THE OFFICAL JOURNAL OF RIGHT TO LIFE NSW

SPRING 2020

ALL LIFE *Matters*

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RIGHT TO LIFE ASSOCIATION (NSW) INC.

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

(02) 9299 8350

office@righttolifensw.org.au

FROM THE OUTGOING CEO'S DESK

Welcome to our Spring Edition of All Life Matters.

As many of you will already know, I have returned to Victoria for personal reasons, so this will be my last "CEO column" for Right to Life NSW.

In our time together we have achieved a lot. The abortion bill was amended and we have fended off the euthanasia bill 'for now'. That is a lot to achieve in 12 months - but there is so much left to do. I am confident that Right to Life NSW will continue to thrive under new leadership and I look forward to continuing to be involved in a voluntary capacity.

I wanted to say a special thank you to all of you - the members of Right to Life NSW. Without you we could not possibly continue to defend life to such a high standard. Your support, your assistance, your donations and your prayers keep our work going. I am inspired by your commitment and commend you for it.

If circumstances allow, I look forward to saying Goodbye to you all at our upcoming AGM - I would love to deliver my final CEO Report in person.

So this is not good-bye, it's a see you soon.

In defence of Life,

Dr Rachel Carling

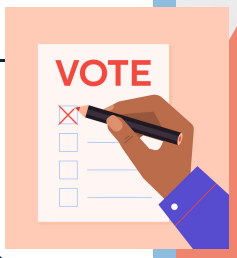
THANK YOU FOR RENEWING YOUR MEMBERSHIP!

Annual General Meeting 2020

Date: Saturday, 24th October 2020
Time: 3.00pm - 4.30pm
Location:
The Hasler Centre
St Kevin's Parish, Eastwood
36 Hillview Road, Eastwood

Two AGMs are to run on the day:

1. Right to Life NSW AGM
2. Foundation for Human Development AGM



AGM: How to Vote?

- All financial members are eligible to vote and to put forward a motion at the AGM. As an eligible member you are able to be nominated for positions on our board.
- If you wish to nominate for a position and/or put forward a motion, please fill in the attached nomination and/or motion form and return to the office by **16th October**. Nominations and Motions will be accepted on the day.

PLEASE CONTACT THE OFFICE BY 16TH OCTOBER TO REGISTER YOUR ATTENDANCE
'SEATS ARE LIMITED TO 80 PEOPLE'
PHONE: (02) 9299 8350 OR
EMAIL: OFFICE@RIGHTTOLIFENSW.ORG.AU

Due to the impact of COVID, we are unable to hold our Annual Conference and Gala Dinner this year.

Euthanasia Legislation & Facts Around Australia

- Assisted suicide and Euthanasia legislation is sweeping across our country! Under the Australian Constitution, the federal government have the right to stop assisted suicide and euthanasia regimes in the Territories. The importation of drugs specifically used for assisted suicide and euthanasia are an issue for the federal government. In 2018, the Senate defeated the Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015 which would have enabled the ACT and NT to legalise assisted suicide and euthanasia.

Northern Territory

Between March 1996 and March 1997, voluntary euthanasia and physician-assisted suicide were legal in NT under the **Rights of the Terminally Ill Act (NT)**. In 1997 the Australian Government intervened, using the Territories power in the Australian Constitution to pass legislation abolishing this act.

Queensland

In March 2020, a Voluntary Assisted Dying report was tabled in the Queensland parliament. This report recommended legislation which would apply to residents 18 years or over, with an incurable, advanced and progressive medical condition (with no prognosis of when death would be caused). Registered nurses would be enabled to initiate conversations and administer euthanasia medication. In May 2020, these recommendations were referred to the Queensland Law Reform Commission.

Western Australia

Legislation passed: **Voluntary Assisted Dying Act 2019 (WA)**
Regime expected to commence in mid-2021. Will apply to WA residents who are 18 or over, who have been diagnosed with a disease, illness or medical condition which will cause death within six months (or 12 months in the case of a neurodegenerative disease). Doctors and nurse practitioners can initiate conversations around assisted suicide and euthanasia.

New South Wales

In 2017, Nationals MLC Hon Trevor Khan introduced the **Voluntary Assisted Dying Bill 2017** which was defeated by just one vote. Khan then made a commitment to re-introduce legislation in this term of government. The working group led by Khan to draft legislation in NSW has been quiet since early 2020. We must be ever-vigilant to prevent legislation from entering the state parliament.

