



# Family LIFE

SUMMER 2024 | FREE

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Essential Ethical  
Directives for  
navigating  
health care

Surrogacy  
undermines dignity,  
marriage & family

Our mission is love

DEFENDING  
LIFE, FAITH  
& FAMILY



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## OUR MISSION

To build a culture of life and love by promoting and defending the dignity of human life from conception to natural death, and by promoting marriage between one man and one woman, and the natural family through prayer, education, and service.



**FAMILY LIFE**  
INTERNATIONAL NZ

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## Front Cover:

Nativity of Christ, Lorenzo Lotto  
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ISSN: 1179-2280 (print) | 2324-1438 (digital)





# Apart from Me you can do *nothing*

***“I am the vine, you are the branches. He who abides in me, and I in him, he it is that bears much fruit, for apart from me you can do nothing.” (John 15:5)***

This is one of our favourite Scripture passages at FLI. We are reminded that all the skills and technology (as nice and as helpful as they are) are useless if our apostolate, our mission, is not grounded in prayer and love of God and neighbour. What really bears much fruit is surrendering ourselves to the will of God, trusting in Him to lead, and to provide.

That is why it is essential for prayer to be at the heart of our mission. *We must remain in Christ.* Both our Saint John Paul II Centre for Life and Saint Gianna's Home for Mothers and Babies have Chapels in which the Blessed Sacrament is reserved, and where Mass is offered at least weekly.

Remaining in Christ is also the reason why the last event of Father Boquet's visit to New Zealand this year was a retreat for staff and volunteers.

This day filled everyone with spiritual food and encouragement to continue defending life and family in the various ways we are called in this life-saving apostolate.

Every individual in FLI's team brings their joy, faith and hope to their work. This is true whether

they serve at St Gianna's Home, in the Gianna's Choice pregnancy centre, Family Life Catholic Gifts, or as a prayer volunteer, or as part of the education or administrative team.

And yes, God really does honour the willingness of His people to serve in our humble apostolate! Our reliance on God along with your sacrificial generosity ensures that this apostolate bears much fruit.

Take a peek on pages 17-19 to see just how lives are being saved!

I am very humbled to serve the FLI apostolate by leading such an amazing team who strive to love and to remain in Christ, knowing it is this trust that allows so many lives to be saved and so many people to hear the truth about life, marriage and family.

All of our team are extremely grateful for your ongoing support. May you and your family have a truly holy Christmas and a blessed New Year!

Yours in the service of life,



*Michelle Kaufman*

National Director  
**Family Life International NZ**



*Some of FLI's team members from across the many programmes on retreat in September with Father Shenan Boquet.*



# Essential Ethical Directives for navigating health care

MICHELLE KAUFMAN

Whether a health care professional or a patient accessing health care services, navigating appropriate treatment options and interventions within an ethical framework can sometimes be difficult if the principles are not laid out in an easily understood manner.

In New Zealand, the difficulties in navigating treatment options are particularly problematic because most health care is administered through secular providers who may not necessarily adhere to the same ethical principles that the Catholic Church teaches.

Unfortunately, practices such as induced abortion, contraception, IVF, euthanasia and assisted suicide are all regarded as “health care.”

Despite the secular nature of New Zealand’s healthcare system, many Catholic and Christian health practitioners work within it, and an even greater number of people of faith access these services every day. Many people desire to make decisions about their health care and to provide medical care to patients that reflect authentic moral principles.



Enter the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*. Published by the United States Conference of Catholic Bishops (USCCB), this comprehensive document is based firmly on the moral principles taught by the Catholic Church.

In the preamble the bishops state: “The moral teachings that we profess here flow principally from the natural law, understood in the light of the revelation Christ has entrusted to his Church. From this source the Church has derived its understanding of the nature of the human person, of human acts, and of the goals that shape human activity.”

## TOPICS COVERED IN THE ERD’S

Divided into six parts, the *Ethical and Religious Directives* provide moral principles and clear guidance for each of the following areas in the provision of health care:

- The Social Responsibility of Catholic Health Care Services
- The Pastoral and Spiritual Responsibility of Catholic Health Care
- The Professional-Patient Relationship
- Issues in Care for the Beginning of Life
- Issues in Care for the Seriously Ill and Dying
- Collaborative Arrangements with Other Health Care Organizations and Providers

The *Ethical and Religious Directives for Catholic Health Care Services* are a must-read for all those involved in providing health care, whether on the front lines or in support or administrative roles. The *Directives* are also helpful for patients and their families who wish to ensure that they and their loved ones are cared for in a way that reflects their beliefs and dignity as a human person, made in the image of God.





# A selection of ethical directives

The following paragraphs are taken from the U.S. *Ethical and Religious Directives for Health Care Services*. These particular directives discuss common issues often faced by patients and health care providers.

## PASTORAL CARE

02

Catholic health care should be marked by a spirit of mutual respect among caregivers that disposes them to deal with those it serves and their families with the compassion of Christ, sensitive to their vulnerability at a time of special need.

15

Responsive to a patient's desires and condition, all involved in pastoral care should facilitate the availability of priests to provide the sacrament of Anointing of the Sick, recognizing that through this sacrament Christ provides grace and support to those who are seriously ill or weakened by advanced age. Normally, the sacrament is celebrated when the sick person is fully conscious. It may be conferred upon the sick who have lost consciousness or the use of reason, if there is reason to believe that they would have asked for the sacrament while in control of their faculties.

16

All Catholics who are capable of receiving Communion should receive Viaticum when they are in danger of death, while still in full possession of their faculties.

23

The inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status. The respect for human dignity extends to all persons who are served by Catholic health care.

## REPRODUCTIVE ISSUES

38

When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.

45

Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.

52

Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.



## INTRINSIC EVILS

70

Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide and direct sterilization.

## ORDINARY & EXTRAORDINARY MEANS

56

A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.

57

A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

58

In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g. the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed." For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to

provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

## INFORMED CONSENT

27

Free and informed consent requires that the person or the person's surrogate receive all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, including no treatment at all.

## EUTHANASIA

60

Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering.\* Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.

*\*Definition from Declaration on Euthanasia. In Evangelium Vitae §65 the definition reads "Euthanasia is an action or omission that of itself and by intention causes death in order to alleviate suffering."*





# a prayer for women wounded by abortion

## *Mary of Bethlehem and Nazareth,*

wife of Joseph, Virgin mother of the Son of God made man, woman of sorrows, model of Faith, You are our mother, living now in the joy of God's presence, You watch over each one of us with gentleness, compassion and tenderness.

We entrust all women hurt by abortion, and their aborted children, to your motherly care. May your unfailing love console our sisters, reassure them of their dignity, and be for them a source of healing, peace and joy. May they find comfort knowing their children are in your arms.

