

THE OFFICIAL JOURNAL OF RIGHT TO LIFE NSW

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ALL LIFE *Matters*



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FROM THE CEO'S DESK

WELCOME TO OUR AUTUMN 2022 EDITION OF ALL LIFE MATTERS.

The fight is not over.....

If you asked the person on the street who reads the papers or watches the nightly news about the euthanasia bill in NSW they would probably say that it was all fixed last year. However, we know that it is not over, no way!

In 2017 the Khan euthanasia bill was defeated when the President of the Legislative Council exercised his casting vote to kill the bill. Now we have a situation where the vote in the upper house will also be very close in the next few months. There are still a number of undecided votes. We have an uphill battle to get the 20 votes required to bring the bill to a casting vote by the Council President.

We had some recent good news with the report of the upper house committee inquiring into the bill. In its report the committee did not recommend that the bill be passed. The recommendation of the Committee's report was only that the bill "be considered". The Committee Chair had to use his casting vote to obtain even that weak statement. There were four 'dissenting statements' of committee members saying the bill should not proceed, considered criticisms by MLCs Amato, Farlow, Martin and Donnelly. These politicians certainly earned their pay that day, doing what they are paid to do, looking closely at a piece of legislation, reflecting on the submissions and listening to the testimony of the witnesses.

Of course, Right to Life NSW was in the thick of it making a strong stand against the bill. We provided a strong submission, I gave forthright evidence at the hearing on 10 December 2021, provided detailed answers to supplementary questions and points 'taken on notice'. Our clear opposition was noted in the report in a number of places. On the whole, the NO votes on the committee ensured that the case against this bad law was well documented. Our arguments were well supported by medical professionals who gave evidence.

So we now must redouble our efforts for a final push. This is what you need to do to assist the campaign.

Firstly, PLEASE sign the online ePetition run by the Legislative Council. Just google 'ePetition NSW Legislative Council' and it will come up. Your email and names are not published. Just log in and sign it. There is a reactive, competing petition from the supporters of assisted suicide which we need to beat.

Secondly, email all members of the Legislative Council using the arguments you can find on our website.

Thirdly, join Right to Life NSW, renew your membership or make a donation.

Lastly, please like us on Facebook and share our regular posts as widely as you can.

We need to speak loudly, we need to shout it out, we need to let members of the Legislative Council know that this is a bad bill at a bad time and places the most vulnerable people in NSW at great risk. We have the better argument, the more ethical perspective based on our love of all human life from its first beginning to its natural end.

So log on and shout it out!

Dr Brendan Long

Chief Executive Officer
Right to Life NSW

FROM THE PRESIDENT

We stand united in opposition to the Greenwich death bill.

As the President and Chair of the Council of Right to Life NSW, I am proud of the commitment of our members in opposing this horrible bill of Alex Greenwich that has now proceeded to the upper house in NSW. We have written to politicians, we have held public protests outside the Parliament, we have engaged with the media, we have made submissions and given public evidence, we have submitted many thousands of votes to the independent ePetition process of the Legislative Council.

We are facing a tough vote in the upper house but we have been here before. In 2017 our opposition to the bill was critical to the rejection of the bill in the upper house. We need to double down on our efforts and fight again to kill this bill in the Legislative Council.

It is a very bad bill at a very bad time. It is a bad bill because it devalues human life. The bill effectively says there are two types of persons in NSW: those whose lives are worth living and whose lives are not. But we say that every second of human life is precious and the Government should never get involved in ending a human life.

The bill allows a person to take a lethal pill or injection before they have even tried to activate the palliative care system. In metropolitan hospitals in NSW palliative care is effective in eliminating pain. Where services are lacking in regional areas we need to focus on improving palliative care funding. It is totally wrong to say people should have a choice to kill themselves with the support of doctors when they don't have a real choice because palliative care is just not adequately funded throughout our State. This is what the Premier admitted in his speech opposing the bill in the lower house.

But we will continue to fight. Please sign the ePetition that opposes the bill and email or write to every member of the Legislative Council.

Right to Life NSW exists to oppose these bad laws. Join us, take up the fight with your email or your pen. Fight for life.

Dr Simon McCaffrey

President & Council Chair
Right to Life NSW



WHY I HOPE NSW DOES NOT EMBRACE VOLUNTARY ASSISTED DYING

MIKE BAIRD, FORMER PREMIER OF NSW

FIRST PUBLISHED IN THE SYDNEY MORNING HERALD, 13TH OCTOBER 2021



"IN THIS DEBATE WE FIND OURSELVES ON THE EDGE OF WHAT IT MEANS TO BE HUMAN AND LOOKING FOR AN ANSWER."

When faced with the terminal suffering of someone you love, almost nothing else matters. I understand the pain. The renewed debate about voluntary assisted dying in NSW is personal for me – my mother died earlier this year following a battle with a terrible disease over a number of years.

There were days when I cried just wishing she would walk, talk or laugh again. It is also easy in these circumstances to understand how people wish it would just end, believing quality of life is over. I don't agree.

In the last 12 months of Mum's life, my eldest daughter was going through a marriage breakdown. It was heart-wrenching for everyone. In the middle of this, my daughter went to visit my mum. She greeted my daughter with tears and eyes that shared the pain. When my daughter came home, she said, "I have never felt so loved." It was as if my mum's eyes had given her the hug she needed, the tears, the comfort.

Life to life. Soul to soul.

It was a reminder of the beauty and power of life. Surprising, connecting and caring when no one thought this was possible. This is not meant to say I wasn't in anguish at times seeing Mum as she was.