South Australia

In 2016, Liberal MP Duncan McFetridge's **Death with Dignity Bill 2016** was defeated by just one vote. This was the 15th time legislation of this nature has been rejected in SA. In 2019, SA held a parliamentary inquiry into End of Life Choices. A report from this committee is pending.

Victoria

Legislation passed: **Voluntary Assisted Dying Act 2017 (Vic)**
Regime now in effect for Victorian residents who are 18 or over, who have been diagnosed with a disease, illness or medical condition which will cause death within six months (or 12 months in the case of a neurodegenerative disease). Medical professionals cannot initiate conversations around assisted suicide or euthanasia.

Tasmania

This bill **End-of-Life-Choices (Voluntary Assisted Dying) Bill 2020** was introduced on 27th August 2020. The second reading speech will be delivered on 15th of September 2020. This bill will allow assisted suicide for people who are not terminally ill, not experiencing physical or emotional suffering in relation to their medical condition, and who have not consulted a specialist doctor.

Australian Capital Territory

In 2019, an End of Life Choices report was tabled by a Select Committee. It made no recommendations on implementation of assisted suicide and euthanasia because the territories do not have the autonomy to legislate on this. Pressure has been applied to the federal government as a result, with calls for the re-introduction of legislation similar to the bill defeated in the senate in 2018.

Reflections from Victoria

ONE YEAR OF STATE SANCTIONED SUICIDE & EUTHANASIA

By: Dr Rachel Carling

On June 19, 2019, both assisted suicide and euthanasia became legal in Victoria. This represented the enactment of the Voluntary Assisted Dying Act 2017 which passed Victoria's upper house by just two votes (22 – 18). Unlike other modern jurisdictions which have passed similar laws, Victoria's regime introduced a system of permits for the State sanctioned suicide of a particular, named citizen using a specified lethal substance (ie assisted suicide) as well as permits for the State sanctioned euthanasia of a particular, named citizen by a named doctor using a specified lethal substance. A similar regime has not been implemented since the German euthanasia program of the 1940s.

The Voluntary Assisted Dying Review Board released their Report of operations for the first 12 months, on August 2020. From this report we now know:

- **124** *people* — HAVE DIED IN THE FIRST 12 MONTHS
- **341** *people* — APPLIED FOR AN INITIAL ASSESSMENT OF ELIGIBILTY
- **7** *people* — WERE REJECTED AT THE INITIAL ASSESSMENT
- **297** *people* — OPTED TO CONTINUE TO HAVE A SECOND ASSESSMENT
- **4** *people* — WERE REJECTED AT THE SECOND ASSESSMENT STAGE
- **201** *permits* — FOR SELF-ADMINISTRATION WERE SIGNED OFF
- **32** *permits* — FOR SELF-ADMINISTRATION WERE REJECTED BY THE HEALTH DEPARTMENT
- **20** *people* — WERE SUBSEQUENTLY EUTHANISED BY A DOCTOR
- **134** — APPLICATIONS WERE WITHDRAWN, CITING ADMINISTRATON REASONS OR AS A RESULT OF THE PATIENT DYING FROM OTHER MEANS (INCLUDING NATURAL DEATH)
- **124** *Deaths* — DEATHS IN VICTORIA FOR THIS PERIOD

This represents 124 of all deaths in Victoria for this period

Voluntary Assisted Dying Review Board. (2020, September). Report of operations January-June 2020. Victorian Government. www.bettersafercare.vic.gov.au/sites/default/files/2020-08/VADRB Report%20of%20operations%20August%202020%20FINAL 0.pdf

On June 19, 2019 – the day the death permit system came into effect – I presented at a forum held at St Thomas' Anglican Church in Burwood, Victoria. In part, I said this:

> *"Today's implementation of Victoria's death permit system which will facilitate the suicide or direct killing of our residents, scares, disturbs and horrifies me... Eighteen months ago we legislated to end the life of the most vulnerable, the lonely, the unwanted... those who are pressured by society's opinion about their worth, dignity and meaning... those who are pressured by inheritance-impatient family members, an increasingly risk-averse and fiscally-motivated healthcare system, and by the fact that palliative care is not a privilege every Victorian has equal access too."*

Now, twelve months on, I continue to be scared, disturbed and horrified. 124 people have lost their lives – prematurely, in circumstances shrouded in secrecy. I am left with many questions: How long did they take to die? How much pain were they in? Did they really know what they were doing or were they so dulled by morphine that they were unaware of the finality of their actions? We may never know the answer to these questions.

