



## March for the babies in Melbourne and Madrid



**E**XACTLY one year later, on the anniversary of the Victorian abortion law reform bill, pro-lifers marched in remembrance of those babies whose lives have been taken by legal abortion in Victoria.

It was a sad day as we reflected on the fact that Victoria cannot do better for families and instead offer to women positive life-affirming options for an unexpected pregnancy.

Marching through the city and carrying pink and white balloons and banners proclaiming 'Justice for the Unborn' and 'Pro-woman, Pro-life', supporters then gathered at Parliament House to hear notable speakers, including Bernie Finn MP, Sonja Couroupis, Jan Kronberg MP, Peter Ryan MP and Peter Kavanagh MP.

**Thank you to all who attended for helping us spread the word. There is strength in numbers.**

Meanwhile in Madrid, more than one million people have taken part in a demonstration against the government's plans to liberalise the abortion law, one of the organisers tells us. A similar rally in March attracted an estimated 100,000 supporters. The Madrid regional government meanwhile estimated the crowd at 1.2 million, as reported on the TeleMadrid television channel. In a fiesta atmosphere and under warm sunshine, the crowd marched across the city behind a banner reading 'Every

Life Matters' to protest the plan, which would allow women 16 and over to undergo abortions without their parents' consent. Organisers said 600 buses and several planes were used to bring the supporters of 42 Spanish anti-abortion and Catholic associations to the capital for the protest, which is also backed by the conservative opposition Popular Party (PP) and the Roman Catholic Church.

The country currently only allows abortions in exceptional circumstances. The proposed new law would allow the procedure on demand for women of 16 and over, without their parents' knowledge. It would be available within the first 14 weeks of pregnancy. The protesters, including former PP prime minister Jose Maria Aznar, carried red and white banners or flags saying 'For Life, Women and Motherhood' and 'Women Against Abortion' and 'Madrid 2009, Capital of Life.'

(Cited from Euronews.com)

Veronica Andrews

### Inside this issue

- Advanced directives – a response to the Austin Hospital's programme **2**
- Euthanasia threatens - opinion M Tighe **3**
- Assisted suicide in the U.K. **4**
- Decriminalisation of abortion in Queensland? **5**
- Euthanasia creeps forward in the U.S. **6**



## Advanced directives – a response to the Austin Hospital’s programme



**R**ECENTLY media attention has focussed on the issue of advanced directives, particularly a programme offered through the Austin Hospital, but rapidly becoming available in nursing homes and hospitals throughout Australia, called ‘Respecting Patient Choices.’

Advanced directives raise a number of issues, particularly for people who work in hospitals and nursing homes who are familiar with the problems people face as they near the end of their lives. Often in these situations, when people fall seriously ill aggressive resuscitation measures, such as CPR are not likely to help the person, and hence a discussion may take place in advance of such an event suggesting that CPR not be done. This in my view is quite appropriate.

There may be other measures that it may be appropriate not to undertake if they are unlikely to provide significant benefit to a person reaching the end of their life, in a similar way to not undertaking CPR. Such measures may include intubation (putting down a breathing tube) or forms of intensive care treatment, such as dialysis. However these treatments may or may not benefit the person, depending on their underlying condition. For example, if someone had end-stage heart disease or heart failure, or end-stage emphysema, it is unlikely that dialysis or intensive care ventilation is going to help that person. Hence, in my view it may be appropriate for a person to not undergo such treatments, but a discussion would need to take place in the context of a condition that had been present for some time and with a reasonable degree of certainty that such ICU treatments would not help.

Some people raise the objection that you never know unless you try and that advanced directives represent a ‘giving up’ on people before their time is up. These may be valid arguments, and so again, I believe it is best to involve the family in these decisions where possible. There is an element of judgement about these decisions and I think it is advisable to be cautious. However I do believe there are situations where one can be reasonably sure, and in such cases I don’t believe advanced directives are unethical.

So what is the danger of advanced directives? Advanced directive programmes, including the ‘Respecting Patient Choices’ programme, often include issues such as tube feeding and intravenous hydration as part of an end of life care plan. In other words they allow people to refuse such things, which raises the issue of whether such programmes are allowing euthanasia to occur by removing basic food and fluids. This, I believe is a real danger of these programmes.

