. At his funeral, officiated by both Roman Catholic and Anglican churches' highest leaders, he was recognised for his extraordinary contribution to saving the lives of the unborn with his pioneering medical techniques. The President of the Society for the Protection of the Unborn Child NZ – Mr Peter Barry-Martin – said at the time "the world pro-life movement mourns the death of one of its most powerful advocates".

A tragic story enacted in Canberra Hospital

Canberra Hospital can turn off life support for 20-week pregnant woman despite wishes of baby's father, court rules

Extract of Article - ABC news by Elizabeth Byrne 28 May 2020

The Canberra Hospital has turned off life support for a 20-week pregnant Canberra woman, despite frantic court action brought by the baby's father.

- ACT Chief Justice Helen Murrell found the ACT Supreme Court did not have jurisdiction to overturn the Canberra Hospital's decision
- The court heard Khayla Reno had been declared dead and the baby's life deemed unviable on May 18
- Jamie Millard said he felt like a "condemned man" as he prepared for his final visit with Ms Reno
- Khayla Reno, 29, was seriously injured in early May when her car and a truck collided in Tumut.

Two of her children in the car were also badly hurt; one has since died, while the other is still receiving critical care. Ms Reno had been on life support in the Canberra Hospital since the crash, and the baby's father



Mr Jamie Millard outside the ACT law courts.
(ABC News)

Jamie Millard sought an injunction from the ACT Supreme Court to stop her life support being turned off in order to prevent their baby dying.

He had succeeded in stalling the action for more than a week, but on Thursday the ACT's Chief Justice ultimately found the court had

no jurisdiction in the case, partly because Ms Reno had been pronounced dead by doctors and the baby deemed unable to survive before the case began. Ms Reno's life support was turned off later that day. Outside court, Mr Millard said he was preparing for a final visit with Ms Reno.

"I cannot do anything to stop the hospital committing this crime against this poor defenceless baby," Mr Millard said. "I go now to my final hour visit feeling like a condemned man proceeding to execution." Mr Millard said he and Ms Reno had had an argument before the crash, and a court judgement said members of Ms Reno's family believed she had been planning to leave him. But



Chief Justice Helen Murrell said there was no suggestion the Canberra Hospital intended to deceive anyone.

(ABC News: Ian Cutmore)

Mr Millard said he was devastated because he and Ms Reno were both looking forward to having the baby.

No jurisdiction to delay turning off life support

The ACT Supreme Court ultimately did not rule in Mr Millard's favour to delay turning off Ms Reno's life support because it lacked the jurisdiction to do so... Chief Justice Murrell said the court did not have jurisdiction to overturn the hospital's decision.

The court also examined whether Ms Reno's organs should be donated. The court heard Ms Reno's family had agreed that they should, but Mr Millard believed Ms Reno did not want that to happen... The lawyers had said that if he withdrew his court action and agreed not to interfere with the plans for organ donation, he would be allowed to visit Ms Reno and his unborn child for a final hour. Ultimately he produced a document giving him enduring power of attorney to decide health matters on Ms Reno's behalf, signed a week before the crash.

"We've stopped them from taking her organs," he later said... In her judgement, Chief Justice Murrell said that it was "unfortunate the plaintiff felt compelled to commence the proceedings". "With the benefit of hindsight, it can be seen that the hospital's attitude to the plaintiff and associated communication deficiencies fuelled this unfortunate litigation, which has been traumatic for all concerned," she said... "The series of 'deadlines' imposed by the hospital... suggests that the hospital was anxious to proceed with an organ donation and gave some priority to that desire."