Protect and bless the work of women hurt by abortion. Let it bring love and healing to your wounded daughters, and understanding to those who would help them. May its members work with courage, dedication and perseverance to protect all women from the horror of aborting their children.

And may we all be united again with you in the presence of your Son, Jesus Christ. Our Lord.

*Amen.*

*Prayer: Human Life International*



# Ministry of Health refuse pregnant mothers the chance to *reverse chemical abortion*

MICHELLE KAUFMAN

New Zealand's Ministry of Health has issued a scathing position statement against the life-saving intervention known as *Abortion Pill Reversal (APR)*, threatening doctors and anyone who promotes the life-saving treatment with imprisonment and fines.

A statement published on the Ministry of Health's website on July 11, 2024, claims that APR "is not established by clinical research trials." It asserts that the intervention "could lead to severe side effects and adverse outcomes."

The severe side effects and adverse outcomes are not listed in the statement.

## **FINES AND IMPRISONMENT THREATENED**

According to the Ministry, those who "sell, distribute or advertise" APR are in breach of section 20(2) of the Medicines Act, 1981. This section of the Act restricts the sale or supply of new medicines.

Those convicted can face imprisonment of up to six months or be fined up to \$20,000. Convicted body corporates can be fined up to \$100,000.

Although progesterone has been restricted in the past, it is not a new medicine.

The Ministry of Health claims in the press release that the breach of the Medicines Act 1981 arises "because progesterone is not approved for this purpose." This reasoning does not appear in the actual position statement.

## **PHARMAC GIVES OPEN ACCESS TO PROGESTERONE IN 2022**

On December 1, 2022, PHARMAC, New Zealand's governmental agency that decides which medicines are funded, *removed all restrictions* on progesterone.

According to PHARMAC's website, removing restrictions means that progesterone "will be funded for any relevant use."

The only caveat presented is that prescriptions are administered in accordance with Section 25 of the Medicines Act 1981. As interpreted by PHARMAC, this section of the Medicines Act provides for authorised prescribers acting within the scope of their practice to "'procure the supply of any medicine' for a particular patient in their care." The medication may be "approved" or "unapproved medicines."

Further, the section allows for "an authorised prescriber to use an approved medicine for an unapproved use. For example, in an unapproved



patient population, or with an unapproved dosage regimen, or for an unapproved indication or against a contraindication.”

The governmental agency reaffirms that progesterone will have all funding restrictions removed, placing the responsibility on the prescriber. “It is the responsibility of prescribers to practice within their scope,” they explain, “and prescribe medicines for relevant use that they and their patient consider safe and appropriate.”

The Ministry of Health’s position statement and the threat of fines and imprisonment to anyone who prescribes or promotes progesterone use in an attempt to reverse a chemical abortion contradicts the position of PHARMAC.

### WHAT IS ABORTION PILL REVERSAL (APR)?

Chemical abortion, often referred to as Early Medical Abortion (EMA) or the “Abortion Pill,” is composed of two drugs taken consecutively within the first ten weeks of pregnancy.


Mifepristone is taken first and blocks the effect of the naturally occurring pregnancy hormone progesterone.

Mifepristone is followed some hours later by taking misoprostol, which works by causing contractions that should expel the baby.

Appropriate levels of progesterone are required for a pregnancy to continue and to ensure the newly conceived and rapidly developing human embryo receives all the nutrients needed for survival and healthy growth.

Abortion Pill Reversal is a regimen that works by restoring the progesterone levels blocked by mifepristone.

The reversal protocol is most effective when initiated as soon as possible after mifepristone is taken. The window of opportunity extends only to 72 hours. Timing is critical, with greater success found when the regimen is begun as soon as possible.



5,000+

## CHILDREN HAVE SURVIVED CHEMICAL ABORTION BECAUSE OF APR

### REVERSAL SUCCESS RATES

In 2018, Dr. George Delgado, the pioneer of the Abortion Pill Reversal protocol, undertook an observational case series of 754 women who regretted their decision to undergo a chemical abortion. These women sought intervention after taking mifepristone and before taking misoprostol.

68%

**SUCCESS RATE IN WOMEN  
who were given a high dose  
oral progesterone**

64%

**SUCCESS RATE IN WOMEN  
who were given  
intramuscular progesterone**

Delgado found that there were “no apparent increased risk of birth defects,” and concluded that “the reversal of the effects of mifepristone using progesterone is safe and effective.”

### ETHICAL CONCERNS FOR CONDUCTING CLINICAL TRIALS

Heartbeat International, which currently runs the international *Abortion Pill Rescue Network*, points out that there are “ethical concerns about giving abortion pills to pregnant women.” It would be unethical to conduct such a study, and therefore, “the types of studies pro-lifers can conduct on abortion pill reversal” are limited.

### FURTHER EDUCATION ABOUT APR

APR Science is an excellent educational source for understanding the process: [aprsience.org](https://aprsience.org)



SCAN THE QR CODE  
TO READ THE  
UNABRIDGED ARTICLE

# Surrogacy undermines dignity, marriage & the family

MICHELLE KAUFMAN

***It*** is said that the family is the building block of society.<sup>1</sup> It is the place where children grow to love and serve others and develop knowledge of who they are so they can realize their potential and flourish. Strong families, where virtue is encouraged and nurtured, gift society with citizens invested in contributing to the common good.

In the instruction *Donum Vitae*, the Catholic Church declares that,

the vitality and stability of society require that children come into the world within a family and that the family be firmly based on marriage. The tradition of the Church and anthropological reflection recognize in marriage and in its indissoluble unity the only setting worthy of truly responsible procreation.<sup>2</sup>

Marriage between one man and one woman is central to the flourishing of the children they beget as the fruit of their one-flesh union. Therefore, families, and the children welcomed into them, are a great good for society.

## FAMILY IS UNDER ATTACK

Yet, the family is under attack from ideologies that proclaim a distorted vision of the human person, dignity, rights, and marriage. Many practices that purport to assist in building the family up actually restructure the meaning of familial relationships and offer new models of family life, undermining the solid foundation of the natural family.

Archbishop Anthony Fisher notes that as time progresses, “*the marriage-based natural family, so long recognised as the basic cell of society, will no longer be normative, and to privilege it in any way is increasingly regarded as discriminatory.*”<sup>3</sup> This rejection of the natural family, coupled with the embracing of alternative family-like structures, offends the sanctity of marriage and the dignity of the human person.

## SURROGACY UNDERMINES THE FAMILY IN SOCIETY

Surrogacy is one such practice that undermines the family in society. Increasingly popular, surrogacy presents many moral dilemmas. Although its proponents declare that the method is an excellent way to “grow a family,” it does so at a great cost.<sup>4</sup>

Surrogacy is immoral because it severs the generation of human life from the marital act and dehumanizes the child conceived, undermining the family in society.



