

THE OFFICAL JOURNAL OF RIGHT TO LIFE NSW

'SPECIAL EDITION' OCTOBER 2021

# ALL LIFE *Matters*



## INSIDE THIS ISSUE:

PAGE 1  
FROM THE CEO'S DESK

PAGE 2-3  
FROM THE PRESIDENT

**ASSISTED SUICIDE LEGISLATION  
CAN NEVER BE MADE SAFE IN NSW**

PAGE 4-6  
**EUTHANASIA IN NSW? NOT ON  
YOUR LIFE!**

PAGE 7  
**TEXAS PRO-LIFE VICTORY**

PAGE 8  
**WHERE'S THE LIFE-LINE?**

PAGE 9-10  
**ONE BY ONE AUSTRALIAN STATES  
LEGALIZE EUTHANASIA**

PAGE 11  
**BOOK LAUNCH**

PAGE 12  
**THE MYTH OF BAD DEATHS**

PAGE 13  
**HOW TO GET INVOLVED**

PAGE 14  
**CAMPAIGN SECTION**

LAST PAGE  
**STAY IN TOUCH**

**RIGHT TO LIFE  
ASSOCIATION (NSW) INC.**

Suite 11b, Level 12,  
37 Bligh Street,  
Sydney NSW 2000

 (02) 9299 8350

 [office@righttolifensw.org.au](mailto:office@righttolifensw.org.au)

# HEALTH PROFESSIONALS SAY NO!



# From the CEO'S Desk

Friends committed to the pro-life cause,

I would like to take this opportunity to briefly express the values and vision I seek to bring to my role as CEO of Right to Life NSW. I want to advance our campaign to defend the basic dignity of all living persons from life's beginning to its natural end. We are in a war against a secular humanist perspective that counts human life as a commodity that can be dispensed with when personally or politically inopportune.

I come to this position with a well-known, passionate and longstanding position that all human life is a sacred gift which cannot be undermined in any law of government which abrogates the prior natural law of the inviolable rights of the child in the womb or the dying person at the end of their life.

I now seek to give life to this commitment through engagement in political advocacy to try, with your support, to fight for the hearts and minds of ordinary Australians and to seek, over time, to persuade them that we need to defend all human life. It is an enormous task, one that will not be achieved in the short term, but requires a longer-term view to engage all Australians on our argument, the pro-life perspective, the superior argument, the inconvenient truth, the morally right position.

We need to be optimistic and realistic about where we stand. While it appears to the media we are losing the debate on euthanasia, the issue is still very much a live issue in NSW where we face a new challenge with Alex Greenwich's assisted suicide bill. There is a real chance of success here. The Premier of NSW may not seek to engage this controversial issue after the debacle on abortion rights which has weakened her leadership. She would be right to keep the focus on fighting COVID - the only real urgent health care issue facing this nation - and see assisted suicide legislation as a dangerous distraction. The vote could be quite tight and our campaigning is building momentum. Here your support is critical in contacting MPs, building our membership base and donating to the campaign. Please go to page 14 of this publication to know what you can do **now** to support the campaign.

We can win this vote. We must be the levee wall that turns back the tide of the anti-life movement and pro-death culture. If NSW, the premier State in the Commonwealth, says **No** to euthanasia, then Australia has **not** said Yes to state funded assisted suicide. The stakes are very high indeed.

Let me take this opportunity to thank you for your ongoing support of Right to Life NSW and impress upon you that now is the time to speak up and make politicians know that assisted suicide is morally wrong, undermines health care priorities and places vulnerable Australians at risk.

Yours in Defence of Life from its beginning to its natural end.

*Dr Brendan Long*

*Chief Executive Officer, Right To Life NSW*



Dr Brendan Long with his family and adorable Sula

# From the President

Dear Members of Right to Life NSW

Well, it has been a busy time for pro-lifers. No rest for the just!

Dr Rachel Carling our wonderful former CEO and current Vice President delivered key amendments to reduce the impact of that atrocious Reproductive Health Bill introduced by Alex Greenwich MP in 2019.

Now we have Dr Brendan Long as CEO, another veteran of the political world, and he is gearing us up for major fight on euthanasia as Alex Greenwich MP seeks to introduce yet another anti-life bill – this one designed to allow doctors to actively engage in ending a person’s life. Let us call it what it is - state sponsored “assisted suicide”. As you can see from this publication, and his other emails to you, Dr Long is calling on us to engage and write to politicians and express our opposition.

We stand with vulnerable citizens of NSW and oppose the forces that seek to undermine the fundamental dignity of all persons and their most fundamental right: the right to life from its beginning to its natural end.

It will be a hard fight but one we can win with your help. NSW is really the last line of defence to repel the tide of misguided left-wing political forces pushing for this change as an ideological obsession.

We are Australia’s premier State and if NSW holds the line on euthanasia, we will arrest the momentum our opponents have built in other states.

So let’s encourage our legislators to continue to say no to euthanasia!

*Dr Simon McCaffrey*

*Right To Life NSW Council Chair*



## Assisted Suicide Legislation can NEVER be made safe in NSW

Health Professionals Say No is an independent secular network of 850 health care professionals dedicated to the care of the chronically ill and dying. Of the 400 represented in NSW, many like myself have been, or are, on the coalface in public health and leadership positions, or with other significant associations in NSW Health and care institutions.

We reject the misleading notion that ‘Compassion’ demands state sanctioned killing and assisted suicide in the guise of VAD legislation and oppose the expected involvement of Health care toward this legislation. The campaign falsely promises an easy solution to suffering, ignoring and side lining the true societal and health care actions required to compassionately ease suffering. We seek to assist and inform governments in providing the real care that is needed toward this.

The first principle of health care is to do no harm. Enabling the state to empower doctors to directly participate in prematurely ending the lives of their patients does much harm and violates our key medical ethical principles, which are affirmed by the World Medical Association which opposes assisted suicide.