Full article available at ab.co/316LM7E

*To read the full Supreme Court decision **Millard v Australian Capital Territory** [202] ACTSC 138 bit.ly/2V5eHoV*

Eden-Monaro and Abortion

ADVERTISEMENT

EDEN-MONARO AND ABORTION

EMILY's List – Labor women MPs who **MUST** always vote for abortion.
 EMILY's List – Labor women MPs who voted for abortion till birth in Australia's parliaments.
 EMILY'S List – Kristy McBain – Candidate for Eden-Monaro

A VOTE FOR McBAIN IS A VOTE FOR ABORTION
EVERY ABORTION KILLS A BABY

Like us on Facebook Follow us on Twitter

Donate online

Like us on Facebook, follow us on Twitter and donate online www.righttolife.com.au

 NATIONAL OFFICE:
 Right to Life Australia Inc
 PO Box 2029
 Brunswick East
 Victoria 3057 Australia

TEL: 03 9385 0100
 FAX: 03 9384 6811
rtlert@taust.com
www.righttolife.com.au
 ABN: 12 774 010 375

Authorised by Margaret Tighe, the Right to Life Australia Inc, 161a Donald Street, East Brunswick, VIC 3057 ABN 12 774 010 375

Because the Labor candidate for Eden-Monaro – Kristy McBain – is a member of EMILY's List and is therefore committed to ALWAYS voting for abortion we decided to run this advertisement.

We placed it in the Monaro Post (1/7/20) which covers the town of Cooma and in the Daily Telegraph (2/7/20) - the Sydney equivalent of Melbourne's Herald Sun which circulates all over the state of Victoria.

We believe we have had some impact especially in the area covered by the Monaro Post.

Also, we received some favourable phone calls from Sydney and Cooma residents who liked our advertisement. Thank you to all of you who responded to our call for donations during this campaign.

Bequests – SO Important to us!

This is **SO** important!

- Sadly, we have not benefitted from many bequests over the years. It is important the words of the will **accurately identify the beneficiary** of your choice.
- We recently had a bitter experience in which we were denied a very substantial bequest because of the words of the will - drawn up by a solicitor for the deceased person, who was on his deathbed.
- 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.
- We operate an office and a vital telephone counselling service for pregnant mothers in crisis.
- Thank you for considering The Right to Life Australia Inc. as a beneficiary of your will and helping us to continue our work in the future.

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

I give, devise and bequeath to:

The Right to Life Australia Inc.

Registration Number A0042146V ABN 12774010375
 of 161a Donald St, Brunswick East, VIC 3057
 in the state of Victoria 3057

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



Regarding “The Age” Newspaper

Victorians should be aware of the huge harm being done by “The Age” newspaper in relation to its enthusiastic endorsement of legalised physician assisted suicide in Victoria. In the voluntary assisted dying review board’s inaugural 6-month report 52 people ended their lives between 19 June and 31 December 2020, with 81 permits to have lethal drugs administered!

From time to time “The Age” carries a story of a ‘peaceful’ death (suicide) at the hands of the Victorian Voluntary Assisted Dying Act 2017.

It is then contrasted with another account of a dying or very ill person who cannot access a state granted death because of some regulations in the legislation.

This has occurred on several occasions recently and I can see what it is aiming at. “The Age” and other media outlets want to see the legislation expanded.

Given the numbers who are seeking an early death so far – God help us! – Ed.



John Madigan R.I.P.

John Madigan of Ballarat (VIC) formerly Senator John Madigan of the DLP has died recently. He was born in 1966. Sadly, he leaves a wife and two children.

When John was a member of the Senate he raised our hopes by moving the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013 aimed at stopping sex selection abortions. The bill lapsed when parliament was dissolved in 2016. bit.ly/2YNJasB

Your Action is needed in three states!

Queenslanders: Premier Palaszczuk is



delaying consideration of euthanasia laws until next year, giving us opportunity to express our opposition to euthanasia before the state election this year

(31/10/2020). If you live in Queensland please contact your **ONE MP especially LNP MPs**. Write or phone their offices NOW!

South Australians: Please contact your 1 Member of the Legislative Assembly where legislation is being debated which will ban our supporters from standing outside abortuaries, just offering help. Women need help to keep their babies, not abortions. Exclusion zones give abortuaries greater access to target vulnerable women.

