



Margaret Tighe

Alarming News from France!

Dear Friends of Life

The French Parliament have truly driven a dagger into the hearts of children developing in the womb. In other words – they have used the French Constitution to ban any pieces of legislation aimed at preventing abortion! To which we respond Shame! Shame! (see following story)

France: Will Opposing Abortion Soon be Forbidden?

Interview with Nicholas Bauer, European Centre for Law and Justice, published 13 March, 2024, in L'Homme nouveau, French Catholic newspaper.



On 8 March 2024 the seal of the French Republic was affixed to the constitutional law concerning the freedom to resort to abortion after several bills were submitted since June 2022. What does the finally adopted article entail?

The first two bills claimed to insert into the Constitution a "right to abortion," formulated as an "absolute" right. The Senate rejected them. The article proposed by the government and adopted on March 4th is worded as follows: "the law determines the conditions under which the freedom guaranteed to women to resort to an abortion is exercised". This "guaranteed freedom" now enshrined in the Constitution, leaves great flexibility to the Constitutional Council. The Government and most MPs have asserted that their intention was not to restrict freedom of conscience and expression, but they are responsible for interpreting the Constitution. It is the Constitution Council that will interpret and apply this "guaranteed freedom" of abortion in the coming years.

How do you explain that this first version of an "absolute right" was not adopted?

This idea of an absolute right was as extreme as it was absurd. The formulation of the bills placed abortion above other fundamental rights, making it a right that "no one can infringe" and from which "no one can be deprived." When a fundamental right is absolute, it means that it cannot be limited, either by the rights or needs of others or by general interest. Absolute rights are very few and are linked to human dignity.

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NORTHERN TERRITORY AT RISK OF LEGALISED EUTHANASIA AGAIN!

The Northern Territory government website BUSHTEL <https://bushtel.nt.gov.au/> provides fascinating detail about remote communities including satellite imagery, access information, tidal conditions and even airstrip availability! One community - Canteen Creek (Orwatjilla) (pop 173) lies 275 km from Tennant Creek - of which 190 km is dirt road. The airstrip is fully fenced, sealed and equipped for night time landing. <https://bushtel.nt.gov.au/profile/219> .



Canteen Creek (Orwatjilla) and airstrip

The Canteen Creek Health clinic is nurse-led, ie operated by nurses with a visiting doctor attending once a month. The NT government website shows a specialised medical service (paediatrics) visit is next scheduled 30/5/24 and optometry next scheduled 24/06/2024.



Nurse-led clinic in remote Canteen Creek, NT.
A visiting GP attends once a month

Reading about these communities gives only a glimpse into the harsh reality of life in the NT for 50% of people who do not live in towns.

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For example, there is an absolute right not to be subjected to torture. If an absolute "right to abortion" had been integrated into the Constitution, it would have removed all limits on abortion. The legal deadline as well as the conscience clause would have become unconstitutional.

Most rights limit each other and consider common good for society. For example, freedom of expression is not absolute: it is forbidden to advocate terrorism or racism. Through the "guaranteed freedom" of abortion, the Constitution makes abortion a freedom like any other. It is not an absolute right, but it is still a freedom in competition with "real freedoms," such as those of expression and conscience. The Senate had the possibility to block this constitutionalization but bowed to the government's text.

The relevance of constitutionalization has been questioned by some, as the process was defended by its proponents by using the fear of seeing abortion one day restricted, or even banned.

However, on 4 March 2024 the Parliament, gathered in Congress, overwhelmingly approved the bill by 780 votes to 72. Is this fear justified or merely imagined?

Clearly imagined. No parliamentarian dared to question abortion itself. Who can believe that in France the majority of parliamentarians would lose the next elections and be replaced by "anti-abortion" ones?

In any case, threatened or not, abortion has nothing to do with the Constitution from a purely legal point of view. The Constitution defines the purpose of the institutions: the Presidency of the Republic, the Government, the Parliament, the judiciary, etc. It does not include individual rights and freedoms, or only incidentally. Abortion was included in Article 34 of the Constitution, it is a technical article, delimiting the scope of the law. Abortion is off topic.

What are the risks now?

Abortion has now acquired a greater normative value. By becoming constitutional, it is binding on the legislature. The "guaranteed freedom" of abortion now takes precedence over laws protecting freedom of expression or conscience, due to the hierarchy of norms.

Currently, the exercise of the conscience clause does not prevent the freedom to resort to abortion in France. There is therefore no competition between these two "freedoms." But, if one day the majority of healthcare professionals become "conscientious objectors," as in Italy, the conscience clause will hinder access to abortion. In the event of a dispute initiated by a woman wishing to have an abortion, the Constitutional Council could then declare this clause unconstitutional.