The first responsibility of governments is to guard vulnerable individuals from harm. It is an ethical duty of government to provide structures that assist health professionals and social services in providing equitable care, improving the quality of life for those with aged, palliative care, mental health and disability-based needs, whether in urban or regional settings and amongst our First Nations people.

Many recent Australian enquiries have shown many shortcomings in these areas and described abuse and coercion, including in aged care and disabilities. Our experience and witness confirms the severity of shortcomings in care to be true.

We are particularly concerned by recent announcements from Mr Alex Greenwich MP regarding the release of a Private Members Bill to legalise euthanasia and assisted suicide in this State, with a view to tabling the bill this year. Society's focus should NOT be on sanctioning legislation which values the autonomy of the vocal above the safety of the vulnerable. VAD legislation scope-creep (the 'slippery slope') is proven by overseas experience. There is no such thing as safe VAD legislation, and amendments only band-aid inherently unsafe practices. Good laws make it easier to do right and harder to do wrong – but VAD legislation only makes coercion and abuse more likely. To prioritise VAD legislation ahead of true and equitable health care and social services toward provision, is in itself a form of coercion as there then is no viable choice. Our priority at this time must therefore be focused on equitable delivery of accessible quality and evidenced based care, especially at this time of pandemic crisis.

We believe that once enacted VAD legislation will initiate a gradual shift from a 'Right to die' to a 'Duty to die'. All NSW citizens have a responsibility to influence their Members of Parliament to protect the vulnerable. A survey of 2000 Western Australian residents recently showed 75% would want their government to address shortfalls in Palliative care, regional healthcare and social service access ahead of VAD.

VAD is NOT Healthcare. It is NOT a medical treatment, nor is assisting someone to end their life part of good evidence-based Medical or Palliative care. VAD terminology only seeks to provide a cloak of medical legitimacy to state sanctioned killing. Research proves that the desire to die decreases when a person is supported or has experienced Palliative care. Requests for euthanasia, physician assisted dying or VAD are usually due to undiagnosed depression, demoralisation, loneliness, fear of being a burden or lack of support. Making VAD legal does not make VAD a valid "choice" to replace quality Palliative care.

It is NOT true that VAD lowers suicide rates. The opposite is actually the case in overseas jurisdictions. Government priority should lie in prevention efforts for the current crisis faced in regional Australia, amongst First Nation peoples and in the young.

Suffering is subjective and even so, the cause of suffering is what should be addressed. It is NOT true that pain cannot be controlled or managed, nor is pain the usual cause of VAD requests. Defining suffering and incurable illness in legal terms is arbitrary and HAS inevitably resulted in extension of the law, even to children and elderly unable to speak for themselves, in jurisdictions where euthanasia and VAD practices exists.

Clinicians and institutions involved in the care of vulnerable and disabled individuals, those with dementia or those with terminal illness should NOT be involved in roles to end a life. The undue influence this would create on patient choices and their care cannot be underestimated. Doing so will erode trust in the ambiguity it creates for health care systems and therapeutic relationships.

Doctors, nurses, healthcare professionals and institutions practicing best practice health care and end-of-life care should not be forced by VAD legislation to act against their conscience or ethical standards.

Our network calls on members of Right to Life NSW to join us in writing to your MPs and the Premier to consider what is really needed to help those suffering around us, whether death is imminent or not. Speak up AGAINST a law that values the ending of a human life on the basis of autonomy more highly than fostering communal safety and care.

Urge our government to INSTEAD address healthcare and residential care inequities and affirm the goal of better life quality for all citizens. When you seek to oppose this legislation reflecting the concerns of what I personally consider to be the significant majority of NSW doctors.

*All Prof Maria Cigolini*

*Health Professionals Say 'No' Founder*



# Euthanasia in NSW? Not on your life!

*Something is wrong in the State of NSW*



<https://euthanasiaexposed.co.za/resources/euthanasia-warning-cartoons/>

Something has gone horribly wrong in Australia. Why has the public allegedly lost all trust in the palliative care system? So much so, that some will commit suicide rather than risk trusting themselves to its care? And, in the ultimate irony, want a doctor involved - to ensure it is done properly? If people believe that the NSW health system cannot give them a pain-free, comfortable, dignified death, then this is a massive vote of no confidence in our medical profession and our society.

But could it be an incorrect perception? Many doctors have spent decades of their lives training devotedly for this exact role - as specialists in palliative care - to meet this important need. These specialists will often not get the chance to minister expertly to people if Greenwich's euthanasia bill goes ahead. Their expertise will not be required.

What does this say about our society? And yet the rationale underlying the bill is not correct. It is based upon fear of pain for loved ones and a fear of watching them die in pain. But palliative care pain control works. Politicians ought to be pouring resources into better public education about our world-class, if sometimes underfunded, palliative care system. Putting more resources into enhancing all aspects of palliative care is needed so that Australians can have immense confidence in the system. It is nothing short of horrific that we have allowed this situation to develop: that the great humanising blessing of being allowed to care for our people in their hours of need is being denied, and that they are planning to resort to suicide instead. It is a massive 'fail' for our society as humane and civilised, if this Bill is enacted into law. This Bill offers no protection for people who are in a self-harming frame of mind, from exploitation, manipulation or even the risk of foul play.

It is a fact that some people do want to die on their own terms. Suicide is not illegal in NSW, nor in any jurisdiction of Australia. Our law presently recognises that it is wrong to draw others into that lethal decision, so assisting suicide is illegal under the NSW Crimes Act.