We must continue to oppose this regime – never giving up in speaking for the vulnerable who are targeted by this regime. We must be strong enough, vocal enough, and quite simply care enough, to speak out, to speak against, and to speak the Truth. We must raise awareness of the dangers within our community, not just as keyboard warriors debating topics in the echo chambers of social media, but also in a very real and practical way. We must ensure that those who are vulnerable, elderly, and/or sick around us feel valued, feel worthy and feel hope.

And we must ensure that the next Victorian Parliament - and every state parliament in the country - is filled with people who value Life.

Doctors who read the report released on 1 September had this to say:

"In 2017, Victorians were promised dramatic improvement to palliative care services across the state. In the three years since that promise, little has changed. Access to palliative has not improved, and VAD should not be the only option".
- Dr John Daffy, Specialist Physician (2020)

"In the middle of the Covid-19 Pandemic, we have seen that the regulations governing aged care have proven to be hopelessly inadequate. How can we have any confidence that the so-called safeguards for the dying are any better?"
- Dr Stephen Parnis, Emergency Physician (2020)

Comment on the article "MORE QUESTIONS THAN ANSWERS: LATEST VICTORIAN REPORT"]. (2020, September 1). Australian Care Alliance. https://www.australiancarealliance.org.au/more_questions_than_answers_latest_victorian_report

ASSISTED DYING:
PUSH FOR REMOVAL OF SAFEGUARDS ALARMING

AUTHOR: DR ODETTE SPRUIJT

THIS ARTICLE WAS FIRST PUBLISHED BY INSIGHT+
ON 03 AUGUST 2020 (HTTPS://INSIGHTPLUS.MJA.COM.AU/)

(2020, August 3). [Photograph]. Insight+. https://insightplus.mja.com.au/2020/30/assisted-dying-push-for-removal-of-safeguards-alarming/

TRUE to expectations, the results of the first 12 months of Victoria's voluntary assisted dying laws have been presented in the media as an argument for the removal of some of the safeguards of the initial Act. The narrative provided is one of unrelieved suffering unless more people are able to access this option more easily. This narrative would have us believe that "if not voluntary assisted dying, then devastating deaths are the only alternative".

As a palliative care specialist with over 25 years of practice, mostly in Victoria, I have found the institution of the Victorian law to have a devastating effect on my practice of palliative medicine. I have witnessed the devastating impact of this law on the cohesion of teams, on the relationships within clinical units, and as a cause of deep moral distress among many of my medical colleagues, for whom this law, and its accompanying narrative, is anathema to the very core of our sense of what it is to be a doctor.

I am very aware that many doctors have reconciled the law on the basis of patient choice, and I am also very aware that palliative care is not a panacea for all suffering. That would be a ridiculous claim, especially since the majority of people who access voluntary assisted dying (VAD) worldwide do so not for the relief of physical suffering, but rather because of loss of ability to engage in meaningful life activities (82% in Canadian cases of assisted suicide). Loneliness (13.7%) and concern about causing burden to those they love (34%) were also prominent in the list of reasons for requesting assisted suicide in this Canadian report. Such suffering is not within the realm of medical practice alone to alleviate, but calls for an examination of what we as a society understand as a life worth honouring and living.

True, many who access VAD do so from a position of deep conviction, and a determination to avoid the debilitation of life-threatening illness, frailty and decline. It is completely understandable, perhaps universal, to hold such a position. None of us welcome suffering of any sort. However, to cross this Rubicon and create a social order in which state-sanctioned and assisted death is normalised is to put all our lives in danger.

During this coronavirus disease 2019 (COVID-19) pandemic, many have celebrated the creative ways in which communities have worked together to support the elderly, the vulnerable and those who are most affected by many of the consequences of physical distancing. We grieve the sense of social abandonment of the elderly in aged care facilities. We have recognised more deeply the importance of community caring. This is the spirit that can transform the suffering of many people approaching the end of life, facing isolation, loss and grief, dependence on others and physical frailty. That is the time when our mettle as a society is most needed, our insistence on reasserting the value of each person, no matter what their physical state might be.