The other issue is whether people are really informed about their condition when they sign up for these programmes and whether it is right to act in such a way as to refuse certain forms of treatment before you are really confronted with the actual situation. In my view, this is one of the main problems with these pro-

grammes, and I believe it is better to be making such decisions with the real situation at hand wherever possible. Only then can people be properly informed about their condition and its likely consequences.

Dr Mathew Piercy



### Walk for little feet - Queensland

Walk for Little Feet - Saturday 9th May 2010

The day before Mothers’ Day. Come and show the joy of life and the beauty of motherhood. Join us in supporting Life for All!

For further information please contact Graham Preston on (07)3892 5349

### Life Walk - Victoria

Life Walk 2010 April 6-11. Foster to Melbourne

Registrations for the Life Walk are now open. Long and short distance walkers are most welcome. Contact us at the office for more information.

### Memberships

Over the past few months there has been some confusion about the status of some of our supporters and their memberships.

Membership renewals occur in May/June each year. In order to be eligible to vote at our AGM you must be a financial member.

Please note also that donating to our cause does not automatically make you a member. A membership form needs to be submitted and processed in order for you to take out and renew membership of RTLA.

If you have any queries about the status of your membership then please contact us at the office and we will be more than happy to assist you.

## Euthanasia Threatens - opinion Margaret Tighe



**T**HE reappearance of recent attempts to legalize euthanasia in several Australian states shows us that the protagonists of patient killing are alive and well in this country.

With media support generally in favour of legalizing euthanasia and with unwelcome developments in the U.K. and U.S. (see pages 4&6) it is essential that we remain vigilant and active at all times in opposing euthanasia legislation.

We all recall the first successful attempt at legalizing euthanasia in the Northern Territory in 1994/1995 and its subsequent defeat by means of the passage of the Andrews Euthanasia Laws Act in the federal parliament in March 1997.

Passage of this bill was effective in stopping in its tracks a similar attempt to legalise euthanasia in the A.C.T.

However, the federal parliament does not hold jurisdiction over the states in relation to laws on euthanasia, abortion, etc.

There have been a number of euthanasia bills introduced into the S.A. parliament over the past decade. Fortunately they have been defeated. However, little by little, just when our backs are turned, the protagonists of euthanasia will manage to slip a bill through.

Apart from the attempt at legislation in Tasmania (see page 8), we are faced with the S.A. bill and are promised a bill in the W.A. parliament.

A euthanasia bill, sponsored by Ken Smith M.L.A. Bass in the Victorian parliament and sponsored in the Legislative Council by Colleen Hartland Green M.L.C., was defeated last year.

### SA Parnell Euthanasia Bill

Proposed legislation to allow voluntary euthanasia in South Australia was narrowly defeated in State Parliament on Nov 19th. The bill, introduced by Greens MLC Mark Parnell, was defeated by 11 votes to 9, with Independent MLC Ann Bressington abstaining.

This is a terrific victory for the pro-life movement and we wish to extend out thanks to all our supporters who worked so hard to lobby their MPs on this issue.

We encourage all our supporters to write once more to their MPs who voted against the bill and commend them for their actions.

Vigilance and action will be still needed as Mr Parnell has said he will reintroduce the bill after the State election in March next year.

Interestingly, the vehicle for the S.A. euthanasia bill is the Consent to Medical Treatment and Palliative Care Act, which was vigorously opposed by Right to Life Australia at the time. Some prominent church spokespersons supported this legislation, saying that it was only about refusing unwanted treatment and ensuring adequate pain relief and would prevent worse legislation. How wrong they were!

The name of the new bill is Consent to Medical Treatment and Palliative Care (Voluntary Euthanasia) Amendment Bill 2008.



The bill is sponsored by the Honourable Mark Parnell (Greens M.L.C.) in the Upper House and by Dr Bob Such (M.L.A. Ind.) in the Lower House.