Those who advocate for euthanasia tend to speak about incidents where, in their view, observing a death was unbearable. Unbearable for whom, exactly? Death itself is an emotional experience for all and it even may take time. Part of the genuine dignity we give to the dying is to spend time with them, care for them and alleviate their suffering. *Love them*. Is promoting suicide really a loving response? And do we actually want to turn our healers (doctors) into killers? Because that is the reality of what is being contemplated. And if we are unwilling to face the bald facts about what we are doing, nor use accurate language, then we certainly ought not be doing it.

The clue to the shame of this Bill is in the words used to disguise the truth. From the outset, the title of the Bill masks its intentions: "Voluntary Assisted Dying". Dying is a natural process. If someone injects you with a lethal poison to make you die, that is not natural. It is killing, plain and simple. And yet in a Bill of around 80 pages, the word 'euthanasia' does not appear - not even once. The lethal poison used is referred to as "a voluntary assisted dying substance".

The Bill declares that people who die this way do not die by suicide. In that case, the only other options are that they died of natural causes (they didn't) or were killed. Why the devious language? It is because those who are promoting this Bill do not want Australians to truthfully face what we are doing as a society. Words are powerful, they are loaded with meaning and significance. They can also be used artfully, as in this Bill, to conceal harsh truths.

The "Voluntary Assisted Dying" Bill 2021 (proposed by Alex Greenwich, MLA) is not honest in its title, aims, or consequences. It is counter to medical ethical principles, nihilistic in tone and outlook, and is at odds with Australian society's high medical standards and Judeo-Christian, Muslim, Hindu and Buddhist cultures. It would have a catastrophic effect:

- a) on the individuals concerned who end their lives prematurely;
- b) on our society by increasing tolerance of suicide and the taking of human life;
- c) on our medical profession by altering its aim of healing and preserving life, to ending life; and
- d) on our pharmacists who presently supply drugs for therapeutic effect, not for lethal effect.

The Bill uses euphemistic language which conceals the nature of its true purpose. Its true purpose is to create a lawful facilitation of a person's suicide. Language in legislation must be accurate. It is not a marketing document. More accurately, this is a Bill for state-sponsored suicide (SSS) or Medically Activated Death (MAD).

The Bill purports to be "caring" for personal autonomy. It is premised upon the presumption that there is a human right to die, to take one's own life. Further it extends this dubious initial presumption to a right to die with the assistance of another person, asserting a duty on the part of another human to assist you in your suicide. There can never be a duty on anyone to assist a person's suicide.

This is the thin end of the wedge towards involuntary euthanasia. While the proposed legislation is initially intended for those of sound mind, any prohibition against euthanising those of unsound mind (eg those with dementia or in a coma) would soon follow. This Bill would significantly change society's mores. It says that not only is suicide a worthy option, but it will be facilitated. In contrast, the recent Australian Federal government budget planned \$2.3 billion be spent in the National Mental Health and Suicide Prevention Plan - the largest mental health investment in Australia's history. Assisted suicide and suicide prevention policies then become a pantomime horse which tears itself apart running in different directions.

If the axiom is correct that the liberty of one citizen ends where the liberty of another citizen begins, then the onus is upon those advocating this Bill to prove (rather than assert) that there has been no negative impact on other individuals and society's where euthanasia has been legalised, rather than opponents of the Bill having to prove that it has negatively affected the quality of society for other citizens.

The Bill is not democratic. Is it reflecting the views of the most relevant group? The elderly, the terminally ill? Until the response of these groups is properly gauged (without making them feel pressured or worthless), the responses of other groups are a mere imposition of opinion upon a more vulnerable group. There are a number of minority groups within our society for whom this Bill will represent an immense breach of trust - such as our Indigenous Australians - and also those Australian migrants who came to this country believing we regarded the issue of protection of human life with appropriate reverence.

This Bill is unnecessary. Death with dignity is already being achieved. Palliative care works well for 98-99% of the group requiring it. If more public education is needed to reassure people, then that ought to be prioritised. Unfounded fear ought not lead to euthanasia. The impetus for this Bill is not coming from specialists in palliative care.

The Bill does not protect against the risks of involuntary euthanasia - wrongful deaths. In The Netherlands, the attitude towards the vulnerable has degenerated into one where needy people are regarded as “using up” or “wasting” resources. There is now there a pervading atmosphere of nihilism, exemplified in euthanasia. As the Patients’ Rights’ Council in the Netherlands advises: “The main argument in favour of euthanasia in Holland has always been the need for more patient autonomy — that patients have the right to make their own end-of-life decisions. Yet, over the past 20 years, Dutch euthanasia practice has ultimately given *doctors*, not patients, more and more power. The question of whether a patient should live or die is often decided exclusively by a doctor or a team of physicians.” Despite long-standing, court-approved euthanasia guidelines developed to protect patients, abuse has become an accepted norm. The number of euthanasia deaths in total has been shown to have risen, and the number of involuntary cases within that, has also risen (*Groenewoud AS, Atsma F, Arvin M, et al, 2021*). The scope for those eligible has broadened from those who sought it being in the category of terminally ill, to those with dementia and/or a psychiatric illness. The definitions of what could even be counted as ‘legitimate’ euthanasia have thus been significantly altered, giving increased doubt about capacity to consent.

The Bill proposed for NSW, if enacted, must make it professional misconduct for doctors to promote euthanasia. Such promotion is plainly inappropriate and unethical. It must also be a criminal offence to perform it on anyone on an involuntary basis or on any basis where it is doubtful the patient is able to truly consent. The Bill has removed certain protections which existed in former versions, such as requiring two independent doctors to physically examine the patient; and at least one to be a specialist in the ailment of the patient. The doctor now does not need to have past history with the patient. There is also no mandatory reporting to the coroner.

