

THE OFFICAL JOURNEY OF NSW RIGHT TO LIFE

SUMMER 2019 -2020

# ALL LIFE Matters



## INSIDE THIS ISSUE:

PAGE 2  
**FROM THE  
CEO'S DESK**

PAGE 3  
**ABORTION AND  
LEGISLATION  
FACTS AROUND  
AUSTRALIA**

PAGE 4-5  
**CATEGORIES OF  
WRONGFUL DEATHS  
BY ASSISTED  
SUICIDE AND  
EUTHANASIA  
- PART 1**

PAGE 6  
**OUR PRESIDENT  
HAS THE LAST  
WORD**

**Right to Life  
Association (NSW) Inc.**  
Level 2, Suite 204a York  
Street, Sydney NSW 2000

 (02) 9299 8350

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



# FROM THE CEO's Desk

DR. RACHEL CARLING

I want to take this opportunity to thank all our supporters for their commitment to upholding Life in 2019, and for welcoming me into the pro-life community of NSW.

This year, despite our best efforts, abortion was decriminalised in our state. The bill was rushed into Parliament by Independent Alex Greenwich, Member for Sydney, supported by co-sponsors from the Liberals, Nationals, ALP, Greens and the Animal Justice parties. They expected smooth passage of the bill however they did not anticipate the immediate and swift response of the pro-life movement in NSW – who fiercely and publicly stood against the abortion industry.

Within a few days, Right to Life NSW had initiated a grass-roots movement against the bill – rallying, holding vigil outside parliament, coordinating the largest pro-life petition ever seen in Australia, flooding MPs offices with postcards proclaiming pro-life messages and lodging submissions against the bill.

We came, in our thousands, to work tirelessly outside parliament to ensure that the voices of the unborn were represented. Our voices were so loud that many parliamentarians commented on being able to hear our chants of “love them both” and “stand for life” as they stood inside the chamber to debate the bill.

Right to Life NSW also worked inside parliament to support our pro-life parliamentarians to influence votes and ultimately to assist in securing amendments to ensure that at least some babies (such as those born alive after a failed abortion attempt) will be saved.

Thank you for joining with us. Every petition you signed, every submission you wrote and every rally or vigil you attended helped to send a clear message to the Parliament and the broader community of NSW.



**The Abortion Law Reform Bill may have passed in NSW but everyone in parliament knows this was not in our name.**

We will continue this work in the coming year – **fighting** until abortion is unthinkable, **advocating** until vulnerable mothers receive the help they need, and **opposing** any and all attempts to introduce further anti-life legislation. Please consider giving to our Christmas appeal to ensure that we can continue to serve the pro-life community of NSW in this way.

Yours in Life,

**Dr Rachel Carling**

(PS. The implementation of assisted suicide and euthanasia regimes remains an imminent threat across our nation. In this edition, we have invited longstanding pro-life campaigner and researcher Richard Egan to give us some concise arguments against the state-sanctioned death of our elderly, sick and dying- seen in page 4.)

You can read more about exactly what occurred inside parliament during the abortion debate on Dr Rachel's regular blog, published each Tuesday at: <https://righttolifensw.org.au/>



# Abortion Legislation & Facts Around Australia

## Australia

- 70,000 – 73,000 abortions take place in Australia each year
- women in their 20s account for the majority of abortions; women aged 20-24 have the highest abortion rate.

## Northern Territory

Legal to 14 weeks with one doctor's approval, and at 14 - 23 weeks with an additional doctor's approval. **Not legal after 23 weeks** unless it is performed to save a mother's life. No ability to share a pro-life message within 150m of abortion clinics.

## Queensland

**Legal to birth**, with restrictions post-22 weeks. No ability to share a pro-life message within 150m of abortion clinics.

## Western Australia

**Legal to birth**, with detailed restrictions post-20 weeks. Parental notification clause restricts abortions under 16 years of age without one parent being informed.

## New South Wales

**Legal to birth**, with restrictions post-22 weeks. No ability to share a pro-life message within 150m of abortion clinics, with exceptions eg. Protest allowed outside NSW Parliament House

## South Australia

**Legal to 28 weeks** if two doctors agree that a woman's physical and/or mental health is in danger by the pregnancy or for serious foetal abnormality. Illegal after 28 weeks except to save the life of the mother. Unlawful abortion still a criminal offence.

## Victoria

**Legal to birth**, with restrictions post-24 weeks. No ability to share a pro-life message within 150m of abortion clinics.

## Tasmania

**Legal to birth**, with restrictions post-16 weeks. No ability to share a pro-life message within 150m of abortion clinics.