This type of dispute can be deliberately provoked by associations. It is common. We call these cases "strategic litigation." They are created from scratch and aim not at protecting a "victim" but to demonstrate that the law prevents access to a certain "right." Now that abortion is a "guaranteed freedom" at a constitutional level, it is likely that associations will seek to target objecting healthcare providers in order to repeal the conscience clause.



A pro-life activist wears a shirt that reads 'I love life' near the Palace of Versailles during the Congress session of both Houses of Parliament in Versailles, 4/3/24 (AP Photo/Michel Euler)

On 27 and 28 February 2024h, just before the vote in the Senate, you invited twelve women to come and testify before parliamentarians about the abortions they had experienced, notably mentioning their suffering. Will these initiatives still be possible now that the law has been adopted? Will we still be able to publicly denounce abortion, march for the defense of life?

When listening to these women, it was striking to see the gap between the reality of abortion and parliamentary debate. Abortion is not experienced as a "freedom." Nothing is done to protect women from the pressure to have an abortion. Abortion is sometimes almost forced. The eleven parliamentarians I met – including those from the presidential majority – were deeply moved by the interventions of these women. Some told us they would commit to developing policies, especially to protect women from pressure to abort. This is good news.

Constitutionalizing abortion denies the suffering of these women. It is also a denial of the suffering of men, whose children can be aborted without their consent. This suffering is not that of medical procedure gone wrong or with side effects. It is the suffering that results from the loss of a children, put to death in French hospitals... and even at home.

After this constitutionalization, will opposing abortion be considered contrary to the laws of the Republic? Some associations, like *Civitas* have been dissolved on the grounds that they opposed the republican regime. If the pro-life discourse becomes "anti-republican," it could be strongly repressed.

According to French pro-life organisation Alliance VITA which for over 20 years has been providing support for women in difficult situations, the registration of abortion in the Constitution is not only unjustified and dangerous but also totally disconnected from the social urgencies.

They stated that through this constitutional revision, the government is obstructing any policy for the prevention of abortion at a time when the abortion figures have never been higher. Alliance VITA is calling for an investigation into the causes and consequences of abortion and the establishment of a true abortion prevention policy.

Proposing and supporting social policies that support women facing unexpected pregnancies or facilitate adoption that may mean fewer abortions "is more necessary than ever," said Caroline Roux, president of France's Alliance Vita. "We must continue to raise awareness of the reality of abortion," she said. The most recent data available from the French health service in 2022, the number of abortions performed in France was the highest ever recorded at 234,300. (222,000 in 2020).

As Ms Roux, President of France's pro-life organisation Alliance Vita stated before the vote: "the inclusion of the 'freedom to abort' in the constitution will have a strong symbolic impact if it goes ahead."

"Will it still be possible to build a prevention policy if abortion is enshrined as a 'constitutional freedom'?" she asked.



* Nicolas Bauer is *Research Fellow* at the European Centre for Law and Justice (ECLJ) and Ph.D. student in Law at the University of Strasbourg. He holds a double Master's degree from HEC and Sciences Po Paris as well as a Master's degree in Human Rights from Pantheon-Sorbonne University. He teaches at the law school of the University of Upper Alsace, France. He regularly publishes in

Law journals and in other media. <https://eclj.org/abortion/french-institutions/france-will-opposing-abortion-soon-be-forbidden>

Continued from page 1: Northern Territory at Risk of Legalised Euthanasia Again!

Providing services to a population of around 247,000 spanning 1.42 million km², embracing 60 nationalities, 70 ethnic backgrounds, and with around 61,000 identifying as Aboriginal and/or Torres Strait Islander is a formidable task for any government and unique to this part of Australia!

It is clear that the NT cannot be viewed as 'just another state'.

However, following passage of the Restoring Territory Rights Bill 2022 the Northern Territory (NT) government has moved swiftly with plans to introduce assisted suicide and euthanasia legislation! It is right to be concerned that protection of vulnerable North Territorians is at risk now the "door is open" to euthanasia legislation – euthanasia for patients with dementia is even on the table!

The Right to Life Australia Inc. lodged a submission with the NT Assisted Dying Advisory Panel in February 2024 reiterating our opposition to assistance to suicide and euthanasia.

As you are aware the NT has already had a brush with assistance to suicide in 1996-1997 with fatal consequences for four people who were assisted to terminate their lives by Philip Nitschke. www.australiancarealliance.org.au/northern_territory

It is difficult to believe a government facing the challenges painted by a glimpse into a community like Canteen Creek would embark on a path to destruction. Could this be a way of dealing with the problems?

The Australian government Closing the Gap 2023 Annual Data report explains outcomes for Aboriginal and Torres Strait people have worsened - the gap is widening.