Far from mirroring the welcoming of children in the marital act, surrogacy utilizes illicit reproductive technologies to engender human embryos at the request of “*intending parents.*” These new human lives are placed in the surrogate mother’s womb to gestate until birth, completely independent of any marital relationship or act. The arrangement may be altruistic or undertaken with the view of commercial gain. When the baby is born, the surrogate mother hands



over the child to the person(s) who contracted her services, severing herself from the child she has nurtured in her womb.

### **SURROGACY DEHUMANIZES THE CHILD CONCEIVED**

The surrogacy process emphasizes how children engendered in this way are not welcomed as a gift, begotten in an act of total self-giving between spouses, but are reduced to objects of desire, made, using what-



ever means necessary, to satisfy the desires and dreams of adults. Thus, the child created in a sterile laboratory, and with multiple actors in their coming into being, is dehumanized, reduced to an object to be used.

Marriage and the natural family are further undermined as same-sex couples employ reproductive technologies, donor gametes, and surrogate mothers to form a caricature of family life. In these situations, the child conceived is more clearly seen to be dehumanized, viewed as a product desired and produced, for it is impossible, in the natural order, for two people of the same sex to beget a child.

Marriage between one man and one woman is the only place where children can be engendered in a way that respects their rights which flow from their inherent dignity as a human person created in the image and likeness of God.

### **REFERENCES**

1. John Paul II, *Familiaris Consortio* (November 22, 1981), n. 46. The concept of the family being the "building block of society," or the "basic cell of society," has now become a generally accepted notion both within secular and Catholic circles.
2. Congregation for the Doctrine of the Faith, *Donum Vitae: Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation; Replies to certain questions of the day* (February 22, 1987), n. 5.2.A.1.
3. Anthony Fisher, *Catholic Bioethics for a New Millennium* (Cambridge, UK: Cambridge University Press, 2012), 14.
4. "Fertility Associates offers support and treatment options for LGBTTTQI+ couples and individuals hoping to start a family," Fertility Associates, accessed May 8, 2024, <https://www.fertilityassociates.co.nz/lgbttqi>
5. "Surrogacy," Repromed, accessed April 18, 2022, <https://www.repromed.co.nz/fertility-treatments/surrogacy/>

**[T]he marriage-based natural family, so long recognised as the basic cell of society, will no longer be normative, and to privilege it in any way is increasingly regarded as discriminatory.**

**Archbishop Anthony Fisher**

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is a good for individuals and for society?



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your community - right where God has placed you!

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- ▶ Liaising with the parish priest and others to gain support for, and participation in, pro-life and pro-family initiatives.

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# Remembering Monsignor Philip Reilly

JUNE 20th, 1934 to NOVEMBER 30, 2024

DAME COLLEEN BAYER, DSG

A great pro-life hero has gone to his eternal rest in the month of All Souls. Monsignor Philip Reilly, the Founder of the pro-life prayer and sidewalk counselling group *Helpers of God's Precious Infants*, saved many lives by praying and witnessing outside abortion sites in New York.

Dame Colleen Bayer and Clare McClean embraced Monsignor Reilly's philosophy of being physically present at the modern-day Calvary - the sites where God's precious infants are killed. The following is a reflection by Colleen about how Monsignor Reilly was instrumental in the development of FLI's vigils.

It was a humbling and blessed opportunity for my husband Terry and I to meet Monsignor Reilly in the Bronx, New York. We were drawn to attend the Helper's Prayer Vigils that Monsignor Reilly started and was wholly committed to.

Every month, the pro-life faithful would gather together; Monsignor would offer Holy Mass at a parish Church, and, after the Mass, would prayerfully and peacefully process to the local abortion place. A few would remain in the Church, praying before Our Lord in Eucharistic Adoration. The Vigil always concluded with Benediction.

On our return to New Zealand, with the blessing of our Bishop we gathered a small team, including Fr. Rory Morrissey, Geoff, and Inge Forster, and we began our Vigils. We would often have up to 500 people give up a Saturday morning to pray and witness.

Starting with Holy Mass at Good Shepherd Catholic Church in Balmoral, Auckland, we would process prayerfully down to the Auckland Medical Aid Centre (the abortion site). Throughout, we would pray for mercy and the conversion of all those involved with the industry, and for the women who suffer emotionally and physically, and for the tiny babies who would never see the light of day due to the terrible decisions made to end their life.

Through the dedication and very hard work of Clare and Ian McClean, the Helper's Prayer Vigils were held in Wellington for approximately twenty years.

Monsignor Reilly's humility, steadfastness and total love of God - the great author and giver of life - touched the hearts and souls of countless people around the globe. Mothers have been healed, and babies have lived and grown up to love their Mums and take care of them in return. We owe Monsignor Philip Reilly much. He dropped everything to come to New Zealand to lead and teach us, and his legacy lives on in the prayer vigils that continue today.

*May you rest in peace, Monsignor Reilly, and enjoy your eternal reward. Thank you for touching our lives in unimaginable and beautiful ways that brought us closer to God, making our commitment to the Catholic pro-life cause the very essence of our lives. So many have their life because of your faithfulness, love of the Holy Eucharist and of the natural law.*



*Monsignor Reilly leads a Helper's Prayer Vigil in Auckland.*

# VERITATIS SPLENDOR

## The Splendour of Truth

Saint Pope John Paul II



### "INTRINSIC EVIL": IT IS NOT LICIT TO DO EVIL THAT GOOD MAY COME OF IT (CF. ROM 3:8)

79. *One must therefore reject the thesis, characteristic of teleological and proportionalist theories, which holds that it is impossible to qualify as morally evil according to its species — its "object" — the deliberate choice of certain kinds of behaviour or specific acts, apart from a consideration of the intention for which the choice is made or the totality of the foreseeable consequences of that act for all persons concerned.*

The primary and decisive element for moral judgment is the object of the human act, which establishes whether it is *capable of being ordered to the good and to the ultimate end, which is God*. This capability is grasped by reason in the very being of man, considered in his integral truth, and therefore in his natural inclinations, his motivations and his finalities, which always have a spiritual dimension as well. It is precisely these which are the contents of the natural law and hence that ordered complex of "personal goods" which serve the "good of the person": the good which is the person himself and his perfection. These are the goods safeguarded by the commandments, which, according to Saint Thomas, contain the whole natural law.<sup>130</sup>