The bill would allow *'certain adult persons (a) who are in the terminal phase of a terminal illness or (b) who have an illness, injury or other medical condition that (i) results in permanent deprivation of consciousness or (ii) irreversibly impairs the person's quality of life so that life has become intolerable to that person, to end their suffering by means of voluntary euthanasia administered in accordance with this Act.'*

### Tasmanian Euthanasia Dying with Dignity Bill 2009

Death Bill voted out! The Lower House voted 15 votes to seven against the Dying With Dignity Bill after a passion-filled four-hour debate. During the conscience debate many members said they had thought long and hard about the issue but cited reasons of religion, legal concern and moral belief for voting against the Bill. Premier David Bartlett said the Bill contained too many legal uncertainties. "There is no more significant decision than one that affects the lives of Tasmanians and it is a decision we cannot afford to get wrong," he said. "I do not believe the Bill before us meets that standard - on legal and medical grounds I am not convinced." The Mercury 6/11/09

In September a group of lobbyists from RTLA flew to Tasmania to meet with MPs regarding the euthanasia bill. The trip was felt to be successful as the general mood on the issue was one of uneasiness on the merits of the bill. We were able to point out the need for improved health services in Tasmania particularly in the areas of palliative care and mental health. We were pleased with the findings of the committee report which came out in October that supported these suggestions. The committee issued a report which declared that the bill "in its current form does not provide an adequate or concise legislative framework to permit voluntary euthanasia/physician assisted suicide."

## Assisted suicide in the U.K.



**I**F YOU are prosecuted for murder in the UK, the consent of your victim is no defence. The law on suicide reflects this: under s.2 of the Suicide Act 1961, assisting another person to kill himself carries a maximum sentence of 14 years' jail, though killing oneself is no longer an offence.

The death lobby in the UK have been trying for years to get parliament to repeal the law against assisting suicide - three debates and one select committee over the past five years - and in every case parliament has said no. So now they are doing what they often do: bypassing parliament by using the courts. Their poster girl is Debbie Purdy, who has MS. She doesn't want to end it all just yet, but she would like her husband to be able, at some future time of her choosing, to take her off to Dr Minelli's very expensive suicide shop in Zurich without risking prosecution for assisting suicide. Alleging that the law as it stands is not clear, and needs to be clarified (when have we heard that before?), she asked the courts to rule that the Director of Public Prosecutions (DPP) had a duty in law to draw up guidelines setting out in what circumstances a person involved in someone else's suicide would or would not be prosecuted. Two courts, including the Court of Appeal, turned her down. But when she took a further appeal to the Law Lords, who until this year were the highest court in the land, the Law Lords ruled in her favour, and directed the DPP to draw up guidelines for people thinking about assisting in suicide.

Professor John Keown of Georgetown University called the Law Lords' ruling 'unprecedented, unsound and unconstitutional'. English judges traditionally have restricted themselves to the actual case before their courts, and have avoided general pronouncements about cases that may possibly arise in the future. In deciding as they did, the Law Lords apparently think it is a proper function of the courts to help people to minimise the risk of prosecution for the prospective committing of a serious crime. They also seem to think it is proper for a court to order a public official, the DPP, to enact new defences against a charge of assisting in suicide even though parliament had repeatedly and recently declined to enact any such new defences. (It may be just as well that the Law Lords are no longer the highest court in the land, though whether or not the new Supreme Court will do any better remains to be seen).

Since then the DPP has issued his guidelines. He does not offer a firm immunity from prosecution, but he tells us that we are less likely to be prosecuted if the deceased had

a 'severe and incurable physical condition', if he had a 'clear and settled intention' of taking his life, if we did not 'encourage' him to take his life, if we were 'wholly motivated by compassion', and so on. These guidelines should prove very helpful to prospective suicide assistants. It should not be difficult to assemble evidence that the deceased had a clear and settled intention to kill himself, that we did nothing to encourage him, and that we were motivated wholly by compassion. The deceased will not be in a position to contradict us. Anyway, who will assess the facts and the motives? Not the courts, if the DPP does not prosecute. And if past experience is any guide, we can expect 'severe and incurable physical condition' not to be interpreted too restrictively. Surely asthma and diabetes would qualify? Already we are reading suggestions that people with dementia start thinking about whether they are, or may soon become, a burden to their families. And the DPP has made it clear that the guidelines will apply not only to British suicides in Switzerland, as some media reports suggested, but to suicides in Britain as well.

It is hard, then, to accept his assertion that it is not for him to change the law; in practice he has done just that, and done it on the authority of Britain's highest court. Nor can we accept his denial that there will be many more suicides, as there will, but those who assist will not go to jail, because they will hardly ever be prosecuted.

Is this, together with the Mental Capacity Act 2005, Britain's answer to her ageing population profile?