In this debate we find ourselves on the edge of what it means to be human and looking for an answer. Voluntary assisted dying is introduced to us; it looks neat and easy compared with the messiness and struggle of the natural journey to what we fear might be a difficult death.

But there is nothing neat and easy about agreeing to end a life, however well-motivated the choice seems. Even writing these words reminds me why we would never consider these options normally. There is another way.

The independent Christian charity I lead runs three palliative care units, supporting hundreds of inpatients every year, with thousands more supported by our team in the community or in aged care.

Our multidisciplinary palliative care teams find that people often conclude they need to end life because they don't understand that palliative care will vastly reduce their symptoms without prolonging their life.

They have not heard that palliative care does not promote futile treatments, pointlessly keeping someone from dying who is ready to die. Instead, with exceptional, holistic skill, palliative care eases the way from life to death without influencing the timing, but uplifting the experience.

They have not heard that in the face of a prognosis that seems devoid of hope, palliative care teams are hugely successful at restoring and maintaining hope in a way that is often completely unexpected and would otherwise have been abandoned.

There was one patient who, when confronted with a life-limiting illness, lost all hope and wanted to hasten the end of his life. But as the care team assembled around him, he discovered, even in those difficult days, a renewed beauty in family relationship.

He went from being immobile, wanting someone to help him die, to family picnics on the harbour foreshore, bathed in love that he had not thought possible. Because our experienced team knows, that when you are dying, often the worst suffering is not physical. In fact, a third of our patients who come to palliative care wards, preparing to die, return home for more quality time with family.

I think if we understood what can be achieved by modern palliative care, delivered where and when it is needed, and if we stood back as a society and became less afraid of dying and the challenges it brings, we might realise that these moments can be a gift: as I discovered in the dying days of my mother.

Despite good intentions, I just don't think laws can replace human love, compassion and ingenuity. When we lose sight of the intrinsic and immeasurable worth of every moment, for every human life, the laws put in place never protect in the way we hope they might. The unintended consequences can bruise, numb and lessen the spirit of who we are as a people.

I respect that those who advocate for voluntary assisted dying – euthanasia – are well-intentioned. I certainly don't presume to know better than those who decide a voluntary death is preferable. But I do draw on my personal experience, and the wisdom and insight of our many palliative care specialists, nurses, chaplains and social workers who tell me there is another way. One that we should be championing, not sidestepping.

With deep respect for all sides of this debate, I call on NSW not to follow, but to lead towards a society where every last moment of life is cherished and remembered, supported by universally available palliative care. Because every life matters until the last breath.

Because every life matters until the last breath



LIVING TO DIE WELL

DR BRENDAN LONG

For those of us who are young or healthy '40 somethings' death is not something we normally want to think about, and why should we? However, for those who are coming towards the latter years of their life, and for adult children of parents in this stage of life, this is a very big issue. As we enter our latter years we naturally fear death, we fear how well we will cope with the inevitable challenges of a failing body. Our loved ones worry about how they too will emotionally cope in the difficult last days. It's a challenge none of us can escape.

What we want is to die with dignity, holding ourselves together if we can, and face the final frontier of death, the great unknown, with a semblance of courage and composure. We want to die as we have lived, we want to remain ourselves as we know ourselves to be, right unto the end, and as the rollercoaster of life heads into the scary fall, we brace ourselves and hold on tight to anything we can grasp. Yes, we are or will be afraid, and the thing we probably fear more than death itself is the pain in our bodies that we think we might suffer before the end. We recoil at the very thought of it.

But one of the benefits of living and dying in the 21st century is that we can put the fear of the pain aside. Large advances have been made in palliative care over the last 20 years and it is a fact that medical specialists in this field now have the capability to allow us to make this final journey in a state that is essentially free of physical pain in the sense in which healthy people occasionally experience it.

We don't have a perfect health system but we have a reasonably good one, and while there is scope for more public investment in palliative care, this element of the medical system works fairly well to manage pain to the point where the pain itself does not press on the consciousness of the dying person. Such pain management can actually accelerate death in some cases, but it does this indirectly focusing effectively on taking physical pain away.

"GONE ARE THE DAYS WHEN A DYING PERSON WRITHES IN THEIR BED IN AGONY.

THIS NO LONGER HAPPENS IN CONTEMPORARY AUSTRALIA."

This gives the dying person some space, a respite before the end, to hold the hands of their children and grandchildren and even great-grandchildren and go gently, quietly and peacefully into that final frontier, cherishing intimate and precious moments of love, allowing those you have loved in their young vulnerability to return to you, in your vulnerability, the love you gave them as young vulnerable children. Giving and receiving love, at moments of vulnerability; isn't this what the whole game of life is really about? Precious moments not to be taken away.

And if, like me, you are a person of faith, then you believe that you are going back into the loving hands of the God that created you, completing the great circle of life and death, and journeying into a new and better life in peaceful serenity: a good end to a life well lived, a happy and sacred end to this life.

So why should we want to interfere with this most natural of processes? Why should we need to ask doctors to write a prescription to allow dying people to take a lethal poison, or worse, allow doctors to actually administer the poison? In the challenging situation of facing death, we in New South Wales are very well served by our medical professionals, palliative care doctors and nurses, who generally meet our high expectations.

I believe that we need to listen to what the doctors are telling us. They oppose this legislation. They don't think it is necessary, and they think it involves unwarranted risks to the welfare of dying persons. I think that this proposed measure, to allow doctors to kill their patients, in violation of their Hippocratic oath, is a statement of a lack of confidence in their competence as palliative care professionals and it undermines confidence in the palliative care system which dying patients need.