80. Reason attests that there are objects of the human act which are by their nature "incapable of being ordered" to God, because they radically contradict the good of the person made in his image. These are the acts which, in the Church's moral tradition, have been termed "intrinsically evil" (*intrinsece malum*): they are such *always and per se*, in other words, on account of their very object, and quite apart from the ulterior intentions of the one acting and the circumstances. Consequently, without in the least denying the influence on morality exer-

cised by circumstances and especially by intentions, the Church teaches that "there exist acts which *per se* and in themselves, independently of circumstances, are always seriously wrong by reason of their object".<sup>131</sup> The Second Vatican Council itself, in discussing the respect due to the human person, gives a number of examples of such acts: "Whatever is hostile to life itself, such as any kind of homicide, genocide, abortion, euthanasia and voluntary suicide; whatever violates the integrity of the human person, such as mutilation, physical and mental torture and attempts to coerce the spirit; whatever is offensive to human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution and trafficking in women and children; degrading conditions of work which treat labourers as mere instruments of profit, and not as free responsible persons: all these and the like are a disgrace, and so long as they infect human civilization they contaminate those who inflict them more than those who suffer injustice, and they are a negation of the honour due to the Creator".<sup>132</sup>

With regard to intrinsically evil acts, and in reference to contraceptive practices whereby the conjugal act is intentionally rendered infertile, Pope Paul VI teaches: "Though it is true that sometimes it is lawful to tolerate a lesser moral evil in order to avoid a greater evil or in order to promote a greater good, it is never lawful, even for the gravest reasons, to do evil that good may come of it (cf. *Rom 3:8*) — in other words, to intend directly something which of its very nature contradicts the moral order, and which must therefore be judged unworthy of man, even though the intention is to protect or promote the welfare of an individual, of a family or of society in general".<sup>133</sup>



81. In teaching the existence of intrinsically evil acts, the Church accepts the teaching of Sacred Scripture. The Apostle Paul emphatically states: "Do not be deceived: neither the immoral, nor idolaters, nor adulterers, nor sexual perverts, nor thieves, nor the greedy, nor drunkards, nor revilers, nor robbers will inherit the Kingdom of God" (1 Cor 6:9-10).

If acts are intrinsically evil, a good intention or particular circumstances can diminish their evil, but they cannot remove it. They remain "irremediably" evil acts; *per se* and in themselves they are not capable of being ordered to God and to the good of the person. "As for acts which are themselves sins (*cum iam opera ipsa peccata sunt*), Saint Augustine writes, like theft, fornication, blasphemy, who would dare affirm that, by doing them for good motives (*causis bonis*), they would no longer be sins, or, what is even more absurd, that they would be sins that are justified?"<sup>134</sup>

Consequently, circumstances or intentions can never transform an act intrinsically evil by virtue of its object into an act "subjectively" good or defensible as a choice.

82. Furthermore, an intention is good when it has as its aim the true good of the person in view of his ultimate end. But acts whose object is "not capable of being ordered" to God and "unworthy of the human person" are always and in every case in conflict with that good. Consequently, respect for norms which prohibit such acts and oblige *semper et pro semper*, that is, without any exception, not only does not inhibit a good intention, but actually represents its basic expression.

The doctrine of the object as a source of morality represents an authentic explicitation of the Biblical morality of the Covenant and of the commandments, of charity and of the virtues. The moral quality of human acting is dependent on this fidelity to the commandments, as an expression of obedience and of love. For this reason — we repeat — the opinion must be rejected as erroneous which maintains that it is impossible to qualify as morally evil according to its species the deliberate choice of certain kinds of behaviour or specific acts, without taking into account the intention for which the choice was made or the totality of the foreseeable consequences of that act for all persons concerned. Without the *rational determination of the morality of human acting* as stated above, it would be impossible to affirm the existence of an "objective moral order" and to establish any particular norm the content of which would be binding without exception. This would be to the detriment of human fraternity and the truth about the good, and would be injurious to ecclesial communion as well.<sup>135</sup>

83. As is evident, in the question of the morality of human acts, and in particular the question of whether there exist intrinsically evil acts, we find ourselves faced with *the question of man himself, of his truth* and of the moral consequences flowing from that truth. By acknowledging and teaching the existence of intrinsic evil in given human acts, the Church remains faithful to the integral truth about man; she thus respects and promotes man in his dignity and vocation. Consequently, she must reject the theories set forth above, which contradict this truth.



*It is never lawful, even for the gravest of reasons, to do evil that good may come of it.*



**SCAN** the QR code to read the full document on the Vatican website.

Dear Brothers in the Episcopate, we must not be content merely to warn the faithful about the errors and dangers of certain ethical theories. We must first of all show the inviting splendour of that truth which is Jesus Christ himself. In him, who is the Truth (cf. *Jn* 14:6), man can understand fully and live perfectly, through his good actions, his vocation to freedom in obedience to the divine law summarized in the commandment of love of God and neighbour. And this is what takes place through the gift of the Holy Spirit, the Spirit of truth, of freedom and of love: in him we are enabled to interiorize the law, to receive it and to live it as the motivating force of true personal freedom: "the perfect law, the law of liberty" (*Jas* 1:25).



## REFERENCES

130. Cf. *Summa Theologiae*, I-II, q. 100, a. 1.
131. Post-Synodal Apostolic Exhortation *Reconciliatio et Paenitentia* (December 2, 1984), 17: AAS 77 (1985), 221; cf. Paul VI, Address to Members of the Congregation of the Most Holy Redeemer, (September 1967): AAS 59 (1967), 962: "Far be it from Christians to be led to embrace another opinion, as if the Council taught that nowadays some things are permitted which the Church had previously declared intrinsically evil. Who does not see in this the rise of a depraved moral relativism, one that clearly endangers the Church's entire doctrinal heritage?"
132. Pastoral Constitution on the Church in the Modern World *Gaudium et Spes*, 27.
133. Encyclical Letter *Humanae Vitae* (July 25, 1968), 14: AAS 60 (1968), 490-491.
134. *Contra Mendacium*, VII, 18: PL 40, 528; cf. Saint Thomas Aquinas, *Quaestiones Quodlibetales*, IX, q. 7, a. 2; *Catechism of the Catholic Church*, Nos. 1753-1755.
135. Second Vatican Ecumenical Council, Declaration on Religious Freedom *Dignitatis Humanae*, 7.

# FAMILY LIFE CATHOLIC GIFTS

**Saint John Paul II Centre for Life**

569 Richardson Road, Mt Roskill, Auckland

## REGULAR HOURS:

**Monday to Friday**  
9:00am - 4:30pm

**Saturday**  
10:00am - 2:00pm

## HOLIDAY HOURS:

**Closes:**  
Tuesday 24 December, 2024 from 2:00pm

**Opens:**  
Monday 13 January, 2025 at 9:00am

Phone 09 620 0820 | Email: catholicgifts@fli.org.nz | facebook.com/CatholicGifts

**CATHOLICGIFTS.CO.NZ**





# saving lives & giving HOPE

PAULINE LOUDEN

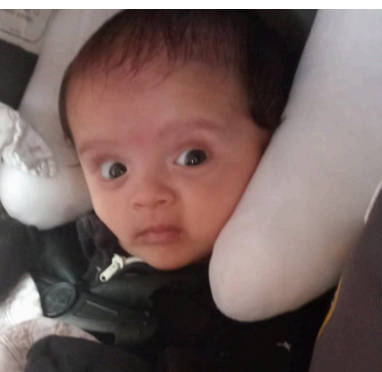


Every mother and father who comes to FLI's pregnancy centre, *Gianna's Choice Pregnancy Options and Support*, has their reasons for getting in touch. However, a common theme emerges whether they contact us in person, by phone, by text, or by email: life's circumstances have made them question whether they can have this baby.