Tasmanians: A euthanasia bill sponsored by Independent MLC Hon Michael Gaffney looms large in Tasmania. Contact both your MLA and MLCs as soon as possible to stop this bill in its tracks. We are writing to you with their details.

Zoom’s pro-abortion ties

Excerpt: cal-catholic.com/zooms-pro-abortion-ties/bit.ly/2Z7yh6a

Eric Yuan, founder and CEO of Zoom (Image: thriveglobal.com)



In June 2019 leaders from over 180 U.S. companies **signed a letter** in the New York Times, titled, “**Don’t**

Ban Equality.” This campaign was reportedly formed “in response to an alarming trend of bans passing in states across the country that restrict access to comprehensive reproductive healthcare, including abortion.”

Today a year later, Eric Yuan’s video conferencing platform Zoom is being used by countless households and businesses, due to the COVID-19 pandemic.

The letter, which **Zoom founder Yuan signed**, read:

Restricting access to comprehensive reproductive care, including abortion, threatens the health, independence and economic stability of our employees and customers. Simply put, it goes against our values and is bad for business.

It impairs our ability to build diverse and inclusive workforce pipelines, recruit top talent across the states, and protect the well-being of all the people who keep our businesses thriving day in and out. The future of gender equality hangs in the balance, putting our families, communities, businesses and the economy at risk.

In other words, these businesses — including Zoom — believe abortion is **good for their bottom line!**

Nancy Valko – USA Nurse – long time opponent of euthanasia and abortion

Excerpt– Health Care Rationing, COVID-19 and the Medical Ethics Response 13 April 2020

<https://bit.ly/2BrI2D6>



Nancy Valko

Nancy Valko - a long time, much admired from afar, active pro-life nurse from Missouri (USA).

“Over my many decades as a nurse, I have seen the question of “quality of life” deteriorate from what can we do to improve the quality of life for every patient, to judging whether or not a patient

has sufficient quality of life to justify treatment or care like a feeding tube.

During that time, Alzheimer’s and major CVAs (strokes) in advanced age have come to be seen as fates worse than death that should not be a burden on people and their families or a waste of health care resources.

Before my own mother developed Alzheimer’s and a terminal cancer, she often told me that she never wanted to be a “burden to her family”. I never considered her a “burden” when I cared for her and she was comfortable and fed to her last day. I will never tell my children what my mother told me.

And especially with assisted suicide polls showing much public support, we cannot afford to play into the idea that some people are “better off dead” regardless of whether or not they “choose” a premature death or someone else “chooses” it for them.

We should also remember the lethal legacy of the 2005 Hurricane Katrina disaster. Flooding caused the New Orleans mayor to issue an unprecedented mandatory evacuation of the city with the exception of major hospitals. But when conditions worsened at the large Memorial Medical Center and evacuation efforts were slow, some medical staff allegedly euthanized some of the patients.

However and despite strong evidence, a massive PR campaign portraying those patient deaths as “compassionate” resulted in the 2007 grand jury refusing to indict the doctor and 2 nurses charged.

As we see this debate over medical ethics in crisis situations continue today, we must continue to insist that every person deserves a natural lifespan without discrimination.”



Ukraine begins to open borders for babies of surrogate mothers

by Michael Cook, Editor, BioEdge 13 Jun 2020

Foreign couples who waited two months because of Covid-19 border closures are finally collecting their babies from surrogate mothers in Ukraine. According to Ukraine’s human rights ombudswoman, Lyudmila Denisova, 31 couples were united with their infant children.

After much lobbying, the Foreign Ministry allowed the commissioning couples to enter, conditional on a two-week quarantine and negative Covid-19 test. Currently, a total of 125 babies born to surrogates across Ukraine are awaiting parents from abroad.

The issue received wide attention when Biotexcom, the country’s largest surrogacy operation, posted a video showing dozens of babies in an improvised nursery at a hotel for its clients.