The NT Mental health care system is in crisis reported by The Australasian College for Emergency Medicine (ACEM) President Dr Clare Skinner on 24 March 2023 - "A severe lack of staffed mental health beds in the top end of the NT is placing immense pressure on emergency departments and forcing staff to use last-resort treatments, such as heavy sedation requiring intubation, for people experiencing severe mental illness."

The provision of palliative care in the NT is limited especially in regional and remote areas. Would a patient needing palliative care be able to easily access this service in Canteen Creek?

The publication 'Australian Government Department of Health Exploratory Analysis of Barriers to Palliative Care Issues Report on Aboriginal and Torres Strait Islander Peoples' September 2019 states:

'The Australian Government considers Aboriginal and Torres Strait Islander peoples over the age of 50 'aged', compared with 75 years and older for the non-Indigenous community, reflecting the considerable discrepancies in health and life expectancy.

The mortality rate among Aboriginal and Torres Strait Islander peoples is 1.6 times that of non-Indigenous Australians, with cardiovascular disease and cancer the leading causes of death.'

Eminent Australian medical groups such as Australian Care Alliance and 1000 Australian Medical Doctors, Medical Specialists and Health Professionals in the organisation Health Professionals Say No have denounced their opposition to the dangers of euthanasia. These groups are working at the coal face of medical care including assessment of patients, provision of services, and addressing spiritual and emotional needs.

Mr Julian Leaser MP Member for Berowa, former Shadow Minister for Indigenous Australians stated during debate on the Restoring Territory Rights Bill 2022:

"Both the NT and the ACT have no upper house—no house of review—and laws can be rushed through incredibly quickly. It should not be within the remit of the territory governments to authorise the deaths of their citizens. 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 NT government cannot be trusted to manage the introduction of something like euthanasia in a way that will have anything near the necessary safeguards...The NT government's failures are causing massive increases in domestic and sexual violence and hospital admissions. Given the record of the NT 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? 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 NT 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." Further "In both the ACT and the NT, more palliative care services are needed. During 2020-21, Western Australia accessed MBS-funded palliative services at 10 times the rate of the NT and at nearly twice the rate of people of the ACT."

Many organisations and church leaders such as Bishop Charles Gauci, Catholic Diocese of Darwin are speaking out. Bishop Gauci works at the coalface - flying into remote areas, visiting ill patients and ministering end of life care. He is deeply concerned euthanasia could be legalised and further - may be available to the mentally ill.

He said : "Introducing VAD for mental illness may inadvertently hinder our efforts to provide holistic support and treatment options for individuals grappling with mental health challenges." . Further, he said "The Right to Life Australia Inc. is working very hard to oppose this attack on the sanctity of human life." (17/4/24).

Interestingly, the Northern Territory election is only 4 months away - 24 August 2024. As Antony Green, election analyst said (Dec 2023) 'The resignation of NT Chief Minister Natasha Fyles is bad news for the NT Labor government. It already faces a difficult re-election campaign in August 2024, and starting an election year with a third Chief Minister this term is bad news for NT Labor, and good news for the Country Liberal opposition.'

- Please oppose plans to introduce assistance to suicide and euthanasia in the NT.
- Write to your (1) Member of the Legislative Assembly in the NT. – express your opposition to plans for assistance to suicide and euthanasia.
- A list of members and contact details is found here: https://parliament.nt.gov.au/__data/assets/pdf_file/0004/932971/14th-Legislative-Assembly-List-of-Members-January-2024.pdf or ph Parliament House (08) 8946 1434.
- The government must urgently focus on "Closing the Gap", improve indigenous life expectancy and access to medical care including fully funded palliative care.
- Palliative care beds in rural and remote areas, outreach services, & after-hours services options builds better options for end-of-life care. Not euthanasia.
- Eminent medical expert groups eg "Health Professionals Say No" and "Australian Care Alliance" conclude euthanasia is not safe and can never be safe.

M Collier

ACTION ALERT FOR QUEENSLANDERS

SUPPORT QLD WARRIOR FOR BABIES BORN ALIVE AFTER ABORTION



We applaud Mr Robert (Robbie) Katter MP, Member for Traeger (KAP) who introduced a new life affirming bill into the Queensland state parliament on 20 March 2024. This private member's bill is named - the Termination of Pregnancy (Live Births) Amendment Bill 2024 <https://www.legislation.qld.gov.au/view/whole/pdf/bill.first/bill-2024-003>

Read Mr Katter's introduction of the bill https://documents.parliament.qld.gov.au/events/han/2024/2024_03_20_WEEKLY.pdf#page=41

If passed, the bill will provide legal protection for babies born as a result of a late term abortion – those babies who are currently left to die without any care or treatment. It removes any doubt that babies born in these circumstances are entitled to the same degree of medical care and attention as a baby born in any other way. The bill has now been referred to a Committee for inquiry. We ask supporters to write a submission (can be a one page letter) or by email. Closing date for written submissions is 4pm on Monday, 13 May 2024. Please follow the instructions for making a submission <https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=238&id=4401>

Importantly: Mr Katter MP said Queenslanders need to place pressure on their MPs to tell them this private member's bill must come into debate. All MPs should be contacted. What can I do?

