

SAVES BULLETIN

VOL 35 NO 1
March 2018
ISSN 1321-0599

NEWSLETTER OF THE SOUTH AUSTRALIA VOLUNTARY EUTHANASIA SOCIETY INC. (SAVES)

'The right to die is as inviolable as the right to life'. Sir Mark Oliphant

Keep up the momentum in South Australia

Following the November 2016 loss of the *Death with Dignity* Bill by the casting vote of the Speaker Hon Michael Atkinson, SAVES will keep up the growing momentum for legislative reform. Publication of this edition of the SAVES Bulletin will closely coincide with the results of the SA state election. As noted in the previous bulletin a personal visit to your MP is the best way to ensure that our state representatives get face-to-face contact with people who are passionate about this issue, or those who have been personally affected by the current lack of end of life choices. A personal letter, email or phone call to your MP can also powerfully illustrate why you want your MP to vote for assisted dying laws.

Ask your member if he or she holds in-principle support for voluntary euthanasia by asking *'What will you do to make voluntary euthanasia legal and stop people suffering at the end of life?'* Go to any 'street corner' meetings held by elected members and make your views known on this issue – make it important in your electorate.

Don't forget that Upper House members represent the whole state and are therefore aiming to represent you. Contact as many of them as you can and ask them the same question and let them know that this social issue will remain on the legislative agenda until properly dealt with.

Success in Victoria!

Readers will no doubt be aware of the successful passage of the *Voluntary Assisted Dying* Bill in Victoria last November. From mid-2019 Victoria will join the list of jurisdictions that have confirmed the right of a person to elect to die if she or he is suffering unbearably. Victoria became the first state in Australia to legalise voluntary assisted dying: two decades after the Howard Government overturned the short-lived Northern Territory *Rights of the Terminally Ill* Act.

After four days of deliberation, 141 proposed amendments and a 26-hour marathon sitting, the

historic law passed Victoria's lower house 47-37. Former Prime Minister Paul Keating intervened with a plea for MPs not to support it. However, this did not sway the views of politicians who had been studying the issue in depth for over two years. After another marathon 28 hour sitting in the 40 member Upper House, the Bill passed 22-18 with amendments. Eleven Labor Government MPs supported the bill, as did four Liberals, five Greens, the Reason Party's Fiona Patten, and Vote 1 Local Jobs Party MP James Purcell. It then had to return to the Lower House for ratification before becoming law. Debate had been postponed when Labor MP Daniel Mulino collapsed and was taken to hospital. The Government's leader in the Upper House, Gavin Jennings, had accused opponents of trying to extend debate 'far beyond the terms of reasonable argument' in an attempt to delay the bill's passage through the Parliament.

Upon the successful passage of the Bill Premier Daniel Andrews stated:

Today's all about emotion, and it's all about compassion,... It's about providing for those who have for too long been denied a compassionate end the control, the power over the last phase of their journey...It's about giving to them that control.

The Act now allows for a model for physician-assisted dying whereby a patient can request and receive help to obtain medication necessary to bring about their own death. It does not allow for voluntary euthanasia, or doctor administration at a patient's request. However, a doctor may administer in circumstances where the patient is physically incapable of doing so unassisted. Under the legislation, terminally ill Victorians will be able to obtain a lethal drug within 10 days of asking to die, following a three-step request process involving two independent medical assessments. They must be over the age of 18, a resident of Victoria, and have an illness likely to result in death within six months (or 12 months for neurodegenerative conditions such as motor neuron disease). They must be experiencing suffering that cannot be managed in a way that is tolerable. The legislation includes 68 safeguards, including new criminal offences to protect vulnerable people from abuse and coercion and a special board to review

all cases. Compared with many jurisdictions the Victorian model is conservative. Others have broader eligibility criteria: for example extending access to minors, non-residents and people suffering non-terminal conditions and disabilities or include access to both voluntary euthanasia and physician-assisted dying.

It is important for SAVES members to understand the tactics that were employed by opponents of the legislation due to the likelihood that these same strategies will be employed against any future Bill introduced into South Australia, or any other state parliament. An article in *The Conversation* (14th November 2017) provided an analysis of the four main reasons Victorian MPs opposed the Bill and the reasons why some were misleading. The authors noted that of the 18 Upper House members who voted against the Bill, 15 gave speeches outlining their reasons. Examination of the speeches identified four major themes. These were: a lack of adequate safeguards to protect the vulnerable; that legalising assisted dying presents a slippery slope; palliative care services must be improved first; and a doctor's duty is to treat, not to kill. A brief overview follows:

Insufficient safeguards

The most frequently cited reason was that safeguards cannot properly protect the vulnerable. MPs expressing this view included Liberal MPs Bernie Finn and David McLean Davis, and Rachel Carling-Jenkins (Cory Bernardi's Australian Conservatives). However, the authors note that such concerns have been rejected in high-level peer-reviewed journals such as *The Lancet* and the *New England Journal of Medicine* as well as by the Canadian courts which have cross-examined evidence testing the findings of this research.

