

Margaret Tighe

Letter from the President

Dear Friends of Life

It is well over 50 years since I first became involved in the fight to protect human life. It was approximately 1968 and the British Parliament had just legalised abortion. At that time there was pressure in Australia

to follow suit. As "The Age" newspaper said at that time "legalise abortion for rape, incest and deformities!"

A small group was established here in Essendon (where I live) whose main purpose was to oppose legalisation of abortion. Many years have since elapsed and now abortion is legal and freely available for any reason whatsoever.

At that time, this organisation was described in an Age editorial as a "threat to democracy!" This was because we were politically very active especially at times of elections. Much of this activity was emulated from the US right to life movement.

Since that time, we have worked assiduously trying to restore respect for human life.

But, tragically, we can now kill sick patients at their own request!

Nonetheless - we are not going to go away and by our very existence and activities have managed to save some lives at least!

In life



Margaret Tighe, PRESIDENT

The Abortion Issue Will Be Prominent in the Coming American Presidential Election with Euthanasia Not on the Agenda



Eugene Ahern

Four months out from the American presidential and other national and state elections is certainly high on the political agenda.

The 2022 decision of the U.S. Supreme Court to overturn the 1973 Roe .v. Wade ruling which had effectively legalised abortion until birth was a huge victory for the pro-life movement. It also ignited new fire into the hot abortion issue.

The impact of the reversal of Roe .v. Wade has been huge even if it has not been as great as the pro-lifers may have hoped. Nearly twenty four Republican controlled states have seized the opportunity provided by the ruling to pass legislation restricting access to abortion.

An example of the effects of such anti-abortion legislation is in the State of Indiana. Its most recent health report revealed a 98% decrease in the number of abortions in the state over the previous year.

The figures for Indiana are staggering. They detail only 45 abortions were performed in the first quarter of 2024. This is an amazing turnaround compared to the 1,931 abortions performed in the first quarter of 2023. This means that 1,886 babies are living in Indiana, who would not be alive if the previous abortion legislation in effect in 2023 was still the abortion law in 2024 in Indiana.

As a background to this year's U.S. elections, we must note that the pro-abortion death peddlers are now actively campaigning against the pro-life laws which have produced such a such turnaround for the lives

of so many unborn babies. The Indiana Planned Parenthood body, which is, like its counterparts across America, is at the lead in pushing abortion have launched legal challenges to overturn the state's pro-life legislation.

Over twenty other states have recorded dramatic falls in the number of babies being killed by abortionists. Texas is an outstanding example of the effect of the overturning of Roe .v. Wade and subsequent state pro-life legislation. In the first six months of 2022 17,126 abortions were performed in Texas. That total plunged to just 85 in the next six months. That was a 99.5% decrease from the first six months of the year.

What is called the Texas "Trigger Law" bans all abortions except under very limited circumstances such as "a life-threatening condition to the mother caused by the pregnancy". Not surprisingly, the Texas abortion industry has challenged legally the impact of the legislation trying to broaden the definition of the "medical emergency" in the abortion law. In a pro-life triumph, the Texas Supreme Court recently ruled that the state legislation restricting abortion was constitutional and upheld the state's life-affirming laws.

The struggles for and against legislation restricting access to abortion serve as the background to the prominence of the abortion issue in not only the presidential election, in the elections for member of the U.S. Senate and House of Representatives and in the State Houses of individual states, especially those controlled by Republicans.



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The Abortion issue Playing Out in The Biden-Trump Presidential Race

A huge divide on the abortion issue has opened up between the Democrats and the Republicans.

Seemingly, opposition to abortion has become a political liability for Republican candidates. A backlash against the restrictions on abortions promoted by Republican lawmakers is credited with restricting Republican gains in the 2022 mid-term congressional and state elections.

Seven states in 2022 had ballots on abortion legislation and all seven states saw victories for the abortion rights measures pushed by abortion advocates such as Planned Parenthood, including even in conservative states such as Ohio, Kansas and Kentucky.

What Can Be Expected in the Coming 2024 Election Campaigns?

How will the abortion issue play out in the 2024 elections at the different levels of government having polls? Hopefully the 2024 results will not reflect the way in which the 2022 polls eventuated.

Democrat President Joe Biden has come out unbelievably strongly for freely available and unrestricted access to abortion. While the current Vice-President, Kamala Harris, has been out around the country campaigning for abortion rights, President Joe Biden has most recently been promoting pro-abortion positions in his own speeches.