To regard those who are at the end of life as if they come within a different category of human, that the sanctions on deliberate ending of life that we (so far) accept in other stages of life no longer apply, is to fundamentally change our value system at its core. It is not enough to talk about patient choice as if autonomy means "only me". Autonomy is also relative, we are relational beings, we depend on each other, and what we do affects each other. Again, the pandemic has emphasised this very clearly, that our actions, responsible or otherwise, affect those around us tangibly, for better or worse.

While I try to avoid the slippery slope terminology, I see so much evidence of this in the attitudinal creep associated with the implementation of VAD that I find it hard to not adopt this metaphor. The slippery slope refers to the normalisation of these practices as much as to numbers of people who are assisted to die. I have seen this in my workplace, as those of us who express objection to VAD are challenged as uncaring, dogmatic, and confrontational, as our views as conscientious objectors are not respected. I have seen it in the documentation of "consider VAD if appropriate" in a clinical note on a patient with recurrent cancer who survived a suicide attempt. That note was written by a junior inexperienced doctor, but it echoes the growing sentiment of normalisation and acceptance of this practice for the relief of suffering.

I experience it in my new hesitation to invite open discussion about end-of-life care wishes, for fear that this will be interpreted as an invitation to discuss VAD, with which I cannot engage. Previously, this discussion took place in a secure space of "even if I (patient) wished for this, I know you (doctor) cannot do it and will do all you can to help relieve my suffering", whereas now there is uncertainty as to what I am saying or meaning and what the patient is saying.

The elephant in the room is now enormous.

I feel deep distress when I see junior doctors respond to patients' expressions of a wish to die by beginning the VAD process. There is no longer the mental health review, no longer the palliative care pathway, now there is just the simplistic acceptance that a wish to die in a person with life-threatening illness can be taken at face value and acted upon. And that those of us who express a different response to end-of-life suffering are berated as obstructing the patient's free choice. If we follow The Age article's narrative, our duty now is to grant this wish with expedition, without question or exploration of the many and often complex factors leading to this request.

Palliative care doctors — the professional group of medical practitioners with which I am most familiar — are taught to be reflective practitioners and to avoid imposing their values on their patients. They aim to be good listeners and to validate the patient's experience and wishes. The quality of communication, the intersubjective dynamic, is very specific to that particular interaction. This is one of the main reasons that I fear VAD.

How can I be sure that my exhaustion, my anxiety, my discouragement, my fear of my own mortality, as well as my value system and the limitations of my knowledge are not adversely influencing this patient in their decision making? Just as I examine these relational dimensions of my practice, so I wonder about the intersubjective dynamic between consenting and consulting clinicians and the patients they see. How do they ensure that they are not influencing or being adversely influenced by the interaction? No legislation, with its accompanying rulebook, can detect the subtleties at the depth of these clinical interactions.

This VAD system in Victoria and elsewhere has been set up as if this relational dynamic does not have any bearing on the outcome of the consultation, that the doctor can be impartial and the patient (who may likely be at one of their most vulnerable and fragile times of life) can also be impartial and unaffected by the doctor. If that is indeed the dynamic, then why bother with the medical consultation at all? Dispense with it altogether and let people take their lives unimpeded by so-called safeguards. It is after all, not a medical encounter if the doctor is there only to complete the required paperwork.

In my more cynical moments, I wonder if involving doctors in the processes of VAD is merely to bring a veneer of respectability to the taking of human life by VAD. Doctors and health professionals continue to be held in great respect by society, as witnessed during the COVID-19 pandemic, where their efforts to save lives and be with people who were dying from this disease are highly valued. This trust underpins the practice of medicine and the professional relationship.

What will be the impact of VAD on this trust?

The article in *The Age* cites Go Gentle Australia Chief Executive Kiki Paul's observation that:"There has been a relatively low number of doctors, particularly specialists, who have undertaken the mandatory training [for VAD]".

Ms Paul also is cited as urging the state government to embark on an education program in order to attract more doctors to complete the training.

With respect to the low number of doctors undertaking training, I suggest this reflects the reticence, largely unarticulated, that many doctors have about VAD. We hear from those who promote and advocate for VAD, who appear more enthusiastic about engaging with the media. Many other doctors are less forthcoming of their reservations, for fear of organisational rebuke, the emotional toll of taking a public stand against VAD and out of a recognition that this issue can be a major distraction from the day-to-day commitment to providing best possible care for their patients.