Denisova said 88 more couples have received permits to enter the country. However, there will many more babies – perhaps as many as 1,000 – as other pregnant surrogate mothers give birth. The problem is that Ukraine is only opening its borders slowly, and to certain countries. In the meantime, the number of babies without parents is mounting.

According to the New York Times, “With permissive legislation, high-quality private maternity hospitals and an abundance of poor women, Ukraine has in recent years become the leading country providing surrogacy services to foreigners.”

Conditions must be difficult for surrogate mothers who are waiting for the parents to arrive. One of them told the NY Times that the baby cries constantly and that the surrogacy agency is not supportive. “It was very hard,” she said. “I just want the parents to come and to take this girl away from me.”



South Australia – Action needed to prevent passage of this pro-abortion bill:

The 2nd reading continued on Natalie Cook MLC's **HEALTH CARE (SAFE ACCESS) AMENDMENT BILL 2019** in the House of Assembly on 17 June 2020 in the SA Parliament. You will recall the bill which will allow exclusion zones around abortuaries passed the Legislative Council in November 2019. South Australia and Western Australia are the only 2 Australian states yet to stop helpers to women who gather peacefully around abortion clinics. **The Western Australian government also intends to introduce this legislation.** If you live in South Australia we are contacting you with a list of your Members of the House of Assembly. Please contact them ASAP. bit.ly/30WJ7NZ

TASMANIA – MIKE GAFFNEY MLC'S EUTHANASIA BILL LOOMING

The second draft of Hon Michael Gaffney MLC's euthanasia bill has been released. The revised draft is even worse than the Western Australian bill (passed 2019) and the Victorian bill (passed 2017). To view the bill search: bit.ly/37WpWoM

The bill could be tabled in August or September 2020.

A person does not need to be terminally ill and death does not need to be imminent. The person does not need to live in Tasmania and the approval to die process can be as little as 4 days! There is no need for a doctor who specialises in the person's condition to be involved or sign off on the approval. Doctors can initiate the conversation about euthanasia with their patients.

ACTION: If you live in Tasmania we are writing to you to ask you to take action to oppose the bill. If you have friends in Tasmania ask them to contact us and we are able to send educational material to them.



"We don't kill people!"

Candlelight Vigil against Euthanasia

Tragically, patients are now being executed in Victoria. 19 June 2020 was the first "tombstone", or anniversary of the executions under the Andrews' deadly regime.

To publicly witness to their personal pain at these executions of their fellow Victorians, a group held a Silent Candlelight Vigil on the steps of the state parliament in Melbourne on the "tombstone" dated 19th June.

Andrews and those MPs who endorse this death bill - from all parties - follow Smith's Law, which says, "All social engineering is preceded by verbal engineering." Their words and phrases such as "voluntary assisted dying" and "a gentle release" hide the dreadful truth that they have legalised state sanctioned extra judicial executions done by medicos acting as the executioners. One execution of a patient is a total tragedy. As one pro-life medico said bluntly, "Doctors don't kill their patients!"



Rightly, many protest the execution of a convicted drug smuggler in a country far from Victoria. They remain silent and even approve of the executions of fellow Victorians because they have been brain washed by the death peddlers' verbal engineering. Right to Life Australia supported the vigil organised by Eugene Ahern, Respect Life Mulgrave.

– Eugene Ahern

RTLA
THE RIGHT TO LIFE AUSTRALIA INC.

www.righttolife.com.au
Follow us on @RightToLifeAust
on Facebook and Twitter..

News from Queensland's Warrior – Graham Preston



Graham Preston holds picture of unborn baby

Photo courtesy Kathy Clubb

9 June, 2020

Greetings. I hope you have been coping well during these last couple of “interesting” months. I have kept busy by painting the exterior of the house that we live in for the owners. I’ve done it before but I had forgotten

how big a job it is and climbing up and down the high trestles is getting harder for these aging bones!