It can be reasonably said that Joe Biden has even put unrestricted abortion at the centre of his re-election campaign. Biden has been swayed by polls showing that support for abortion is the one issue on which he commands his strongest leads over Donald Trump. His Democrat Party is, of course, solidly pro-abortion and so it puts great pressure on him. Biden has liked to use the euphemism, "reproductive health", when speaking about abortion. However more recently Biden has been emboldened to come out and actually use the word, "abortion", a few times in his speeches.

So, let's look at Biden's words in a speech given only last month.

For fifty years our Supreme Court ruled that there was a "constitutional right to privacy" (Editor' Note: This is a euphemism for a constitutional right to abortion), but two years ago that right was taken away.

Let's be clear. There is one person responsible for this nightmare, and he has acknowledged it, and he even brags about it, and this is Donald Trump.

In fact, Trump has bragged about overturning Roe .v. Wade which meant that there's no federal right, no decision could be made; all those decisions made are made at the state level.

Trump goes on in saying that those state laws are working, his words, 'Brilliantly'.

Trump says it is up to the states and this is all about states' rights.

But he is wrong. The Supreme Court was wrong," says Biden raising his voice.

Abortion should be a constitutional right in the federal constitution.

This isn't about states' rights, Biden says. It's about women's rights.

Trump is worried voters are going to hold him responsible for the cruelty and chaos he created.

Folks, the bad news for Trump is we are going to hold him accountable, Biden stressed.

Joe Biden is open and bold in his support for abortion in his re-election campaign. At the same time Biden attacks Donald Trump for supporting the Supreme Court ruling.

So, what about Donald Trump and his position on the abortion issue? Trump has positioned himself as a moderate on the abortion issue.

Because he has already served one four year term as President, he will now be limited to only another four year term as President. This means that he does not have to be concerned by a pro-abortion backlash to any pro-life or anti-abortion decisions he may make if he is successful and wins another four year term.

Possibly the best evidence of Donald trump's position on abortion is to look at his three appointments to the U.S. Supreme Court during his previous presidency. In his election commitments he had said he would appoint pro-life justices. In turn he appointed Neil Gorsuch, Brett Kavanaugh and Amey Coney Barrett as Supreme Court Justices. In their confirmation hearings before the U.S. Senate Justice Committee each of the three were subjected to intense and even hostile questioning about their views on abortion. They survived and their appointments were duly confirmed by the Senate. These three each now have consistent pro-life voting records on any cases touching on abortion. In these critical appointments Donald Trump showed his position on the abortion issue. Trump has been vindicated.

In the current presidential campaign, Donald Trump has consistently said he wants to see all aspects of the abortion issue decided and settled by each state individually. He is deliberately avoiding taking a position on any possible federal law on abortion.

What will the next four months campaigning on the abortion bring to the abortion debate? It would be a foolish person who would want to predict what may emerge.

Joe Biden may have a few surprises in store for voters. Biden has already offended Catholics and stunned commentators, when he made the Sign of the Cross blessing himself at a rabid pro-abortion rally in Florida. Biden's Sign of The Cross came as he stood supporting a pro-abortion activist, Nikki Fried, who was attacking the restrictive Florida abortion law. One can only imagine what Biden intended. Was he blessing the pro-abortion tirade to which he was listening?

While there is already such controversy and agitation around the abortion issue, there has been very little even mention of euthanasia or doctor assisted suicide so far in any of U.S. campaigning. An exemption is the State of West Virginia where there is a to be a ballot in November on putting a ban on "medically assisted suicide, euthanasia and mercy killing" into the state's constitution. At present euthanasia or doctor assisted suicide is legal in only legal in ten American states. Present moves for legalisation of euthanasia or "doctor assisted dying" is being hotly opposed in states where it is proposed in state bills.

As we have written previously, "watch this space" for developments over the next four months to Election Day, 5th November.



Australian Pharmacist Speaks Out

First, Do No Harm – The Forgotten Ethic

As healthcare professionals, including myself being a pharmacist, our practice is underpinned by a code of ethics. The Hippocratic Oath: “First, Do No Harm” is the basic underpinning of modern medicine. In the current climate of healthcare, it seems our professional bodies are forgetting our commitment to this code, especially with respect to our vow to non-maleficence. We are seeing this deviation from an ethical practice of medicine more and more in the sphere of reproductive “healthcare”, and I would like to focus eventually with specificity on medical abortions.

What is medical abortion?