Regarding Ms Paul's exhortation for state government education campaign, as a palliative care doctor, to see the demand for even more Department of Health and Human Services funds devoted to the promotion and implementation of VAD, is of great concern. I am acutely aware of the many gaps in the understanding and provision of palliative care in Victoria and nationally.

Instead of a VAD campaign I would ask for a mandatory palliative care education program for all doctors who care for patients with life-threatening illness. I would also advocate for the annual demonstration of competencies in communication skills, symptom management, end-of-life care and advance care planning skills, all of which are generic skills for clinically active doctors engaged in the direct care of patients, regardless of professional discipline.

Perhaps if these skills were more widely evident in our medical profession, the confusion about what is now possible to achieve in the care of patients with serious illnesses approaching the end of life, without resorting to VAD, would be lessened and the demand for VAD itself might also lessen.

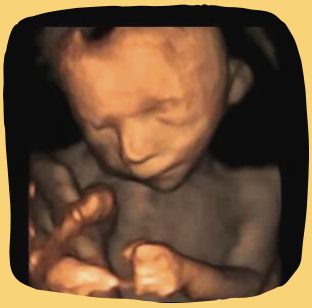
(Article continues on page 11)

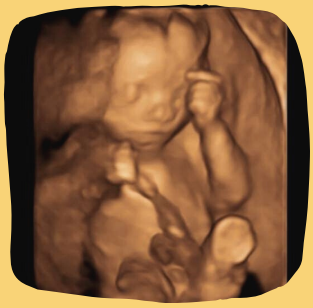
MEMBERS SECTION

Dr Rafael Ortega Munoz's skilful 4D ultrasound images show us the humanity of the unborn

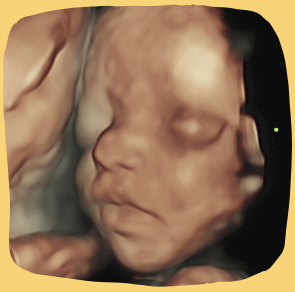
HOW TO GET INVOLVED?

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.





One of our members called to let us know how these images had impacted her. We love them too - and we wanted to share them with you!



Christian Democratic Party

FEDERATION PARTY NEW SOUTH WALES — A VOICE FOR ALL —

Thank you to everyone who participated to promote the pro-life message in the Eden-Monaro campaign.

Special thanks to the three pro-life candidates:

- **Riccardo Bosi** - Independent
- **Narelle Storey** - Christian Democratic Party
- **Jason Potter** - Australian Federation Party

We need volunteers to write cards!

Let's remind parliamentarians including the Premier and the Health Minister that we are still not okay with the legislation that's passed. We are encouraging people to write the simple message:
WE WILL NOT FORGET.
WE WILL #VOTEPRO-LIFE2023

Contact members@righttolifensw.org.au if you'd like to participate.

Due to COVID-19 restrictions on volunteers coming into our office, we will be happy to post these postcards out to you.

Postcards from last years campaign. Anniversary of the passing of the Abortion Bill in NSW, 2nd October 2019.

Petitions against Euthanasia

Thanks for sending back the petitions AGAINST euthanasia

WE HAVE COLLECTED OVER 4,000 SIGNATURES

Vision Christian Radio. (2018, September 17). [Photograph]. https://vision.org.au/radio/2018/09/17/ive-been-banned-from-facebook-again-bill-muehlenberg/

KILLING LANGUAGE, KILLING BABIES

THIS ARTICLE WAS FIRST PUBLISHED BY CULTURE WATCH (HTTPS://BILLMUEHLENBERG.COM/)

AUTHOR: BILL MUEHLENBERG

These baby-killers would make Orwell proud:
There is one lesson the radical secular left has learned, and learned very well: if you want to destroy a culture, you first must destroy the language. Put another way, social engineering is always preceded by verbal engineering. If you can change the meaning of the most basic of words, you can much more readily change an entire culture.