It's a bad idea. It's just not needed. These sort of proposals have been put up to legislators time and time again and have on the whole been knocked back with 21 failed attempts in the US. England rejected it. Most European nations don't do it and where it has been introduced the results are generally quite concerning with increasing numbers of people with mental health issues seeing state sponsored suicide as their way out. We are better than this in Australia.

We need to increase support to palliative care as the proper way to manage end of life choices rather than take the soft option of giving people Nembutal.

This is a word about to enter the popular lexicon of people of Australia – Nembutal – a bottle of poison that Alex Greenwich thinks doctors should be able to prescribe to dying people, funded from your taxpayer dollars. You would be paying doctors who agree to prescribe or administer it. And some will back out after they have been given the drug, with bottles of poison put out into the community and into age care facilities.

Don't we have enough dangerous drugs in the community already?

We are opening Pandora's Box! In that old Greek fable someone opens a box they are warned about opening and out flies a pestilence of death and destruction. Alex Greenwich wants to open that box. Canada has done this recently and the outcome is that 2.5% of all deaths in that country were the result of assisted suicides in 2019. In NSW that would amount to 1,400 deaths a year where the road toll in NSW in 2019 was 350.

I think our legislators in Macquarie Street should keep the lid on Greenwich's Pandora Box tightly shut.

DOCTORS SHOULD NOT TAKE *Lives*

SIGN THE E-PETITION NOW



TO ABOLISH
THE VOLUNTARY
ASSISTED DYING
BILL 2021



We are also asking supporters to sign the attached paper petition. You can share this petition with all your local community, sporting, youth, seniors, play groups and affiliations. **Then** mail them back to our office! Thank YOU!

SEX SELECTION ABORTION IN NSW

DR RACHEL CARLING



When the NSW Parliament legalised abortion up to 22 weeks of pregnancy on request, and for broad reasons up to birth, in 2019, it nonetheless stated that *"This Parliament opposes the performance of terminations for the purpose of sex selection"* and empowered the Secretary of the Ministry of Health to make guidelines *"that prevent terminations being performed for the purpose of sex selection"*.

The Act also required the Secretary to *"conduct a review of the issue of whether or not terminations are being performed for the purpose of sex selection"*, and *"prepare, and give to the Minister, a report about the review."*

The report was to *"include recommendations about how to prevent terminations being performed for the purpose of sex selection"* and the Minister was required *"to provide the report to the Presiding Officer of each House of Parliament"*.

This Report, having been completed in December 2020, was finally tabled on 6 September 2021 – nearly two years after the Act commenced on 2 October 2019.

The Report found that between 1 October 2019 and 30 September 2020 there were 13 notifications of termination of pregnancy performed **for the sole purpose of sex selection**.

The report attempts to make out that 10 of these notifications must have been made in error as they indicated the gestation of the unborn child was less than 9 weeks – a stage at which there is no reliable method of determining the sex of the unborn child.

However, it seems at least as likely that the gestational age was wrongly reported as that a medical practitioner inadvertently ticked "YES" rather than "NO" to this very clear question on the notification form *"Was the termination carried out for the sole purpose of sex selection?"*

Additionally, the Report found that 18 out of 183 abortion providers who responded to a survey conducted in November 2020 had received requests for abortions for the sole purpose of sex selection.

Seventeen of these providers state that they informed the woman that the practice is not supported – including in some cases explaining to the woman *"that the practice is not supported"* by citing the legislation.

However, one provider reported that those requesting an abortion for the sole purpose of sex selection are referred "elsewhere" – presumably to a provider willing to perform an abortion for this reason.

Alex Greenwich MP claimed during debate on the sex selection provisions in the Bill that *"We have no evidence that terminations are occurring for the purpose of sex selection."* Well, we do now.

The Report fails to give due consideration to the available demographic evidence. It states that *"The practice of sex-selective termination of pregnancy could reasonably affect the human sex ratio, however the rare occurrence of termination of pregnancy for the sole purpose of sex selection in NSW is unlikely to change the sex ratio. ... In NSW, there has been no significant change in the pattern of sex of the baby since 1990."*

This ignores the extensive international evidence that abortions for the sole purpose of sex selection are prevalent in certain ethnic communities, predominantly Indian and East Asian, including evidence that this is occurring in Australia.

The most recent international study found that *"The sex ratio at birth (SRB; ratio of male to female live births) imbalance in parts of the world over the past few decades is a direct consequence of sex-selective abortion, driven by the coexistence of son preference, readily available technology of prenatal sex determination, and fertility decline"*.

The study identified *"12 countries with strong statistical evidence of SRB imbalance during 1970–2017, resulting in 23.1 million missing female births globally. The majority of those missing female births are in China, with 11.9 million, and in India, with 10.6 million."*¹

A more recent study found between 13 million and 22 million missing female births in India between 1987 and 2016 due to sex selective abortion.²

A series of studies of SRB among immigrant groups from countries known to have distorted SRB in Western countries including Canada, the United States, the United Kingdom, Spain and Australia, has confirmed that sex selection for cultural son preference is a sufficiently widespread practice in some immigrant communities to be decisively reflected in the demographic data.

Kristina Edvardsson et al report that in **Victoria, Australia**, compared with the naturally occurring Male/Female (M/F) ratio as well as to the M/F ratio among births to mothers born in Australia, there was an increased ratio of male births to mothers born in India, China and South-East Asia, particularly at higher parities and in more recent times. The most male- biased sex ratios were found among multiple births to Indian-born mothers, and parity of two or more births to Indian and Chinese-born mothers in 2011–15.³

NEW SOUTH WALES: DEMOGRAPHIC EVIDENCE FOR SEX SELECTION ABORTIONS

An SBS radio investigation reported in May 2015 on research conducted by demographers Nick Parr, Christophe Guilmoto and Gour Dasvarma et al using customised data obtained from the Australian Bureau of Statistics.