Here are a few concerns mums and dads have expressed when meeting with us:

- ▶ We are experiencing poverty.
- ▶ Our family is complete, and now we must make house alterations and get a bigger car.
- ▶ I'm afraid to tell my parents.
- ▶ Our last child wouldn't sleep, and we cannot go through that again.
- ▶ I am too young to have this baby!
- ▶ The father of this baby has deserted us.
- ▶ I am overwhelmed by the news that I am having twins.
- ▶ My last birth experience traumatised me, and I don't think that I can go through that experience again.

With abortion available on demand, many women we see consider it to be a good solution to their worries.



Using the *Love Approach*, we listen and let them tell us their stories. We inform them of all the options so they know there are alternatives to abortion. We offer a vision of what could be if they accept support and choose life. Empowered with this knowledge, they leave us to think about their decision. This is where prayer and trust in God, along with the generosity of our *Friends for Life*, is vital. The generosity of those who knit beautiful outfits, sew colourful quilts, send in new and cleaned pre-loved baby clothes, nappies, and food for the pantry are so important, providing not only the necessities for our families in need, but also showing them great love.

The good news is that many families who come to *Gianna's Choice* have chosen life for their precious babies. They have overcome their fear and anxiety and are safe with the knowledge that they are in a safe environment and will not be judged.

**Seven courageous mums are due to give birth from November through to March next year.** We also support other families who are happy to be pregnant but face struggles and need assistance providing baby items. Again, we have been able to assist. One young mum said she was in tears of gratitude when she opened the baby pack we sent.

All of this life-saving support is thanks to YOU dear *Friends for Life*!

*Top of page: Baby Azia was born at the beginning of November. Her parents are very grateful for the support they received from Gianna's Choice.*

*Top left: Baby Byron spent four months in hospital when he was born, and his existence was quite a surprise to his mum and dad! They were grateful for help when it was time to bring Byron home.*

*Bottom left: Baby Ally.*

# Our mission is love

REBECCA APOLOSI



## “For God so loved the world...”

are the opening words of John 3:16, one of the most famous passages in the entire Bible. These words are extremely powerful, reminding us that God - seeing our condition - has a passionate desire to have a relationship with each of us.

And as Christmas approaches, this is an incredible reminder of why Jesus was born.

It all started with God’s love for us.

The love that God showed through Jesus is why we are here at Family Life International.

With love as our motivation, hearts are touched.

Those who come in our door at *St Gianna’s Home for Mothers and Babies* are often nervous and fearful, even desperate.

Yet, when they see love, they find something they want – and need - so much: Hope for their situation.

That is why we are seeing hearts changed. And that is why we are seeing lives saved!

## TIA’S STORY

Just before Christmas last year, Tia came to us – heavily pregnant and needing shelter.

Doesn’t that sound familiar?

If you’ve seen *St Gianna’s Home for Mothers and Babies*, you know it is a far sight grander than the stable our Blessed Mother Mary took shelter in before the imminent arrival of baby Jesus.

But the solace and security that the women in both these situations would have felt at finding a place to stay, I believe is the same.

Tia was seven months pregnant when she called *Gianna’s Choice Pregnancy Options and Support’s* 0800 number; wounded, full of mistrust and anger. She was desperate, with nowhere to live, but an ‘angel’ called Clare offered her *St Gianna’s Home for Mothers and Babies* to stay in.

“Giving birth surrounded in safety and love was the best thing ever,” Tia shares.

“My heart softened, and me and my little Princess started to feel secure, loved and accepted.”

“She was and is everything to me. My little girl was my ‘Christmas’ baby.”

A year on, Tia is confidently stepping out of the care of the home and into her own, while also undertaking a tertiary course for cooking; a passion she discovered when living at *St Gianna’s Home for Mothers and Babies*.



“My life has turned around. I have made lifelong friends, made lots of personal changes and above all I love my daughter more than anything else in this world” says Tia.

### JESSIE'S STORY

Jessie had been abandoned by the father of her baby and was left feeling anxious and very alone.

“Even though my situation wasn't good, I knew that this baby inside me was real and I had to protect her,” tells Jessie.

She found FLI online and reached out.

A visit from FLI's founder, Dame Colleen Bayer, gave Jessie reassurance that someone cared about her and her baby.

“Now I have a safe and supportive place to live at Saint Gianna's Home,” says Jessie.

“I am so excited to meet my baby girl who will arrive before Christmas. The best Christmas gift ever! I can't wait to hold my baby girl!”



*Tia's little girl with Helen Shin, one of the House Mothers at Saint Gianna's Home for Mothers and Babies. Jessie's, baby girl, just born, is on opposite page.*

Jessie has settled on the name MaryAnne for her little girl.

### HEARTS FULL OF GRATITUDE

Our hearts are bursting with love, hope and joy for Tia and Jessie who have responded to the call of their motherhood with bravery and resilience.

And immense gratitude goes out to the selfless generosity of each of you - FLI's *Friends for Life* - who have given Tia, Jessie and other mums like them, a safe, loving place to live this Christmas.

Please keep Tia, Jessie and their little girls in your prayers and hearts this Christmas, as well as all the mothers and babies in need, who FLI will continue to open our hearts and doors to over the Christmas season.



## Life is a precious gift!

LEAVE A GIFT THAT KEEPS ON GIVING.

After you have provided for your family, you can do something special for countless pre-born children by giving them the gift of life.

By simply asking your lawyer to add a codicil to your will, you will be helping to ensure that the life-saving work of FLI continues for many years to come!

**CONTACT COLLEEN BAYER**  
**FOR MORE INFORMATION COL.FLI@XTRA.CO.NZ**

# Proclaiming THE Gospel of Life IN A POST-CHRISTIAN CULTURE

FLI STAFF



Above: Father Boquet offering Mass in FLI's Chapel of the Annunciation, and speaking at the Auckland Conference.

Right: Participants listening intently at the presentation at St. Patrick's Parish, Pukekohe.

Saint John Paul II declared in his encyclical *Evangelium Vitae* that we are all called to love, protect, defend, and serve human life from conception through to natural death. Many wonder how this can be achieved effectively in a post-Christian culture where the landscape is constantly changing and the culture of death has taken hold.

This past August and September, FLI teamed with Father Shenan Boquet, president of *Human Life International*, on a highly successful pro-life speaking tour in both the North and South Islands of New Zealand. Events occurred in Auckland, Hamilton, Rotorua, Wellington and Christchurch, where it was an honour to collaborate with the *John Paul II Centre for Life and Right to Life NZ*. The overwhelming response and participation of many in each community filled us with hope and inspiration.