This has long been recognised. For example, the great English novelist and political commentator George Orwell wrote an essay about all this way back in 1946 entitled "Politics and the English Language". In it he made some salient points about how this works. Let me offer just one quote:

In our time, political speech and writing are largely the defense of the indefensible. Things like the continuance of British rule in India, the Russian purges and deportations, the dropping of the atom bombs on Japan, can indeed be defended, but only by arguments which are too brutal for most people to face, and which do not square with the professed aims of the political parties. Thus political language has to consist largely of euphemism, question-begging and sheer cloudy vagueness. Defenseless villages are bombarded from the air, the inhabitants driven out into the countryside, the cattle machine-gunned, the huts set on fire with incendiary bullets: this is called pacification.Millions of peasants are robbed of their farms and sent trudging along the roads with no more than they can carry: this is called transfer of population or rectification of frontiers. People are imprisoned for years without trial, or shot in the back of the neck or sent to die of scurvy in Arctic lumber camps: this is called elimination of unreliable elements. Such phraseology is needed if one wants to name things without calling up mental pictures of them. Consider for instance some comfortable English professor defending Russian totalitarianism.He cannot say outright, 'I believe in killing off your opponents when you can get good results by doing so.' Probably, therefore, he will say something like this: 'While freely conceding that the Soviet regime exhibits certain features which the humanitarian may be inclined to deplore, we must, I think, agree that a certain curtailment of the right to political opposition is an unavoidable concomitant of transitional periods, and that the rigors which the Russian people have been called upon to undergo have been amply justified in the sphere of concrete achievement'.

One need not necessarily agree with all of his examples of indefensible things to appreciate his main point. Those who do great evil often try to cover their tracks by the decimation of language. There are many contemporary examples of this. Here I want to look at one obvious group which is fully involved in horrendous and evil activity that also seeks to hide and camouflage what it is doing with euphemisms and doubletalk.

I refer to the modern merchants of death: the abortion industry. These folks actually make a living out of killing babies. That is their sole purpose. That is their reason for existing. That is what they do. Each year around 45-50 million unborn babies are slaughtered by these mass murderers. This is one of the most clear-cut examples of evil that one can imagine.

Because what they do is so patently devilish and horrific, they are forever seeking to cover up what their actions really are all about by playing language games. They destroy language so that they can more readily destroy human life. The most recent and despicable example of this comes from the US-based pro-abort group, the National Women's Law Center.

A week ago on their website they posted a piece about a new campaign they have set up to promote baby-killing. They say this about it:

I'm going to be frank: I'm sick and tired of having to justify why we need to be able to get an abortion. I'm tired of the constant reasons we need to give and soul-baring we need to do to explain why abortion access is critical to living a full life with joy and dignity. I'm tired of conversations around what constitutes a "good" or "bad" abortion. I'm tired of the fact that the actual and nuanced experiences of people who have abortions are so often ignored by politicians. At its core, access to abortion actually is about taking care of ourselves, our communities, and the people we love. The media often paints abortion as a divisive political issue, but here's the truth: abortion actually is an act of love, an act of compassion, an act of healing, and an act of selflessness. We should all be free to love — each other and ourselves. We should all be free to heal, whatever it takes. We should all be free to practice compassion, daily. We should all be free to learn how to self-preserve and be selfless and anywhere in between — without fear of judgement or shame... nwlc.org/blog/what-abortion-actually-is-about/

Muehlenberg, B. M. (2019, November 11). Killing Language, Killing Babies. Culture Watch. https://billmuehlenberg.com/2019/11/11/killing-language-killing-babies/

With this campaign are four new advertising posters, featuring this utter distortion of language and reality:
"Abortion actually is love"
"Abortion actually is compassion"
"Abortion actually is healing"
"Abortion actually is selfless"

Yeah right. Using language to make Orwell proud, killing babies is now loving and compassionate. In his dystopian novel 1984 Orwell spoke about "Doublethink":
"Doublethink means the power of holding two contradictory beliefs in one's mind simultaneously, and accepting both of them."

In the totalitarian society featured in the book, Big Brother has excelled at the use of euphemism and the destruction of language. For example, on the outside wall of the Ministry of Truth building there are three slogans of 'The Party': "WAR IS PEACE," "FREEDOM IS SLAVERY," "IGNORANCE IS STRENGTH."

Now we have exactly the same thing from the pro-aborts: "BABY KILLING IS LOVE." "BABY KILLING IS COMPASSION." "BABY KILLING IS HEALING." "BABY KILLING IS SELFLESS." Big Brother would readily welcome these folks into their fold. They have perfected the art of covering up evil with sugar-coated niceties.

Um, let me bring things back to earth. Killing babies – often in the most painful and excruciating fashion – is not loving nor compassionate. It is among the most hateful things anyone can do. The baby certainly experiences no love or compassion while being pulled from limb to limb.