The data showed that for children born in New South Wales between 2003 and 2013 where both parents were born in China there was a male to female sex ratio at birth that clearly exceeded the natural range.

There were 11,963 boys born compared to just 11,038 girls, a ratio of 108.3 boys to 100 girls compared to the overall male to female sex ratio at birth in Australia of 105.7 boys to 100 girls. Based on this ABS data there were 279 missing girls at birth in New South Wales in this eleven-year period – an average of 25 girls per year from this immigrant community alone.

Similarly for children born in New South Wales between 2003 and 2013 where both parents were born in India there was a male to female sex ratio at birth that clearly exceeded the natural range.

There were 10,106 boys born compared to just 9,405 girls, a ratio of 107.4 boys to 100 girls compared to the overall male to female sex ratio at birth in Australia of 105.7 boys to 100 girls. Based on this ABS data there were 156 missing girls at birth in New South Wales in this eleven-year period – an average of 14 girls per year from this immigrant community alone.

Commenting on the data Australian demographer Professor Nick Parr said that *"There has to be some form of pre-natal sex selection taking place. In my opinion the most plausible explanation is that there is sex-selective abortion occurring."*⁴

French demographer Dr Christophe Guilmoto agreed: *"There are very few ways to influence the sex of your child so the most common is to resort to sex selective abortion"*.⁵

The Report confirms this evidence by establishing that there were at least 18 requests for sex selection abortion and 13 notifications.

RECOMMENDATIONS AND CHANGED GUIDELINES

The Report made the following Recommendation to prevent the practice of termination of pregnancy for the sole purpose of sex selection in NSW:

"That NSW Health strengthen NSW termination of pregnancy providers' preparedness to respond to requests [for abortions based solely on sex selection] by ensuring they have:

- *a clear understanding of their responsibilities under the NSW Abortion Law Reform Act 2019*
- *access to evidence-based information on all pregnancy options available*
- *access to communication tools to support discussions with women*
- *clear pathways to refer women who request a termination of pregnancy for the sole purpose of sex selection to counsellors, social workers, or other health professionals."*

The Framework for Termination of Pregnancy in New South Wales was subsequently updated on 23 June 2021 and now includes the following provision:

*"Before performing a termination of pregnancy, it may be disclosed to the medical practitioner that the reason for the request is for the sole purpose of sex selection. If this is the reason for the request, the practitioner **must not perform the termination, unless not performing the termination will cause significant risk to the woman's health or safety.***

When a termination for the sole purpose of sex selection is refused, the medical practitioner must offer additional support and referral to counselling or other relevant services."

If performing the abortion is genuinely required to avoid a “significant risk to the woman’s health” it would clearly not be performed for the sole purpose of sex selection. So this provision is unnecessary, but could be used as an excuse to avoid the prohibition.

The provision allowing such abortions to be performed to avoid “a significant risk to the woman’s safety” is very disturbing. This suggests that such an abortion may be performed on a woman who is threatened by domestic violence if she does not have the abortion.

Women in this situation need to receive help and support from domestic violence – not for this domestic violence to be given effect to by the abortion of their girl children.

1. Fengqing Chao et al, “Systematic assessment of the sex ratio at birth for all countries and estimation of national imbalances and regional reference levels” PNAS May 7, 2019 116 (19) 9303-9311; first published April 15, 2019 <https://doi.org/10.1073/pnas.1812593116>
2. Nandita Saikia et al., “Trends in missing females at birth in India from 1981 to 2016: analyses of 2.1 million birth histories in nationally representative surveys”, Lancet Global Health, 2021: 9: e813-821, [https://doi.org/10.1016/S2214-109X\(21\)00094-2](https://doi.org/10.1016/S2214-109X(21)00094-2)
3. Kristina Edvardsson et al “Male-biased sex ratios in Australian migrant populations: a population-based study of 1 191 250 births 1999–2015”, International Journal of Epidemiology 2018 Dec 1;47(6):2025-2037, <https://academic.oup.com/ije/article/47/6/2025/5057663>
4. <https://www.sbs.com.au/radio/storystream/news-its-girl-still-unwelcome-some-cultures-australia>
5. <https://www.sbs.com.au/news/could-gender-selective-abortions-be-happening-in-australia>

PRO-LIFE BOOK REVIEW: TEARING US APART

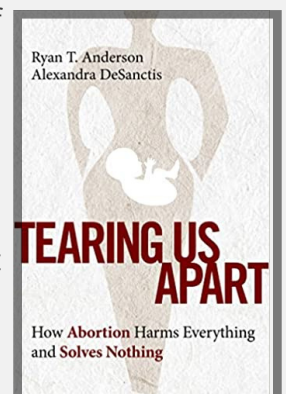
The political philosopher Ryan T. Anderson, bestselling author of 'When Harry Became Sally: Responding to the Transgender Moment', teams up with the pro-life journalist Alexandra DeSanctis to expose the catastrophic failure—social, political, legal, and personal—of legalized abortion.

With the Supreme Court poised to return abortion law to the democratic process, a powerful new book reframes the coming debate: Our fifty-year experiment with unlimited abortion has harmed everyone—even its most passionate proponents. Women, men, families, the law, politics, medicine, the media—and, of course, children (born and unborn)—have all been brutalized by the culture of death fostered by Roe v. Wade.