Medical abortion is a form of abortion that is sold as a less invasive, safer and more “humane” form of abortion. In Australia, women have access to this form of abortion up to 63 days (9 weeks) gestation.¹ It is prescribed by a doctor and the medication (mifepristone plus misoprostol) that is taken to facilitate the abortion is accessed through a pharmacy. The medication causes uterine contractions to occur, which expel the baby from the womb. It is common to hear this process trivialised by being described as just a “bleed” or the passing of “fetal tissue” or a “clump of cells” – The intent in doing so, is to strip all the humanity from the act, in an attempt to make a gravely inhumane process appear to be humane. It mustn’t be forgotten however, that what is inside the mother is a growing human, who, at 5 weeks already has a heartbeat and a developing brain, and by 9 weeks already has visible limbs that are forming.² Moreover, women often have the impression that this form of abortion, given that it is done “earlier” and simply involves taking tablets (self-administered) is without its risks – I will soon show that this is not true.

The changing culture of healthcare

The risks both psychological and physical associated with medical abortion are serious and are not described enough to the women who are seeking it by the relevant health practitioners – both doctors and pharmacists. This in itself, apart from the obvious failure in abortion being aberrantly defined as “healthcare”, is a grave *failure* of the most fundamental role of the health professional – *Do No Harm*.

A symptom of this failure is the changing culture of healthcare and demands for it to be a buffet of “services” that patients simply select and access at their own discretion – medical abortion falls into this smorgasbord of medical “services” that are possible and therefore because it is possible, the healthcare system deems it a healthcare “right”, just because it is possible. Falling into this trap of opening up the immensity of possible medical technologies to everyone and anyone increases the opportunity for atrocities against human dignity being committed, as is clear also in the realms of IVF and voluntary assisted dying. As we accept more technologies in medicine, we also risk falsely quantifying what we view as “freedom” by



the range of options available to us, and thus if it is available “*I should have a right to it because it is MY freedom and healthcare is a human right!*” – lines similar to this are often jammed down our throats, and they represent a wider social disease that has infected healthcare and slithered its way into the minds of its custodians.

To clarify, autonomy of decision making in healthcare is not a bad thing, in fact it is a good thing – we are fortunate we can get second or third opinions on matters relating to our health and we are fortunate in a lot of situations we can choose who our healthcare providers are. It however becomes problematic when autonomy is weaponised and sought with entitlement. Moreover, autonomy without being equipped with accurate knowledge is *blind discretion*. It must be understood, that as health professionals, we are not called to simply provide what the patient wants just because it is available and they want it, we are instead called to offer them what they *need* based on our expertise, and to educate them in full. And we are certainly not called to skim over or paint a more pleasant view of risk just to fit whatever we believe the patient wants to hear – we need to be impartial and use the evidence.

Healthcare is not a buffet

We are often bombarded with the non-sense phrase “*my body my choice*”, and this has infiltrated the healthcare profession specifically in the realm of reproductive health. To demonstrate the senselessness of such a statement, take this example: a drug-user addicted to opioids manipulates a doctor into prescribing him oxycodone for a pain condition that he made up. This person is questioned by the pharmacist and is discovered to have lied to the doctor to obtain the prescription to fuel his addiction. What would be the appropriate response by the pharmacist under his oath to do no harm – say to the drug user “*your body your choice, here you go have the oxycodone, it’s what you want*.” OR “*you are addicted to prescription opioids, I want to offer to help you through this difficult part of your life, what you need is help from an addiction specialist, would you like me to refer you to an addiction clinic?*” I challenge anyone to argue against the former being an obvious case of grave negligence and the latter being an example of good healthcare. Sadly, what is also obvious is that the offering of medical abortion looks all too similar to the former, and, through the lens of the rhetoric used by those who advocate bodily “choice”, the latter would typically be characterised as stripping “freedom” from the patient. Why is it that the healthcare system makes abortion an exception to grave negligence? We must not forget what healthcare is – *healthcare is the facilitation by health professionals of the treatment or prevention of disease or illness with the objective of restoring or improving the health of people*. Pregnancy is not an illness or disease, therefore destroying the life of an unborn child to end a pregnancy, at any stage, is not justifiable healthcare, especially when doing so also has detrimental effects on the mother. It is a violation of the code of ethics that holds the health system together.

Restrictions to medical abortion access lifted

Lets now focus on a serious example of the implications of this concerning change in the culture of healthcare – the Therapeutic Goods Administration’s (TGA) recent lifting of restrictions on prescribers and pharmacists in being able to prescribe and dispense MS-2 Step (Mifepristone and Misoprostol) for use in medical abortion. Before August 2023, doctors and pharmacists required additional certification and registration with the MS-2 Step program and were required to undertake mandatory training in order to prescribe or supply MS-2 Step.³

Prior to the change³:

- 1 in 10 doctors could prescribe MS-2 Step and;
- 3 in 10 pharmacists could dispense it.