Disturbingly, given the high stakes of the subject-matter, the Bill purports to take decisions for a prosecution for an offence under the Act out of the hands of the independent prosecuting authority of the DPP and place it in the hands of a bureaucrat – the Health Secretary (s134). It also imposes a two year time limit on the commencement of any prosecution. Crime in any other circumstance is not time limited. Investigations take time. Yet here, in this Bill, there’s an ominously neat cut-off. Further, when taken with s130 which prohibits any records being made (that might provide evidence of wrongdoing), the Bill exposes the vulnerable person to an unacceptable risk of crime against him/her.

The Bill does not protect against the sensitive issues of elder abuse, intimidation, and improper access to inheritances. It also ignores potential power imbalances and scope for abuse in the context of people who have a disability. Certain Acts would need amendment, including The Forfeiture Act 1995 (to preclude persons benefitting from indirect killing by euthanasia), and The Disability Inclusion Act 2014 (to make it a reportable incident if carers suggest euthanasia to those in their care).

For all these reasons - and others - it is a sinister Bill which ought not be supported. The emphasis going forward for NSW must be upon ensuring high standards for aged care, better support for mental health, and for ever-improved palliative care. We as a society must never be tempted by a ‘way out’. A civilised society meets challenges in a humane and invigorated way. Euthanasia is not a solution.



*Sophie York*

Sophie York was called to the Bar in 1995 and has since engaged in numerous legal panels, research positions and as a contributing member of associations, devoting her time, energy and professional knowledge to many causes.

# Roe v Wade at risk after SCOTUS declines to block Texas Heartbeat Bill

The US Supreme Court has declined to hear a challenge to a Texas law which bans abortions after a foetal heartbeat is detected. This has effectively closed abortion clinics in Texas, as a heartbeat can be detected at about six weeks. Women who want abortions will have to travel to neighbouring states.

For abortion supporters this is Armageddon. Planned Parenthood clinics have stopped scheduling abortions beyond six weeks from conception. Writing in *The Guardian*, two feminist activists declared: "Since *Roe v Wade* was decided nearly 50 years ago, abortion opponents have been plotting its demise. Now the end may be near. Feminists need our own plan to advance reproductive freedom. That means preparing for a post-Roe world."

For pro-lifers this provides hope for human dignity. At least a dozen other states have passed laws which ban abortions of foetuses early in a pregnancy, but all of them have been stymied by injunctions. "Starting today, every unborn child with a heartbeat will be protected from the ravages of abortion," Governor Greg Abbott tweeted. "Texas will always defend the right to life."

Politicians in Arkansas, South Dakota and Florida are said to be considering a version of the Texas six-week abortion ban in their states. But much of the reaction to the ban is hyperbolic. While *Roe v Wade*, which made abortion a constitutional right in the US in 1973, is manifestly under threat, the Supreme Court majority took great pains to make clear that their decision was made on procedural grounds and did not touch upon constitutional issues.

The problem for pro-abortion groups in Texas is that the new law has been very cleverly drafted. It does not criminalise abortion or abetting an abortion. Instead, it permits private citizens, even non-residents of Texas, to launch a civil suit.

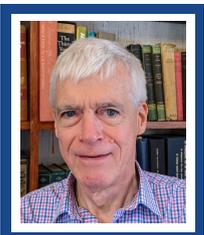
This tactic removes the State government from the complaint and makes it difficult for abortion clinics to create a test case to bring before the Supreme Court. At the same time anyone involved in an abortion is in danger of copping a US\$10,000 fine plus substantial legal costs.

So the pro-life legal victory is a temporary one. Litigation will continue in lower courts. A more substantial case has been brought by the state of Mississippi, which will be probably heard later in December with a decision to be handed down next year. In the meantime, lawyers are fretting about the legal fall-out of this unusual tactic. "I confess that I have very serious reservations about the Texas legislation," wrote David French, a pro-life pundit at *The Dispatch*. "The reason why is simple—it represents a clever way to engineer temporary deprivations of constitutional rights."

Imagine a different scenario. Let's imagine that a state or city bans the sale of, say, all semiautomatic rifles or handguns. But instead of enforcing the ban directly, it states that citizens can sue any person or corporation who sells a gun and any person or corporation who aids or abets the sale of a gun.

Such a provision would be blatantly unconstitutional, but it may take time to resolve the issue—time that could cost a person the ability to defend themselves from deadly violence. Even if the creative legislation only blocks abortion in Texas temporarily, the pro-life movement is gathering momentum. As columnist Timothy P. Carney pointed out in the *Washington Examiner*, "A majority in a recent CBS poll (54%) want abortion to be more restricted than it currently is. That means they want *Roe* and *Casey* to be struck down or replaced with a completely different court precedent."

*This article was published on Mercatornet.com, 06/09/2021, (<https://mercatornet.com/roe-v-wade-at-risk-after-scotus-decline-to-block-texas-heartbeat-bill/74453>)*



*Michael Cook*

Michael Cook is the editor of MercatorNet.

# Where's the Life-Line?

As a young, passionately pro-life woman who is a full time missionary, I speak regularly to young people on the beauty of life and its inherent worth. I have seen first hand how starved our culture is for the message that says that life is intrinsically and infinitely valuable. Our society and government must take a consistent approach to defending life as it is the foundation for any civilisation, and it starts with addressing the most fundamental right of all, the right to life.

We have all been living through Covid and the ensuing regulations that have resulted in the increased alienation from people. We hear incessantly the public message of 'wear a mask', 'social distance', 'sanitise your hands', 'wipe down the area around you', 'don't speak to others etc.', the result of which inclines people to treat others with caution and suspicion; not as their neighbour, or as their colleague, or as their friend of many years, but rather as their nearest toxic biological threat. This incredibly anti-social and, dare I say, anti-human behaviour, is the result of the desire to, as we also hear incessantly, 'keep people safe' - the essential premise of which supposedly is to protect life, even just one life.