The 'slippery slope' argument

The slippery slope argument contends that even though the Victorian model is currently a conservative one, that does not preclude it evolving over time (Labor's Nazih Elasmr). But this argument is also misleading, as the Victorian bill is modelled on the Oregon Death with Dignity Act which has not been amended since it was enacted 20 years ago. The authors argue 'It is disingenuous to suggest a broadening of the law is the 'norm''.

Improve palliative care first

Two inter-related arguments were made. Firstly, that the focus should be on increasing palliative care funding to extend its reach, instead of introducing

assisted dying (Liberal MP Joshua Morris). Secondly, offering people assisted dying but not palliative care 'is not a real choice' (Labor MP Daniel Mulino).

However, this argument conflates assisted dying and palliative care. Professor Brian Owler, Chair of Victoria's advisory panel for the assisted dying legislation, has stated that palliative care is the 'main game' when treating dying patients and that this will always remain so. The government can increase funding for palliative care and pass legislation allowing assistance to die at the same time. When it comes to the issue of choice, it is nonsensical to suggest that an otherwise eligible person should be refused assistance to die because he or she does not have access to palliative care. The proponents of such an argument are effectively saying it is better to have no options rather than one option at the end of life.

Doctors should 'do no harm'

This argument maintains that assisted dying will undermine the doctor-patient relationship based on trust. Arguments in this theme also contend that assisting patients to die is the very antithesis of what doctors do. A patient who is eligible for assisted dying under the Victorian bill can no longer be healed: he or she is terminally ill and will inevitably die. Secondly, many people including health professionals do not regard assisted dying as a 'harm', as this always depends on context. It can be argued that helping people die more peacefully is a benefit rather than harm. Thirdly, every day doctors, patients and families make decisions to withhold or withdraw treatment that will result in a patient's death while also providing pain relief. Such actions are not deemed to undermine the doctor-patient relationship.

When legislation comes before other state parliaments it is important that all MPs interrogate their positions, including the biases that underpin them, in order to be intellectually rigorous. Debates must be based on reliable evidence; such as that provided in the Australia 21 Roundtable report, published in 2013 and reported on in earlier editions of SAVES Bulletin. This noted the large body of international evidence that has accrued from a number of jurisdictions that have successfully legislated to support assisted dying and/or voluntary euthanasia. The report followed constructive dialogue between supporters and opponents of law reform, 27 ethicists, theologians, palliative care workers, doctors, nurses, lawyers and patients, and former politicians who contributed to an earlier Roundtable discussion. Australia 21 made three recommendations:

1. State governments should develop legislation now to permit and regulate voluntary euthanasia and assisted suicide in defined and limited circumstances;
2. The Federal Parliament should restore powers that were withdrawn from the Territories so these parliaments may do the same; and
3. Until the above happens, each Member of Parliament should consider exercising his or her right to introduce a private member's bill on voluntary euthanasia and assisted suicide.

References:

-Willingham, R & Edwards, J; 'Voluntary assisted dying bill passes Victoria's Upper House- state set to make history' ABC News online 22nd November 2017 <http://www.abc.net.au/news/2017-11-22/euthanasia-victorian-parliament-passes-assisted-dying-laws/9156016>

-Towell, N & Preiss, B; 'Delaying tactics fail as voluntary euthanasia faces new upper house test' The Age 20th October 2017 <http://www.theage.com.au/victoria/delaying-tactics-fail-as-voluntary-euthanasia-faces-new-upper-house-test-20171020-gz597f.html>

-Willmott, L, McGee, A, & White, B; 'Four reasons Victorian MPs say 'no' to assisted dying, and why they're misleading', The Conversation, November 14th 2017 <https://theconversation.com/four-reasons-victorian-mps-say-no-to-assisted-dying-and-why-theyre-misleading-87168>

-Douglas, R; Willmott, L & White, B; (2013) 'The right to choose an assisted death: Time for legislation?' Australia 21 Report available at <http://australia21.org.au/product/the-right-to-choose-an-assisted-death/#.Wk8ZPeRU02x>

Bequests to SAVES

A bequest to SAVES is a significant gift furthering the primary aim of the society to achieve law reform allowing choice for voluntary euthanasia.

The appropriate wording for the gift of a specific sum is I bequeath to the South Australian Voluntary Euthanasia Society Inc. the sum of \$.....

In the unlikely event that you wish to leave your entire estate to SAVES it would read I give, devise and bequeath the whole of my real and personal estate to the South Australian Voluntary Euthanasia Society Inc.

SAVES media release on success in Victoria

Following the legislative success in Victoria SAVES president Frances Coombe, released the following media statement on the 22nd November:

“Congratulations and a big thank you to members of the Victorian Parliament, our sister organization Dying with Dignity [DwD] Victoria and the many people who have worked so hard to achieve voluntary assisted dying in Victoria. “Compassion has finally won.” This is very conservative legislation which will not come into effect until June 2019.