1. Please contact your Member of the Legislative Assembly <https://www.parliament.qld.gov.au/Members/Current-Members/Member-List> If you do not know your MP telephone Parliament House Qld Free Call - 1800 197 809 (within Qld), or Enquiries - +61 7 3553 6000 and ask for your MP's contact details.
2. Write a short, one page submission to the Inquiry (see above).
3. Send an encouragement letter to Mr Robbie Katter MP, Member for Traeger, PO Box 1968, MOUNT ISA QLD 4825.
4. We encourage Queensland supporters to attend the March for Life Brisbane, to be held 2 pm Saturday 8 June 2024 outside Parliament House, Brisbane. www.cherishlife.org.au

SPEAKER ANNOUNCEMENT

Professor Joanna Howe

March For Life Brisbane

Saturday, June 8th

2pm, Speakers Corner, (Outside Parliament House)

Cherish Life

Latest 2023 Reports - Expansion of Euthanasia and Assisted Suicide (Oregon, Belgium and the Netherlands)

Richard Egan, Research Officer, Australian Care Alliance

Reports for 2023 on euthanasia and assisted suicide have recently been published for Oregon, Belgium and the Netherlands so I have updated the relevant chapters in *Fatally Flawed Experiments* (as attached and available at: https://www.australiancarealliance.org.au/flawed_experiments)



OREGON

- Annual growth in cases over 20% for the last two years - 15% average over the 26 years of legalisation
- Now 0.82% of all deaths
- New record set for time between ingestion and death - 5 days and 17 hours
- New record set for time between ingestion and loss of consciousness - 8 hours and 8 minutes
- Nearly half (46%) of people die within 15 days of a first request (some the day of the request) under the 2020 amendment allowing this cooling-off period to be waived on the mere assertion of the attending physician (who may have just met the person and who is not required to have any expertise in the person's condition) that the person is reasonably expected to live fewer than 15 days from the first request. No time for second thoughts!!
- There were 10 complications reported (9.8% of those for whom data is available), including the fourth reported case of seizures following ingestion of the prescribed lethal substance (Don't tell Victoria's Voluntary Assisted Dying Review Board who dismissed a report of seizures as "unlikely to be related to ingestion of the VAD substance!").

BELGIUM

- Deaths by legal euthanasia increased more than fourteenfold (1456%) from 235 in 2003 – the first full year of legalisation – to 3,423 in 2023. From 2020 to 2021 alone the increase was 10.4%, with further increases of 9.85% from 2021 to 2022 and 15.4% from 2022 to 2023.
- Officially reported euthanasia now accounts for one in 33 (3.03%) of all deaths in Belgium in 2023.
- 793 cases (23.2% of all cases) of euthanasia for polypathology, that is two or more conditions none of which in itself is sufficient ground for euthanasia.
- 713 cases (20.8%) of euthanasia where the person was not expected to die in the foreseeable future. Euthanasia where death was not expected increased by 38.9% from 2022 to 2023 while euthanasia where death was expected only increased by 10.47% over the same period.
- 48 cases for psychiatric disorders (double the number for 2022)
- 8 cases for (non-terminal) eye disorders
- A fifth child was killed by euthanasia.
- 19 people were killed by euthanasia while unable to give consent, pursuant to an advanced directive.
- There were 110 cases of euthanasia tourism in 2023. Of these 44 (40%) were cases where death was not expected in the foreseeable future.

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NETHERLANDS

In 2023 there were 138 notifications of euthanasia or assisted suicide involving patients with psychiatric disorders (up 20% from 2022 and nearly ten times the 14 cases in 2012), including 22 people aged between 18 and 40 years.

- In Case 2023-002, the medical practitioner who performed euthanasia on a woman for her somatic symptom disorder (tinnitus) arrogantly defended his failure to consult an independent psychiatrist. The Review Committee ruled that breach of the due care criteria had occurred. It is not clear what further action, if any, the Review Committee is now taking in such cases
- There were 288 notifications involving dementia (up 16.67% from 2022 and eight times the 42 notifications involving dementia in 2012). All these cases were in the absence of any other condition justifying euthanasia.
- In 8 dementia cases, and in one case of cerebral haemorrhage, in 2023 euthanasia was performed on the basis of an advanced directive rather than a contemporary request by the person who was euthanased.
- In Case 2023-065 a man who had made an advanced directive requesting euthanasia for Alzheimer's Disease was administered drugs to "soothe the man before the execution" of euthanasia, the man was given 30 mg of midazolam by a regular trusted nurse. This was justified, according to the Review Committees, "due to the man's troubled behaviour and the possible manifestations of anger, frustration and physical aggression". "This caused the man to fall asleep. The doctor then performed euthanasia.
- A further two children (aged 16-17 years) were euthanased in 2023 bringing the total for children aged 12-17 years to 20.