Father Boquet, the principal speaker on the tour, reminded participants of what it means to be truly pro-life and pro-family, grounded in the perennial teachings of the Catholic Church. He discussed the moral

principles needed to make judgements about actions encountered every day, casting a vision for human flourishing grounded in the human person's dignity. He encouraged each person to be a "spark," and to stretch themselves to be a strong voice for those in need, just as the Good Samaritan stopped and attended to the needs of the man beaten and left for dead on the side of the road.

FLI National Director, Michelle Kaufman spoke at several venues discussing the current situation in New Zealand regarding two life issues – abortion and euthanasia. She also encouraged participants to become more involved and made several suggestions as to how they could make a difference:







*Some of the faithful pro-lifer's who participated at the Wellington event.*

- ✦ Grow closer to God, as lasting change begins in our own hearts.
- ✦ Ensure the language you use aligns with the truth.
- ✦ Build up marriage and family.
- ✦ Get involved at a practical level.

## AUCKLAND CONFERENCE

On the last weekend of August, a conference spanning a day and a half was held at Holy Family Catholic Parish in Auckland. There, Father Boquet was able to widen the topics and provide more significant insights.

Other speakers included FLI team member, Simon Archer, who gave an informative presentation on the End of Life Choice Act and its Review. Michelle Kaufman discussed the current abortion situation in New Zealand, highlighting the need for, and challenges surrounding Abortion Pill Reversal.

Meanwhile Maria Pais reflected on the great need for a deeper spiritual life to be effective pro-life and pro-family advocates. James Williams introduced the speakers and ensured the event ran smoothly, while the Mother of Divine Mercy Refuge provided plenty of tasty food for participants.

## MANY PEOPLE REACHED

Monday of the second week of the mission was set aside to discuss pro-life issues with young adults. Father Boquet spoke with students at Auckland University and offered Mass. Later in the day, he addressed a packed room for the Catholic Young Adults Community (CYAC), inspiring them to live their faith joyfully and embrace the vocation they are called to.

This year's pro-life speaking tour informed, equipped, and encouraged over 1,000 people. The events and pro-life homilies at Masses offered by Father Boquet not only educated but also empowered individuals to be part of the larger movement for life.

Volunteers and staff of Family Life International, including *Gianna's Choice Pregnancy Options and Support* and *Saint Gianna's Home for Mothers and Babies*, came together on the last day of the mission for a retreat. Father Boquet led the team in prayer and reflection, encouraging everyone to put out into the deep, be at the business of God, and use the gifts God has given each of us uniquely to serve in this pro-life apostolate.



*Top: Staff at Saint Gianna's Home for Mothers and Babies with Father Boquet and Father Steele.*

*Bottom: Some of the participants at the Hamilton event.*

Are you interested in partnering with HLI and FLI to host a three-day Catholic pro-life training in your community? If yes, please email Michelle Kaufman: [michelle@fli.org.nz](mailto:michelle@fli.org.nz)

# Clinicians urged to *exercise caution* when prescribing puberty blockers

MICHELLE KAUFMAN

New Zealand's Ministry of Health is urging clinicians to "exercise caution" in prescribing puberty blockers to young people experiencing gender incongruence and dysphoria, citing a "lack of good quality evidence" to justify their use.

The Ministry of Health released an evidence brief titled *Impact of Puberty Blockers in Gender-Dysphoric Adolescents* alongside a *Position Statement on the Use of Puberty Blockers in Gender-Affirming Care* on 21 November.

**We do not have good evidence to say that the medicines used improve the longer-term outcomes for young people with gender-related health needs - nor that the potential longer-term risks are low.**

**Ministry of Health**

The position statement expects clinicians to take "a more precautionary approach," beginning treatment with a "holistic assessment." The assessment ought to reveal the "full spectrum of needs a young person may have, including social and mental health."

A precautionary approach, the Ministry insists, "signals the need for clinicians to exercise caution in prescribing." The expectation is that prescribing

practitioners would be experienced in providing so-called "gender-affirming care," would not be acting alone but as "part of an interprofessional team," and that the team would be "offering a full range of supports."

## EVIDENCE BEHIND THE DECISION

The Ministry of Health's consultation page states, "We do not have good evidence to say that the medicines used improve the longer-term outcomes for young people with gender-related health needs – nor that the potential longer-term risks are low."

Key concerns about the use of puberty blockers by young people were outlined in the position paper and include:

- ▶ A slower rate of increase in bone density than expected for the stage of development.
- ▶ The impact of hormone medication on organ systems.
- ▶ Poor quality evidence for an improvement in depression, anxiety, and suicidal ideation.

## USE OF PUBERTY BLOCKERS IN NEW ZEALAND FOR INDIVIDUALS SUFFERING GENDER IDENTITY ISSUES

Puberty blockers have been used for some time as part of what is referred to as "gender-affirming care" in young people aged between 11 and 17.

In 2021, the number of young people starting this chemical interference in the natural function of puberty peaked at around 140 youth in the course of the year.



In 2023, the number had decreased to 113.

In contrast, in 2010 – just 14 years ago – the Ministry of Health reported that approximately 25 youth begun taking the blockers in that year.

### WHAT CAN THE PUBLIC AND HEALTH PRACTITIONERS EXPECT OVER THE COMING MONTHS?

According to the press statement, over the coming months, the public and health practitioners can expect:

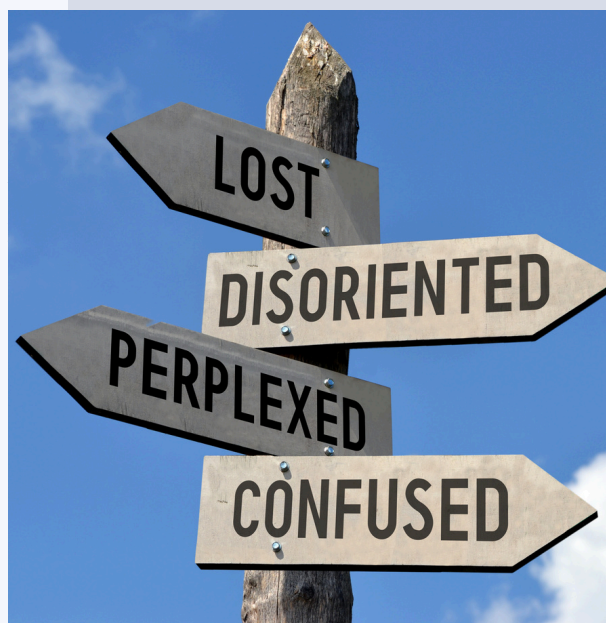
- ◆ Updated clinical guidelines on puberty blockers.
- ◆ Better monitoring of the usage of puberty blockers.
- ◆ Developing New Zealand’s knowledge to guide further advice and safeguards.
- ◆ The commissioning of research determining the long-term clinical and mental health and well-being impacts of puberty blockers.

