

THE OFFICAL JOURNAL OF RIGHT TO LIFE NSW

WINTER 2020

ALL LIFE *Matters*



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FROM THE CEO'S DESK



Welcome to our Winter Edition of *All Life Matters*.

Over the last few months we have experienced a significant change in the world due to the COVID-19 pandemic.

During this time many of us have faced difficulties:

- we have been cut off from loved ones, whether it be parents in a nursing home, newborn grandchildren we haven't met, or family interstate;
- we have been prevented from commemorating lives well lived due to restrictions placed on funerals of friends and relatives;
- we have been unable to celebrate weddings planned for months (sometimes years) in advance.

Work lives and school lives have changed and with the economy suffering most of us know at least one person who has lost their livelihood or who is facing months of rebuilding their business.

Whether this crisis which put our lives on hold produces a more humane society or not remains to be seen. What we do know already is that many people have suffered to the point of despair. Suicide rates are rising with experts warning that the COVID-19 pandemic could be responsible for more deaths by suicide than from the virus itself.

A joint statement released by the Australian Medical Association (AMA), the Brain and Mind Centre and the Centre for Youth Mental Health, entitled *COVID-19 Impact Likely to Lead to Increased Risks of Suicide and Mental Illness* (1) predicts that unemployment, social dislocation and mental health issues associated with COVID-19 will lead to a 25% increase in deaths by suicide, with 30% of those being young people. This represents an increase of 750-1500 more suicides. (3,000 lives are currently lost to suicide each year in Australia).

The pro-life movement does not speak out on suicide often, unless in relation to assisted suicide and euthanasia, or the occasional reference to the very real link between suicide and post-abortive mothers. However it is time to be more vocal on the lives lost to 'death by suicide'. As believers in the sacred nature of human life *at all its stages, with all its frailties, without exception* death by suicide is something we should be working to prevent.

A pioneer in suicide prevention, Dr Edwin Shneidman, once wrote that each person "can be a lifesaver, a one-person

If you, or anyone you know, is struggling with thoughts of suicide or is showing signs of depression – help is at hand.

LIFE-SAVING CONTACTS AVAILABLE 24/7:

LIFELINE - 13 11 14

KIDS HELPLINE - 1800 551 800

MEN'S LINE AUSTRALIA - 1300 789 978

SUICIDE CALL BACK SERVICE - 1300 659 467

We can each be a "lifesaver" in the pro-life movement. We can each contribute to protecting and saving the lives of babies in the womb, children with disabilities receiving poorer standard health care in our hospitals, depressed youths contemplating suicide, post-abortive mothers despairing at the consequence of their actions, and the elderly and terminally ill feeling societal or familial pressure to end their lives early.

I look forward to joining with all lifesavers in the pro-life movement at our Annual Conference and Gala Dinner in later this year (see Page 5 for details).

Memberships are now due! Don't forget to renew now for the 2020/21 financial year - unfortunately we are no longer in a financial position to send hard copy newsletters and notices to people who do not renew their membership so please pay close attention to the renewal attached.

The *Protect My Peers* campaign continues to run. You will see on Page 3 (opposite) why it remains important to be in touch with our Federal members of parliament. (See Page 5 for more details on this campaign).

And finally, the upcoming Eden-Monaro by-election provides us with an opportunity to support pro-life candidates running in this seat. At the time of printing, final decisions on who is running from each party had not been finalised. You can find out more on how you can be involved by following us on Facebook and/or watching out for an email from our office. If you are not on our email list, get in contact with us to update these details today!

Yours in Life,

Dr Rachel Corling



(1) You can read the full Joint Statement released on 7 May 2020 here: <https://ama.com.au/media/joint-statement-covid-19-impact-likely-lead-increased-rates-suicide-and-mental-illness>

COVID-19 LIFE ISSUES *around Australia*

Advocacy and Lobbying on Life Issues has not stopped during the COVID-19 pandemic. Unfortunately, many advocates for abortion and euthanasia have gained ground during the pandemic. The Federal Government is under particular pressure to expand and continue their funding of and access to abortion. We encourage you to write to your Federal MP to protest this expansion using our "Protect My Peers" postcards - available on our website: <https://righttolifensw.org.au/covid19/>

FEDERAL

The Federal Government confirmed abortion as an 'essential service' during COVID-19.