Additionally, Statistics Netherlands has published data for 2021 on all deaths involving an end-of-life decision. This five/six yearly data set (2010, 2015 and 2021) is a useful check on the officially reported data.

<https://opendata.cbs.nl/statline/#/CBS/en/dataset/81655ENG/table?ts=1525401083207>

Once again it shows a significant rate of euthanasia and assisted suicide that is not reported to the Review Committees and is therefore being carried on outside the law as well as a disturbing number of cases of intentionally ending life by administering a lethal substance with no explicit request from the person (involuntary euthanasia).

For 2021 there is a significant discrepancy (1,617) between the number of cases of euthanasia (9,038) or assisted suicide (245) with request reported by Statistics Netherlands and the number of such cases reported (as required by law) to the Euthanasia Review Committees – 7,477 cases of euthanasia and 189 of assisted suicide.

- There were 517 cases of "ending life without an explicit request". (Up from 431 in 2015).

- So in total for 2021, there were 9,799 people whose deaths were caused intentionally by lethal medication representing nearly 1 in 20 (5.73%) of all deaths in the Netherlands – with 2,133 of those deaths (more than one in five or 21.77%) without an explicit request under the law, including 517 (5.28%) with no explicit request at all from the person.

- In 2021 more than 1 in 10 (10.63%) of all deaths (other than sudden and expected deaths) of 17–79 year-olds in the Netherlands were caused intentionally by euthanasia or assisted suicide. Nearly 1 out of 3 of these deaths, or nearly 1 in 30 (3.24%) of all deaths (other than sudden and expected deaths) of 17–79 year-olds in the Netherlands were caused intentionally by euthanasia or assisted suicide outside the provisions of the law.



- Nearly 1 out of 150 (0.65%) deaths of people aged between 17 and 64 years was caused by the administration of lethal drugs with no explicit request at all from the person.
- In 2021, six children aged less than 1 year with congenital anomalies were killed intentionally by the administration of lethal drugs. It is not clear if these cases involved the required approval of an "expert" committee. Richard Egan.

Ed: We thank Richard for his dedicated and meticulous research keeping us informed about the expansion of assistance to suicide and euthanasia overseas. He has had a very long involvement with the prolife movement.

M Tighe.

Action Alert for NSW Supporters STOP NSW PALLIATIVE CARE FUNDING CUT!

The NSW State budget 2022-2023 allocated an additional \$743.4 million over the five years to 2026-27 to enhance palliative care for people across New South Wales through improved pain and other symptom management options, \$150 million of which was cut in the 2023-24 Budget.



As you will be aware this will mean that some people in New South Wales will not receive palliative care which is an essential service to provide end of life care to those with a life-limiting illness. The dangers of reducing funding to palliative care services are well recognised for those of us working to uphold human dignity in the face of legalisation and expansion of euthanasia and assistance to suicide.

An e-petition to fully restore the \$743.4 million additional funding gathered 11,377 signatories and is now awaiting presentation to the Legislative Council.

The petition calls on the NSW Government to reverse this cut in funding and fully restore the \$743.4 million in additional funding for enhanced palliative care services throughout New South Wales.

How am I able to help support this campaign?

We now ask supporters who live in New South Wales to write to their parliamentary representatives. A short letter is best, or a phone call as MPs receive so many emails.

Please find the contact details of your MPs (in the Legislative Council and Legislative Assembly): www.parliament.nsw.gov.au/members/pages/all-members.aspx

If you do not know your electorate: <https://elections.nsw.gov.au/elections/find-my-electorate>. Key points to make in your letter:

- The 2022-23 Budget allocated an additional \$743.4 million over the five years to 2026-27 to enhance palliative care for people across NSW through improved pain and other symptom management options, \$150 million of which was cut in the 2023-24 Budget.
- This funding cut will mean some people in NSW will not receive palliative care, and I/we ask the NSW Government to reverse this cut and fully restore the \$743.4 million in additional funding for enhanced palliative care services throughout NSW.

Alabama Supreme Court Ruling That Frozen IVF Embryos are to be Considered Children has Far-Reaching Consequences

In February 2024, the **Alabama Supreme Court** made a hugely significant ruling regarding frozen IVF embryos. In the Court's decision, embryos - whether inside or outside a woman's uterus - are now considered to be **children** under Alabama's **Wrongful Death of a Minor Act**.