## Australian Capital Territory

**Legal to birth** by a medical or nurse practitioner. Restrictions on where a pro-life message can be shared may be set at the discretion of the ACT Health Minister

# CATEGORIES OF WRONGFUL DEATHS BY ASSISTED SUICIDE AND EUTHANASIA- PART 1

RICHARD EGAN

## INTRODUCTION

A careful examination of the evidence from those jurisdictions that have laws permitting either assisted suicide or euthanasia shows that at least twelve categories of people would be at risk of wrongful deaths.

Some proponents of legalising assisted suicide or euthanasia admit that it is the case that wrongful deaths will occur.

Henry Marsh, a noted British neurosurgeon and champion of assisted suicide, famously said,

**“Even if a few grannies are bullied into committing suicide, isn’t that a price worth paying so that all these other people can die with dignity?”**

## A WRONG DIAGNOSIS

If a person dies by assisted suicide or euthanasia following a mistaken diagnosis that the person has a terminal illness then that is a wrongful death – with no remedy.

According to evidence given by Dr Stephen Child, Chair of the New Zealand Medical Association to the New Zealand parliamentary inquiry into the practice of euthanasia: “On diagnosis, 10 to 15 per cent of autopsies show that the diagnosis was incorrect. Three per cent of diagnoses of cancer are incorrect”<sup>1</sup>. Dr Child said this scope for error was too large, when weighed against the outcome.



This is the question that anyone considering this issue needs to ask. The proper tests for a law permitting assisted suicide or euthanasia are the ones that are usually applied to any proposal to reintroduce capital punishment:

“Can we craft a law that will ensure there will not be even one wrongful death?” “Can we ensure that any deaths under this law are humane - that is both rapid and peaceful?” Both simple logic and the available evidence show that neither of these outcomes are achievable.

“This is an irreversible decision in which the consequences are final.” Ten per cent of cases in Australia are misdiagnosed according to Peter McClellan, chief executive at Best Doctors.<sup>2</sup>

Simply having two doctors diagnose that a person has a terminal illness is an illusory safeguard. There is no remedy for a wrongful death by assisted suicide based on misdiagnosis. How many wrongful deaths from assisted suicide following misdiagnosis of a terminal illness are too many?

<sup>1</sup> <https://www.stuff.co.nz/national/politics/84252580/euthanasia-too-fatal-when-the-risk-of-error-is-too-great-doctors>

<sup>2</sup> <https://amp.afr.com/business/insurance/insurance-companies/mlc-life-to-expand-best-doctors-service-20170827-gy4zfk>

## A WRONG PROGNOSIS

If a person dies by assisted suicide or euthanasia after being told in error that they have less than six months to live when they may have many years of life ahead of them then that is a wrongful death – with no remedy. The finding in 17% of cases physicians were overly pessimistic in their prognosis by more than 33% and out by a factor of 2 in 11.3% of cases is directly relevant to the use of a prognosis as an eligibility criterion for access to assisted suicide or euthanasia<sup>3</sup>. In other words, perhaps more than one in ten people given a prognosis of 12 months to live may live for 2 years or more.

## UNAWARE OF AVAILABLE TREATMENT

Some assisted suicide or euthanasia laws purport to provide an additional safeguard by requiring at least one doctor with relevant specialist experience to assess the person and inform them of all relevant information about the person's condition. However, despite such provisions the evidence from jurisdictions which have legalised assisted suicide or euthanasia shows that some people miss out on treatment that could have helped them and instead suffer a wrongful death by assisted suicide or euthanasia.

## NO ACCESS TO PALLIATIVE CARE

There is a telling disconnect between the focus of assisted suicide and euthanasia laws when they are being proposed and after they have been implemented. During the proposal phase the focus is almost universally on an alleged group of hard cases, few in number, who, it is said, are suffering unbearable physical pain or other physical symptoms that cannot be relieved by even the best palliative care. This claim is based largely on anecdotal evidence, often from earlier decades before recent improvements in palliative care.

After implementation it becomes clearer that the real focus is on autonomy – an alleged right to assistance to die at a time of one's own choosing for any reason.

## KILLED WITHOUT REQUEST (OR WHILE RESISTING)

Those who are killed without any request by doctors who have grown used to the practice of ending their patients' lives are clearly wrongful deaths. In some cases a doctor has performed euthanasia even where a person resisted.

## DENIED FUNDING FOR MEDICAL TREATMENT

People who are denied funding for medical treatment by medical insurers or the public health system but are offered funding for assisted suicide or euthanasia, as has happened in Oregon, California and Canada are at risk of wrongful deaths either by being denied needed treatment or bullied into agreeing to assisted suicide.

## CONCLUSION

Legalising assisted suicide or euthanasia crosses a serious ethical 'line in the sand' with serious consequences for patients and the practice of medicine. It is not progressive, but a regression to a poorer standard of medicine, focused on quick solutions and convenience.

Changing the laws to permit assisted suicide or euthanasia is unnecessary, unsafe, unfair, and ill-informed.

This article outlines just six categories of wrongful deaths which have occurred in jurisdictions where assisted suicide and euthanasia regimes have been implemented.