This reassurance from Covid authorities that it is all 'necessary to protect life' stands in opposition to the continual push for assisted dying laws in our nation. Tasmania, South Australia and Queensland have all passed voluntary assisted dying (VAD) laws this year and NSW has introduced a VAD Bill that is expected to be debated later this year. If life is to have any value at all, it cannot be restricted to a select few, it must apply to everyone. The tragedy of VAD and euthanasia laws is that it seeks to devalue and diminish the infinite value of our elderly, sick, and vulnerable members of our community, which is so sadly ironic given that the majority of Covid regulations are aimed at ensuring in particular, that our elderly and sick are protected.

The passing of VAD and euthanasia laws sends a message to society that contradicts not only the Covid message of protecting life, but particularly suicide prevention. The recent announcement of the 2021-22 federal budget's decision to spend \$6.3bn on mental health and suicide prevention alone, and the promotion of suicide prevention organizations such as 'Lifeline' or 'BeyondBlue', would seem to confirm that preventing the tragedy of suicide is seen as an important task.

Sadly, since its birth almost 60 years ago, Lifeline received an all-time record high number of calls over a 3 day period this August, with one of the days reaching a total 3,505 calls - no doubt due to the psychological impacts of Covid restrictions.

**"If life is to have any value at all, it cannot be restricted to a select few, it must apply to everyone."**

Consider that, and pair it with the knowledge that at the bottom of many pro-euthanasia articles or legislation you will read something to the effect of "If you are troubled by this report, experiencing a personal crisis or thinking about suicide, you can call Lifeline 131 114 or BeyondBlue 1300 224 636 or visit [lifeline.org.au](http://lifeline.org.au) or [beyondblue.org.au](http://beyondblue.org.au)". The irony is astounding.

The premise of euthanasia says 'life is not intrinsically and infinitely valuable and therefore it can be disposed of', but the essence of organisations like Lifeline say 'your life cannot be disposed because it is intrinsically and infinitely valuable even if you can't see it right now'. Why would we have a tax payer funded 24/7 suicide prevention hotline, and a further \$6.3bn invested into mental health and suicide prevention if life was not anything worth saving? If this connection cannot be drawn in our government, our society, or in our own hearts, then I fear we shall only continue to degrade into absolute moral squalor. Where is the life-line? Where is the line drawn between 'life is valuable and life is not valuable?', and; where is the lifeline thrown to our most vulnerable who are drowning under the thoughts that they are a burden and subsequently pursue euthanasia?

As devastating as it for many of us to continue seeing the introduction and increasing support of VAD and euthanasia laws, there are still many ways we can fight back. Here are some practical ways for people of all ages to get involved in the pro-Life movement and fight to protect all lives:

- Become a member of a pro life organisation (Right To Life NSW, Life Choice, etc.);
- Write to your local MP and tell them not to support anti-life legislation;
- Volunteer your time with pro life or Pregnancy help groups (Right To Life NSW, Diamond Women etc.);
- If you don't like being front and centre, you can support a pro life organisation financially, for example with a monthly contribution, and;
- Stay active on social media, following pro life pages, and sharing/liking, getting the message out there!

*Catherine Phillips*

*Missionary & Pro-Life Side Walk Advocate*



# One by One

## Australian States Legalize Euthanasia

During the early-morning Zoom call in mid-June, Right to Life Australia's Vice President Brendan Long excused himself to refill his coffee cup. He had woken up about an hour before our 8 a.m. interview and planned to make the four-minute drive to the Australian Parliament House in Canberra later that morning.

On his schedule for the day: a 10 a.m. meeting with Amanda Stoker, a senator from Queensland who Long calls "the terror" of the pro-euthanasia movement, to talk about how Right to Life NSW could help her with her upcoming campaign for re-election. After that, tracking down Patrick Dodson, a senator from Western Australia who is also the pro-life movement's strongest indigenous voice among Australian lawmakers. Then seeing Daniel Mulino—a friend in Parliament who first brought Long into the campaign against euthanasia in 2017—to talk about federal strategies for pushing back efforts to legalize the practice.

When we spoke, the lower house in South Australia had just passed a euthanasia bill. A week later, the upper house approved the changes, making South Australia the fourth state in the country to legalize the practice. Tasmania passed a euthanasia bill earlier this year. New South Wales is also preparing to consider euthanasia legislation.

"Looks like I've got a very tough year," said Long, considering how the push would affect his time on the job. With three bills progressing in three different states, he has a growing pile of legislation to read.

Lawmakers in Australian states have pushed for legal euthanasia for years, but the bills only recently started gaining traction in the legislatures. Now that momentum has picked up in the states, the Australian pro-life movement is fighting to shift public opinion and change federal law to invalidate the state-by-state legalization of euthanasia.



iStock.com/kckate16

Long attributes his personal opposition to euthanasia to his Catholic faith. In 2020, the Vatican reaffirmed the Roman Catholic Church's opposition to euthanasia and assisted suicide as a "crime against human life." Catholicism is the most prominent denomination in Australia, with almost 23 percent of the population identifying with the church in 2016. Protestants of various denominations make up another 29.6 percent of the population.

But religious opponents to euthanasia in the country face two problems: More and more Australians identify as nonreligious, and many of those who identify with a church don't align with life-affirming teachings on euthanasia. Data from the Australian Election Study showed that just less than 35 percent of Australians in 2016 affiliated with no religion. By 2019, that had risen to 41 percent. Meanwhile, a 2020 poll found that 68 percent of Catholics and 79 percent of Anglicans in Queensland supported euthanasia.

The State of Victoria was the first to legalize the practice in 2017. Euthanasia advocates attributed the law's passage to the support of Victoria Premier Daniel Andrews. As a Catholic, Andrews ideologically opposed the idea of assisted suicide until he watched his own father die of cancer in 2016. He called the experience "difficult and taxing," although the way his father went, he said, "would be described at a textbook level as a good death." That increased his concern for others: He realized many dying Australians could be in even more pain.