Abortion hollows out marriage and the family. It undermines the rule of law and corrupts our political system. It turns healers into executioners and “women’s health” into a euphemism for extermination. Ryan T. Anderson, a compelling and reasoned voice in our most contentious cultural debates, and the pro-life journalist Alexandra DeSanctis expose the false promises of the abortion movement and explain why it has made everything worse. Five decades after Roe, everyone has an opinion about abortion. But after reading *Tearing Us Apart*, no one will think about it in the same way.

'Tearing Us Apart' is due to be released on 28th June 2022.

Keep your eye out for this compelling book at [Amazon.com.au](https://www.amazon.com.au).



BORN ALIVE BUT LEFT TO DIE

ELIZABETH WINSOR O'KEEFE



One of the truly barbaric practises that occurs in Australia is one in which children who survive abortion attempts, who are born alive, are simply left to die. And yet, despite the lack of comprehensive data available in all States, we know that this cruelty is more common than one might expect.

Right to Life NSW relies on research from a paper of the Commonwealth Parliamentary Library. This paper shows the following stark statistics:

In Victoria¹ between 2012-2016, 198 babies were born alive and left to die, an average of 40 children per year. In Queensland² from 2005-2015, 204 babies were born alive and left to die, and in Western Australia³ from 1999-2016, 27 babies were born alive and left to die. These figures are only what is reported, other jurisdictions do not record the numbers of live births from abortions. We are certainly talking about many hundreds of deaths of babies born alive who have not been offered any form of medical assistance.

One might be wondering how it is even legal for newborns to be so easily neglected? One reason is the lack of legislation enforcing a duty of care to these infants from the medical practitioners present.

It is currently only New South Wales and South Australia that have it in their legislation, that should a live birth occur following a termination, the practitioner has a legal obligation to provide medical care and treatment to the same level owed to any other person born under different circumstances. The rest of Australia imposes no legal duty of care for such infants.

In fact, not only is providing treatment to babies born alive following abortions not the standard requirement, but in Queensland, medical practitioners are explicitly directed to **withhold medical care to the infant**.

The Queensland Health's clinical guidelines for abortion specifically state, "If [during an abortion] a live birth occurs.... **Do not provide life sustaining treatment (e.g. gastric tubes, IV lines, oxygen therapy)....** Document the time and date of death"⁴.

It is especially interesting that this neglect occurs because Australia has a long history of upholding the 'Born Alive' rule, the common law rule that one is not considered to have legal personhood status until they are living independently of their mother. As such, the unborn are not given legal protections in Australia precisely because they are not born yet.

It would surely follow then, that a child, having survived a termination attempt, would be considered a legal person since, because even under such cruel circumstances, they have indeed been born alive.

A solution to the problem has been proposed in a Private Members Bill called the *'Human Rights (Children Born Alive Protection) Bill 2021'* that has been introduced into the Commonwealth Parliament by the current member for Dawson. However, the bill outlines the key principles that should be legislated.

The bill is likely to lapse without further debate due to the expiration of the current Parliament.

The bill bestows a legal duty upon all practitioners across the country who provide abortions, to give lifesaving treatment or care to infants who are subsequently born alive, or at the very least, to provide palliative care treatment to those born particularly early who would not be able to survive.

Whilst the laws surrounding terminations typically fall to the powers of the States, this bill is constitutional as leaving babies to die arguably contradicts Australia's external obligations. Namely the 'Convention on the Rights of the Child' and the 'International Covenant on Civil and Political Rights', both of which Australia is signatory to.

Proponents of abortion are often quick to point out the rarity of these cases but the data available is far from the full picture. A majority of States do not keep records and even if, for arguments sake, these live births were extremely rare, even just one child being denied life saving care, left to die alone in some operating theatre, should be reason enough for everyone to support the Born Alive bill.

Feticide is regularly practised in late stage terminations involving inducement of labour. This is because after the point of viability around 22 weeks, the chances of a live birth begin to rapidly rise.

This is the process in which the foetus is killed prior to its expulsion from the womb. For example, practitioners often give an intracardiac potassium chloride (KCl) injection to the foetus, to stop its heart and kill it before it is delivered.

The UK Royal College of Obstetricians and Gynaecologists recommends feticide occur before a medical abortion "after 21 weeks and 6 days of gestation to ensure that there is no risk of a live birth"⁵.

In later stage terminations where the child is not definitively killed in utero, the incidence of live births is far higher, one study done between 2003 and 2017, found that of 241 terminations that occurred between 20 and 24 weeks gestation, without feticide, there was a live birth rate of 50.6%. **Thus, half the children at this point in pregnancy were born alive.**⁶

And in even earlier gestational ages, another study spanning a 10 year period, found the, *"Unintended live birth following labour induction between 16 and 22 weeks gestation occurs in about 15% of cases"*⁷. Medical advancements in neonatal care have led to continually stronger rates of survival amongst premature babies, if they are but given a chance to live.

It of course is true that the thousands of termination attempts that do succeed every year are equally tragic, for both have resulted in the abandonment and deaths of such precious children.

Nonetheless abortion advocates have always tried to hide behind the unseen, to justify the deaths of children by the sheer fact that they happen inside the mother's body. In these cases of infants being born alive, there is no hiding behind 'Pro-Choice' euphemisms, there is simply no doubt that such children born alive, deserve to live.

And whilst it is certainly good to have the law enforce a duty of care upon practitioners towards infants, it is hard to ignore the irony that it is only if the attempt to kill the child fails, that life saving treatment is required. The attempt itself, to try to kill the child in the first place, however, remains completely legal.

How one can argue to protect the lives of infants born alive following terminations, but nonetheless be 'ok' with the initial intention to destroy them, is surely a question that will not be answered in this debate?

