

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

South Australian Joint Committee on the End-of-Life

On March 20th the Hon Kyam Maher, Shadow Attorney General, tabled a motion in SA Parliament to establish a Joint Parliamentary Committee to inquire into voluntary assisted-dying in South Australia. Mr Maher spoke to the motion in the Legislative Council. The House of Assembly and Legislative Council then approved the establishment of the *Joint Committee on The End of Life*.

The committee comprises six members: three from each chamber of the Parliament. The House of Assembly will be represented by Mr David Basham (Liberal), Mr Sam Duluk (Liberal) and the Hon. A (Tony) Piccolo (Labor). Representatives from the Legislative Council will be the Hon Denis Hood (Liberal), Hon Mark Parnell (Greens), and the Hon Kyam Maher (Labor). The Terms of Reference, reported in SA Hansard on April 4th, include that the Joint Committee inquires into and reports on:

- a) the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care;
- b) the current legal framework, relevant reports and materials in other Australian states and territories and overseas jurisdictions, including the Victorian and Western Australian parliamentary inquiries into end-of-life choices, Victoria's *Voluntary Assisted-dying Act 2017*, and the implementation of the associated reforms;

Just a reminder....

SAVES public meetings are held twice-yearly at 2.15 pm on Sunday afternoons at the Box Factory 59 Regent St South, Adelaide.

These are important forums for updating members on SAVES' activities, legislative issues and relevant local, national and international events and initiatives.

Guest speakers provide further interest, as well as to informal discussion over tea and coffee.

The next public meeting is SAVES 2019 AGM on November 4th, with further information provided in the next SAVES Bulletin due in October

Make a diary note now!

- c) what legislative changes may be required, including consideration of the appropriateness of the Parliament of South Australia enacting a bill in similar terms to Victoria's *Voluntary Assisted-dying Act 2017*; an examination of any federal laws that may impact such legislation; and any other related matter. It is anticipated that the committee will report their findings by November this year.

Mr Maher posted on Facebook on 4th November 2018, prior to addressing SAVES AGM, "As my late mum Viv said, we should all have the right to live and die with dignity. Sadly she was not afforded a dignified death which has strengthened my resolve to see assisted-dying legislation become law. I hope South Australia follows the path of our friends in Victoria - in the not too distant future - allowing our citizens a choice in how and when they end their life".

Victoria prepares for VAD law

Victoria has established a state-wide navigator service to support people who want access to voluntary assisted-dying (VAD) and connect them with participating health professionals and services when VAD is implemented this June. There will be four navigator roles for setting up the service across the state in consultation with stakeholders. These roles will be responsible for supporting the person seeking access to VAD, their carers, family and friends. They will also support the health and medical practitioners assisting the person accessing VAD by connecting people to participating practitioners or health services. Medication will be dispensed under strict safeguards. Based on overseas experiences, an estimated 100 -150 people will elect to end their lives by VAD in the first year of implementation.

Reference:

Skatssoon, J 'Victoria prepares to implement assisted-dying', Feb 28 2019 Community Care Review, Health & medical, Industry, Social issues <https://www.australianageingagenda.com.au/2019/02/28/victoria-prepares-to-implement-assisted-dying/>

The Hippocratic Oath and voluntary assisted-dying

With the passage of the Victorian legislation it is timely to note how the Hippocratic Oath is often cited by organisations and individuals who oppose voluntary euthanasia or voluntary assisted-dying based on personal or religious convictions. It is used to justify denying this choice to others. The Hippocratic Oath has recently been invoked by Catholic Health Australia (CHA) in the context of denying the right to voluntary assisted-dying in any of their facilities when it becomes legally available in Victoria from June 2019.

CHA states "Our clinicians do not and will not intentionally inflict [sic] death on patients (that is, provide euthanasia), nor intentionally assist patients or residents to take their own lives (that is, provide physician-assisted suicide). We accept and act according to the Hippocratic commitment that these interventions are not medical treatments".

SAVES membership renewals are due in February each year

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

Thank you!

In 460 BCE the Hippocratic Oath laid the foundation for the ethical ideals to which medical practitioners should aspire. However its detailed wording was relevant to social conditions prevailing 2400 years ago. For example it begins "I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses..."

The Hippocratic Oath includes the injunction to 'do no harm'. However, what constitutes harm is highly subjective, and although doctors are expert advisors, it is the patient who makes the ultimate decision on which treatment, or none, represents the greater benefit and lesser harm. An incurably ill person with unremitting suffering may decide that a peaceful death is the lesser harm.

The oaths required by various medical schools now vary from none at all, to edited statements which reveal their historic origins, to modern statements that bear no resemblance to the original Oath. While demanding the highest ethical standards, the Hippocratic Oath does not rule out the possibility of circumstances arising in which requested help to a hastened death may rightly be given.

References:

SAVES Factsheet 13 The Hippocratic Oath https://docs.wixstatic.com/ugd/1062e1_6a797ee3b370454f927e3756683b14ed.pdf

Read the injunctions and requirements of the Hippocratic Oath at https://www.nlm.nih.gov/hmd/greek/greek_oath.html

Catholic Health Australia, "Our Enduring Commitment to End of Life Care" –Voluntary Assisted-dying Act 2017 (Vic) Response Taskforce https://www.cha.org.au/images/Media_Releases/2019/CHA025_AgedCareServicesDoc_A4Flyer_6pp_V5.pdf

Anti-choice protesters criticised

The Andrews government states that it will “carefully consider” whether protest exclusion zones (such as those in place at abortion clinics) are needed to protect people from harassment within the context of accessing voluntary assisted-dying.