When the Victoria legislation first took effect in June 2019, Andrews predicted 12 people would die under the new law—which he called “a conservative model—in the first year, followed by 100-150 annually in subsequent years. But the actual numbers far exceeded his expectations: Between June 2019 and December 2020, 224 people died of euthanasia in Victoria, according to the Voluntary Assisted Dying Review Board. Euthanasia laws are set to take effect in Western Australia, Tasmania, South Australia and Queensland in the next two years.

This year, euthanasia advocates are continuing their push in New South Wales, the only remaining State that has not yet legalized the practice. Long expects the Queensland bill to pass, but he hopes that New South Wales will put up some opposition. “They’re all surfing the wave of what they see as public opinion in support of [euthanasia],” said Long. “They believe momentum is building for change.” Among lawmakers, the euthanasia bills get support on two sides. Politicians on the left see the legislation as a social reform, and libertarians on the right support the individual freedom to end one’s life. Long observed that many of the supporters are often younger, sometimes conservative, and sometimes not affiliated with one of the major parties.

Polling also suggests that the general public largely supports the practice. A 2017 poll found that 73 percent of Australians answered yes to the question, “If someone with a terminal illness who is experiencing unbelievable suffering asks to die, should a doctor be allowed to assist them to die?” But Long argued people tend to show more uncertainty about euthanasia when the questions become more complicated. He referenced another unpublished poll conducted in 2017 that showed support for euthanasia dropped to 50 percent when the survey noted the potential risks for disabled and elderly people.

*This article was published on [wng.org](https://wng.org) on June 28, 2021 and has been amended to account for passage of legislation in Queensland (<https://wng.org/roundups/one-by-one-australian-states-legalize-euthanasia-1624904082>)*

“The big challenge is not to fight every piece of legislation but to change the perception of everyday people—change the perception that everyone is dying in pain,” said Long. “Most Australians get very good medical care at the end of their lives, so they’re not in pain.” Many doctors in Australia seem to agree with Long’s position. According to the newspaper *The West Australian*, only two health professionals signed up for the training required to administer life-ending drugs to qualified patients in Western Australia. Since participation in the state’s program is voluntary, doctors and nurses who object to euthanasia won’t be forced to participate. Long said most doctors he’s talked to want to have nothing to do with these programs. “Most doctors tell me that this can never be made safe,” he said, referring to the way euthanasia schemes threaten the vulnerable.

Even if euthanasia ultimately becomes legal in all six states, Long hopes new regulations from the federal government will help shut it down. He and other pro-lifers in Australia are pushing the Therapeutic Goods Administration (Australia’s version of the Food and Drug Administration) to make it harder to import the drugs used for euthanasia in the country. But for now, they’ve met a stalemate because the current Australian health minister won’t budge on the issue.

The Federal government has put its foot down on some matters related to the push for euthanasia. The premier of Queensland wrote to Australia’s prime minister asking him to amend federal laws that prevent physicians from discussing euthanasia over phone or video appointments. The Federal government earlier this month said it would not change the law. If that safeguard hadn’t been in place, Long explained via email that “the prescription for the poison pill or the lethal injection could have been done in a five-minute phone call.”



*Leah Savis*

Leah reports on pro-life topics for *WORLD Magazine* and *WORLD Digital*. She is a World Journalism Institute and Hillsdale College graduate. Leah resides in Grand Rapids, Mich., with her husband, Stephen.

# Book Launch

## 'To Kill or Not to Kill: Euthanasia in a Society with a Cultural Death Wish'

Book launches are normally happy occasions. There are two reasons why this launch is less so than normal. The first is its subject matter, which charts the progress of an intrinsic evil. The second is that Australia faces two upcoming parliamentary debates which might well have the effect of ensuring legal euthanasia across the breadth of our land. So, this is a sober book launch. It is a book launch coinciding with a political campaign.

The countries where euthanasia is legally practised are mostly Western so-called liberal democracies which have all been infected by a philosophical shift away from fundamental human rights to a darker philosophy – whether termed secularism, radical individualism, post-modernist relativism – that has its roots in theories that seek to undermine our way of life. These roots are explored in detail in Fr Fleming's book, which concerns itself, quite literally, with matters of life and death.

Why the book, and why now? I think of this book and of its author as resisting "the culture of death", a phrase popularised by St John Paul II. Interestingly, there is another phrase popularised by John Paul's papal successor, Pope Benedict XVI, "the dictatorship of relativism", which very accurately sums up the guiding philosophy of our age and which gives rise to the push for euthanasia.

One of John Fleming's motivations is to get past the emotionalism, the philosophical clutter, the appeal to personally familiar hard cases of late-life suffering and pain, and the sheer superficiality of much of the debate, to uncover the deeper and broader issues, and to promote a discussion based on reason and proper argument. It might be called a superficial and populist (in its worst sense) debate.

The book describes a war on many fronts, and this wrecking ball of a book deals with them all. Euthanasia is a battle in a far broader war. While it describes an intrinsic evil, the book has many sub- themes of great interest to all who might be concerned with this debate.

These include:

- The question of "slippery slope" arguments, often derided but which describe a basic and very real danger when seemingly innocuous new laws with malevolent intent are introduced and are, right away, open to abuse and inevitable expansion, both in terms of the conditions covered and the age of the patient;
- The whole question of eugenics and euthanasia, once openly popular and now, perhaps equally popular yet cleverly hidden by its proponents such as Bill Gates Sr (and possibly his more famous son);
- The role of religious secularism as a universal philosophy in driving the euthanasia argument;
- The role of polling with loaded questions in establishing the false claim that euthanasia has almost universal support;
- The use of language to shape debate, especially the deployment of euphemistic soft-sell terms – as in the debates over traditional marriage and abortion – like "dignity", "choice" and "love" in order to sugar-coat lethal intent, not to mention the classic avoidance of "suicide", something that is regarded by most as tragic and to-be-avoided, and its replacement by "voluntary assisted dying";
- The useful historical primer on medical ethics.