We trust that before that time, the South Australian Parliament will consider a similar Bill and give South Australians a similar choice at the end of their life.

I would personally like to thank Andrew Denton [Go Gentle Australia] for the enormous role he has played in changing the focus of the debate to enable the passage of this legislation. Two other public figures who had a major impact in informing the debate and getting the legislation over the line were Dr Rodney Syme from DWD Victoria and the Victorian Coroner, John Olle, with his evidence on elderly suicide given to the Inquiry.

Victorians can also thank two South Australians, Emeritus Prof Ian Maddocks, AM, and Dr Roger Hunt, two eminent South Australian palliative care physicians, who were instrumental in the design of the model adopted in the Victorian legislation. We trust that South Australian MPs will similarly consult with such eminent experts in developing a model for South Australia.

Listening to some of the 50 or 60 hours of questioning in the committee stage over the last week has given me hope that we can now do this in South Australia. We know exactly what the opponents will ask, and we know that their arguments are for the most part based on deliberate misrepresentations of the facts. My last and heartfelt thank you is to Gavin Jennings, who carried most of the 60 hours of debate and hypotheticals from opponents in the Victorian Parliament. A massive task undertaken with great care and consideration for those people who are unnecessarily suffering at the end of their life and for whom this law has been passed.”

Queensland's push for law reform

The estate of former Brisbane lord mayor Clem Jones will be used to promote his wish that voluntary

euthanasia be legalised. Mr Jones bequeathed most of his estate to a charitable foundation to be directed to a number of causes, including up to \$5 million to help campaign for voluntary euthanasia across the country.

The Clem Jones Trust chairman David Muir stated that after supporting the successful push for assisted dying laws in Victoria last year, the trust would now back a campaign in the former lord mayor's home state of Queensland. He called on MPs to support a wide-ranging public inquiry into the issue:
Unlike other states, the Queensland parliament has not debated this important subject and that should not continue in the new 56th parliament.

He said the trust would be advocating for MPs on all sides to address the issue, saying current laws left people with the choice of enduring intolerable suffering or breaking the law to end their life.
We should not continue to force people to take things into their own hands because of a lack of law reform that would give them a lawful and dignified death in a strictly regulated environment.

Queensland Premier Anastacia Palaszczuk has 'left the door open' to possible voluntary euthanasia reform, but her government won't consider it this year. Premier Palaszczuk claims that she hasn't made up her own mind on the issue but, citing her own grandfather's suffering with terminal cancer, acknowledges the pain people feel:
I think anyone who watches such a tragedy unfold, especially when it's someone so close and such a loved one, is, of course, going to be moved by that.

However, Ms Palaszczuk says her recently re-elected Labor government will not consider the issue during the first year of its term but will consider holding an inquiry later. It will also review the implementation of the Victorian law before taking further steps. In response Go Gentle Australia's Andrew Denton challenged the premier to 'look into the eyes of terminally-ill patients suffering in agony, before ruling out an urgent inquiry into assisted dying laws... [and] warned that the issue of voluntary assisted dying was not going away'.

References:

-Brisbane Times 'Former Brisbane Lord Mayor's millions fund euthanasia push', 23rd January 2018 AAP.

<https://www.brisbanetimes.com.au/politics/queensland/former-brisbane-lord-mayor-s-millions-fund-euthanasia-push-20180123-p4yyrc.html>

-Schwarten, E and Layt, S; 'Qld won't discuss euthanasia in 2018' News.com 23rd January 2018

<http://www.news.com.au/national/breaking-news/clem-jones-millions-fund-euthanasia-push/news-story/6aea19d3ccdf3a33b8e2602011b578e3>

-Dying with Dignity NSW facebook page

<https://www.facebook.com/dwdnsw.org.au/>

Important notice

When making payments to SAVES through EFT please ensure that you include full details of your name and contact details.

Thank you

Western Australian parliamentary inquiry

More than 700 people and organisations have made written submissions to a parliamentary inquiry; a record for WA. Assisted dying supporters and opponents will be engaging in debate this year when the inquiry holds dozens of public hearings over coming months. The debate has already triggered several striking responses, including from former tennis legend, Margaret Court, who compared voluntary euthanasia with capital punishment. Right to Life Association WA president Peter O'Meara has drawn on the 'nazi Germany' analogy.

Supporters of law reform have highlighted the legal double standard when it comes to ending the suffering of animals but not humans. Together with Dying with Dignity groups from around Australia, others who have endorsed law reform include Andrew Denton [Go Gentle Australia], philanthropist Janet Holmes a Court, and the Motor Neuron Disease Association of WA, which argues the need for laws to allow citizens to make informed decisions about end-of-life choices.

Findings from a Roy Morgan poll conducted in November 2017 were that 89 per cent of West Australians believed that a doctor should be able to give a lethal dose to a "hopelessly" ill patient. However, the parliamentary inquiry has received hundreds of submissions from opponents. It is reported that more than 58 per cent of these highlight concerns including weak safeguards enabling abuse of the system. Emotive language has been employed to equate assisted dying with 'state-sanctioned killing'; a well-known strategy for opponents of law reform. A final report will be tabled in August after the public hearings.