And abortion certainly brings no healing to the baby – it brings only one thing: death. And there is nothing selfless about this – it is the height of selfishness. Killing your own child so that you can progress in your career or live "unencumbered" with the responsibility of a child is the epitome of self-centeredness.

Yet these Orwellian baby killers have managed to outdo Big Brother in completely twisting truth into lies, evil into good. They have studied 1984 very well indeed. They have not only perfected what is described there, but they have even managed to go beyond it. They have out-Big Brothered Big Brother.

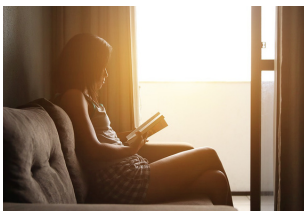
As I say, Orwell would be so very proud of these folks. But of course all those who defend and promote abortion will be hating those of us who dare to tell the truth here. They will be further enraged that their dirty little secrets are being exposed. And Orwell spoke to this reality as well: "The further a society drifts from the truth, the more it will hate those that speak it."

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** 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)

Questions directly related to this charity: **Contact the Foundation: admin@ffhd.org.au**

CANADA'S EUTHANASIA JUGGERNAUT

THIS ARTICLE WAS FIRST PUBLISHED BY AUSTRALIAN CARE ALLIANCE ON 11 AUGUST 2020 (WWW.AUSTRALIANCAREALLIANCE.ORG.AU)

AUTHOR: RICHARD EGANS

Four years after euthanasia was legalised throughout Canada on 17 June 2016 the "first annual report" covering euthanasia deaths in 2019 was released in July 2020.As the dead bodies pile higher - 13,946 of them in three and a half years according to the report - there are at least nine lessons to be learned for other jurisdictions considering legalising euthanasia or assisted suicide.

1. Once euthanasia is legalised numbers continue to increase from year to year

The report states that there were 5,631 cases of euthanasia and assisted suicide under the Canadian law in 2019, with a total of 13,946 cases since legalisation.

Cases increased by 57% from 2017 to 2018 and by 26% from 2018 to 2019.

Euthanasia and assisted suicide accounted for 1.96% of all deaths in Canada in 2019, 2.4% in Quebec and 3.3% in British Columbia.

2. Where both are offered euthanasia is preferred to assisted suicide and the overall rate is higher than where assisted suicide only is offered

Less than seven of the 5,631 cases in 2019 were assisted suicide.Canadian practice overwhelming uses euthanasia.The report states that "providers are less comfortable with self-administration [assisted suicide] due to concerns around the ability of the patient to effectively self-administer the series of medications, and the complications that may ensue".

Euthanasia deaths accounted for 1.96% of all deaths in Canada in 2019 - four times the rate in Oregon, where assisted suicide accounted for 0.5% of all deaths in 2019.

3. Broadening access

Although 66% of cases of euthanasia in Canada in 2019 involved a person with cancer, there were also 9.1% of cases for "multiple comorbidities", which may be code for what the Dutch call "a stack of old aged disorders", and 6.1% of all cases as performed for "other conditions", which "includes a range of conditions, with frailty commonly cited".

4. Lack of specialist involvement

Despite two thirds of cases with cancer as the underlying condition, only 1.7% of clinicians administering euthanasia gave their specialty as oncology. The majority (65%) of those administering euthanasia were primarily engaged in family medicine.Oddly, given euthanasia is not yet officially permitted in Canada for psychiatric conditions, 1.2% of cases of euthanasia were administered by psychiatrists.

5. Doctors who kill ... a lot

The report also notes that among those administering euthanasia were "a small number of practitioners identifying themselves as "MAID Providers." While this specialty is not officially recognized by medical certifying bodies in Canada, it may be considered a functional specialty by some providers when MAID is the primary focus of their practice.", that is there are doctors whose primary practice is euthanasia.

Of the 1196 physicians and 75 nurse practitioners who euthanased people in 2019, some 126 of them did so 10 times or more.

6. Coercion or lack of voluntariness can be missed

The report states that in "virtually all cases where" euthanasia "was provided, practitioners reported that they had consulted directly with the patient to determine the voluntariness of the request for" euthanasia.Table 6.3 indicates that "virtually all" means 99.1% of the 5389 cases for which this information was provided.