Tele-health abortion consultations were reported by Marie Stopes Australia (MSA) as being up 25% across Australia, leading to increased pressure on the Federal Government to legislate nationally for access to tele-health services for abortions. MSA have also proposed a review into PBS approval of the abortion bill so that it can be given to women who are 10 weeks pregnant (a one week increase compared to what is currently offered).

MSA, who are currently the major provider of private abortion services in Australia and who are struggling with financial sustainability, have been putting increasing pressure on all governments, including the Federal Government to increase funding for abortion at this time. They propose that abortions should be provided free of charge to all patients, especially those with Health Care Cards and those with or without Medicare cards who are experiencing financial hardship.

MSA applauded the Federal Government's ongoing provision of international aid funding which enables international organisations to provide abortion services during and following COVID-19.

TASMANIA

Independent MLC Mike Gaff continues to advocate for his End-of-Life Choices (Voluntary Assisted Dying) Bill 2020. If passed, this will be the most extreme bill of its kind in the country. Gaff advocates that there is no need for a terminal illness, no current physical or emotional suffering relating to a medical condition and no specialist doctor involvement. The timing of the debate on this bill has been pushed back to September due to COVID-19 responses taking priority for the states. However, Gaff remains confident that he will debate - and pass - his bill in 2020.

ACT

Marie Stopes Canberra continue to provide abortion services both at their clinic and via tele-health according to their website.

NEW SOUTH WALES

Clinic 66, which was established to provide tele-abortion after the NSW Abortion Law was passed last year, began bulk billing for Medicare holders during the COVID-19 lockdowns. This was a way of increasing access to abortion throughout the state.

Family Planning NSW launched an online and telehealth service for abortion for the first time during the lockdowns - again, focussing on increasing access to abortions throughout NSW.

Newmarch House, a nursing home in Sydney's West, were reported to have been pushing residents to sign End-of-Life plans at the beginning of the COVID-19 outbreak. Subsequently, many residents have died and questions about neglect have been raised by family and community members. Police are investigating.

VICTORIA

Victoria's declaration of a State of Emergency led to one of Australia's most severe set of restrictions being imposed. Marie Stopes abortion clinics have proudly declared that abortions have continued, however late term abortions have been effected due to the difficulties involved in flying doctors who specialise in the abortion of viable babies to clinics where they can perform them.

However, apart from Dying with Dignity Victoria suspending their public speaking schedule, little is known about the impact of the lockdowns on access to Victoria's assisted suicide and euthanasia permit regimes.

WESTERN AUSTRALIA

MSA have taken aim at the Western Australian government, calling for the establishment of 'safe access zones' around abortion clinics, claiming that pro-life activity outside West Australian clinics have placed additional barriers to providing abortion services during the pandemic.

NORTHERN TERRITORY

Family Planning Welfare Association NT were forced to limit their services for a couple of weeks however they are now back to full operation. Supported by the NT they provide abortions free of charge to Medicare card holders.

SOUTH AUSTRALIA

The South Australian Parliament voted for temporary changes to Abortion Law through their COVID-19 Emergency Response 2020 Act. The Act permits "various temporary modifications" to current laws during the pandemic. Current law in South Australia requires abortions be approved by two doctors and performed in a medical facility. This legislation would allow women to use tele-health services to access medical abortions. (NB: Surgical abortions are still accessible since abortion services were deemed essential by the Federal Government). The law now awaits implementation by Police Commissioner Grant Stevens who must declare the modifications to the law.

MSA also criticised the continuing lack of 'safe access zones' around South Australian abortion clinics, claiming that pro-life activity outside clinics have placed additional barriers to providing abortion services during the pandemic.

QUEENSLAND

In late March, the Queensland Parliament's Health, Communities and Disability Services and Domestic and Family Violence Prevention Committee tabled their "Voluntary Assisted Dying" report even though Parliament was not sitting due to the state of emergency. This report put forward 21 recommendations on how to implement assisted suicide and euthanasia regimes in Queensland. The Committee recommended, for example, that no requirement of imminent death should be associated with the regime, although a criteria around having a terminal, chronic or neuro-degenerative medical condition would still apply. The Greens expressed their desire for the Queensland legislation to be open to people with dementia via advanced care directives as well as to 'mature children'.