Reference

Caporn, D ‘More than 700 people weigh-in on euthanasia parliamentary inquiry’, *The West Australian*, 12th February 2018 <https://thewest.com.au/politics/state-politics/more-than-700-people-weigh-in-on-euthanasia-parliamentary-inquiry-ng-b88738253z>

Blueprint for Ageing ambassador speaks out

Everald Compton is Chairman of the Longevity Innovation Hub, a not for profit body implementing the Blueprint for an Ageing Australia. Mr Compton was a Founding Director of National Seniors Australia. He served on its Board of Directors for 35 years and was Chairman for 25 years. He retired in 2010 when he took up a new role as Chairman of the Australian Government’s Advisory Panel on Positive Ageing for three years. Everald Compton is an advocate for voluntary euthanasia law reform and uses social media to promote his views. Although a practicing Christian, he does not believe that God decides who lives or dies. Instead, as he states:

Jesus himself deliberately chose the time of his death. He had a number of options to avoid the crucifixion, but he chose to go to the cross. We all have the same choice... As death is part of life it must be rejoiced as if it is a birth. If I am fortunate enough to get some notice of my death, I intend to stage a lively party with my friends and family where we share a drink and remember happy days. I will kiss them all goodbye and close my eyes. If nothing happens, I will ask them to keep giving me full glasses of whisky until my old heart can take no more.

Mr Compton makes it clear that he is not a ‘fearsome character’, but that he wants his parliamentary acquaintances to know that he is in ‘relentless pursuit in the cause of assisted dying’. He hopes that the Queensland Government will legislate ‘to take my death out of their hands and place it in mine’; as democracy is all about freedom of choice. He maintains that MPs should not fear losing their seats if they vote for reform. Instead they will only lose ‘when they sit on fences and forget about doing their job’. He also concedes that, in reality, only a few people now take any notice of churches; a point of personal sadness. He argues that his approach to voluntary euthanasia law reform will be doing it ‘nicely but ceaselessly’.

References:

<https://everaldcompton.com/tag/voluntaryeuthanasia/>
<https://everaldcompton.com/about/>

The VE Bulletin is available by email:

Please consider this option to reduce postage costs. Email: info@saves.asn.au to receive future editions by email.

International news

United Kingdom

On 7th February *The British Medical Journal* reported that a recent survey of doctors has found majority support for legal assisted dying. The British Medical Association’s (BMA) opposition is therefore unrepresentative of its members’ views and the journal argued that the BMA should adopt a neutral stance on the issue or survey its members. The survey was conducted online at doctors.net.uk. The 10 day poll conducted in October 2017 resulted in 55% of respondents agreeing or strongly agreeing with the proposition that assisted dying should be made legal in certain circumstances. Forty three per cent were opposed and 2% did not express an opinion.

Support in the community for law reform in the UK is at 82% but the BMA has long been opposed. Its view is often quoted in parliamentary debate as if it unilaterally represented the views of doctors. However, Jacky Davis, a consultant radiologist and member of the BMA council, argues:

The current disconnect between BMA policy and the views of doctors and patients undermines the BMA’s credibility, and its continuing opposition excludes it from the public debate... Ultimately legalisation for assisted dying will be a decision for UK society. The job of the BMA will be to contribute to the debate, not find itself sidelined because of its implacable opposition. Its members, and our patients, deserve better.

References:

-Davis, J ‘Most UK doctors support assisted dying, a new poll shows: the BMA’s opposition does not represent its members’ *The BMJ* 2018; 360 doi: <https://doi.org/10.1136/bmj.k301> (Published 07 February 2018) <http://www.bmj.com/content/360/bmj>.

Appeal granted against UK High Court ruling

Over several years SAVES Bulletin has covered the legal cases of several high profile UK citizens seeking permission for assistance to die in face of unbearable

and hopeless suffering. Most recently Noel Conway, a retired lecturer living with motor neurone disease, has been granted permission to appeal against a High Court ruling that denied him help from doctors to end his life. In October 2017 three judges sitting at the High Court rejected his case, but two judges at the Court of Appeal have granted him a full appeal against the earlier ruling. Mr Conway, who was too ill to attend the hearing stated:

I am pleased that my case will now proceed to the Court of Appeal. I brought this case not only for myself but on behalf of all terminally ill people who believe they should have the right to die on their own terms. Our voices deserve to be heard.

He said that he can no longer travel to the Dignitas clinic in Switzerland, and is not prepared to put his family or doctors at risk of prosecution by asking for help in the UK. Mr Conway is being supported by UK advocacy group Dignity in Dying, which stated that the Court of Appeal's decision was 'a significant step forward'. Humanists UK will make another submission at the appeal hearing which will be opposed by the justice secretary, whose position will be supported by submissions from opponents of voluntary euthanasia: Care not Killing and Not Dead Yet UK.