Now, *all* pharmacies will be able to stock and dispense the medication and *any* medical practitioner or nurse practitioner, will be able to prescribe MS-2 Step in the course of their practice. The TGA says this decision “will assist in addressing important access issues for patients who require this medication”⁴ – setting aside the obvious misuse of the word “require”,

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it appears however, no added work is being made towards importantly addressing the requisite improved access to *information* about the risks to women of this medication – in fact, healthcare providers are now less equipped and less trained to provide this medication than ever before as a result of this change. The most concerning and predictable flow-on effect of this, will be that women seeking medical abortion will not be counselled and informed adequately of the harms of abortion in general, as the predominant body of health professionals providing medical abortions are no longer specially trained to do so. There is just cause for concern in this area when we look at the rising uptake of medical abortions in Australia:

- The number of prescriptions for mifepristone/misoprostol for medical abortion increased from 3220 in 2014-2015 to 20,741 in 2017-2018⁵ – this was while restrictions on prescribing and supply were in place!

Expanded access will likely see these figures skyrocket. As a result, many more women will be impacted by the horrors of abortion and its after effects, both physical and psychological, simply because medical abortion is now as accessible as getting a prescription for amoxicillin from a pharmacy. More importantly we mustn't forget who the most impacted victims are; the many more innocent babies that will be killed as a result of a healthcare system that has paradoxically vowed to Do No Harm.

The risks

So then what are the risks that are not being openly spoken about when it comes to medical abortions?

- Retained fetal or placental tissue or incomplete abortion – this occurs more commonly with medical abortions compared to surgical abortions, and if it occurs, requires an invasive surgical vacuum aspiration.⁶
- The overall incidence of adverse events was 4 times higher in medical versus surgical abortion in a follow-up study of >40,000 women who had an abortion up to 63 days gestation.⁷
 - haemorrhage was 4 times higher
 - incomplete abortion was 7 times higher
- Uterine infection – which is most implicated in abortion when there is retained fetal/placental tissue.⁸
 - In rarer circumstances, fatal septic shock may occur after medical abortion with mifepristone/misoprostol.⁹
- Although mifepristone/misoprostol is prescribed by a doctor and supplied at a pharmacy, the taking of the medication itself is unsupervised and is self-administered by the woman, outside of a clinical environment. Concerns about the medication being taken improperly, women putting off taking it after having second thoughts, but then taking it anyway, potentially after 63 days gestation, and even diverting it to other women must be discussed. Unsupervised use of medical abortion pills is associated with an increased risk of serious complications that require further medical intervention such as:¹⁰
 - incomplete abortion
 - failed abortion
 - haemorrhage leading to anaemia and requiring blood transfusion
 - septic abortion

**A cohort untrained**

Because we now have a cohort of doctors and pharmacists who are less trained and less educated about abortion due to the TGA's lifting of restrictions on access, it is likely that important information about the harms of abortion in general will be glazed over more so, such as:

- Psychological trauma and post-traumatic stress
 - rates of mental health disorders in women who had undergone an abortion were approximately 30% higher¹¹
 - Abortion can function as a traumatic stressor with the potential of causing Post-Traumatic Stress Disorder (PTSD) and Post-Traumatic Stress Symptoms (PTSS)^{12,13}
 - 40% of women who had undergone an abortion experienced one or more PTSD symptoms in a US study involving >800 women¹⁴
- Suicidality¹⁵
 - In the year following abortion, women were 3 times more likely to commit suicide than the general population, and nearly 6 times more likely to commit suicide than women who gave birth
 - women who aborted had a 154% higher risk of death from suicide compared to giving birth
- Impacts on future pregnancies
 - induced abortion may be a risk factor for ectopic pregnancy for women with no previous ectopic pregnancy¹⁶
- Breast cancer – The link between abortion and breast cancer risk is debated, however, a meta-analysis of the link between abortion and breast cancer risk was conducted in Chinese women, which found among these women:¹⁷
 - Induced abortions is significantly associated with an increased risk of breast cancer
 - Breast cancer risk increases as the number of induced abortions increase

Women seeking abortion are already vulnerable!¹⁸

- Past traumatic experiences including past sexual violence are common in women who are seeking abortion
- Pre-existing PTSS are present in 23% of women requesting an abortion

These women need to be supported, not have their trauma fuelled even more so. An undertrained group of health professionals delivering medical abortion as a healthcare solution is far from the answer.

We must listen to the stories of those affected

Are the health professionals listening to the stories of women who *have* had abortions, who live with grief about their decision? Would their decision have been different if they were better informed? What about the fathers who grieve for their aborted children? When did they get a say? Abortion isn't just a women's issue, it is a human issue. Those brave enough to speak about their experiences can be found many places online, here are a couple:

RIGHT TO KNOW:

<https://righttoknow.au/>

H3Helpline: (Texas, USA)

<https://h3helpline.org/help-after-abortion/abortion-stories/>

Choice at all costs?