On Thursday, May 24th the Premier referred the legislation to the Law Reform Commission with a reporting date of March 2021. This means that the debate on euthanasia in Queensland has been delayed until after their elections (due in October). Advocates like Andrew Denton, the face of Go Gentle Australia, will be disappointed as they have been urging the ALP Premier to legislate for euthanasia prior to the state election in October, fearful that the LNP may gain government and shelve the legislation for the next few years.

Meanwhile, MSA has taken the extraordinary step of chartering private flights to fly doctors to clinics in central and northern Queensland to ensure that abortion clinics are still able to operate during the pandemic.

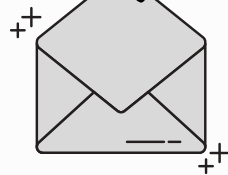
Members Section



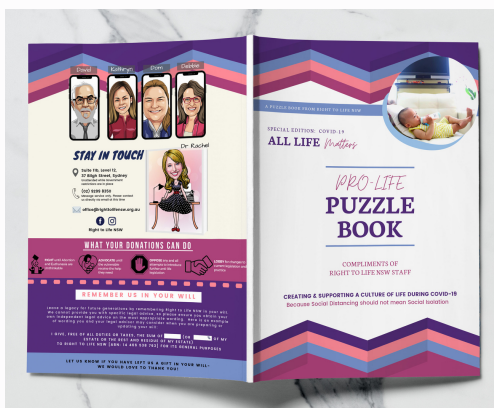
Little one is enjoying colouring in pages from our Puzzle Book

Hello,
Thank you for keeping us up to date with your emails. Candice's story [of being urged to take up the option of assisted suicide simply because she had Cerebral Palsy] is so typical... There are so many "cases" out there of people who have been 'encouraged' to end lives who have gone on to become people of substance, as we all are. It is so sad that there is so much disregard for the dignity and treasure of life.
- K

Thank you for these updates, Rachel. They are helpful and informative. Blessings to you.
- P

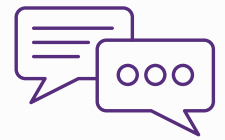


Pro-life
Puzzle Book



Right to Life NSW **Puzzle Book**: limited copies still available.
Order at members@righttolifensw.org.au
Creating & Supporting a Culture of Life During COVID-19
Because Social Distancing should not mean Social Isolation

If you have an article, letter, thought or poem you would like to share, please send to:
eo@righttolifensw.org.au
You may be published in our next newsletter!



Recently one of our members phoned in to chat and share ideas as many of our members do. This gentleman was telling me how he visited Lord Howe Island recently and was struck by how the Lord Howe Woodhen is protected while our unborn are not. Noting that the Lord Howe Island Group is administered by a local board which comes under the state of NSW, We thought this was an excellent point so we decided to look it up in more detail. Here is what we found:



THE LORD HOWE WOODHEN

VERSUS

NSW UNBORN HUMANS



Classified
as an endangered species

State-funded
monitoring of the status of
the population and threats

Funded
strategies to proactively
protect their habitat

Predators
such as domestic dogs and
the Masked Owl
acknowledged as threats

Protected
by an act of Parliament
(Biodiversity Conservation
Act 2016)

Monetary
penalties apply to a
person who harms or
attempts to harm them

Anyone dealing in the
buying, selling or trading
of them face fines or
imprisonment

Destruction
widely considered to be
cruelty

Harming
them considered under
the Crimes Act

The Berejiklian
government calls the
latest attempt to protect
them "the largest
single conservation act" in
NSW history (2020)

Considered
worthy of Life from
conception



Classified
as human tissue

State-funded
provision of the
eradication of those who
are unwanted

Limited
funding for strategies to
protect their habitat

Predators
remain largely unnamed
and unaccountable

Endangered
by an act of Parliament
(Abortion Law Reform Act
2019)

Endangered
by an act of Parliament
(Abortion Law Reform Act
2019)

Anyone
dealing in the buying,
selling or trading of them
face no consequences

Destruction
widely celebrated

Harming
them considered to be
healthcare

The Berejiklian government
was responsible for the
introduction of the largest
single eradication-of-the-
unborn act in NSW history
(2019)

Considered
dispensable from
conception

1

The Federal Government need to know that COVID-19 is no excuse for increasing access to abortion. We have postcards ready to send to your local federal member and/or to the Health Minister and Prime Minister's office to lobby on this issue.