The Alabama Court's majority opinion ruled that "**unborn children**" have always been covered by the state's existing law. Justice Jay Mitchell clarified that the Act applies to all unborn children, regardless of their location. Chief Justice Tom Parker, in his concurring opinion, emphasized the sanctity of unborn life, stating that human beings bear the image of God even before birth.

This ruling has had far-reaching consequences. It raises broader questions about whether **IVF** could become the next battleground over reproductive rights in the United States, especially following the overturning of the U.S. Supreme Court 1973 **Roe v. Wade** which had opened the floodgates for abortion up until birth.

The Alabama Supreme Court's decision that a frozen embryo is a "**child**" under the state's wrongful-death statute demonstrates once again that judges have to use the right method to reach the right decisions. Keeping this in mind prevents getting distracted by the politics and hysterics that often accompany decisions on the volatile issue of protecting human life.

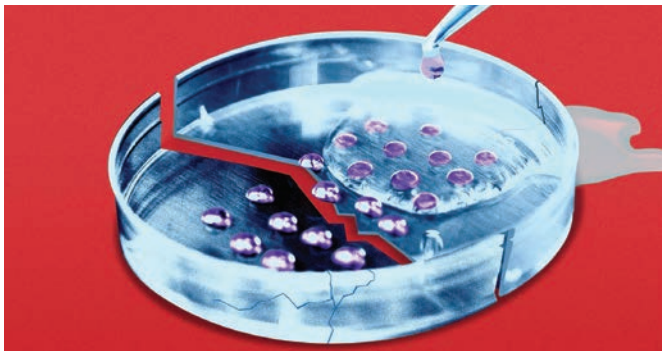


Illustration: Annelise Capossela/Axios

In this Supreme Court case, three married couples used IVF to conceive children. Some of the embryos were implanted resulting in the birth of healthy babies. Other embryos were preserved in a **cryogenic nursery**. In December 2020, a patient entered the nursery and removed several embryos. The patient accidentally dropped the embryos because the extremely cold containers freeze-burned the patient's hands. The embryos were destroyed when they were dropped, essentially killing them.

The couples sued the hospital under the **Wrongful Death of a Minor Act**, a state law enacted in 1872 that allows the parents of a deceased child to sue "[w]hen the death of a minor child is caused by the wrongful act, omission or negligence of any person." Although the statute does not define the term "minor child," the Alabama Supreme Court had previously held that it includes an unborn child, regardless of viability or stage of development.

This case, however, focused on the **where**, rather than the **when**, a minor child was killed.

Alabama legislators knew about unborn children in the womb when they enacted the wrongful-death statute. However, in vitro fertilization produces unborn children outside the womb before they are implanted into the women for gestational purposes.

What is a judge supposed to do when the law is old, but the facts are new? This is where the method a judge uses to decide the case makes all the difference.



Alabama Supreme Court USA

U.S. Supreme Court Justice Clarence Thomas has explained that judges should decide cases involving written law such as statutes in **two steps**.

Judges must **first interpret** the statute or figure out what the legislature meant by the text it enacted, and **then apply** that interpretation to the facts of a particular case.

But how are judges supposed to put that theory into practice when, as with the Alabama wrongful-death statute, the law is more than 150 years old? Joined by five other justices, Justice Jay Mitchell answered that question in his majority opinion.

Courts begin by assuming that, in the absence of evidence to the contrary, legislatures use words in their "*natural, ordinary, commonly understood meaning*." When the Alabama Legislature enacted the wrongful-death statute in 1872, Justice Mitchell explained, the word "**child**" was commonly understood to include the unborn.

The Alabama Legislature has enacted a series of strong pro-life laws. Justice Mitchell observed that, in 2022, Alabama voters amended the state constitution to require that judges construe statutes in a way that protects the rights of the unborn and a born child equally.

That reinforced the court's previous conclusion that "**child**" in the wrongful-death statute included **unborn children at any stage of development**.

And it supported the majority's conclusion that the wrongful-death statute "**applies on its face to all unborn children, without limitation**."

Up until the Alabama ruling, the end of Roe did not change how frozen embryos and the IVF process are handled, even in states like **Texas** where most preborn children from the moment of fertilization are now protected from abortion. **Professor Seema Mohapatra** of SMU Deman School of Law, and one of the U.S.'s leading experts on IVF law, explained, "Frozen embryos are considered property in Texas, just like any other kind of personal property, like your car.

"The fall of Roe did not change this and Texas law protecting human life from fertilization only applies to embryos in the womb, not frozen in a lab."

"If we say we value life and the whole idea of overturning Roe v. Wade and the trigger laws said we're trying to protect life, but we're still treating life as if its property that can be sold and bartered and done away with, that doesn't match up at all," Antoun said.

