Mr Andrews is facing defeat in his own seat of Mulgrave.

A swing of only 4.5% will make him the *ex-member for Mulgrave*.

The latest Galaxy poll published in the Herald Sun on 21 June shows a 5% swing against Labor.

This 5% swing is a swing big enough to unseat Mr Andrews in Mulgrave.

Mr Andrews will face a bigger swing because of his promoting his “Bill to Kill”. To hide the grim reality of his “Bill to Kill” Mr Andrews is calling it the seemingly harmless “Assisted Dying Bill”. Mr Andrews will not fool Mulgrave voters, when they know the FACTS on his “Bill to Kill”. DO YOUR OWN FACT CHECK on P.4

Here are the **FACTS**:

- His Bill legalises “doctor prescribed suicide”, in which doctors prescribe the lethal potions, pharmacists dispense them, and patients suicide with them. His Bill also legalises state sanctioned killing when doctors will kill patients using lethal potions when patients are unable to suicide using the lethal potions.

A poll reported in the Herald Sun on 8 June shows that while a majority favoured euthanasia, only 14 per cent of them said it would change their vote.

But of the people opposing voluntary euthanasia, 33 per cent said the issue would drive them to vote against a pro-euthanasia candidate.

Put simply anti-euthanasia voters are more than twice as likely to vote against a pro-euthanasia MP such as Mr Andrews as against only half that number of pro-euthanasia who would vote against an anti-euthanasia MP.

Translate these findings to Daniel’s own Mulgrave “Lions Den” and his political life looks terminal!

Many colleagues face an even worse electoral doom. There are 10 Labor held seats with margins of less than 4.5% - see the FACT CHECK at right.

Paul Russell of the euthanasia prevention group Hope told the Herald Sun there was “significant disquiet” about Mr Andrews so called “Assisted Dying Bill”, which is Mr Andrews’ euphemism for his *Euthanasia Bill to Kill*.

“The research shows that once people gain an understanding of what this is all about and get beyond the euphemisms used by the Andrews Government, support drops away significantly and concerns escalate,” said Paul Russell.

**All this is no comfort for Labor MPs**!

Right to Life Australia president Margaret Tighe told The Sunday Age last month that “the gloves are off” in the campaign against Mr Andrews and his “Bill to Kill”.

The campaign against Mr Andrews’ and his Bill is now in full swing. It involves letter boxing, newspaper advertising and community meetings. It is winning wide support across the Mulgrave electorate.

Right to Life Australia plans to take the fight “right up to the enemy”, to quote Margaret Tighe.

Mr Andrews can expect to face a major backlash as Right to Life Australia clearly and calmly puts the grim facts to voters of the experience of places where euthanasia has been legalised such as Oregon. Mr Andrews’ Bill is based on the Oregon Assisted Dying Act, which is a disaster for all patients and physicians.

Mr Andrews thought jumping on the euthanasia bandwagon would save his seat. He foolishly believed the superficial polls showing majority support for patient killing. He ignored layered polling and the findings of the poll quoted above and the startling UK poll results reported on P.2.

Instead it seems he will suffer his own political “death without dignity”!

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**FACT CHECK**

4.5% Swing will defeat Mr Andrews

Mr Andrews will be defeated by a swing of 4.5% in his Mulgrave electorate. This **FACT** is from the analysis of the 2014 election results done by the A.B.C. election analyst, Antony Green.

10 Labor seats would fall with swings of less than 4.5%. The most recent poll reported in the Herald Sun on 8 June, showed a 5% swing against Labor.

In the table below, the electorate name is on the left and the figure on the right is the percentage swing needed for the sitting Labor MP to be defeated:

<table>
<thead>
<tr>
<th>Electorate</th>
<th>Swing Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankston</td>
<td>0.5%</td>
</tr>
<tr>
<td>Carrum</td>
<td>0.7%</td>
</tr>
<tr>
<td>Bentleigh</td>
<td>0.8%</td>
</tr>
<tr>
<td>Mordialloc</td>
<td>2.1%</td>
</tr>
<tr>
<td>Cranbourne</td>
<td>2.7%</td>
</tr>
<tr>
<td>Eltham</td>
<td>3.0%</td>
</tr>
<tr>
<td>Ivanhoe</td>
<td>3.4%</td>
</tr>
<tr>
<td>Yan Yean</td>
<td>3.7%</td>
</tr>
<tr>
<td>Macedon</td>
<td>3.8%</td>
</tr>
<tr>
<td>Sunbury</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

These are absolutely accurate **FACTS**. There are even more Labor seats which will fall with only a slightly larger swing.
Liz Carr, left, is the creator and the star of the production “Assisted suicide: The Musical”, brought to Melbourne, as part of the Melbourne International Comedy Festival after its tremendous success in the U.K.