More details on the **Protect My Peers Campaign**, including addresses for MPs can be found on our website: www.righttolifensw.org.au/covid19. You can also download copies of the postcards from our website. A limited number of hard copy postcards are available from our office, contact: office@righttolifensw.org.au



Campaign postcards!

2

Euthanasia Petitions

Last chance to submit petitions against euthanasia:

Closing date - July 31st

Volunteers needed to collate 1000s of petitions received:
Contact members@righttolifensw.org.au with your availability

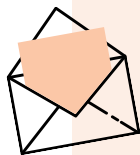
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SAVE THE DATE:

Annual Conference, AGM and GALA Dinner

Due to uncertainty around the COVID-19 restrictions, venues are yet to reopen to confirm our bookings!

Tentative date: Friday, 19th and Saturday, 20th October 2020



If you would like to receive early notification of the dinner and conference (remember that tickets sold out quickly last year and many were left out), register your expression of interest *today*. This will ensure that we contact you *prior* to advertising the event publicly:

office@righttolifensw.org.au

4

WE WILL NOT FORGET

#VOTE PRO-LIFE 2023

**We will not stop.
We will not forget.**

Until **every unborn child is protected**, every woman has the resources she needs to face an unplanned pregnancy and until **Abortion is Unthinkable**.

Our first opportunity to be involved in pro-life political campaigns post-2019 Abortion Law Reform Act is coming... the Eden-Monaro by election will give us an opportunity to influence who is elected federally in this seat. You can find out more on how you can be involved by following us on Facebook and/or watching out for an email from our office. If you are not on our email list, update your contact details using the membership form enclosed - or email: members@righttolifensw.org.au



THE IMMEASURABLE WORTH of Human life

Dr Rachel Carling

I once sat on my bathroom floor and held my baby girl, Emily, in the palm of my hand after suffering an unexpected miscarriage. From this time I understood not just intellectually and academically the Value of Life, but I understood it in a powerful, spiritual, emotional – and *personal* – way which has stayed with me ever since.

I hold human life – all human life – to be of infinite value, regardless of whether that life is healthy or frail, fit or incapacitated, or at its very beginning or at its end.

All life should be: Cherished, Nurtured, and Loved – from conception to natural death.

We all share qualities which make us uniquely human: created in God's image, with souls destined to live eternally – with physical, emotional and spiritual dimensions.

We are not things – objects to be commodified – whose value can be calculated on some kind of economic cost-benefit analysis scale.

All Life is of immeasurable importance – whether that life:

- has just been diagnosed with the probability of Down Syndrome at 8 weeks' gestation or diagnosed with terminal cancer at 80;
- is surrounded by family and friends in a NICU, or is alone in a hospital bed in Western Sydney; or
- runs marathons while juggling work and family, or requires carers to come in three times daily.

Introducing legislation which sends the message that some lives are worth giving up on – that some lives are not worth living – and that some lives are more trouble than they are worth, undermines this philosophy of the value of Life.

This legislation comes in the form of euthanasia and assisted suicide legislation.

Legislation of this nature is currently sweeping across Australia – euthanasia and assisted suicide regimes are already implemented in Victoria, they are in the process of being implemented in Western Australia, and both South Australia and Queensland have been investigating how to implement their own regimes over the past couple of years. A Tasmanian MP has drafted a bill and is currently travelling around that state selling it in forums and town hall meetings. The ACT continues to appeal to the federal government to allow them, as a territory, to introduce these regimes. And here in NSW we have the Hon Trevor Khan – who championed the assisted suicide and euthanasia bill

in 2017 where it was defeated by one vote in the upper house. Before the last election he vowed to once again pursue this in this term and, true to his word, he has once again brought together a group of co-sponsors to work on drafting such a bill for our state.