The growing trend of healthcare violating its fundamental ethic in order to accommodate the perverted ideal of "choice", by defining the *wants* of the patient as healthcare *needs*, simply because advancements in technology allow it, is a growing disease of the healthcare profession. We should accept medical technologies only if they preserve the dignity of the human person and are compatible with the main ethic that allows us to put our trust in our healthcare system – Do No Harm. Healthcare "services" that use death and destruction as a means of facilitating the *wants* of the patient, such as medical abortion, are a product of this disease, and the custodians of our health system – the professionals and experts that make it up, in whom we place our trust – need to be open and honest about its truths and risks if they are to uphold integrity in their practice, such that this disease in healthcare may be healed. We need pro-life pharmacists, nurses and doctors to continue to fight back, speak the truth, and have their voice heard.

Please contact rtl@rtlust.com for a full list of references.

Big Bucks to help “women and pregnant people” get even more abortions!

NEWS FROM QUEENSLAND

It might have been thought that, when in 2018 the Palaszczuk Labor Government in Queensland legalised abortion up to birth, the pro-abortionists would have achieved everything they wanted. But no, they don't ever seem to be satisfied.

In March this year legislation – apparently the first of its kind in Australia – was passed which allows nurses and mid-wives to dispense the abortion pill.

Now, in the recently released Queensland Budget, \$41.8 million has been committed to support the implementation of a new *Termination of Pregnancy Action Plan 2032* over the next five years. Or, as Health Minister Sharon Fentiman put it, “improving access to termination care”. Yes, “termination care”. Talk about an oxymoron.

And the Action Plan is laced with another abuse of the English language. Sentences such as, “the government's commitment to meeting the sexual and reproductive health needs of *women and pregnant people*...” and “... *women and pregnant people* should be able to make informed sexual and reproductive health choices”, appear about 20 times throughout “The Plan”. Hmmm.

Moreover, it is blithely asserted in “The Plan” that, “access to safe termination of pregnancy is a *human right*”. They simply made that “right” up and then they expect everyone to just accept it! (And sadly many do.)

Money to support this “right” is to be thrown around like confetti: \$20 million plus to “Enhance the termination of pregnancy workforce”; nearly \$10 million to “Establish contemporary models of care” (whatever that means); over \$8 million to “Support non-government organisations to provide wraparound termination of pregnancy support” (?); and on it goes.

It appears that money is no object when it comes to abortion, or “termination of pregnancy”, as “The Plan” prefers to euphemistically name it throughout.

There seems to be a particular emphasis on ensuring that First Nation women “and pregnant people” can get readier access to ending the lives of their preborn children. To date, “91 Aboriginal and Torres Strait Islander Health Workers and 149 other clinical staff have been engaged in learning, workshops, and peer support sessions at 19 sites across 4 Hospital and Health Services. 23 health workers have volunteered to be pregnancy options “safe people” in their local communities”. How thoughtful.

And here is a rather Orwellian role title that keen young nurses can now aspire to: “The Termination of Pregnancy Nurse Navigator”!

Sadly, all this awfulness gets support from those who should least support it. Alison Weatherstone, Chief Midwife, Australian College of Midwives: “The Australian College of Midwives acknowledges Queensland Health's work to ensure equity and access for Queensland women for termination of pregnancy services, in particular for midwives and nurse practitioners to prescribe MS 2-Step. This is a win for women's health in Queensland.” Huh? So midwives now are just as willing to kill a baby as help them?

Then there is from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists: “RANZCOG is pleased to continue being involved in the improvement of abortion care in Queensland...” Huh again. Whatever happened to “first do no harm”?

And lastly, Dr Kathryn Saba, Staff Specialist Obstetrics and Gynaecology, Royal Brisbane Women's Hospital: “General Practitioners in the community are either increasingly comfortable providing abortion care or becoming more aware of colleagues or hospital's that provide abortion care and referring women on in a timely manner...”

General practitioners becoming “... increasingly comfortable providing abortion care... ! Sadly that is all too true with the number of ordinary medical practices providing the abortion pill mushrooming around the State, indeed around the country.

No, it seems that the pro-abortionists will never be satisfied.