Reference:

Siddique, H 'Terminally ill man can appeal against right-to-die ruling, say judges', The Guardian 19th January 2018 <https://www.theguardian.com/society/2018/jan/18/terminally-ill-noel-conway-appeal-right-to-die-ruling>

The World Federation of Right to Die Societies

The World Federation, founded in 1980, consists of 53 right to die organisations from 26 countries. The Federation provides and international link for organisations working to secure or protect the rights of individuals to self-determination at the end of their lives

Canada

Dying With Dignity Canada (DWDC) reports that the society will go to court to defend patients' rights in a high-profile legal case challenging aspects of Bill C-14, the federal assisted dying law. The Superior Court of Quebec has allowed DWDC to intervene in support of two plaintiffs who wish to exercise their right to a peaceful death but have been denied access because they do not satisfy certain controversial eligibility

criteria set out in Bill C-14.

This subsequent Bill to that based on *Carter v. Canada* in 2015 precludes people with serious and debilitating health conditions which still cause enduring and intolerable suffering. Pro bono legal advice is being offered. According to court documents the plaintiffs are eligible under rules set out in the 2015 Supreme Court decision in *Carter v. Canada*. The C-14 Bill introduced in April 2016 restricts eligibility; and has drawn criticism from constitutional scholars and human-rights defenders. Advocates have argued that the federal government is seeking to constrain the court process; effectively aiming to re-litigate the issues that were considered in the *Carter* 2015 decision.

Reference

-Dying with Dignity Canada newsletter

https://d3n8a8pro7vhmx.cloudfront.net/dwdcanada/pages/3068/attachments/original/1512772112/Dying_With_Dignity_Canada_-_December_2017_Newsletter_-_Final.pdf?1512772112

Taiwan

The World Federation of Right to Die Societies advises that according to a newly approved law, from 2019 citizens of Taiwan can officially complete an Advance Decision which will be legal under explicitly described conditions:

- terminal illness
- irreversible coma
- permanent vegetative state
- severe dementia
- Other disease conditions, announced by the central competent authority, that shall meet all of the following requirements that the conditions or sufferings are unbearable, that the disease is incurable and that there are no other appropriate treatment options available given the medical standards at the time of the disease's occurrence) to refuse life-sustaining treatment (LST) and artificial nutrition and hydration (ANH).

Previously under the Hospice Palliative Care Act, only terminally ill patients can write a letter of intent for the choice of hospice palliative care or life sustaining treatment, which refers to the medical procedures which could maintain terminal illness patients' vital signs to extend dying process without curative effect. However, when the Patient Right to Autonomy Act is in force in 2019, all patients can establish an advance decision to decide what kinds of treatment they would refuse in future, when their clinical conditions are one of the five clinical conditions mentioned above.

SAVES' honorary treasurer

After over three years as SAVES' honorary treasurer, Vivienne Nielszen has stepped down from the role. We sincerely thank Vivienne for all her hard work and her methodical approach to dealing with the society's finances. Thank you to SAVES' member Jo Hayhurst for taking up the position. We look forward to working with Jo.

Brian Morris: SAVES 2017 AGM guest speaker

Mr Brian Morris, director of Plain Reason, was guest speaker at the SAVES 2017 Annual General Meeting. Brian is a former journalist and public relations professional and the author of the critically acclaimed book *Sacred to Secular*. Prior to retirement he ran his own Sydney-based media/PR consultancy The Publicity Agency.

Brian gave a thoughtful and engaging address entitled "A religious *minority* making us all suffer unto death"; a topic suggested by SAVES president Frances Coombe. Brian made it clear from the outset that he 'applauded the majority of moderate Christians who support VE' and 'acknowledged that it is only a minority of the devoutly religious who oppose this humane "voluntary" option at end-of-life'. Key highlights from his talk follow as they are bound to be of interest to SAVES members and other readers. Brian argued:

First: We should all know that humans really are highly irrational.

He pointed out that we marvel at the complexity of our brain but we know that it constantly lets us down. "We are confused by the simplest things and tricked by optical illusions, sleight of hand conjurers, and by unaccountable sounds. Without science our perceptions of the natural world are pathetically small. Only with the capacity to reason have we harnessed the power of science and begun to understand our world and the universe. But in our daily lives our *ability* to reason can be badly flawed. We tend **not** to think critically, or even to use basic logic. We often form irrational opinions that can become cemented as our own personal 'truth'".

Brian noted how we create a 'reality' that ignores new evidence and defies logic. "We treasure our own opinions on everything - on sport, politics, history, religion, climate change, and the full range of social topics".

Next: It helps to understand WHY we are such a highly irrational species.

Brian then reminded the audience that modern humans, *Homo sapiens*, evolved from a common ancestor more than 10 million years ago, but 25 percent of Australians believe this fact to be a monstrous hoax. Instead they believe that humanity was created 'in God's image' only 6,000 years ago. He posed the question as to why authentic scientific evidence is so flatly rejected by the devoutly religious. Brian argued that it is because modern humans still retain a primitive limbic brain. Neuroscience can now verify that beliefs which become embedded in the limbic brain tend to be highly personalised; very much a part of 'who' you are.