I want to pause here to explain some terminology because it is important to know exactly what we are talking about in these debates:

Assisted suicide – is the deliberate dispensing of death-inducing drugs – to a patient who can then take the poison at a time of their choosing, at least in theory. Once the poison goes home with a person we don't know under what circumstances they take it – accidentally, deliberately or forcibly. We will never know because once it goes home, it is unregulated. Lives are ended deliberately and prematurely through assisted suicide.

Euthanasia – is the deliberate act of dispensing and giving medication, normally lethal injections, by a doctor which are designed to bring about 'immediate death'. Lives are ended deliberately and prematurely through euthanasia.

Palliative Care – is distinct from the above and should not be confused. Palliative care is not focused on ending a life prematurely, rather it is about facilitating the process of dying well. Palliative care is person-centred and family-centred care given to a person who is dying and to their family. The goal is to optimise quality of life in the final days and hours. At its best, it surrounds the dying person and their family/friends with comfort (including medical comfort to lessen pain and other symptoms), and counselling (including the provision of emotional, social and spiritual support). Palliative care is culturally and spiritually sensitive and includes the holistic provision of grief support to all. It has practical and emotional dimensions. Unfortunately, this standard of care is not available to everyone. It is costly to provide and with the increasing spread of euthanasia I fear it will be harder to find gold-standard palliative care as the health systems in Australia begin to focus more on a dying regime rather than a supportive end-of-life care system.

I reject the terms used by death-advocates, such as 'dying with dignity' to describe euthanasia and assisted suicide – swallowing poison or being injected with poison is not dignified. In fact it can be an horrific death. Pentobarbital (otherwise known as Nembutal) which is provided in the Victorian take-home-death-inducing kits is an awfully bitter substance which is mixed with a sweetener to make it more palatable. (Yes, dying by suicide is literally bitter for many).

I also reject the term 'assisted dying' to describe this regime. Assisting someone to die well is the role of palliative care – to die a natural, quality death.

Assisting someone to die early should be called what it is – euthanasia if at the hand of a doctor, or assisted suicide if at the hand of the person. This term should not be used to in reference to assisting someone to die by suicide – this would be more aptly termed assisted murder.

To be clear: this is not about halting futile or life sustaining treatment, like when my Grandma decided to stop chemotherapy after living for over a decade with cancer. (A cancer she was told, when first diagnosed, would kill her in the first 12-24 months!). Nor is this about the alleviation of suffering. This is not even about an extra shot of morphine near the end of life. This is *deliberate state sanctioned death*.

Each and every case of a person dying under a euthanasia or assisted suicide regime is one too many.

The Victorian regime which has been in place since last year released their figures for the first six months in February: 52 people have died – 52 souls have prematurely left this earth without a chance for finding a cure, with no chance of finding out that they have been misdiagnosed, with no way to turn back. All deaths were state sanctioned – for which a permit signed by the Department of Health, had been issued.

There are currently only 17 jurisdictions in the world where euthanasia and/or assisted suicide regimes have been implemented. For a comprehensive overview of what is happening in each of these jurisdictions, see Richard Egan's work, published on the Australian Care Alliance website:



Proponents of euthanasia and assisted suicide legislation believe that the laws in Australia don't go far enough. In Victoria they are already complaining about not being able to initiate conversations around euthanasia – as they can for abortion. In WA where doctors and nurses can proactively advocate for euthanasia with their patients, they also complain about federal legislation which prevents them from having conversations about this form of suicide via the phone. The Federal Government is being pressured to relax their laws which currently prohibit the use of a telephone service to promote suicide – including doctor-assisted and doctor-prescribed forms of suicide.

I have even heard advocates for euthanasia and assisted suicide talk about taking away all limits – ie, enabling the facilitation of suicide for any reason. Think: troubled teens, post-natally depressed mothers, sex abuse survivors... the list would be endless.

When I think about these debates – debates where we are advocating for or against lives – debates where some people are making clear judgements between lives which are worth living and those which are not – I think of coercion, vulnerability and betrayal. I think of the lack of choice ill patients who have not been given access to palliative care or who have limited access to treatment either because they are financially or geographically disadvantaged face. I think of elder abuse and how we as a society make people who are no longer able to work and play as they once did feel as though they are now a burden on the community – and a less valued member of society as a result.