Our thanks to courageous pro-lifer Graham Preston for this article. contact@protect-life.info

<https://www.protect-life.info/>

Do not Resuscitate: Not Our Choice to Make

Luke Murphy

Thoughts arising from the Scottish COVID Enquiry re: Healthcare

“Care”: From Latin Caritas - via multiple paths and a word meaning Grief in a Germanic language, often translated as Love, and with regard to people, to will the good of others in practical ways, to value them.

Were we to walk a pier and at the end find a distressed Casandra locked in a glass box signaling for help, as someone is drowning in the water below, we may interject: “The sign here clearly states, swim at your own risk, so is it worth that artificial act of saving a human life?” A weak swimmer, says not at the risk of my life. That women locked in the box can't help, and she signals to a floatation device placed there for just such an emergency. Perhaps the drowning is deliberate, and questions should therefore be asked by outsiders first. Is it a child drowning? Should we care about age or health? What if the glass entrapped were signaling not to intervene? What if the saved person were to die a week later? Would the lifesaving act have been a waste of effort?

As outsiders, do we have a duty of care to use the readily available technology to save a life?

Or can we forbear saving a life on the basis of the noise of our surroundings - from the glass box, signage by others, assumptions on the value of life of others with their challenges to fulfillment as we understand them?

Could layers be added to the scenario until we can watch feeling helpless, having convinced ourselves to be helpless, while others are allowed to die without help?

Stop, standing by and allowing someone to die is wrong. Caritas Christus urgent nos.

COVID seems to have been a spear through the heart and head of the health system that left a hole by which we can see a flaw.

Scotland is currently learning the lessons of COVID by way of a public enquiry. The evidence has not made any general reporting to date. www.covid19inquiry.scot

Evidence given seems to have shown that patients were discharged to Care Homes without a COVID test – isn't containing and treating infection the point of a hospital?

Evidence given seems to show that DNRs (Do Not Resuscitate), were put at bedhead of elderly or otherwise unwell patients without proper consent when the patients were admitted with COVID – isn't saving patients with health difficulties the point of a hospital?

Evidence was given that end of life pathways were entered into via a 10 second telephone consultation – surely a decision of that sort, even in the pressured system, demands a measured face to face consultation?

In one case it seems that a patient under guardianship had a DNR with a forged signature of the guardian. The real guardian assured the enquiry she would NOT have signed the form.

It seems with this DNR we are not discussing complex high-risk procedures to painfully prolong a life against the wishes of dying patient – this is the currently available on the ward technology to save a life.

If I am on the pier, it is not my choice to make to deny a drowning man a floatation device. If I work in a hospital, it is not my choice to make to deny a patient basic health care. End of life pathways are difficult to navigate and as an outsider no judgment to condemn the participants in a system under stress is made here, rather we ask: “What signage and noise was Health operating under, and what honestly did transpire?”

The Scots have a way to go yet, but well-done Scotland to look into this hole through the heart and head of health care. What if Scotland be not alone? Did we enquire to show the inner workings of the institution Health Care under stress.

All sorts of issues arise that require careful consultation prior to denial of what level of care, the default must be to support life: if the Care in Health Care is standing by and watching a patient die, it is not Care.

Finally, our Health, is it Care?

See: Rumble Dr Campell Care Home Deaths and Scotland comes dean.

Scottish COVID-19 inquiry www.covid19inquiry.scot

Dr Adam Strachura AGE Scotland Re DNR CPR Witness Statement taken 15/9/23 on Teams 35 pages

Shelagh McColl K.C. Representing Bereaved Families

Update on Northern Territory euthanasia push

As you will be aware the Northern Territory government plans to legalise euthanasia and has been working to progress plans. However, the due date of the Northern Territory Panel Report regarding VAD (Voluntary Assisted Dying) [assistance to suicide and euthanasia] has now been extended to July 2024. The report will be generated directly from the Department of the Chief Minister and Cabinet and then tabled in Parliament.

However, there remains only one more sitting day prior to the Northern Territory election on 24th August 2024 which is apparently scheduled to discuss budget matters.

It is unlikely that the report will be received by the parliament soon because the NT election is imminent. For more information about the process, see <https://cmc.nt.gov.au/project-management-office/voluntary-assisted-dying>



Legislative Assembly of the Northern Territory

Well Done to March for Life Brisbane Team 2024

Congratulations to Matthew Cliff (Executive Officer) and his team at Cherish Life Queensland for organising such a well-attended march in Brisbane on Saturday 11th June 2024. Hundreds of people attended and were motivated to defend the rights of the unborn.

Great speakers at the event included Mr Robert Katter MP (Member for Traeger), Professor Joanna Howe, Annouska Firth (Education Director of Right to Life, WA), and Michelle Pearse (Australian Christian Lobby) who addressed the unjust laws in Queensland regarding the most helpless people in our community.