Dr Ted Watt  
WA Coordinator

**A**fter you die,  
help someone to live

**R**emember our life-  
saving work in  
your will

**Right to Life Australia Inc.**

Further information

Phone (03) 9387 7098 or

Fax (03) 9387 2182

Ask for Michael Bodey



# Decriminalisation of abortion in Queensland?



**T**HINGS have gone quiet in the media in relation to the push for the decriminalisation of abortion in Queensland. Thankfully, Premier Anna Bligh has continued to maintain her position that she will not introduce such legislation. It would appear that any Private Member's Bills on the subject are also being discouraged.

However, the public hospitals in this State have adopted a policy of refusing to do any abortions except in situations where the mother's life is threatened. Previously, they were also doing abortions on handicapped babies but have stopped doing these as they claim they fear the possibility of legal prosecution while the law remains as it is. This of course is putting pressure on the government to make changes.

Interestingly, in a poll in the Courier Mail as to whether abortion should be decriminalised, over 10,000 votes have been cast and 71% have been **against** decriminalisation.

Currently, there are also two e-petitions running on the Queensland Parliamentary website. A petition for the removal of the abortion laws from the Criminal Code has at present 1,588 signatures while a petition for the present abortion laws to be maintained has 5,321 signatories.

Please go to this web address and add your names and get others to do so too: [http://www.parliament.qld.gov.au/view/EPetitions\\_QLD/CurrentEPetition.aspx?PetNum=1317&Index=-1](http://www.parliament.qld.gov.au/view/EPetitions_QLD/CurrentEPetition.aspx?PetNum=1317&Index=-1)

If you have not written to the Premier recently, please do so, pointing out the above figures and asking her to leave the abortion laws as they are.

## Cairns abortion case

A committal hearing in relation to the Cairns woman, Tegan Lynch, and her boyfriend, who have been charged with illegally procuring an abortion, has been held and the Magistrate has decided that the case will go to trial. It is not known at this time when the trial will be held.

This is a highly unusual case in that, first, it is very rare for a woman to be charged for having an abortion, but even more so for the fact that it is alleged that with her boyfriend's help the abortion drug that was used was illegally brought in from overseas. It is hard to understand why this course of action was taken when obstetrician/gynaecologist Caroline de Costa has made national news for openly carrying out abortions using the drug RU 486 in the same city. If the couple had gone to her then almost certainly nothing further would have been heard.

When the trial does take place it is certain that it will be used to again bring great pressure on the government to decriminalise abortion.

## On a different note . . .

On a couple of recent occasions when I have been picketing the Greenslopes abortion 'clinic' in Brisbane a man has come up behind me, grabbed away my signs, and threatened me with violence.

So, when I was there most recently it gave me a bit of start when I noticed out of the corner of my eye that someone had come up behind me again. However, when I turned around this man had his hand out to shake mine and he said, 'Hello, my name is Mike.'

He then went on to thank me for being there. The reason was, he said, that his daughter and her boyfriend had had an appointment for an abortion at that 'clinic' but when they drove past and read the signs they just kept going. Now, he informed me, he is the happy grandfather of a healthy 12-month-old girl and each time he goes by and sees me there it brings tears to his eyes. This time he just had to stop to tell me.

That was certainly very encouraging to hear and a lot more pleasant than getting attacked! (Thankfully the attacker did not show up that day – it would be nice to think he has given up.)

Later that same day a friend and I were picketing Adrienne Freeman, an obstetrician/gynaecologist who also does abortions. Her rooms are on Brisbane's Wickham Terrace where many medical specialists are located.

We have been there many times over the years but on this day an angry man came out of the building. He emphatically told us that Ms Freeman had not worked from there for about two years, despite her brass name-plate still being on the wall, and that the police had been called. Oddly enough though, Adrienne Freeman had herself come out of the building fifteen minutes earlier and had taken about 50 photographs of us – some very close up!

Sure enough the police did come but they said there were no problems with us being there whether she worked there or not. A check of the new Yellow Pages however shows she is still very much there, and apparently she does not like our presence.

In fact, it was reported earlier this year that Ms Freeman has had her own run-in with authorities. She was suspended from practice for four months after she was found guilty of unprofessional conduct – she initiated a drug-induced abortion on a woman who was 19 weeks pregnant and then sent her home. The woman subsequently had to spend six days in hospital.