Similar to abortion, euthanasia will become increasingly popular because of a lack of choice – it will not be the embodiment of choice as it is being currently sold to us.

We must work towards systematically, methodically and deliberately eliminating the conditions which are promoting the culture of death at the beginning and at the end of our lives.

It is time to reclaim the public square on these issues. It is time to take back our voice – to be silent no more – and to demand to be heard... as we are the Voice for the Voiceless, we are Defending the Defenceless and we are speaking the Truth. To achieve this we must stand together... and sometimes we will find ourselves in a position where we must stand alone (knowing God is beside you).

It often feels as though the other side is winning – the culture of death is taking over – the spiritual "roaring lion" is drowning us out. We can take comfort and draw courage from this – together we can bring about change. We saw this tangibly last year in the NSW abortion debate where our actions and prayers brought about significant amendments. But this cannot (or should not) be left to a few good men – or women – we all have a responsibility here.

Let us encourage each other in this race of endurance which has been set before us so that in the years to come we will be able to look back and say:

*When it counted, I did not run,
I did my best,
I stood my ground.
I contributed to the abortion laws being
rolled back;
I protected the vulnerable from premature
death regimes like euthanasia;
I played a role in protecting families and
children from the constant pressures to
tear them down and tear them apart.
I was not a passive bystander to the
injustices of my generation.*

WHEN DEATH CREATES ITS OWN MARKET

I hope I was not the only person who saw the tabling of a recommendation to proceed with euthanasia legislation by the powerful Queensland Health Committee a few weeks ago a matter of bad timing; bad taste at the very least.

The world is in the grips of a pandemic and the loudest message everywhere – including from our state and national leaders – is to take care of the vulnerable, aged and disabled, and here's Queensland dealing with the very same demographic in a totally unacceptable way. But, in truth, they are not orphans.

We look to our own state of NSW where Newmarch House has been the centre of attention. The tragedy unfolding at Newmarch House has shocked many in the community. A lack of protection for residents, a lack of intensive care or supply of basic medical equipment, and the hastily arranged advanced care directives for residents who did not yet have an end-of-life plan in place are just a few of the horrors the media have exposed.

Anyone who has read anything of the worldwide discussion on the triaging of patients when medical facilities do not have the wherewithal to adequately care for every emergency, will have noted a nagging undercurrent of utilitarianism reminiscent of early Nazi references to 'useless eaters' and the extermination of the weakest members of society.

We cannot question the genuine triaging of medical care in emergency circumstances that occurs on a case-by-case basis in individual locales. However, much of the rhetoric has been seen to argue for more than that.

At its most beguiling, perhaps, is the suggestion that a policy position should be adopted that directs that the fittest and most likely to survive should receive priority in care. The suggestion that there is a uniformity in treatment outcomes in separate demographics is bogus. To adopt such a position as a policy is intrinsically eugenic.

And then there are those who, while acknowledging hand-on-heart the plight of the aged, disabled and vulnerable, nevertheless want the economy placed ahead of health care. A drawing of a line where the national interest ceases to be principally about care for all citizens and becomes care for most citizens, but not all.

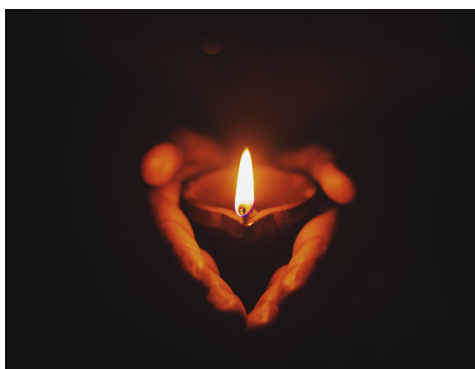
In this difficult situation and in such tragic times, Queenslanders are being told that euthanasia and assisted suicide should be adopted in their state. And residents of NSW are being told what many of us have suspected for a long time

– living in a nursing home strips you of end-of-life protections, paving the way for covert practices which will then be used by euthanasia advocates in upcoming debates to justify the 'need' for assisted suicide and euthanasia.