Queensland Babies Born Alive Bill Rescheduled

On 20 March 2024, Mr Robbie Katter MP, Member for Traeger, introduced the Termination of Pregnancy (Live Births) Amendment Bill 2024 into the Queensland Parliament and referred it to the Health, Environment and Agriculture Committee for examination. The committee is required to report on its examination of the Bill by 20 September 2024.

Recently, the Queensland Government postponed the public hearing for the Queensland "Babies Born Alive Bill" (Termination of Pregnancy) [Live births] Amendment Bill 2024.

As an essential part of the parliamentary process, there were concerns the postponement was a deliberate attempt to stall the Bill. This decision was made by Mr Aaron Harper MP, Member for Thuringowa (Labor). However, after emails from many supporters such as yourselves, the public hearing has been rescheduled and will take place on Monday 19th August 2024. (CHECK if rescheduled or resumed)

We congratulate Mr Robbie Katter MP for his committed work supporting this Bill. If you would like to read Mr Katter's excellent letter, providing a response to submissions received for the bill, see <https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=238&id=4401>

75 year old grandmother sentenced to two years in prison for praying outside American abortuary



We applaud the courage of Paulette Harlow, a 75 year old American grandmother and eight companions, who responded to the plight of unborn children, dragged to their slaughter at a late term abortion clinic in Washington DC in October 2020. They responded by peacefully praying outside the abortuary.

Judge Colleen Kollar-Kotelly sentenced 75-year-old pro-lifer Paulette Harlow to prison for 2 years; along with 36 months of supervised release. Her companions were sentenced to prison in May 2024, one for nearly 5 years. Paulette Harlow was the mother of six children, four of them being adopted.

Judge Colleen Kollar-Kotelly handed down the sentence, along with 36 months of supervised release, because of Paulette's prayer and hymn singing at the notorious late-term abortion mill in Washington, D.C.

Paulette in her defence stated to the court, "We were there because we are compassionate, we do care, and we love them," she said. "It's despicable that in this country we have pregnant women and we can't do anything to help them except offer to kill their child. That's not help at all," she stated. "It's not good healthcare when one of the people involved has to die," adding, "I don't think women are being cared for properly in this country. Offering them abortion is only taking advantage of them when they are afraid."

STOP KATE CHANEY MP'S TELEHEALTH BILL

BACKGROUND:

A private member's bill was introduced into Federal parliament on 12 February 2024 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.



Ms. Katherine Chaney MP
Member for Curtin
introduced bill



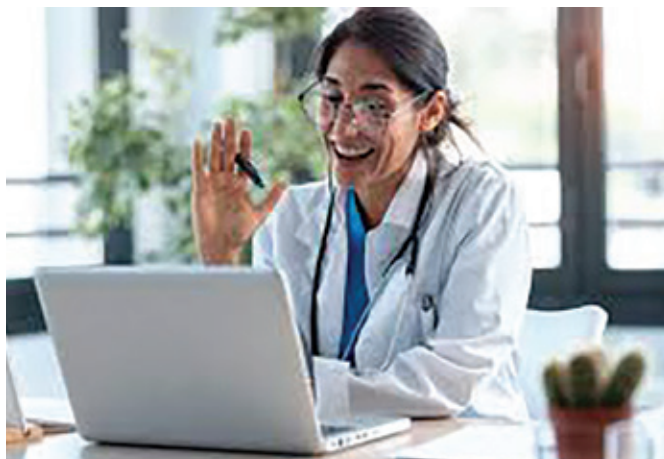
Dr Monique Ryan
MP Member for Kooyong
seconded bill

ACTION PLEASE SEND TWO LETTERS TO OPPOSE KATE CHANEY'S TELEHEALTH BILL:

A short personal letter, in your own words, is necessary. The next possible date for debate is 12/8/2024.

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

Please send a copy of your letter to your federal MP.



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 Ryans 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 MPs 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 MPs 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

Vale Bill Serong, A True Warrior for Life

Right to Life Australia salutes the late Bill Serong, who died on 20th May, aged 88. Bill was a true *“warrior for life”* both in words and actions.

When Bill died there were many public tributes to Bill as a footballer, there should have been. Bill was a match winning player as centre-man in Collingwood’s 1958 Premiership Team. Bill was runner-up in the Brownlow Medal in that Premiership year. Then he won North Melbourne’s Best and Fairest Award in 1962. His favourite sport was handball at which Bill won the Australian Championship.

Bill married Ann in 1965 and was the devoted father of eleven children.

Outside of sport, Bill had been a school teacher and then a barrister and solicitor.