3 <https://www.bmj.com/content/bmj/320/7233/469.full.pdf>

For more in-depth information see: [https://www.australiancarealliance.org.au/wrongful\\_categories](https://www.australiancarealliance.org.au/wrongful_categories)  
PART 2 - in the next edition will feature more categories to consider

# OUR PRESIDENT has the Last Word

DR SIMON MCCAFFREY



**FETAL ABNORMALITIES ARE ONE OF THE MOST USED EXCUSES FOR ABORTION. IT IS ALSO ONE OF THE MOST FLAWED.**

I have been an obstetrician and gynaecologist for almost four decades within both the public and private system. In this time, I have participated in some three thousand fetal and perinatal clinical meetings. These meetings discussed at length and in depth lethal fetal anomalies as well as varying degrees of severity, prognosis and outcomes of non-lethal anomalies. Despite the expertise, experience and sincerity of the involved clinicians, there are often differences of opinion. This area of medicine remains complex and vexed.

Some non-lethal conditions can stabilise, some can spontaneously regress, and some can have minimal impact on a child and parent after surgical correction. Unfortunately, I have witnessed cases when a termination was performed on a baby for an abnormality detected on radiological investigations where the subsequent autopsy revealed no abnormality.

I could go into more clinical detail – like I did in my submission to the Committee Hearings into the recent Abortion Law Reform Bill – but I think you see where I am going with this.

**SOMETIMES PREGNANCY IS  
HARD – BUT WE NEVER GIVE  
UP ON LIFE.**

Children with disabilities help make society a better place. If we remove them systematically before they are born our society will be poorer for it.

As I stated at the Hearings on the Abortion Bill in parliament on the 15th August:

“Children are unique. They are beautiful beyond description and they are irreplaceable—they are simply irreplaceable. You can never replace human life as we know it; we can never replace a child who is taken away from us. Parents know that and women want our society to welcome their children as much as they should be allowed to. That applies to [children with] disabilities as well. Every single human being has the right to breathe the air which they are entitled to.

“As politicians, you have an obligation, a responsibility, to create a society for our children where that is the way life [which] will be accepted and embraced.”

Unfortunately, politicians in NSW largely abrogated their responsibility to create a society which embraces children with all their vulnerabilities and frailties. While the bill we have passed in NSW falls far short of best practice management and is a disservice to the women who the bill purports to be assisting, as President of Right to Life NSW I am proud of the significant role we played in securing amendments to this bill.

Thank you for joining with me as we fight together for the rights of the unborn.

A handwritten signature in black ink that reads "Dr. Simon McCaffrey". The signature is written in a cursive, flowing style.

**DR SIMON MCCAFFREY  
PRESIDENT**





# Merry Christmas!

May this Christmas season  
Brings you nothing but  
fond memories,  
Happiness and laughter

## COUNCIL MEMBERS

DR SIMON MCCAFFREY  
JOHN MACAULAY  
KEVIN MCCARTHY  
JANET COOMBS

PRESIDENT  
SECRETARY / VICE PRESIDENT  
TREASURER  
COUNCIL MEMBER

---

WOULD YOU LIKE  
TO JOIN OUR STAFF  
OR REGISTER AS A  
VOLUNTEER?  
SEND YOUR RESUME  
IN TODAY: [OFFICE@  
RIGHTTOLIFENSW.  
ORG.AU](mailto:OFFICE@RIGHTTOLIFENSW.ORG.AU) AND TELL  
US WHAT YOU CAN  
OFFER!

---

## MEMBERS AND STAFF

DR RACHEL CARLING  
DOMINICA CONNOR  
KATHRYN GERARDINO  
DAVID EVANS

CEO  
MEMBERSHIP OFFICER  
MEDIA & COMMUNICATIONS OFFICER  
BOOKKEEPER



### 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: 144 665 3876) FOR ITS GENERAL PURPOSES

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

# Gala Dinner



## SUPPORT RIGHT TO LIFE NOW

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

I/WE WISH TO DONATE \$\_\_\_\_\_

BY (PLEASE CIRCLE):            MASTERCARD            VISA            CHEQUE / MONEY ORDER

PLEASE PRINT YOUR CREDIT CARD NUMBER:

-----

NAME ON CREDIT CARD: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- ☐ PLEASE SEND ME INFORMATION ABOUT HOW I/ WE CAN MAKE A REGULAR DONATION
- ☐ I AM INTERESTED IN BECOMING A VOLUNTEER.

DONATE ONLINE:  
[WWW.RIGHTTOLIFENSW.ORG.AU/DONATE](http://WWW.RIGHTTOLIFENSW.ORG.AU/DONATE)

EFT DONATION  
BSB 032-000 | ACCOUNT# 78-9116

(PLEASE INCLUDE YOUR NAME  
IN THE REFERENCE FIELD)