The coronavirus pandemic has left each of us acutely aware of not just our own fragility, but acutely aware of the serious health risks and grave needs of people in aged care facilities and people living with disabilities. Right now, the thought of euthanasia and assisted suicide is incongruous; it jars; it is unsettling. Nothing quite like a crisis to take us all back to core principles.

But, you see, therein lies the problem. As sure as God made little green apples, the pro-euthanasia parliamentarians and lobbyists will all know they have to lie low right now; they get it. But just as surely they will be back once this emergency passes.

What do they expect will be different in the future that might make a euthanasia bill more palatable than now? Or, to look at it another way, what was different about last year in Western Australia or two years before that in Victoria, when legislation was passed in those places, than now across the globe? A reality check that's what. A reality check that works at a number of levels.



Being aware of people who are vulnerable, who have a disability or who are frail aged and their needs are not necessarily going to be front of mind to everyone all the time as it is now. This is understandable. Right now it is difficult for many of us to think of anything else given the ever-present reality of COVID-19 and its risks.

As I write this restrictions are beginning to ease. We are beginning to see an end to the shutdowns. We are starting to see a light at the end the tunnel, where life will return to normal and our focus will return to work, relationships, prosperity etc. Unfortunately this will have something of a Nepenthean effect; we will forget.

This is the point where the pro-euthanasia movement will begin to raise its macabre agenda once again. This is where marketing over takes reality; where they will look to change the focus from the common good to the individual. Where talk of vulnerable people, people living with disabilities, the frail and elderly will be replaced by individual hard cases paraded before us as something of a guilt trip and emotional manipulation. Marketing; it's all marketing.

Not convinced? Then ask yourself the question: Is the human reality we are all currently experiencing that drives us to care for those in need and to work for their protection any less real absent this crisis?

There are those, even now, who put forward a force majeure position in regard to COVID-19 that some lives must be discarded. Add a marketing campaign, finesse the message and I wonder how quickly and how easily we will forget. History has proven that case time and time again. Let us not forget.

Battle over embryos leads to calls for personhood status

MARILYN RODRIGUES, JOURNALIST CATHOLIC WEEKLY.

First published in Catholic Weekly 4 March 2020.

Reproduced with permission.



Experts and pro-life advocates are calling for embryos to be regarded as persons under the law following recent court disputes.

This month a Sydney woman asked the Family Court of Australia to order the destruction of 11 embryos that were biologically linked to her same sex partner.

The application was made as part of an ongoing dispute over custody of their three children and property. The woman's ex-partner told media it was "cruel" for a person to seek to destroy embryos not from their own genetic material.

"It's horrifying that someone would try to prevent someone else from having children that are not in any way related to them," she said. She said she believed new, clear legislation was needed to give people certainty about what could happen to their embryos.

The applicant withdrew her case on 25 February citing concern about the effect of media attention on the couple's children. It follows court battles in WA, Canada and England where judges' decisions saw the destruction of embryos when one of the biological parents wanted them retained.

Professor Margaret Somerville, Professor of Bioethics at the University of Notre Dame Australia, told The Catholic Weekly that the recent case highlighted the problem of a situation where, apart from an exception in the United States, the courts do not recognise human embryos as persons for the purposes of the law.

"I think it's helpful to remember that every living person is a former embryo," Professor Somerville said. "In all decisions regarding human reproduction we must put the child at the centre of the decision making".

"What we've done so far is we've put the adults who want to have a child by whatever means of with whomever, at the centre of decision-making. It's striking that most often the future child is not even mentioned."

Chief Executive Officer of Right to Life NSW Dr Rachel Carling said that the law should be clear that human embryos are persons. "While we do not agree with the unnatural creation of life through IVF, once life has been created we must acknowledge the worth of human embryos in terms of human life not in terms of property," she said. "Treating human life – even at embryonic stage – as property equates to slavery and is a form of human trafficking."

Professor Michael Quinlan, Dean of the School of Law at the University of Notre Dame in Sydney, said that the IVF process is "in and of itself a confirmation of the scientific fact" that a human life is at stake in discussions about embryos.

"Treating an embryo as a person would mean bringing the law into line with that theological and scientific reality," he said.