Liz Carr, a Disabled Advocate for Life

The following are extracts from Liz Carr’s speech to MP’s at Parliament House, Melbourne on 26 March, 2017:

I made the show, I made “Assisted Suicide: The Musical” because I have done all of the serious political debates on this subject on TV in the UK.

I watch TV and I see compelling arguments and compelling cases and people and individuals who want what's called 'the right to die'. But one person's right to die becomes another person's feeling that it's a duty to die, and I know, and you can say it to me, “But nobody's gonna be dragged there.”

“If you don't want it you don't have to have it!” they say. It's not as straightforward as that, because once it exists it exists, and, as I say, some of the worst coercion is choosing it yourself, because you feel you've got no option!

The reason for assisted suicide is not pain

In Oregon, the reason for assisted suicide is not about pain. It's very rarely about pain. The dominant reasons are about loss of autonomy, loss of dignity, loss of the ability to do day to day activities. Pain is the second to last reason given. It's in the 30% range as contrasted to the 80% to 90% for the other reasons given for wanting assisted suicide.

In The Netherlands, when we were there, we were given a pack of tablets. Me and my partner went to a conference of assisted suicide supporters and they gave us the last will pill. It was a like little pack of mints. Now the campaign there is for euthansia for “a completed life” or “being tired of life”.

We hear compelling stories of torturous suffering that make us ache for a way to help people out of their misery. But is death the only solution? And isn’t there something strange about the argument that we should give all these apparently deaf – if not entirely blockheaded – doctors a licence to kill?

“Euthanasia” is a word for the act of killing, as is “physician assisted suicide”. I have been criticised for using the word “kill”, but if the real act is so offensive we should stop advocating that doctors do it. Euthanasia advocates wield powerful yet slippery words: “assisted suicide” is promoted as a way to “control” one’s death, and guarantee “dignity”.

This debate has fallen into euphemasia. The right to kill has been reframed as a right to die. To kill an unconscious dying person relieves only the suffering of the family. The dying person feels neither hunger nor thirst.

The argument against euthanasia

Extracts from an article by Melbourne physician and author, Dr Karen Hitchcock printed in The Month, Dec-Jan 2015-16:

Now we even have the celebrity endorsement of euthanasia! Apparently Andrew Denton is an expert after eight months of research - less time than to get a diploma from a TAFE! “Eight months”, Denton repeats, as if this is extraordinary, as if this country is not full of people on both sides of the debate who have spent decades seriously considering the complex issues around euthanasia.

On air, Denton declares that it’s time doctors started listening to their patients, all the while interrupting, dismissing and undercutting questions from the audience in a tone so patronising it would get a junior doctor hauled over the coals. I’m thinking, “Are we not allowed to countenance any doubts about euthanasia? Has it become a faith?”

It is time for us to discuss death, Denton says. “It’s time.”

He looks straight into the camera, like a prime minister reducing complex issues to slogans.

The reason for wanting to die is rarely about pain

Over the 12 years that I have worked as a doctor in large public hospitals, I have cared for hundreds of dying patients. No one has ever died screaming or begging for me to kill them.

Patients have told me they want to die. My response to this is “Tell me why.” The reason is rarely because of pain, but it is often because of despair, loneliness, grief, the feeling of worthlessness, meaninglessness or being a burden.

The right to die does not come out of a bottle of lethal pills

I have never seen a dying patient whose physical suffering was untreatable.

Studies repeatedly show that the desire to hasten death for those with a terminal illness comes principally from a feeling of hopelessness. We must listen to and attempt to address this and other fears.

Our responsibility is to help make life bearable. I hope for a society with the values and the resources to allow us to say, “Don’t be scared. We will attend to you, ease your pain, witness your anguish.”

“No, we will not kill you.”
There is NO “death with dignity” being poisoned in Doctor Prescribed Suicide!

Mr Andrews, please read British Labor MP Robert Flello’s exposure of the terrible deaths many do suffer with Doctor Prescribed Suicide, in the House of Commons Hansard, 11 Sep 2015.

The Deadly Recommendation 49
This is the deadly Recommendation 49 to legalise doctor prescribed suicide and the state sanctioned killing of a patient:

“The Government should introduce legislation to allow adults with decision making capacity, suffering from a serious and incurable condition, who are at the end of life to be provided assistance to die in certain circumstances.

“Assisted dying should be in the vast majority of cases involve a doctor prescribing a lethal drug which the patient may then take without further assistance. “The singular exception is where people are physically unable to take a lethal drug themselves. In this case, a doctor should be able to assist the person to die by administering the drug.”

Look behind the innocent language!
“Assisted dying” means doctor prescribed suicide or actually state sanctioned killing when the doctor directly kills the patient!

Those who respect human life will fight to stop all forms of “assisted dying” and state sanctioned patient killing.

What is Euthanasia?
Euthanasia is an act done to kill a patient. Euthanasia is when one acts with the intention to kill a patient.