But we can know one thing for sure, any Federal members who claim to stand up for what is good and right in our society should support legislation like the 'Born Alive' bill.

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1. Victoria's Mothers Babies and Children Reports 2012 -2016, <https://www.bettersafecare.vic.gov.au/publications>
 2. <https://www.abc.net.au/news/2016-06-15/babies-of-late-terminations-left-to-die-without-care/7512618>
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ABORTION AND THE 'BORN ALIVE RULE': NOW YOU SEE IT, NOW YOU DON'T

JOHN KLEINSMAN, DIRECTOR OF THE NATHANIEL CENTRE FOR BIOETHICS

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In March 2020, New Zealand parliament passed the Abortion Legislation Act 2020. At the time, a spokesperson for the NZ Catholic Bishops expressed their deep disappointment: *"This Bill totally ignores the fact that there are always at least two human lives involved in every pregnancy ... There is no longer any recognition of the rights of the unborn child in this new law."*

The new legal state of affairs follows logically from the rhetoric of proponents of a law change who, from the outset, aimed to shift abortion out of a legal framework and make it *"a health issue for women."*¹ By definition, making abortion a health issue for women erases the conceptual space required to even consider whether the unborn child has some sort of claim to life.

At the time the abortion law was being debated, and in justifying their position, then Minister of Justice Andrew Little and others appealed to the 'born alive' rule. This rule, which first came into English jurisprudence some 400 years ago, is a common law principle which holds that the pre-born are not treated as persons having legal rights until after birth.

Given the state of knowledge at the time it was first invoked, the born alive rule is somewhat understandable – without the evidence of modern science to show otherwise, the most sensible workaround from a legal perspective was to conclude that a baby only became human at birth. In our own time, however, as Sheena Meredith² and many others have noted, the 'modern' knowledge of fetal development and fetal viability make the rule much less defensible. Consequently, many countries have supplanted or abolished this principle.

New Zealand is not one of those countries. In 2008, even while noting that the born alive rule was founded on convenience rather than medical or moral principle, Justice Miller concluded that New Zealand law generally adheres to the born alive rule.³ And in 2019, Crown Law advised: *"We consider there is no relevant New Zealand legislation that allows deviation from the born alive rule to the extent that a foetus enjoys a right not to be deprived of life,"* concluding on this basis that *"A foetus thus has no enforceable rights at common law until it is born alive."*⁴



It is more than a little ironic, then, that while claiming the proposed new Bill was all about 'modernising' our abortion laws, the Justice Minister and NZ legal system should rely heavily on an archaic principle that rests, in large part, on medical ignorance and legal convenience.

This situation is arguably an example of what Professor J.M Balkin wrote about in 2003: "Law continuously creates a form of knowledge – legal knowledge. As soon as law creates a category or an institutional structure, it is possible for things to become real or true in the eyes of the law, whether or not they are judged true or real from another perspective."

Now, even while I and others regard the born alive rule as ultimately a legal fiction, one would expect that there would be consistency in applying it when it comes to treating babies 'born alive' after a 'failed abortion'. The Ministry of Health website states in this regard: *"A live birth after an intended abortion is extremely unlikely ... [but] In the event that this did occur, all babies born alive are legal people with the same rights as any other person. There is a requirement to provide health care in the same way as for any other baby."*

For this reason, many of us were not overly concerned when, during the third reading of the Abortion Legislation Bill, MP Simon O'Connor's Supplementary Order Paper (seeking to make it a legal requirement to provide appropriate medical care to a child born alive after a failed abortion) was unsuccessful.

However, it now emerges that the Ministry of Health's policy is not followed by at least one District Health Board. In response to a June 2020 OIA request, the Canterbury DHB revealed that its practice regarding "a foetus or baby still alive" is that "the baby is wrapped in a blanket and held until it passes."

Of equal, if not greater, concern is a credible anonymous account from a healthcare student who recently witnessed a healthy infant, born alive after an unsuccessful late term abortion, left gasping without medical assistance for two hours before dying.

Clearly, the survival of babies born in these circumstances is no longer a debate about abortion but one about infanticide. If the born alive rule is accepted as a driving principle in NZ law, then it applies to all children born alive, including those who survive an abortion attempt.

Where, then, is the accountability from our legal system and from our Ministers of Health and Justice? Current practice and attitudes only seem to confirm that the born alive rule is a legal convenience – a case of now you see it and now you don't.

Original Article:

Abortion and the 'Born Alive Rule': Now You See It, Now You Don't John Kleinsman, THE NATHANIEL REPORT, ISSUE SIXTY-FOUR, August 2021

1. Hon Andrew Little, Abortion Legislation Bill – Third Reading available at: https://www.parliament.nz/en/pb/hansard-debates/rhr/combined/HansDeb_20200318_20200318_24 (accessed 23 July 2021).

2. Sheena Meredith (2005). *Policing Pregnancy: The Law and Ethics of Obstetric Conflict*. Ashgate Publishing, Ltd. p. 18.

3. Source: Crown Law, Abortion Legislation Bill – consistency with New Zealand Bill of Rights Act 1990 available at: <https://www.justice.govt.nz/assets/Documents/Publications/bora-abortion-legislation-bill.pdf> (accessed 23 July 2021).

4. Ibid.

5. See Balkin, J (2003). *The proliferation of Legal Truth*. Harvard Journal of Law and Public Policy available at: <https://jackbalkin.yale.edu/sites/default/files/files/proliferationoflegaltruth1.pdf>

6. See <https://www.health.govt.nz/your-health/healthy-living/sexual-health/considering-abortion/questions-and-answers-abortion-new-zealand>

7. Letter from Corporate Office, Canterbury District Health Board, 23 June 2020 re Official Information Request CDHB 10327.