"There is a very long way to go before our society can again understand the extraordinary gift that human life represents and the dignity that every human being deserves from the moment of his or her beginning at conception.

"The fact that current technology results in a multiplicity of embryos being created for a much smaller number to be selected for implantation is one of the horrors resulting from a rush to use technology without fully thinking through the consequences."

Professor Somerville said she would recommend that decisions about human embryos be made using a doctrine in ethics called anticipated consent.

"That says that when you're looking to do something that will have a major effect on someone else you have to ask 'Can I reasonably anticipate that if this person was here they would consent to what I'm going to do?'" she said.

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RIGHT TO LIFE NSW, PROTECTING LIFE FROM CONCEPTION FOR 50 YEARS

FIRST TRIMESTER



1 MONTH



2 MONTHS



3 MONTHS

SECOND TRIMESTER



4 MONTHS



5 MONTHS



6 MONTHS

THIRD TRIMESTER



7 MONTHS



8 MONTHS



9 MONTHS

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. Here are just three examples of how our grants can be used:



Pregnancy can be hard. Unemployment, homelessness and a lack of Medicare coverage can leave mothers-to-be in stressful situations. The Foundation has helped many of these women by providing financial aid for practical expenses like medical bills associated with their pregnancy. This enables mothers to keep their unexpected but much-loved babies.



Babies can be expensive - especially when they are unexpected! The Foundation regularly assists with practical expenses such as prams, car seats and cots to ensure our little ones are safely able to travel and sleep. This makes life a little bit easier for new mothers and fathers.



Sick babies can place extra strain on families. Many families travel long distances to visit their little ones in NICUs then for follow up medical appointments. The Foundation has helped many families facing this hardship by providing fuel cards to alleviate just some of the associate costs.



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.

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MEET THE *Team*

CHIEF EXECUTIVE OFFICER

Membership Officer



Dominica Connor

Contact Email:

members@righttolifensw.org.au

Favourite Life-Quote:

"How can there be too many children? That is like saying there are too many flowers" - Mother Teresa

Fun Fact:

I love to spread happiness where ever I go with my smile and bubbly personality.



Dr. Rachel Carling

Contact Email:

eo@righttolifensw.org.au

Favourite Life-Quote:

"You may choose to look the other way, but you can never say again that you did not know" - William Wilberforce

Fun Fact:

I love making bread by hand as a form of stress relief! (I also love eating it fresh out of the oven).

Office Manager



Debbie Croker

Contact Email:

office@righttolifensw.org.au

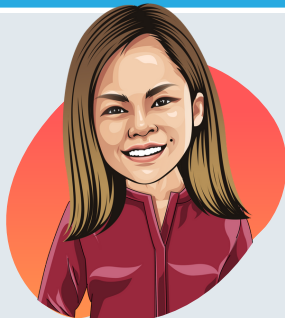
Favourite Life-Quote:

"Give thanks to the Lord, for He is good. His love endures forever." - Psalm 136

Fun Fact:

I enjoy chasing rainbows and capturing them on my iPhone cam. Rainbows remind me of our Heavenly Father's love and promises.

Media Communications Officer



Kathryn Gerardino

Contact Email:

media@righttolifensw.org.au

Favourite Life-Quote:

"I plead with you – never give up on hope, never doubt, never tire, and never become discouraged. Be not afraid" - St Pope John Paul II

Fun Fact:

Other than my creative interest I enjoy team sports, most especially basketball. They call me a Pocket Rocket on the court!

Bookkeeper



David Evans

Contact Email:

devans@righttolifensw.org.au

Favourite Life-Quote:

"Let all things be done decently and in order" - 1 Corinthians 14:40

Fun Fact:

I have sung with the Sydney Welsh Choir for over 20 years, including in many venues across Europe, England and Wales, as well as the greater Sydney area, Tasmania and Victoria.

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Right to Life NSW

Dr Rachel



WHAT YOUR DONATIONS CAN DO



FIGHT until Abortion
and Euthanasia are
Unthinkable



ADVOCATE until
the vulnerable
receive the help
they need



OPPOSE any and all
attempts to introduce
further anti-life
legislation



LOBBY for changes to
current legislation and
practice

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!