### FLI’S RESPONSE

“It is wonderful news that the Ministry of Health is beginning to objectively assess the dangers of puberty blockers on children and young people,” says FLI’s National Director, Michelle Kaufman.

“However, this is just a start,” she cautioned. “So-called gender-affirming care, whether supporting and facilitating social, chemical, or surgical transitioning, is still harmful to individuals who cannot possibly have the ability to give informed consent to the interventions.”

“Tens of thousands of de-transitioners attest to the psychological and physical damage they have endured and rightly believe they have been betrayed by



the adults in their life who should have helped them navigate their confusion, rather than assist them to masquerade as a person of the opposite sex.”

“The team at FLI believe that replacing gender-affirming care with a listening and wait-and-see approach is the most prudent way forward.”

“Every person is made in the image of God. God made us male and female, and He does not make mistakes. There is a wide spectrum of what it looks like to be male, and the same goes for being female. As a society, we once understood this,” Kaufman explained.

“Young people must be assisted to discover who they are with genuine compassion and truth.”

“Congratulations to the Ministry of Health for taking the first step in protecting young people; however, the interventions need to go further so that the grave harms being perpetrated against the children and youth in this country completely cease.”

**URGENT!**

**SUBMISSION** *on protecting children*  
**Have your say. Your voice matters!**



The Ministry of Health are consulting the public on behalf of the government and are asking “*whether there should be additional safety measures for puberty blockers, such as regulations under the Medicines Act.*” Consideration is being given to certain measures to ensure children and youth are not “unduly exposed to unknown risks.” These measures are, updating clinical guidance, increased monitoring of prescriptions and other regulatory measures.

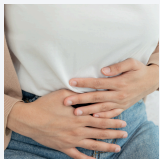
SUBMISSIONS CLOSE  
Monday 20 January, 2025 - 5pm  
<https://consult.health.govt.nz/strategy-and-policy/safety-measures-for-the-use-of-puberty-blockers-in/>

# PRO-LIFE WORLDVIEW

» WEEKLY NEWS & COMMENTARY FROM AROUND THE GLOBE

SIMON ARCHER

## Recent News



### Pharmac to fund at-home testing kit to check abortion has succeeded

Taxpayer-funded agency *Pharmac* has announced it is funding a new testing kit for home use to check on the “success” of so-called “medical” abortions, in other words, to check that the baby has been expelled and the induced abortion is complete. *Sexual Wellbeing Aotearoa*, formerly named *Family Planning* and a member association of the *International Planned Parenthood Federation*, the biggest abortion-providing organization in the world, said, “*This is a great decision ... This demedicalizes the process.*”

Family Life International (FLI) says, “The comment from Sexual Wellbeing New Zealand that Pharmac’s abortion-testing kit demedicalizes the process” is both unintentionally revealing and deeply deceptive.”

“Firstly, they are admitting what the pro-life movement has always said: Abortion has nothing to do with medicine; it is not health care. The *Merriam Webster* dictionary defines medicine as “*a substance or preparation used in treating disease*” – but a baby and a pregnancy are not diseases. Secondly, Sexual Wellbeing’s claim that the testing kit demedicalizes the abortion process is deeply deceptive because chemical abortion is associated with various risks to a mother’s health. The most common clinically significant adverse events are hospital admission, blood transfusion, emergency room treatment, IV antibiotics administration, infection and, rarely, death. Clinically significant outcomes are ongoing intrauterine pregnancy and ectopic pregnancy diagnosed after medical abortion treatment. Yet research by abortion providers without exception describes the procedures as safe and effective.”<sup>1</sup>

#### FOOTNOTES

<sup>1</sup> Cleland K, Creinin MD, Nucatola D, Nshom M & Trussell J (2013) Significant adverse events and outcomes after medical abortion. *Obstet Gynecol* 121(1):166-171; and Trussell J, Nucatola D, Fjerstad M & Lichtenberg ES (2014) Reduction in infection-related mortality since modifications in the regimen of medical abortion. *Contraception* 89(3):193-196.



### Norway’s Catholic bishops sign Declaration against gender ideology

A Declaration on “*Gender and Sexual Diversity*” signed by the Catholic bishops of Norway plainly affirms the Christian understanding that humanity’s biological sex is defined at conception, that “*God created humans as male and female,*” and that “*Marriage is the union of a man and a woman, established by God.*”

The ecumenical Declaration – signed by over 30 Christian communities – emphasises the importance of the traditional family structure because children are best served when raised by both biological parents and warns of the dangers of gender ideology. The Declaration also censures public authorities for abusing their mandate and undermining religious freedom when they “*try to pressure citizens and organisations to conform to ‘queer theory’ regarding gender, sexuality, and marriage.*” The wisdom of the Church expressed with clarity and directness in this way provides a powerful encouragement to the faithful to seek and hold to the truth.



### As abortion is decriminalized in Jalisco, Mexican cardinal tells legislators they will have to answer to God

With fitting prophetic clarity, Mexican Cardinal Francisco Robles Ortega has reminded politicians in his State’s legislature that “*One day they will stand before God and have to answer why they passed a law intended to destroy innocent lives, which is what abortion is.*” Jalisco State joins ten others that have decriminalised abortions for babies up to 12 weeks of gestation. Decriminalising abortion “*should be called for what it is,*” the Cardinal said, “*murdering the innocent.*” In New Zealand, abortion is legal up to birth, with the only requirement being that after 20 weeks, the “*health practitioner reasonably believes that the abortion is clinically appropriate in the circumstances.*”





## Ministry of Health blocks review committee from investigating concerning cases of euthanasia & assisted suicide

Two of a three-member committee responsible for reviewing euthanasia and assisted suicide deaths under the End of Life Choice Act were blocked by the Ministry of Health from receiving vital information regarding cases that aroused their concerns. These concerns included the patient's diagnosis, their prognosis, the assessment of their capacity or evidence of suspected coercion. One committee member resigned when they were told to "assume nothing was wrong" on receiving assisted death reports with blank sections.



## Medical Journal pushes conjoining euthanasia and organ harvesting

Wesley J. Smith, a leading ethicist and defender of life, comments on the strong support within the medical establishment for taking advantage of euthanasia to enhance the availability and effectiveness of organ harvesting. In 1993, Smith predicted this "plum to society" as an inevitable outcome of legalising assisted suicide, and he is now warning about the next steps down this utilitarian path, namely organ harvesting as the means of euthanasia which, he points out, "has already been proposed in a major bioethics journal."