In November 2021, the Crimes Legislation Amendment (Loss of Foetus) Bill 2021, brought forward by MP Mark Speakman, commonly referred to as 'Zoe's Law', passed into law.

This new law is a great victory for the Pro-Life movement, as despite multiple attempts in previous years to have a law that recognises the loss of the child as a separate offence to harm to the mother, all other bills of this kind have failed. The law recognises, to some extent, that the child in the womb has rights to be free from harm and is a living human person. It is an important step to full recognition of the right to life of a child still to be born.

The law gets its name from the tragic loss of an unborn child. Ms Brodie Donegan, 8 months pregnant at the time, lost her unborn child, Zoe, after being hit by a drunk driver on Christmas Day in 2009. Whilst it was recognised that Ms Donegan suffered grievous bodily harm, the driver had no charges laid against them for the loss of her child.

Another case where the pre-born child was not considered a victim occurred in the UK recently, regarding an awful domestic violence situation where a man was charged for multiple accounts of domestic violence, notably including having punched his partner, 10 weeks pregnant at the time. In court, the Magistrate noted, "For goodness sake she was pregnant at the time with your child." but still the only victim that is recognised in these situations under UK law is the woman, her unborn child is still not considered a separate victim. Put simply, if a pregnant woman is physically assaulted, there is no doubt that her unborn child is also a victim in such a crime

"WHAT THE NEW LAWS DO IS ACKNOWLEDGE THE UNIQUE NATURE OF LOSING AN UNBORN CHILD, THE HEARTBREAK, THE TRAGEDY THE FAMILY SUFFERS WHEN THAT HAPPENS"

MP MARK SPEAKMAN

However, Zoe's law is now law in NSW, recognising that the child has legal rights in his/her own person. Zoe's law will add 2 new offences to the Crimes Act. The first offence relates to the loss of a foetus resulting from criminal actions (eg. grievous bodily harm, dangerous driving). The second offence which involves the loss of the lives of the mother and her unborn child from an act of violence can be punishable by imprisonment.

The law also allows family victims to prepare a victim impact statement so they may speak on the impact the child/pregnant woman's death has had on them, and also allows the name of the unborn child who died to be listed on the indictment.

Notably, however, the law only applies to the unborn of at least 20 weeks gestation or 400g in weight and thus fails to offer any recognition to babies earlier than this. The law also does not change the age old 'born alive' rule, which means this law does not give legal personhood status to any preborn children but instead merely recognises their loss as a separate offence.

There is still a long way to go to have the unborn at all stages protected and cherished in NSW, but whilst not perfect, this new law is certainly making strides in the right direction.



A 19 week old child that is not recognised under Zoe's Law

Image source: <https://www.dailymail.co.uk/news/article-2542212/Mother-shares-heartbreaking-photos-baby-miscarried-19-weeks.html>

PRO-LIFE BOOK REVIEW

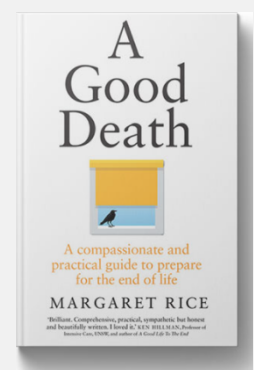
A GOOD DEATH

The guide to facilitate much needed conversation and provide resources for grief management and palliative care.

When her own mother died, Margaret Rice realised how completely unprepared she and her family had been for the experience of companioning a loved one who is dying. So she decided to go in search of the information she couldn't find when she most needed it and write the book herself - a novice's guide to death.

We live in a period of intense death denial. But what if we were to smash that taboo and ask questions we want answered, like how do we know when someone is close to dying, and how do we best care for them? What actually happens to our body when we die? How do we work with medical experts? How do we deal with the non-medical issues that will come up, such as wills, finances and even social media passwords? Is morphine used to nudge death along or is this just a myth? Where do questions about euthanasia fit in with personal, lived experience?

Margaret Rice lifts the lid on the taboos that surround death, sharing practical information and compassionate advice from multiple sources to break down boundaries and offer better choices of care to suit individual needs. This is a book to help the dying and their carers feel less isolated, and to help us all face death better.



To read a sample chapter of 'A Good Death' visit: www.good-grief.com.au

CHINA SAYS IT PLANS TO CARRY OUT A 'SPECIAL CAMPAIGN' TO 'INTERVENE' IN ABORTIONS AS ITS BIRTH RATE HITS A RECORD LOW

CHERYL TEH

FIRST PUBLISHED ON 'BUSINESS INSIDER', 11TH FEBRUARY 2022



After China's birth rate hit a record low last year, a state-backed family planning agency announced this week that it would be rolling out a "special campaign" to "intervene" in abortions. According to the China Family Planning Association's work plan for 2022, it will be implementing its strategy this year to actively "intervene" in abortions for unmarried people.

This plan has been touted as a way to "improve and promote reproductive health." Per the association, the campaign will involve pilot projects to "promote positivity around marriage and childbirth." It will also "advocate for marriages in villages" with a slew of slogans and "grassroots outreach" to "guide the masses" in their family planning.

The campaign to reduce the number of abortions in China comes as the country hits a record low birth rate. According to the Chinese National Bureau of Statistics, China's birth rate dropped for the fifth year in a row in 2021, which could soon lead to a shrinking population.

The Chinese government announced a landmark policy shift in May to combat its flagging birth rate, changing its two-child policy and allowing couples to have as many as three kids.