Such beliefs will be defended vigorously by people's innate survival mechanisms. They will develop defensive biases that reject any facts which contradict strong convictions. Denial of evidence is a key factor for the devoutly religious, especially Evangelists and Creationists; those who believe in a 'literal and inerrant Bible'. National polls show these Creationist beliefs are still held by around 25 percent of the population. These include a high proportion of state and federal parliamentarians. Brian also noted that Australia has one of most religious governments in the Western world; as borne out most recently by an article on the *ABC's Religion and Ethics website*, titled "*Opposition to Assisted Dying in Australia is Largely Religious*". Brian noted:

'It states that of Christians who oppose voluntary euthanasia law reform 9.8 percent are Catholics, 7.5 percent are Anglican, 7.1 percent are Uniting Church, and 26.5 percent are Other Christian; mostly from evangelical and Pentecostal churches... But the overwhelming majority of Australians support voluntary euthanasia and that includes a majority of Christians; the moderates who don't take a literalist interpretation of the Bible. So, indeed, it really is 'a religious minority that makes the majority suffer unto death'.

In dealing with this reality Brian reminded the audience that:

- (1) Parliamentary politics is based entirely on political ideology.
- (2) Religious fundamentalism that opposes VE is based on religious ideology.

So the religiously devout are no different to people who hold a staunch political agenda; one that is based on emotion and personal opinion, rather than facts and evidence. Therefore with both politics and religion it is essential NOT to argue only on "facts" alone. As

we have seen, their personalised beliefs will only reject contrary evidence! So, the key factor is to also appeal to ‘emotions’; why VE matters to those who are suffering; how it affects their families and friends; and why your beliefs are not superior to my rights”.

Brian argued that any honest politician will tell you that the ‘waiverers’ or politicians who vote against VE do so for fear of upsetting powerful religious bodies. ‘It’s how the Australian Christian Lobby has operated for decades- mobilising a few church parishioners to write, phone and visit their local MPs. It’s why they are successful.’ He said that it is important for the VE supporters who outnumber the no vote by almost 4 to 1 to mobilise and start lobbying now. He pointed to SAVES 2018 election plan on the website [as discussed on page 1 of this Bulletin] with a focus on stressing the emotional arguments and not ‘just the facts’. Brian’s take home message was that:

‘Only through such concerted action will we finally overcome that “religious minority who continue to make us all suffer unto death”’.

SAVES sincerely thanks Brian for his engaging address and for taking questions from the audience. A free online copy of Secular to Sacred is available from the Plain Reason website at <https://www.plainreason.org/k301?hootPostID=605096194b52eccb1d30ccf197f34d9b>

Celebrating Victoria’s success in Adelaide



From left Anne Bunning (SAVES campaign manager) Frances Coombe (SAVES president), Susie Byrne (Nurses Supporting Choices in Dying), Roger Hunt (Palliative care specialist and member of the Victorian Expert Panel), Julia Anaf (SAVES vice-president), and John Willoughby (Doctors for Assisted Dying Choice): Dr Roger Hunt proposes a toast to the late Mary Gallnor; a former SAVES president on this memorable occasion.

DONATIONS TO SAVES

SAVES members continue to be generous donors towards the society’s campaign for law reform. The different initiatives and ongoing work incur considerable costs, even though the society is staffed entirely by volunteers.

All donations, large and small, are always welcome and much appreciated.

Thank you!

End of Life Choice



Newsletter on current debates

A paramedic's perspective

Beau Summer has worked as a Paramedic for the past 14 years. The following views are his own and do not necessarily represent those of SA Ambulance Service.

The majority of palliative care patients are well managed by a supportive team of nurses, doctors, family and friends. It is not often that paramedics are directly involved in their management. A good palliative care plan is just that though - a plan. Plans may seem logical but can be difficult to follow at 2am when a loved one is struggling to breathe or suffering with unbearable pain. It is during these times that paramedics are called upon to attend a patient who is unfamiliar to them. During the crisis the paramedic is required to read and interpret paperwork, at the same time as dealing with distressed family members and a critically ill patient. We do the best we can under these difficult circumstances but we always strive to do better for our patients. **My view is that more open conversations around death and dying will allow us to do the best for our patients.**

A relatively new and specialised role within SA Ambulance Service, called Extended Care Paramedics (ECP), was created with the aim of avoiding taking people to hospital. ECP provides treatment to people in their own home or place of residence. ECP clinicians do not solely attend palliative care patients but the role is well suited to manage the particular needs of people in palliative care.