The new law has not satisfied the IVF clinic at the centre of the Alabama ruling which faces three wrongful death lawsuits from parents over the destruction of their embryos.

This new measure is strongly opposed by pro-life groups. The organization **Live Action** called the Alabama bill Gov. Kay Ivey signed "**horrific**." **Live Action President Lila Rose** equated the law to giving the IVF industry "**a license to kill**."

"Politicians cannot call themselves pro-life, affirm the truth that human life begins at the moment of fertilization, and then enact laws that allow the callous killing of these preborn children simply because they were created through IVF," Leila Rose bluntly commented.

For the protection of human life, how all this plays out in this election year is critically important. Watch this space!

Eugene Ahern

Ed: Danger ahead... An excellent article by Sodha below. Meanwhile, *The Economist* 13/4/24 published an article extolling the virtues of physician assisted suicide – likely to be on the agenda assuming the Labour Party wins the next UK election. The Labour leader Sir Keir Starmer is in favour of euthanasia and has promised a free vote on the issue in Parliament.



When the Right to Die Becomes the Duty to Die, Who Will Step in to Save Those Most at Risk?

Sonya Sodha, *The Observer*,
Printed in *The Guardian* 7/4/24

It's rare to get a politician who openly admits they are torn on an issue, but in recent days there have been two striking examples. First, Wes Streeting, Labour's shadow health secretary, admitted that though he voted to legalise assisted dying a few years ago, he feels conflicted. Then Nicola Sturgeon, former Scottish first minister, wrote a piece saying that, with new Scottish legislation on the table, the reservations she expected to subside are becoming stronger.

I wrote last year about my own trajectory in relation to proposals to legalise doctor-assisted suicide for the terminally ill. A decade ago, I would have supported assisted dying out of a respect for personal autonomy and a desire to alleviate suffering. Today, I understand these objectives are not standalone but need to be weighed against the impact on those for whom an abstract liberal notion like autonomy is highly simplistic, and the state-sanctioned wrongful deaths that seem to me impossible to avoid.

The first prompt for my reappraisal has been my evolving understanding of the complexity of relationships. We are not all autonomous islands floating in a sea of humanity; we are highly influenced by each other and by cultural norms. Writing about domestic abuse has opened my eyes to the extent that coercively controlling relationships drive people to do things because others want them to.

Of course there will be women who get a terminal diagnosis, whose partners have been emotionally abusive to them for years – telling them their life isn't worth living – who will come under intolerable pressure to opt for assisted dying.

How can we ignore that around a third of female suicides are thought to be related to intimate partner abuse? Or that some men who violently kill their sick wives rely on defences such as "mercy killing" and "suicide pacts", sometimes very effectively? Even the fact that men are much more likely than women to leave their partners after a terminal diagnosis feels salient to understanding the gendered implications.



The risk of coercion goes beyond intimate partners in a society riven with ageism and anti-disability prejudice; what happened to older people in care homes during Covid is just one example. More than a fifth of people over 65 have experienced physical, emotional, financial or sexual abuse. There are relatives who will find ways – perhaps quite subtly, even unintentionally – of hinting to people with a terminal diagnosis who need round-the-clock care that they should opt for assisted dying. How would that make you feel? Almost half of people who chose assisted death in Oregon in 2022 cited concern about being a burden.

Once you cautiously nudge the door on assisted suicide, it is very difficult to stop it swinging wide open.

Then there is the internal pressure that arises from some feeling that they ought to do it to save relatives difficulty and financial consequences: where the right to die becomes the duty to die. That message will be reinforced at a societal level; Times columnist Matthew Parris recently argued in a widely condemned column that assisted dying could help address the cost of an ageing population; that there are those willing to be honest about this should give serious pause for thought. Moreover, palliative care doctors talk about how the wish to die is not stable, and often abates in terminally ill patients in the wake of an initial diagnosis, and can be affected by depression, which is hard to diagnose.

The second factor that's changed my mind is the international evidence that, once you cautiously nudge the door on assisted suicide, it is very difficult to stop it swinging wide open.

The most cited example is Canada, where a limited form of medical assistance in dying (MAiD) was legalised in 2016 for people with "grievous and irremediable medical conditions" with assurances about its narrow scope. Today, that definition has been interpreted to include a person with severe sensitivities to chemicals unable to access appropriate housing from the state, and there have been reports of officials promoting assisted dying to people with disabilities applying for government assistance and medical professionals trying to coerce people into it.

A parliamentary committee has recommended MAiD should be extended to some sick children and it is set to be expanded to people with chronic mental illness. In the Netherlands, euthanasia is an option for people who are autistic and lonely and is about to be extended to children of all ages. In Oregon, where the law has remained more stable, terminal conditions today include arthritis and anorexia.