The book's case study of Belgium is a go-to guide on the question of slippery slopes. But these are merely some of the book's themes and critical touch-points. A scholarly book of 550 pages contains much more. Much more depth, detail, research. It is a book of back-stories, of "how we got here" and what is really at stake. Knowing these back-stories is essential to getting past the propaganda and the con-trick that is at the heart of the pro-euthanasia push. Many of the themes noted here are raised in a book review I have written for the forthcoming (September 2021) issue of *Quadrant* magazine. I commend the review to everyone as one way into Fr Fleming's monumental work.

*(This is a shortened version of Paul Collitt's Book Launch of John Fleming's book 'To Kill or Not to Kill: Euthanasia is a Society with a Cultural Death Wish' (Austin Macauley Publishers, 2021)*



*Paul Collitts*

Paul Collitts is a freelance writer and independent researcher who lives in Lismore New South Wales. His recent writings on ideology, conservatism, politics, religion, culture, education and police corruption have been published in such journals as *Quadrant*, *News Weekly* and *The Spectator Australia*.

# The Myth of Bad Deaths

One afternoon in 2017 I was driving my 15 year old daughter somewhere and telling her about my new role working for Dr Daniel Mulino then MLC in Victoria fighting the euthanasia bill. She turned and said to me – “but Dad, isn’t it an act of compassion to help people end their suffering?”. It was an instinctive response, and from a thoughtful child who goes to church each week in a Christian family. She doesn’t think that way now, but it strikes me how difficult is our challenge in contesting euthanasia when people think that there are these legions of people slowly dying in agonising suffering.

This is where I think I have failed in my campaigning around the country against euthanasia so far. I have not been able to dispel the myth that there are thousands of people out their wreathing in their beds in excruciating pain. After the WA debate was over, Margaret Quirk MP, a strong pro-life supporter, gave me her wash up of the campaign. She said, “Brendan we just weren’t successful in debunking the myth about common very painful, and hence bad, deaths”.

And this is a myth we must bust. Because the truth is that you would not find a palliative care specialist in the country that would accept that his/her patients are in any real physical pain. The opioids are effective in 98.5% of cases, interestingly the 1.5% tend to be persons with very high use of illicit drugs earlier in life. Even for this cohort medical professionals still have strong medical options to eliminate pain. Palliative sedation is a moral option at the end of life where the doctor just keeps you asleep until the terminal illness kills you naturally.

The only time when people are in extreme physical pain at the ends of their lives is if the palliative care is not adequately funded or distributed in regional and remote arrears. This is a big problem in regional WA and Queensland.

But we face two challenges in debunking the pain myth. The first is that when sons, daughters, wives, husbands see the health and vitality of their loved ones ebb away, and see how dying strikes down the person they have loved all their lives, these family members experience extraordinary emotional pain which changes them as people. What we are really doing with assisted suicide laws is euthanising the pain of the family members seeing their loved ones die. The second problem is that the issue has become, like abortion, a talisman of the political left.



They insist on personal rights of the individual over their own bodies to the extent they are prepared to demand that the state has an obligation to kill them at taxpayer expense at their request at the end of life, or as we shall likely soon see, whenever they ask for suicide. It is strange that the left take such an individualistic position and fail to recognise that our lives are connected and the death of one person affects us all.

We have to find a way to let our vision of a good death stand in full radiance in the public imagination. My dad died of a very slow cancer when I was 20. I visited him every day for two years and watched him slowly waste away. I asked him “Dad, are you ever in pain?” He said, “No, Brendan, but there is suffering without pain”. True but his suffering, while not insignificant, was never for him intolerable because he wanted to celebrate every last second of his life. He, and we his family, found meaning in his suffering by the way he endured it with humility and hope. He gave his dying life very great dignity by placing such a great value on each second: he celebrated the great mystery of life.

Right to Life NSW which I represent is not a religious organisation and religious arguments will not prevail in the political debate. But what we can do, what we must do, is ensure the truth is spoken that there is no need to allow doctors to kill their patients. All we need to stop bad deaths is to fully fund palliative care, provide options for other treatments that allow for a natural death. And we should encourage each other to find fulfilment in every second of our lives, even the last seconds, as in the passionate poetic muse - Dylan Thomas:

*Do not go gentle into that good night.  
Rage, rage against the dying of the light.*

*Dr Brendan Long*

Chief Executive Officer, Right To Life NSW

# How to get involved

## Become a Member!

- Become a member by going to <https://righttolifensw.org.au/membership/>
- Renew your membership by going to <http://righttolifensw.org.au/renew-membership/>  
Thank you to those who have renewed your membership, we appreciate your continued support for our cause 'Standing for Life'.
- If you have family members or friends who would like to become a member of Right to Life NSW, fill in the Membership Form on our website or contact us and we'll send you a form via email or in the post.

## We need volunteers!

- Contact our office if you are interesting in volunteering your time for up coming campaigns, you can contact our office (02) 9299 8350 or by sending us an email to [members@righttolifensw.org.au](mailto:members@righttolifensw.org.au)

## FOUNDATION FOR Human Development Inc.

ESTABLISHED 1984

- The Foundation for Human Development Inc provides financial aid through grants to small Pregnancy Support Services around the state. All services are pro-life in their focus and are embedded in their local community. Many of these services rely on the Foundation to assist women they come in contact with for their financial needs.
- Please note: The Foundation only takes grant applications through approved Pregnancy Support Centres at this time. If you know anyone in need, feel free to contact the Foundation: [admin@ffhd.org.au](mailto:admin@ffhd.org.au) for a referral to a preferred provider of Pregnancy Support.
- The Foundation for Human Development Inc is a pro-life charity registered with the Australian Charities and Not-for-Profits Commission with DGR status - this means all donations are fully tax deductible.