Graham Preston  
Queensland Coordinator

## Euthanasia creeps forward in the U.S.

**W**ESLEY J. Smith is Senior Fellow in Human Rights and Bioethics at the Discovery Institute in the U.S. and a consultant for the International Task Force on Euthanasia and Assisted Suicide. His book *'Culture of Death'* (2001) received the Independent Publishing Book Award for best health book of the year.

*Wesley Smith visited Australia as a speaker for Right to Life Australia in 2001, receiving much media coverage.*

These are some extracts from an article by him which was the cover story in the September edition of *'National Review'* in the U.S.

The full article can be found on his blog [www.weslevjsmith.com/blog](http://www.weslevjsmith.com/blog)

September 21, 2009

### **A myth is as good as a mile: why the assisted-suicide movement is winning**

Wesley J Smith

Compassion & Choices used to be called the Hemlock Society. It is the nation's premier assisted-suicide advocacy group.

When members of the social and political elite – people like Senator Feinstein and Mrs. Schultz – associate themselves with assisted-suicide groups as openly as they would with charities like the United Way, we have reached a new cultural moment. Once, assisted-suicide advocates promoted commit-suicide newsletters and wacko suicide paraphernalia like the 'Exit Bag' (which had Velcro straps sewn in to ensure 'a comfortable fit'). The movement's public face was the ghoulish Jack Kevorkian. Promoters of assisted suicide were both short on cash and lacking in respectability.

Jack Kevorkian is now out of prison and on the lecture circuit, making as much as \$50,000 per speech. But he is no longer the face of assisted suicide. Today, the most important assisted-suicide advocates tend to be affluent and well-tailored liberal women who travel the country pitching 'aid in dying' to elite society and the mainstream media. They and their groups are well funded, by organizations such as the leftist Tides Foundation. (Compassion & Choices operates with a seven-figure annual budget.)

Changing the movement's image has made a difference to its results.

Three states have legalized assisted suicide – Oregon and Washington by voter referendum, and Montana by a court ruling. States from Hawaii to Vermont have experienced protracted legislative battles over the issue, the tide in favor of assisted suicide rising incrementally with each failed attempt.

These advances would not have happened but for a powerful myth promoted by assisted-suicide advocates and helped along by a compliant media: the notion that

Oregon's experiment with legalized assisted suicide has been a success, and that problems and abuses are rare or non-existent. It is true that the annual statistical reports published by the Public Health Division (henceforth OPHD) of Oregon's Department of Human Services have revealed very few problems. But there's a reason for that: the reporting system was designed by the authors of the assisted-suicide legislation to be incapable of vigorous policing and in-depth data gathering.

Kathleen Foley, perhaps the nation's premier palliative-care doctor, and suicide-prevention expert Dr Herbert Hendin wrote in the Michigan Law Review last year that the OPHD 'does not collect the information it would need to effectively monitor the law and in its actions and publications acts as the defender of the law rather than as the protector of the welfare of terminally ill patients.'

These official data, therefore, are not very helpful to anyone looking for the truth. But other studies have indicated serious abuses. One, published in the *'Journal of Internal Medicine'* in 2008, found that doctors in Oregon routinely write lethal prescriptions for patients who are not experiencing significant symptoms. Further, people who request lethal prescriptions rarely do so because of pain, but rather as a result of existential fears, such as worries about being burdens or losing their dignity. In other words, the actual practice of hastening death has very little to do with any inability of doctors to alleviate pain.

Depression is, of course, a frequent end-of-life issue. In Oregon, doctors are not prevented from assisting the suicides of people who are depressed unless the condition has caused 'impaired judgment.'

That's often hard to determine without an in-depth mental-health examination. Yet Oregon physicians who assist suicides rarely refer their suicidal patients for mental-health consultations: They referred none in 2007 and only two last year. And even those who are referred may receive only a cursory review. Foley and Hendin detailed one such consultation for a patient named Joan, who had Lou Gehrig's disease:

The doctor and the family found a cooperative psychologist who asked Joan to take the Minnesota Multiphasic Inventory, a standard psychological test. Because it was difficult for Joan to travel to the psychologist's office, her children read the true-false questions to her at home. The family found the questions funny, and Joan's daughter described the family as 'cracking up' over them. Based on these test results, the psychologist concluded that whatever depression Joan had was directly related to her terminal illness, which he considered a completely normal response. . . . The psychologist's report in Joan's case is particularly disturbing because without taking the trouble to see her, and on the basis of a

single questionnaire administered by her family, he was willing to give an opinion that would facilitate ending Joan's life.