This is just an update to let you know that I have resumed going back onto the streets. The volume of traffic on the roads still seems to be quite significantly reduced and in particular the number of pedestrians going to work in the CBD is, by my estimation, about 1/5 of what it was previously. One wonders if businesses will survive. I started back on the first day that Parliament resumed and went outside Parliament House with a sign, “Abortion: more deadly than Covid-19”. I thought that was reasonable to say given that over the last four months when about 100 people have died with the virus in Australia there would have been maybe 30 000 abortions done!

I have however mostly been using the sign, “What does abortion do?” alongside the preborn baby picture. A couple of unexpected responses: a man said, “It solves the problem”, while a woman said, “It stops women going insane”, and, “Stop judging people!”. Hmm.

Now for some good news – the Salisbury day hospital/abortion clinic has closed! The place now provides cosmetic surgery but not abortions. It seems that the abortionist who was there, Donald “Digger” Whittaker, has finally retired. May he yet repent.

Now for some not so good news – despite the Salisbury clinic no longer providing them, there are still 38 other places in Queensland where a woman can get an abortion! Almost all of the 38 places are just normal medical practices that provide the abortion pill up to 9 weeks of pregnancy. It is a terrible thing that a rapidly growing number of family doctors and their staff are prepared to engage in deliberately ending young human lives. And the Marie Stopes abortion clinic at Bowen Hill in Brisbane now advertises that they will do abortions up to 22 weeks, the legal limit (for abortions on demand).

Recently I read Queensland Health’s Clinical Guidelines for “Termination of Pregnancy” – not a happy read. Some disturbing points to note: girls under 14 may be considered competent to choose an abortion without their parent’s involvement or awareness; there is no need to report a situation where a girl is pregnant and seeking an abortion if there is less than five years in age between the partners –

i.e. an 18 year-old uni student could get a 14 year-old Year 9 school girl pregnant but that doesn’t need reporting.

“If [after abortion] a live birth occurs handle baby gently and carefully and wrap to provide warmth . . . Do not provide life sustaining treatment . . . Document date and time end of life occurs”.

contact@protect-life.info

World Elder Abuse Awareness Day

by Michael Cook, Editor, BioEdge 13 Jun 2020



From Minnesota, which has been at the centre of the world stage for many days now, comes a story which is not about riots and demonstrations. A World War II veteran named Chester Peake, was diagnosed with coronavirus in a Twin Cities long-term care facility. He was asymptomatic, but spent two-and-a-half weeks in isolation. He died on June 2, just short of his 100th birthday. His death certificate listed the cause of his death as “social isolation, failure to thrive, related to COVID-19 restrictions” - loneliness, in other words.

Monday is World Elder Abuse Awareness Day. According to the United Nations, between 4 and 6% of elderly people have experienced some form of maltreatment at home. Elder maltreatment can lead to serious physical injuries and long-term psychological consequences. The incidence of abuse towards older people is predicted to increase as many countries are experiencing rapidly ageing populations.

The Covid-19 crisis has made this even more relevant. According to experts from the Frameworks Institute writing at the Stanford Social Innovation Review, “The hashtag #BoomerRemover emerged and started trending in mid-March as a way to mark and make light of ageist comments about the pandemic. And Tedros Adhanom Ghebreyesus, the head of the World Health Organization, had to repeatedly address public opinion that COVID-19 was not a serious concern because of initial public beliefs that it affected only older people.”

Older Americans lose an estimated US\$2.6 billion or more annually due to elder financial abuse and exploitation. The Frameworks Institute experts point out that the pandemic has exposed the effects of ageism: “We can see the effects of ageism in under-resourced nursing homes and in insurance companies only partially covering the care they provide. Left unchecked, ageism will continue to have long-term, negative impacts—including elder abuse, depression, and early mortality—that discriminate against older adults and eventually affect us all.”

Michael Cook is editor of BioEdge