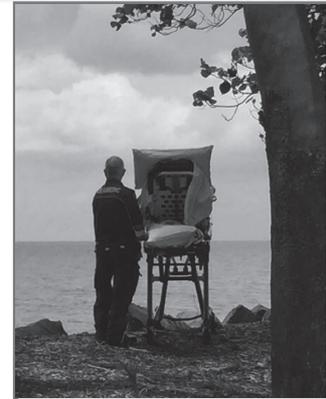
The combination of palliative care teams, backed up by ECP, means that most palliative care patients can remain at home, if that is their wish. Whilst this is an excellent outcome for the majority, it is important to not overlook the minority. It is the people for whom palliative care cannot provide adequate support that we so desperately need law reform, as well as reform of our mindset towards death and dying.

For patients who cannot be adequately supported at home, paramedics may be requested to provide transport to hospital. This may arise when the patient is struggling to breathe or has developed an additional ailment that has the potential to cause distress. At other times, it may be because family members are having difficulty coping with the stress and uncertainty that comes with watching a person in their dying stages.

Unfortunately, there is another scenario in which paramedics are called upon to attend terminally ill patients. This happens when a person, faced with unbearable suffering and feeling like they have run out of options, chooses to end their life by whatever means they have available to them. This may come in the form of a drug overdose or more violent means involving weapons or motor vehicles. These methods are distressing for the person but can also cause trauma for the family members or neighbours that discover the person, and for paramedics, police officers and fire fighters who attend.

These methods can place members of the public and emergency service workers at risk through traumatic injury or poisoning with dangerous chemicals; and these methods are not always successful. The person may then be taken to hospital, which only adds to their distress. For paramedics attending a suicide or an attempted suicide, many strong emotions can arise. Images of a deceased person can remain for a long time, particularly when violent methods have been used. In a career that already has above average suicide rates, these cases can exacerbate the stresses of an already stressful working life.

For paramedics, helping people and trying to preserve life is central to what we do. Understandably then, attending a palliative care patient can present unique challenges. Respecting the patient's wishes is paramount but it is impossible to plan for every scenario. Difficult decisions must sometimes be made. Family members can be left with a sense of helplessness and revert to what we are used to doing when someone is sick - we take them to hospital. Despite the fact that this may not be part of 'the plan', patients sometimes find themselves in an emergency department surrounded by nurses and machines, rather than at home surrounded by their loved ones.



Two Queensland paramedics who went out of their way to fulfil the final wish of a palliative patient and bring her to the beach one last time say they're humbled by the worldwide attention. A photograph of a paramedic standing by a

female palliative patient in a stretcher looking out over the waters at Hervey Bay has gone viral since it was shared on Queensland Ambulance Service's Facebook page.

It revealed paramedics Graeme Cooper and Danielle Kellan were transporting a patient to the palliative care unit of the local hospital when she expressed that she just wished she could be at the beach again. The crew took a small diversion to a local beach.

"She said she loved the esplanade and the beach and we said, 'well, do you want us to take you down by the esplanade and pop you out of the truck and give you a look at the ocean?' She was just ecstatic.

"If you're sensitive to your surroundings and what's going on and you can seize a small window of opportunity, take it."

"She said to Danielle, she's content now and that everything is as it should be.

"I can't describe the feeling, when you're in these situations with people. It's just very humbling."

"I said to the patient, 'what are you thinking?' She was looking out towards Fraser island and she said, 'I'm at peace, everything's right'." (ABC, 23.11.17)

It is my belief that the legal choice of voluntary euthanasia (VE) will not only lead to greater choice and composure, but also lead to greater care. VE will facilitate more open conversations between patients, family members and health care professionals. Even though only a few people will choose voluntary euthanasia, the choice provides those who seek it with greater control. VE laws have the potential to empower people, and will encourage more people to consider and understand end of life decisions.

VE laws will not eliminate the need for palliative care patients to sometimes attend hospital. They will however help some people to be better prepared during these moments and for others to perhaps avoid it altogether, by ending their lives at a time and place of their choosing. To go without pain, without trauma, without breaking the law, without endangering others and without suffering. To go gently, peacefully and with dignity.

Voluntary Euthanasia Support Groups

Several advocacy groups share the aim of law reform to allow choice for voluntary euthanasia under prescribed circumstances. These groups are listed below, including contact details for members and other interested parties who may seek to join or make enquiries.

Doctors for Assisted Dying Choice: Website- <http://drs4assisteddyingchoice.org/>

Dr. Rosemary A. Jones North Adelaide Medical Centre, Suite 22, 183 Tynte St North Adelaide, SA 5006. Tel: (W) (61) (8) 8239 1988 Fax: (W) (61) (8) 8239 1085 Mobile: 0407 729 407 Email: rosiej@internode.on.net

Professor John Willoughby

Mobile 0499 078 938 John.Willoughby@flinders.edu.au

SA Nurses Supporting Choices in Dying

Convenor: **Ms Susie Byrne** Email: sanursesupportingchoicesindying@hotmail.com

Facebook: SA Nurses Supporting Choices in Dying.