## Ideological journalists unjustly blame pro-life legislation for women's deaths

Secular Pro-Life, a US pro-life group for "atheists, agnostics and other secularists," says that ideological journalists are unjustifiably blaming laws limiting abortions in certain States for mothers' deaths. For example, a woman who took abortion pills in North Carolina suffered serious complications when some of her babies' remains were still in the uterus. She died in the emergency room of a hospital in Georgia, where the law forbids abortion when there is a detectable human heartbeat. ProPublica, which claims to carry out investigative journalism in the public interest, implies that Georgia's heartbeat law was to blame. Secular Pro-Life aptly comments: "The North Carolina abortion pills had already caused the deaths of Thurman's unborn children. It follows, by definition, that nothing occurring five days later could have possibly violated Georgia's anti-abortion law."



## Mums who felt pushed to abort their babies set up charity to welcome babies with Down syndrome

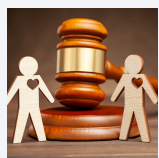
When Kat Booker's baby was diagnosed with Down syndrome, she "felt like I was being pushed towards termination [induced abortion] because it was the easier thing to do." Fortunately, Kat decided to continue with the pregnancy and gave birth to her "dream" daughter, little Nancy. Kat and other mums with similar experiences have set up a charity gifting Welcome Boxes to babies with Down syndrome, which sends the message to mothers: "You are not alone; your baby will be alright."



## French TV channel fined for calling abortion the world's leading cause of death

Arcom, the French media regulatory authority, has fined conservative TV channel CNews for allegedly failing in their "obligation of honesty and rigour" when presenting information showing that abortion is the world's leading cause of death. Worldwide, around 70 million deaths result annually from abortions – 52% of all deaths – and is seven times higher than deaths from the next leading cause, cancers (10 million) and over 10 times higher than deaths from smoking (6.2 million).

According to Arcom, "abortion cannot be presented as a cause of death." Through this absurd Orwellian logic, so completely devoid of honesty or rigour, Arcom censors and silences pro-life witness by pretending that abortion does not cause the death of a baby. We must pray for France, "the eldest daughter of the Church," that she recovers her senses and faith and realises how deeply wounded her soul is.



## Vanuatu Parliament bans same-sex 'marriage'

There can be no doubting the Vanuatu government's intent on marriage. The country's constitution defines marriage as being between a male and female, and now Parliament has amended the Marriage Act to unequivocally state that a marriage is a union between a male and female. As if that were not clear enough, attempts of marriage between two people of the same sex may not be registered.



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PRO-LIFE  
**WORLDVIEW**



## NEW RECIPIENT

# *Saint Gianna & Pietro Molla Award*

FLI STAFF

In 2023, Family Life International initiated two new awards to honour people for their service to life and family in the community. The recipients of the *Dr. H.P. Dunn Award* and the *Saint Gianna and Pietro Molla Award* are individuals who selflessly give of themselves and who witness to the gift of human life and of the family.

This year, Mr. Kenneth Orr, secretary for Right to Life NZ, receives the *Saint Gianna and Pietro Molla Award for Service to Life and Family*.

The Award was presented to Mr. Orr for his outstanding contribution to serving life and family by defending the lives of pre-born children and consistently holding governmental and other agencies accountable through persistent inquiry.

Based in Christchurch, Mr. Orr has laboured tirelessly for many decades to defend the right of pre-born children to be protected from abortion. He has also worked tirelessly to warn of the dangers of euthanasia, assisted suicide and other evils.

Mr. Orr has gone before the Court and has consistently been a thorn in the side of the Ministry of Health and other agencies with his persistent inquiry, attempting to keep these publicly funded entities accountable.

Never one to keep the results of his inquiry to himself, Mr. Orr has always been willing to share the information he obtains with as many people as possible. As a result, his research has aided pro-life organisations throughout New Zealand in their work to defend pre-born children and their mothers from the violence of abortion.

Mrs. Michelle Kaufman, National Director of FLI, presented Mr. Kenneth Orr with the *Saint Gianna and Pietro Molla Award for Service to Life and Family* on Wednesday, 28 August.

The Award was presented during the Christchurch evening programme for the *Proclaiming the Gospel of Life in a Post-Christian Culture* speaking tour with Father Shenan J. Boquet, President of Human Life International.

*Mrs Michelle Kaufman, National Director of FLI, presents Mr Kenneth Orr, Secretary of Right to Life NZ, with the St Gianna and Pietro Molla Award for Service to Life and Family.*







# UPCOMING EVENTS

[FLI.ORG.NZ/PROLIFEEVENTS](http://FLI.ORG.NZ/PROLIFEEVENTS)

For more information about any of these events please contact:  
**Simon Archer: 021 400 729 | [simon@fli.org.nz](mailto:simon@fli.org.nz)**

## LENTEN PRAYER FOR life

**Ash Wednesday 5 March to Palm Sunday 13 April, 2025**

Join us in prayer this Lent for an end to abortion in our nation. Details to come.

### Candlelight Vigil for the Unborn

**Sunday 13 April | 7:30pm**

Potter's Park | Cnr of Dominion & Balmoral Roads  
 Balmoral | Auckland

### Weekly Prayer near AMAC

**Every Wednesday**

7:00am to 8:00am | 9:30am to 10:30am  
 Dominion Road near Prospect Terrace  
 Balmoral | Auckland

### Celebration of Life

**Sunday 30 March | 7:00pm**

Pompallier Diocesan Centre  
 30 New Street | Ponsonby | Auckland

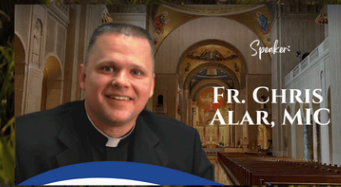
An afternoon of joyful celebration of the gift of life and the generous people who make FLI's life-saving mission possible.

## Rise, Let us be on our Way Divine Mercy in the 3<sup>rd</sup> Millennium Conference



**Auckland  
 May 23-25 2025**

[www.divinemercyconference2025.co.nz](http://www.divinemercyconference2025.co.nz)  
 Ph 03 359 2087



**SIGN UP for email updates at [FLI.ORG.NZ](http://FLI.ORG.NZ)**



# Merry Christmas

It has been a busy year and many in our team will take a break over the Christmas season to spend time with our families and recharge for the work that lies ahead in 2025 defending and serving life, faith, and family.

**SAINT JOHN PAUL II CENTRE FOR LIFE**  
 Closed from end of day Monday 23 December and reopens Monday 13 January, 2025.

**FAMILY LIFE CATHOLIC GIFTS**  
 Closed from Tuesday 24 December at 2:00pm and reopens Monday 13 January, 2025.

**GIANNA'S CHOICE OPTION LINE**  
 will operate throughout the Christmas and New Year season. Please call 0800 367 5433.

# Pregnant?

## Need help?



**0800 367 5433**  
**pregnancyoptions.org.nz**

*Gianna's* **CHOICE**  
Pregnancy options and support