Then there are the well-documented cases of Barbara Wagner and Randy Stroup. Both had recurrent cancer while on Oregon's Medicaid, a program in which there is explicit rationing. Their doctors prescribed chemotherapy to extend their lives. But – in a decision relevant to our current health-care-reform debate – state bureaucrats refused to cover their treatments because the medical literature indicated that neither could be expected to survive for five years with the prescribed drugs. Instead, they offered Wagner and Stroup funding for their assisted suicides.

Despite the myth's widespread currency, from 1997 until 2008 assisted-suicide advocates made no legal headway in the rest of the country.

Frustrated advocates adopted a strategy they called 'Oregon plus one,' believing that if just one more state legalized assisted suicide the agenda would sweep the nation. Last year, that one state fell into their laps – owing primarily to former Washington governor Booth Gardner, a popular and wealthy ex-politician with Parkinson's disease, who decided to make assisted-suicide legalization his 'last campaign.'

The campaign over I-1000 was never much of a fight. Understanding the importance of Washington to their cause worldwide – the euthanasia movement is international in scope – assisted-suicide advocates across the country poured money into the Yes campaign. The opposition withered financially. In the end, it was a rout, \$4 million to \$1 million. I-1000 passed by 58 percent to 42 percent, and the assisted – suicide movement again had the wind in its sails.

Shortly after Washington's vote, Montana gave the movement another boost. On December 5th, 2008, district judge Dorothy Mc Carter ruled in *Baxter v. Montana* that the state law banning assisted suicide violates the right to privacy guaranteed in the Montana constitution, as well as that document's declaration that 'the dignity of the human being is inviolable.' Mc Carter found therein a 'fundamental right' for the terminally ill to 'die with dignity': perhaps the first time an advocacy slogan became the basis for a constitutional right. Mc Carter also ruled that doctors have a concomitant right to be free from 'liability under the State's homicide statutes' if they assist a patient's suicide.

That case is currently on appeal in the Montana supreme court, but because

Mc Carter refused a requested stay of her ruling pending appeal, assisted suicide is currently a constitutional right in the state of Montana and, given the very broad language of the decision, there seems little doubt that its reasoning could open the door to assisted suicide to people who are not terminally ill. (At the time of writing, and to the publicly expressed consternation of assisted-suicide advocates, no Montanan is known to have exercised his or her right to die, because doctors there have been unwilling to commit 'death with dignity.' Doctors in Washington have been similarly reluctant.)

Two thousand and eight was a banner year for the assisted-suicide/euthanasia movement. It's likely that no new states will legalize assisted suicide this year. But if the last 20 years prove anything, it is that euthanasia advocates are passionately committed, work hard, and feel that time is on their side. Are their opponents equally committed?

## Pregnancy Counselling Australia

### Silver Circle

We have drawn winners for SEPTEMBER – the FIFTH draw for the current year – MAY 2009 to APRIL 2010

First Prize (\$100) No. 179

Miss Elaine Kendall, Trafalgar

Second Prize (\$40)

No. 23 Mrs Alison Bumon, Rochester

& drawn winners for OCTOBER – the SIXTH draw for the current year

First Prize (\$100) No. 168

Mrs Kerin Templeton, Trafalgar

Second Prize (\$40)

No. 180 Mrs Moya Roadley, Diamond Creek

Our 'year' runs from MAY until APRIL. We are pleased at the generous response to our request for members - continue to spread the word. There must be many people who would love to give. New members are encouraged to join at any time, and need to know that by contributing \$2 monthly there is a chance to win \$100 or \$40 every month. RENEWAL slips are ALWAYS available. Encourage friends to join at any time and remember that ALL money raised goes to Pregnancy Counselling Australia, with all payments forwarded to our FUNDRAISING address:

19/7 Clarke Street, Abbotsford VIC 3067.

Telephone: (03) 9416 1686 Mobile: 0417 096 377



## **Smallest baby to be fitted with pacemaker** Oct - *News.com.au*

In a world first, tiny Taylor Gardner has been fitted with a pacemaker bigger than her fragile body.