Christians Supporting Choice for Voluntary Euthanasia

Website: www.christiansforve.org.au

National Co-ordinator: **Ian Wood** Villa 1, Hampton Mews, 4 Wills Place, Mittagong NSW 2575

Email: Christiansforve@westnet.com.au

Patron and Member of the Executive:

Rev Dr Craig de Vos, Minister North Adelaide Baptist Church, 154 Tynte Street, North Adelaide SA 5006 Ph: (W) 08 8267-4971 (M) 0402 305 029

Email: minister@nabc.org.au Website: www.nabc.org.au

Syndicated Voluntary Euthanasia Youth Advocates- 'SAVE-YA'

Convenor: **Ms Amy Orange**: SAVEyouthadvocates@hotmail.com

Lawyers for Death with Dignity

Spokesperson **Stephen Kenny**: skenny@camattalempens.com.au or Emma at eriggs@cllegal.com.au with *Lawyers for Death with Dignity* as the subject heading.

Mailto: skenny@camattalempens.com.au

My Body My Choice VE spokesperson Phillip Beddall:

https://www.facebook.com/MY-BODY-MY-Choice-VE-350165335178263/?sk=timeline&app_data People with disabilities in support of Voluntary Euthanasia

South Coast Support Group

Convenors: **Denis and Pat Haynes** den1929@bigpond.com

Paramedics Supporting Choices in Dying: https://www.facebook.com/Paramedics-Supporting-Choices-In_Dying-190670851528106/

Paramedics Supporting Choices In Dying is a group of Ambulance Officers and Paramedics who believe in the rights of people to make decisions regarding their end of life wishes. We support good palliative care, encourage the use of Advanced Care Directives and advocate for law reform to legalize the choice for Voluntary Euthanasia and Voluntary Assisted Dying. New members are welcome to join this facebook group.

NOTICE OF SAVES GENERAL MEETING

The SA Voluntary Euthanasia Society Inc. (SAVES) will hold its first 2018 public meeting at

The Box Factory 59 Regent St South, Adelaide

Sunday April 22nd at 2.15 pm

The focus will be on:

The next voluntary euthanasia/assisted dying Bill in Parliament

Tea/coffee and biscuits will be available at the conclusion of the meetings.

All welcome!

SAVES 2018 AGM will be held on Sunday November 4th at 2.15pm

South Australian Voluntary Euthanasia Society Inc. (SAVES)

Annual Membership fees: Single \$30.00 (Concession \$15.00), Couple \$40.00 (Concession \$20.00)

Life membership: Single \$350.00, Couple \$500.00

Annual fees fall due at the end of February. Payment for two or more years reduces handling and costs.

MEMBERSHIP FORM print and post or join online at <https://www.saves.asn.au/join>

Date _____ Renewal () New Member ()

Surname(s) including Mr/Mrs/Ms etc. _____

Given name(s) or Initial(s) _____

Address _____

Suburb/Town _____ Post Code _____

Phone (Home) _____ (Work) _____

Email _____ (is also used to provide additional information)

Year(s) of Birth (optional) _____

Please make cheque or money order payable to SAVES and send with this form to:

SAVES Membership Officer, PO Box 2151, Kent Town SA 5071

Or pay by Electronic Funds Transfer:

Commonwealth Bank BSB 065 129 Account Number 00901742

MEMBERSHIP RENEWAL: When renewing membership please email info@saves.asn.au to confirm your EFT renewal.

Do you wish to receive the Bulletin (newsletter) as attachment in PDF format? _____

How did you hear about us? _____

Your area of expertise that could be of help to SAVES _____

Membership fees for _____ years \$ _____

Plus donation to support the work of SAVES \$ _____

Total \$ _____

Office use	
Database	Treasurer
Changes	Letter

SAVES' members support the society's primary objective which is a change in the law, so that in appropriate circumstances and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgement and conscience of the doctor.

SAVES IS NOT ABLE TO HELP PEOPLE END THEIR LIVES

(SAVES is not associated with Dr Philip Nitschke or EXIT International)

SAVES' Primary Objective:

A change to the law in South Australia so that in appropriate circumstances, and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgment and conscience of the doctor.



Committee:

President

Frances Coombe

Vice Presidents

Julia Anaf

Arnold Gillespie

Hon. Secretary / Minutes Secretary

Frances Greenwood

Hon. Treasurer

Jo Hayhurst

Membership Officer

Elice Herraman

General member

Rosemary Doolan

Patrons

Emeritus Professor Graham Nerlich

Emeritus Professor John Willoughby

Telephone

Frances Coombe **0421 305 684**

Internet

www.saves.asn.au

SAVES Bulletin is published three times a year by the SA Voluntary Euthanasia Society Inc. (SAVES). Letters, articles and other material for possible publication are welcome and should be sent to *SAVES Bulletin Editor, SAVES, PO Box 2151, Kent Town SA 5071.*

The statements and views expressed by contributors do not necessarily represent SAVES official policy. Material in this publication may be freely reproduced provided it is in context and given appropriate acknowledgement.

Editor: Julia Anaf