However, it is unclear if this policy shift will make a dent in China's declining birth rate, with Chinese youth resisting the idea of starting families, citing the high costs of bearing and raising kids and their fast-paced "9-9-6" lifestyle as reasons for not wanting to reproduce.

Abortion is legal in China, and the Chinese government has not made any official moves to restrict abortions by law. However, the state council issued guidelines on abortion in September last year, stating that to "improve women's reproductive rights," abortions for non-medical reasons should be reduced, mandating that women present medical reasons for having the procedure.

According to a report from the Chinese government's Population and Development Research Center, a branch of the country's national health commission, an average of nine million abortions were performed in the country every year from 2005 to 2017. However, the report noted that the number might be far closer to 13 million procedures per year, counting an additional four million abortions performed in private clinics and hospitals.

Original Article:

www.businessinsider.com.au/china-plans-special-campaign-to-intervene-in-abortions-2022-2

MAEVE'S LAW

MITOCHONDRIAL DONATION LAW REFORM (MAEVE'S LAW) BILL 2021

A really big issue has sailed under the radar in the Commonwealth Parliament. A bill was introduced and passed in the House of Representatives in December 2021, known as 'Maeve's Law'. Its proper title is the Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021. There was considerable debate on the bill for and against. The bill has proceeded to the Senate where it has been debated, but remains in the amendment stage and will probably lapse due to limited time for parliamentary debate.

In the House of Representatives and the Senate a number of strong amendments were moved to stop the bill from allowing embryos to be terminated as a result of the complex medical processes the bill seeks to allow. While the amendments failed, often by a small number of votes, credit must here be given to the champions of this resistance MP Kevin Andrews and Senator Matthew Canavan. Right to Life Australia strongly opposed the bill.

This law would allow mitochondrial donation for the prevention of mitochondrial disease. It is an IVF based process that involves a mother's defective mitochondrial genes being replaced with a donor's healthy mitochondrial DNA, which in theory should allow any offspring to be born without having inherited any mitochondrial disease.

The law has its name after Maeve, a young child who was diagnosed with severe mitochondrial disorder at 18 months old and given a life expectancy of no more than 10 years. Health Minister Greg Hunt who brought forth the bill, argues that it will help prevent the suffering of future children by helping to avoid others being born with such a debilitating disease.

Whilst the intentions behind the law are certainly good, the process has also been called '3 parent IVF' because it necessarily passes on 3 different peoples genetic material to the child being born, thus they essentially have 3 parents.



**"SOME OF US HAVE
ETHICAL ISSUES WITH THE
POTENTIAL OF USING ONE
LIFE AS AN INSTRUMENT
OR TOOL TO HELP SAVE
OTHER LIVES."**

MP MATT CANAVAN

This controversial legislation also amends the current Acts and Regulations on the 'Prohibition of Human Cloning' and 'Research Involving Human Embryos', and steps further into the ethical dilemmas of attempting to perfect the creation of new human life in the pursuit of 'designer babies'.

This law fails to fully respect the dignity and rights of the children involved. It would allow an embryo to be terminated, to be killed, to complete the transfer of the healthy nucleus to the new embryo. This is because the nucleus of the healthy, living embryo has to be removed to allow the nucleus from an embryo with mitochondrial disease to be implanted into the healthy embryo. This is killing Peter to let Paul live. One life is chosen over another, one killed so that another can live.

We can not allow that morally. We cannot kill a person (an embryo) in order to make another person (from the diseased embryo) live longer. You cannot morally decide to kill a person to save another person. It is sad that mitochondrial disease leads often to the earlier death of a child. However, it would be sadder still to kill one embryo to save another person. So it is good news that this bill will probably not become law in this term of the Parliament.

Tribute to Paul Hanrahan's son Peter

Paul Hanrahan is the Executive Director of Family Life International, a pro-life organisation and a close friend to many of the staff at Right To Life NSW. We send our heartfelt condolences to his family during this time, as Paul and his wife Chris' son Peter Hanrahan passed away recently.

His family have given us permission to post part of the eulogy said at his funeral as we again remember and think about the family during this time.



Peter's Eulogy read by his brother Glenn;

"We all loved you so much Peter. I mean how could anyone not love you. You had the most gentle, kind and humorous soul that anyone could ever have. You would not fail ever to go out of your way to help family, a mate or even someone you only just met. It didn't matter to you who the person was, just that they needed a hand or someone to talk to."

Our deepest condolences to the family and know you are in our prayers.

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Become a member!

- If you're interested in supporting our cause, becoming a member today is great way to get involved! In addition to members receiving a hard copy of our seasonal 'All Lives Matter' publication, members get up to date news on all things Pro-Life, including Pro-Life news and information on rallies or events to be a part of!
- Become a member by going to <https://righttolifensw.org.au/membership/>
- Renew your membership by going to <http://righttolifensw.org.au/renew-membership/>. Thank you to those who have renewed your membership, we appreciate your continued support for our cause 'Standing for Life'.
- If you have family members or friends who would like to become a member of Right to Life NSW please have them go to our website and fill out the online membership form as above or contact our office on (02) 9299 8350.

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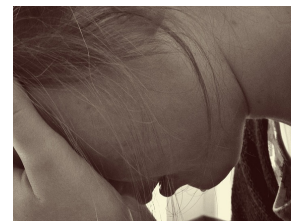
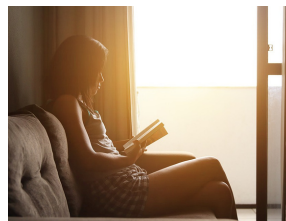
We need volunteers!

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