*Together we can make a real difference in the lives of vulnerable families*

### DONATE NOW:

All donations are fully Tax Deductible

**ABN: 74 209 110 972**

Registered charity with DGR Status = every donation can be claimed as a tax deduction.



**DONATE CHEQUES TO:  
GPO BOX 2642, SYDNEY 2001**



**EFT DONATION  
BSB: 032-000  
ACCOUNT NO: 44-4230**

(PLEASE INCLUDE YOUR NAME IN THE REFERENCE FIELD)

# CAMPAIGN SECTION

## 4 Effective ways to fight the Greenwich Bill

### 1. YOUR MOST EFFECTIVE WEAPON IS YOUR PEN!



Signed letters to your MP really work. We are asking you to write to your Legislative Assembly member and ask them to oppose the bill when it is finally introduced. Here are some tips on how to write the letter:

#### LAYOUT

- A good length is a maximum of one page.
- Give your name and address.
- Write to the MLA's electorate office address, a list is attached.
- Make sure you use the MLA's correct title e.g. Dear The Hon Mr Bloggs or Dear Mr Smith MLA. It is a good idea then to ring the electorate office (numbers attached) to check if they received it.
- First paragraph: give a short reason for the letter. You could underline it.
- Middle paragraph: give relevant information, one or two key points, keep to essentials. If you have a short personal story that is relevant, you could add this. You can write about a newspaper/internet article and add the clipping if you want.
- Last paragraph: State what you expect. Ask for a commitment – don't support the bill.

#### TONE OF THE LETTER

- Start with a positive first. Be polite, do not threaten or demand anything.
- Think about what's in it for the politician? Prove your case on merit – oppose a bad policy.

#### CONTENT

- There are many arguments against the euthanasia issue which you can speak about. Often it is best to just choose one or two arguments to focus on.

You can visit our website on the page 'Write to your local MP' under our 'Get involved' tab for a sample letter and a list of potential arguments. (<https://righttolifensw.org.au/framework-for-writing-a-letter-to-a-politician/>)

### 2. EMAIL YOUR MP AND MEMBERS OF THE LEGISLATIVE COUNCIL



If you don't have time to write to your MP, form a personalised email letter and sent it to your MP. You can find a list of all the NSW MP's on our website. You can also copy it to every member of the Upper House if you want.

- With emails the key point is the subject line to get through the politician's spam filter. Don't lead with the issue in the email title but tempt the reader to open the email with something less direct: eg Personal Representation to Mr .... MLA.
- If you are sending it to all MLC's as well you could say something along the lines of "A personal representation to my political representatives". You can always double up writing a letter with an email as well.
- If you send an email, remember to copy the email to this address to this email address in cc bar: [toalexgreenwichoneuthanasia@gmail.com](mailto:toalexgreenwichoneuthanasia@gmail.com). This allows us to measure how effective we are.

### 3. SIGN THE WRITTEN PETITION



Another practical measure is to sign a paper petition [*this is included separately with this publication*] we can ensure it is tabled in Parliament when the Bill is introduced.

- Please sign the petition, write your details legibly, and post to: RTL NSW, GPO Box 3612, Sydney NSW 2000
- You can also download and print a copy of the petition from our website: <https://righttolifensw.org.au/nsw-euthanasia-bill/>

### 4. BECOME A RTL NSW MEMBER OR DONATE TO THE CAUSE



- We need you now more than ever. Your membership fee really helps. But if you don't want to become a member then feel free to donate instead. See 'How to get involved' (page 15) for more information..

# STAY IN TOUCH



**Suite 11b, Level 12,  
37 Bligh Street, Sydney**

Open from 9am to 1pm each weekday  
- phone prior to visiting while  
government restrictions are in place



**(02) 9299 8350**



**office@righttolifensw.org.au**



**https://righttolifensw.org.au/**

*If you would like to contact our Media,  
Accounts, or Membership Officers,  
please contact them via their emails  
below and you will receive a reply at  
their earliest convenience:*

accounts@righttolifensw.org.au

media@righttolifensw.org.au

members@righttolifensw.org.au

*Find us on Social  
Media!*



Right To Life NSW

## HOW TO DONATE

1.



**CREDIT CARD PAYMENTS CAN BE  
MADE OVER THE PHONE, ON THE  
WEBSITE VIA 'DONATE NOW' OR  
BY USING THE DONATION  
ENVELOPE ENCLOSED**

2.



**SEND CHEQUES PAYABLE TO  
RIGHT TO LIFE NSW**

SUITE 11B, LEVEL 12,  
37 BLIGH STREET, SYDNEY

3.



**EFT DONATION  
BSB: 032-000**

**ACCOUNT NO# 78-9116**  
(PLEASE INCLUDE MEMBERSHIP  
NUMBER IN THE REFERENCE FIELD)

## REMEMBER US IN YOUR WILL

Leave a legacy for future generations by remembering  
Right to Life NSW in your will.

We cannot provide you with specific legal advice, so please ensure you obtain your own independent legal advice on the most appropriate wording. Here is an example of wording you and your legal advisor may consider when you are preparing or updating your will:

**I GIVE, FREE OF ALL DUTIES OR TAXES, THE SUM OF [ ] (OR [ ] % OF MY  
ESTATE OR THE REST AND RESIDUE OF MY ESTATE) TO RIGHT TO LIFE NSW  
[ABN: 14 466 538 763] FOR ITS GENERAL PURPOSES**

**LET US KNOW IF YOU HAVE LEFT US A GIFT IN YOUR WILL - WE WOULD LOVE TO THANK YOU!**