Proponents argue adequate safeguards are possible; the latest House of Lords bill proposed certification by two doctors that someone has the capacity to decide to end their own life and has done so without coercion or duress, signed off by a high court family judge. But this dissolves on scrutiny.

Medical professionals are not trained in or necessarily any good at detecting coercive control; judges will have limited evidence to make their own call. In the family courts, judges can fail to detect coercive control even when confronted with detailed evidence about intra-familial relationships.

Narcissistic abusers can be highly adept at fooling professionals. What level of outside influence is considered too much, how is it measured, and how sure must a judge be, given life and death is at stake, surely rendering the balance of probability evidentiary threshold usually applied in the family courts inappropriate?

In the House of Lords debate, there was a marked failure to engage with these detailed concerns. Some claimed there is no evidence of problems abroad, as if coercively influenced wrongful deaths would magically reveal themselves after the fact. One only need look at the fight to reveal the true number of hidden homicides of women by their abusers to understand the naivety in that and, in somewhere like Oregon, the system is simply not set up to catch wrongful deaths. With brutal utilitarian honesty, former supreme court president Lord Neuberger acknowledged there would be abuses, but argued the benefits for those acting autonomously would outweigh them.

We live in a social media-driven world characterised by excessive moral certainty, in which powerful individual stories that invoke strong emotions can dominate the discourse to the detriment of the voiceless. There is a real risk that a law gets passed without any of these devastating concerns being addressed.

Assisted dying is not a right-left issue, but it garners more support from MPs on the left, including Keir Starmer, and a Labour government might feel under pressure to introduce big reforms that don't cost money given its self-imposed fiscal constraints. That is why voices like Streeting's and Sturgeon's are so important; we desperately need politicians willing to acknowledge that assisted dying is one of the most complex and fraught ethical questions they will ever be asked to confront.

Sonia Sodha is an Observer columnist. This article was published online in The Guardian 7/4/24. <https://www.theguardian.com/commentisfree/2024/apr/07/conflicted-legalising-assisted-dying-sonia-sodha>

Once the genie is out of the bottle, it is not likely ever to go back in again.

PROFESSOR THEO BOER
Former member of Holland's Committee monitoring euthanasia deaths 2005-2012




ACTION ALERT FOR ALL SUPPORTERS STOP DEATH BY TELEPHONE!

Right to Life Australia Inc has been busy with our active campaign against allowing telehealth for assistance to suicide and euthanasia for over a year now - with your faithful support!

Our office is busy contacting supporters, churches and liaising with other groups - sending out educational campaign material to supporters, churches and other groups. Please read enclosed action alert to oppose Kate Chaney MP (Curtin's) private member's bill currently in the federal parliament. If the bill, it would not just allow the use of telehealth, but even more alarming, allow states to use telehealth for any future expansion of euthanasia including for mental illness or for children!



Photo: Michael Fewster, Honorary Treasurer and faithful supporter sending campaign material to our supporters and other groups

For further reading: "When Telehealth can be dangerous, even Deadly". <https://www.washingtontimes.com/news/2020/jul/14/when-telemedicine-can-be-dangerous-even-deadly/>

Please write a letter to Hon Anthony Albanese MP, Prime Minister and Hon Mark Dreyfus KC MP, Federal Attorney- General. (enclosed action alert). If you are unable to send a short letter, please phone their respective office(s). Emails are a second choice, as MPs receive hundreds of emails. If you live in the federal electoral division of Grayndler (NSW) or Isaacs (Vic) please state this in your letter.

SAMPLE LETTER: (Letters must be polite and respectful).

Dear Mr Albanese

I wish to express my opposition to any changes in the law which would allow the use of telehealth, eg video, telephone calls to assist patients in accessing euthanasia. Already, patients who use telehealth may not even know the doctor who is treating them. Allowing doctors to prescribe life-ending drugs without even seeing a patient is a grave step. Further, it is dangerous to allow this to extend to vulnerable Australians who may live in regional and remote areas without specialist services even for basic healthcare.

Dear Mr Albanese

Please do not alter any current laws to allow access to euthanasia via telehealth. We know older people are being coerced into financial gain by relatives. A doctor cannot possibly know what is going on in the background of a telehealth conversation. This is a move ripe for exploitation.

Dear Mr Albanese

I am concerned about Ms Chaney's plans to allow euthanasia by telehealth. This would mean, if states changed their laws in the future the use of telehealth could be used eg for patients with mental illness. This would be a disaster when we are already facing grave problems trying to prevent and reduce mental health statistics.

Key message: Do not alter current law which prevents doctors using telehealth for assisted suicide and euthanasia.



Hon Anthony Albanese MP, Prime Minister



Hon Mark Dreyfus KC MP, Federal Attorney-General