What is NOT Euthanasia?
It is not “euthanasia” when doctors use medicines to stop a patient’s pain, even if the medicines shorten the patient’s life. It is not euthanasia when doctors “turn off a machine” and patients die due to their pre-existing condition, such as cancer.

What is wrong with Euthanasia?
Euthanasia is wrong because it is the intentional killing of a patient.

What about “Assisted Dying”?
“Assisted dying” means either doctor prescribed suicide or state sanctioned killing. Patients are killed in “assisted dying”, so “assisted dying” is wrong.

We don’t kill people!

“Euthanasia, unnecessary and unsafe” - Palliative Care Specialists
33 of Australia and New Zealand’s top palliative care specialists are opposing the introduction of euthanasia and physician assisted suicide in a letter authored by Prof. Douglas Bridge and co-signed by 32 other palliative care specialists and medical specialists in the Medical Journal of Australia’s MJA InSight, 20 March 2017.

The letter describes the practice of euthanasia and patient assisted suicide (EPAS) as “unnecessary and unsafe”.

“Contrary to public opinion, the use of therapeutic doses of analgesia or sedation in order to relieve difficult and intractable discomfort does not hasten death and is not a form of euthanasia,” explains the letter.

“Appropriate end of life prescribing of analgesia is simply good clinical practice when the patient is actively dying.

“Euthanising people in the ‘last stages of life’ (i.e. when they are suffering) is misapplying the normal clinical practice of palliative care specialists.”

The patient’s dying is not assisted suicide.
Rather, a doctor is required to kill the patient or to help the patient commit suicide.

“Irrespective of whether EPAS is legalized in Australia or New Zealand, EPAS has no part in the ethical and professional practice of palliative medicine.”

Doctor assisted suicide: A harsh end!
Senator Ted Kennedy’s widow Victoria, has been campaigning against doctor assisted suicide in Massachusetts.

Mrs Kennedy says most people wish for a good death “surrounded by loved ones, perhaps with a doctor and/or clergyman at our bedside.” But with doctor assisted suicide, “what you get instead is a prescription for up to 100 capsules, dispensed by a pharmacist, taken without medical supervision, followed by death, maybe alone.

“It’s harsh end!” says Mrs Kennedy.

“Legalise euthanasia, and the compassionate society dies too.”
Paul Kelly, editor-at-large, The Australian, 1 October, 2016

Elder abuse can lead to euthanasia
Most elder abuse is at the hands of a relative. We must recognise that the prospect of euthanasia and assisted suicide becoming law in Victoria may be aiding and abetting elder abuse with extremely grave consequences. It’s easy to imagine that a relative who has been abusing an elder emotionally and financially for years could see euthanasia as the final and most profitable card to play for personal gain. An elderly person abused over years can easily agree to the idea that they “do the right thing to end it all”. Queensland lawyer James Farrell has said elder abuse was “the new wave of violence on the Gold Coast.” with a 19% increase in one year. The Australian Law Reform Commission has just released a sobering report on elder abuse. Before Victoria legalises euthanasia it must ensure the protection of all its increasingly elderly population.

U.K. poll shows opposition to and support for assisted suicide are equal when the arguments are put
Proponents of assisted suicide claim up to 80% popular support for it. A U.K. poll published in the Daily Telegraph on 14 July, 2014, shows that attitudes change dramatically once the key issues are put to respondents. 73% had first supported assisted suicide, but when various scenarios to respondents were put, support dropped to only 43% and opposition was also at 43%.

The pollster, ComRes, is respected, so the results won acceptance. Support for assisted suicide is soft and uninformed. The results confirm the recent Victorian poll which showed euthanasia foes are far more likely to vote against pro-euthanasia MP’s, than pro-euthanasia people are to do the reverse.

MP’s need to note these FACTS...
CHECK the FACTS on what Mr. Andrews is legalizing disguised as “assisted dying” in his “Bill to Kill”.

Here are FACTS carefully explained below on:

- Doctor prescribed suicide
- State sanctioned killing by doctors

Assisted Suicide is Suicide when someone assists people to kill themselves

**Doctor Prescribed Suicide** is when doctors prescribe poisons which patients use to kill themselves

Mr. Andrews is legalising state sanctioned killing to allow doctors to kill patients who are unable to kill themselves

The British House of Commons on 11 Sep 2015 voted 330-118 to defeat an Assisted Suicide Bill. That Assisted Suicide Bill was based on the Oregon Assisted Suicide Act. Mr. Andrews’ Bill is modelled on the disastrous Oregon Act!

**NOES 330 - AYES 118**

Read Labor MP Robert Flello’s speech on just how UNDIGNIFIED it can be being KILLED by the poison a doctor prescribes in Doctor Prescribed Suicide. Read it in the British Hansard, 11 Sep