After she was born at just 26 weeks and weighing a minuscule 541g, Taylor's heart began to fail within hours, forcing Melbourne's Monash Medical Centre surgeons to try the untried.

Although only a handful of premature babies in the world had ever been fitted with an external pacemaker - and none less than 750g - Dr Alex Veldman said surgeons had no other choice but to rewrite history.

For even the smallest internal pacemaker, Taylor will have to grow between 1.5kg and 2kg in three months before she is big enough to get one and able to leave the neonatal intensive care unit. Dr Veldman said the operation gave hope to parents and surgeons around the world.

## **British doctor guilty of trying to poison unborn child** Oct - *Daily Mail UK*

A BRITISH doctor was found guilty of trying to spike his pregnant lover's drinks in a failed bid to abort their unborn child. Edward Erin, 44, put a potentially lethal combination of crushed-up drugs into coffee and orange juice which he then served to Bella Prowse.

Prowse went to police in February last year, saying that she had found powder in the bottom of her cup and accusing Erin, who had earlier urged her to have an abortion. She gave birth to a healthy baby boy in September last year. Erin will be sentenced on November 16. Judge Richard Hone told him following the verdict: 'A custodial sentence is virtually inevitable.' Speaking afterwards, Detective Chief Inspector Mickey Gallagher of London's Metropolitan Police said Erin held a string of high-profile medical jobs and had been a doctor for more than 20 years. 'Yet having failed

to persuade his girlfriend, Bella Prowse, to have an abortion, he has abused his profession and position of trust, used his medical knowledge to try and bring on a miscarriage,' he added. 'This was not a morality trial, but the nature of this case is unusual in that it is only the second of its type to be brought before the courts in the last 40 years.'

## **Fake embryonic stem cell researcher Hwang Woo-Suk convicted of fraud** (Oct - *LifeNews.com*)

Seoul, South Korea - The South Korean scientist who brought international embarrassment to the field of embryonic stem cell research due to his fraudulent studies, was convicted today of embezzlement and illegally obtaining human eggs from his female subordinates. Supporters of Hwang, who was at one time a national hero because of his work, cheered as he was given a two-year suspended sentence instead of the four years in prison demanded by government prosecutors. He was also acquitted of one of the charges against him - fraudulently raising funds from private organizations. Hwang's lies were an international scientific scandal and a particular source of embarrassment to 'Science', the world renowned journal which published his fraudulent findings. In 2004 the magazine published a paper by Hwang and fellow scientists at Seoul National University, in which they claimed that they had created the world's first cloned human embryos, and extracted from them embryonic stem cells.

## **Chinese police arrest dozens in baby selling trafficking ring, result of one-child policy** (Oct - *LifeNews.com*)

Beijing, China - Chinese police have arrested 42 alleged members of a trafficking ring that sold dozens of infants stolen or bought from their rural parents, the official Chinese news agency reported. Such trafficking rings are the results

of the one-child policy whereby Chinese couples are prohibited from having any more than one baby and are fined, jailed or even subjected to forced abortions and sterilizations if they violate the rule. The ring had separate units to handle the procurement, transport and sale of the children, the Xinhua News Agency reported. It trafficked 52 children over two years, earning the equivalent of nearly \$60,000, the report said. China has a thriving black market in girls and women, often used as labourers or as brides for unwed sons.

## **Cabinet seeks to crack down on suicide tourism** October 28, 2009

*swissinfo.ch*

Groups offering assisted suicide, notably for people who travel to Switzerland to die, are facing tighter legal regulations. The cabinet on Wednesday presented two draft bills defining conditions for organised euthanasia, including medical confirmations of a terminally ill patient's death wish, the use of approved medicines and clear documentation of every case.

Justice Minister Eveline Widmer-Schlumpf said that the purpose of the planned regulation was to slow down the process of assisted suicide and prevent people from travelling to Switzerland only for this specific purpose. In 2007 there were around 400 cases of assisted death in Switzerland, including 132 people from Britain and Germany. Assisted suicide and passive euthanasia are currently legal in Switzerland - a policy which makes it one of the most liberal European countries in this respect. Widmer-Schlumpf said it was not up to the state to help people die. 'We believe suicide prevention and palliative care for patients are the priorities,' Widmer-Schlumpf told a news conference. She added that a regulation on assisted suicide remained a very delicate matter, not only involving law but also ethics.