This means that in 46 cases the practitioner who administered euthanasia admitted that they did NOT consult directly with the person he or she euthanased to "determine the voluntariness of the request".

7. Decision making capacity not properly assessed
Of 5,389 people killed by euthanasia in Canada in 2019 for whom data is available on the length of time between first request and when euthanasia was administered some 34.3% or 1,578 people were euthanased in less than 10 days of first requesting it.

This is allowed under Canada's law for only two reasons: death is expected within 10 days or loss of decision making capacity is expected within 10 days (or both).

For 909 (17%) of these people the only justification given for the haste with which euthanasia was performed was that loss of capacity to consent was imminent.

This raises real questions about the validity of the original request.

If a person is on the verge of losing capacity what degree of certainty can there be that the person currently has full capacity?

8. Not a last resort
The report reveals that in at least 91 cases of euthanasia palliative care was NOT accessible if needed.
In at least 87 or 3.9% (but possibly in at least 227 or 10.2%) of cases disability support services were NOT provide although they were needed.

A candlelit vigil was held on the steps of Parliament House in Victoria on Friday 19 June 2020 to mark the one year anniversary of the enactment of the assisted suicide and euthanasia regime. This vigil will become an annual event.

"Disability support services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability based income supplements."

The report admits that even for those who were reported as having received disability support services the data "does not provide insight into the adequacy of the services offered".

This reality is illustrated in the case of Roger Foley

9. Euthanasia is chosen for loneliness or feeling a burden on family
The report states that "Loss of ability to engage in meaningful life activities (82.1%) followed closely by loss of ability to perform activities of daily living (78.1%), and inadequate control of symptoms other than pain, or concern about it (56.4%) were the most frequently reported descriptions of the patient's intolerable suffering."

Disturbingly 34% reported as a reason for their euthanasia request "Perceived burden on family, friends or caregivers" and 13% reported "Isolation or loneliness".

Egans, R. E. (2020, August 11). CANADA'S EUTHANASIA JUGGERNAUT. Australian Care Alliance. https://www.australiancarealliance.org.au/canada_s_euthanasia_juggernaut

ASSISTED DYING:
PUSH FOR REMOVAL OF SAFEGUARDS ALARMING

(Continuation of the rest of the article "Assisted Dying: Push for removal of safeguard alarming")

The limits and safeguards so often emphasised by our health minister and VAD lawmakers when instituting our current law, will continue to be eroded. In The Age article, Dr Rodney Syme limits his focus in June 2020 to those who are not Australian citizens, saying that widening the eligibility to these residents would be the "one thing I could change immediately about the laws". It will be interesting to monitor how his focus evolves in the coming months and years. Such extension is evident in the international assisted suicide trajectory. For example, the federal government of Canada tabled Bill C-7 in February 2020, proposing changes to their legislation, which include removing the eligibility requirement for a reasonably foreseeable natural death, allowing anyone who is suffering intolerably but not dying, to be eligible for medically assisted dying. Likewise, here in Australia, I expect that there will be more examples cited of people who die sadly and outside the "comfort" of assisted dying laws, more arguments raised for further extension of access to VAD, with a further slide down the slope of recalibration of our humanity.

Associate Professor Odette Spruijt is a palliative medicine specialist and founder and chair of Australasian Palliative Link International (APLI). She is affiliated with the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne.

SPRUIJT, O. (2020). Assisted dying: push for removal of safeguards alarming. The Medical Journal of Australia(30), 1. Retrieved from https://insightplus.mja.com.au/2020/30/assisted-dying-push-for-removal-of-safeguards-alarming/

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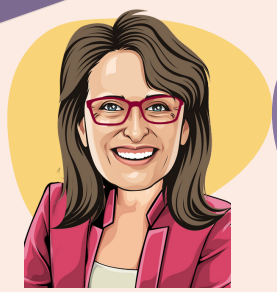

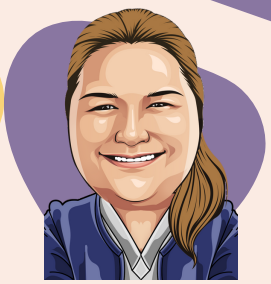

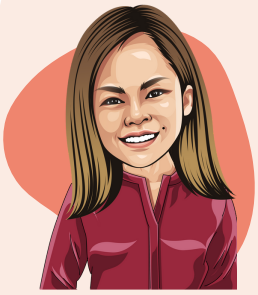

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