The public tributes did not even mention his pro-life work. Bill and Ann joined the fight to protect unborn children and were outstanding in their pro-life work.

During the 1983 Right to Life March Bill successfully persuaded a police inspector not to arrest Bishop John Kelly, who stood up to police trying to stop the march when pro-abortionists blocked the route.

When in 1984 Eugene Ahern was arrested and falsely charged with assaulting a policeman at a protest against Bob Hawke, Bill stepped in, when barrister Colin Lovitt had to leave the court, and secured the dismissal of the charge. Bill’s defence of Eugene won high praise from reporters.

Apart from such highlights, Bill did considerable valuable legal work for RTL without ever charging a cent. He was always happy to give of his time defending pro-lifers when they were in court charged with trespassing or other misdemeanours at peaceful protests against abortionists. Bill also gave invaluable counsel on many thorny issues affecting Right to Life’s activities.

Margaret Tighe was fulsome in her tribute to Bill. *“I recognise Bill as one of our most outstanding ‘lifesavers’. I only wish that others will stand up and take Bill’s place.”*

A Reflection from Ann Highlighting Bill and Ann’s Respect for Life

At the 1982 RTLA Dinner Bill and Ann were invited to speak. During the months prior to the dinner a member of the WA Government had been proposing a bill giving parents of handicapped babies a period of time for them to decide whether the baby should live or be left to die. News reports at this time made special mention of babies with Downs Syndrome as subjects of the proposed bill. Bill spoke out very strongly against this appalling proposal and urged all present to write and petition members of WA parliament accordingly. Ann shared of the joys and challenges of raising a large family including their third son Andrew who had a severe brain disease. They did not realise that Ann was just a few weeks pregnant with their tenth child Caroline who was born the following May with Downs Syndrome. Bill’s words following her birth were, *“The Lord is inviting us to put our lives where our mouths have been.”* Recently Caroline turned 41 and has been a source of great joy and laughter, and occasional stubbornness, for the extended Serong family.

Ann Serong



Bill Serong (centre) and Ann Serong (Right) seen here with Ron and Margaret Tighe and Bishop Perkins, 1982 RTLA Dinner at which Bill and Ann were guest speakers

Scottish Parliament Passes Buffer Zone Abortion Bill

The Society for the Protection of the Unborn Child (SPUC) reported on 13/6/24 that the Scottish Parliament voted in favor of Gillian Mackay’s Abortion Services (Safe Access Zones) (Scotland) Bill (118:1 opposed), which will implement buffer zones and criminalise pro-life vigils.

Once this legislation is implemented, peaceful pro-life vigils near hospitals or abortion facilities will be outlawed, preventing women from being offered help outside clinics. It will be an offence to pray, including silently, within the designated buffer zone.

Anyone taking part in a pro-life vigil in Scotland within a designated buffer zone would be subject to a fine of up to £10,000. SPUC (UK) stated *“The legislation is deeply flawed. It seeks to police areas of our private lives, which the state has no right to interfere with, namely private thought and prayer.”*

By voting in favor of the Abortion Services (Safe Access Zones) bill, MSPs have trampled on at least four European Convention of Human Rights and have introduced thoughtcrime into Scottish society.

Scotland has taken a colossal step backwards for civil liberties and has established itself as the most illiberal and anti-free speech nation in the Western world.” This is indeed a dark day in Scotland’s history.



Scottish Parliament

Bad News as Euthanasia Legalised in the A.C.T

On June 5, 2024, the ACT Legislative Assembly passed Voluntary Assisted Dying legislation. The vote was 22 for, 5 against. The legislation comes into effect on 3 November 2025.

The legislation is the most liberal of any Australian jurisdiction to date. Under the legislation those eligible will be the *“terminally ill with an advanced condition”*, however, no *“expected timeframe to death”* need be specified. Decision-making capacity must be proven and repeated requests made for the procedure. Two health practitioners, one of whom can be a nurse practitioner, are needed to assess eligibility.

When the legislation is reviewed, after 3 years of operation, advance care directives, whether those from other jurisdictions and minors over 14 years will be allowed to access the scheme, will be considered.

A proposal allowing patients to *“pre-appoint a Power of Attorney to access the scheme”* is to be investigated and a report prepared by mid-2025. The purpose of the proposal was to deal with those who *“lose capacity in the later stages of the process”*.

The Catholic Archbishop of Canberra-Goulburn, Christopher Prowse said that the legislation was motivated by *“a mistaken compassion”* and *“genuine palliative care is the best and most compassionate response to the dying”*.

Christopher Rule, Secretary ACT Right to Life Association Inc



Legislative Assembly for the Australian Capital Territory