With the implementation of the Victorian law in June, a ‘fringe group’ of anti-euthanasia protesters have campaigned outside the entrance to the Peter MacCallum Cancer Centre, handing pamphlets to cancer patients describing voluntary euthanasia as “patient killing by doctors,” or “state sponsored extra-judicial execution”. The pamphlet read “Doctor-prescribed suicides and state-sanctioned extra-judicial executions will be legal here at Peter Mac.” The flyers were created and handed out by an anti-euthanasia group led by Eugene Ahern, a former Catholic priest who is linked to the Right to Life movement. The long-time anti-abortion lobbyist was once removed from the city square for disturbing the peace, and in the 1990s was placed under a Supreme Court injunction not to enter the Royal Women's Hospital.

References:

Preiss, B and Cunningham M ‘New safe zones floated to protect terminally ill patients from anti-euthanasia protesters’ The Age, April 10 2019 <https://www.theage.com.au/national/victoria/new-safe-zones-floated-to-protect-terminally-ill-patients-from-anti-euthanasia-protesters-20190410-p51cyj.html>

<https://www.abc.net.au/news/2019-04-10/anti-euthanasia-flyer-upsets-patient-staff-peter-macallum-cancer/10987560>

Terminal sedation is not an argument against law reform

Neil Francis, who compiles and manages the website DyingforChoice.com, has undertaken a comprehensive examination of terminal sedation within the context of voluntary assisted-dying

law reform. He notes that opponents of voluntary assisted-dying often claim that the appropriate response to refractory symptoms at end of life is terminal sedation; also known as palliative sedation or continuous deep sedation.

This involves the administration of sedatives to render the patient unconscious until death. Mr Francis argues that while it can help in some cases it ‘remains a problematic practice and not a substitute for lawful assisted-dying’. While space allows only a summary of Mr Francis’ eight supporting arguments, an overview is provided below:

Terminal sedation directly and foreseeably causes death.

While opponents of VAD usually claim that the intention is the relief of symptoms and *not* the hastening of death (their fundamental objection to assisted-dying), *in practice*, terminal sedation can directly and foreseeably cause death.

It is inapplicable prior to 2-14 days before death

However, intolerable and intractable symptoms often occur much earlier. A study also found that it was ineffective in 17 per cent of cases.

It may violate the patient’s value system

A patient may strongly believe that the process [being forced to starve and dehydrate to death] is a violation of her or his personal values and may strongly prefer another option, such as VAD at an elected time.

It extinguishes patient decision making capacity

The patient can no longer participate in his or her own treatment decisions without the cessation of terminal sedation. However, consciousness then raises awareness of intolerable suffering.

Doctors' intentions are not always clear

The doctor may intend to alleviate the patient's suffering and/or intend to hasten death.

There is a [conceptual] risk of coercion

There is a conceptual risk [as for VAD] that 'greedy' relatives, service providers, and others, might inappropriately persuade the patient to opt for a hastened death. However, unlike legislated VAD which is an express, fully informed, independently examined and documented action, this is not the case for terminal sedation. The argument is therefore inconsistent and/or incoherent.

The bereaved have worse experiences

Studies documented on the Dying for Choice website have found a significant minority of relatives of patients receiving terminal sedation are quite distressed by the experience. In contrast, studies from Oregon, Switzerland and the Netherlands, where a VAD is legal, reveal more positive outcomes for the bereaved.

Professional association standards are incoherent

Neither the Australian Medical Association nor Palliative Care Australia have guidelines for doctors for the practice of terminal sedation. In contrast, clear frameworks guide the practice in the Netherlands, Canada and Belgium; countries where VAD and VE are now lawful. This points to continued improvement in, rather than deterioration of, professional medical practice.

Palliative and medical care can never address all profound suffering at the end of life, regardless of funding or organisation. Some suffering has no relevant or effective medical interventions, and even terminal sedation may be inapplicable or ineffective. Terminal sedation is therefore not an alternative to voluntary assisted-dying.

Reference:

Read the full article at <http://www.dyingforchoice.com/resources/fact-files/terminal-sedation-not-argument-against-assisted-dying-law-reform>

Donations to SAVES

Donations to SAVES may be made as a one off gift, or a regular monthly donation. ALL DONATIONS OVER \$2.00 ARE FULLY TAX DEDUCTIBLE. A general donation or regular or monthly donations are greatly appreciated. Your gift will work towards the alleviation of suffering. A receipt will be issued for taxation purposes. Please let us know if you do NOT want a receipt.

Bequests

Different wording is used for a bequest of a specific sum or the whole of an estate. The wording for a gift of a specific sum is: 'I bequeath to the South Australian Voluntary Euthanasia Society Inc. the sum of \$.....' If you wish to leave your entire estate to SAVES the wording would read: 'I give and bequeath the whole of my real and personal estate to the South Australian Voluntary Euthanasia Society Inc'.

SAVES is staffed entirely by volunteers. Since its formation in 1983, SAVES has worked towards law reform that enables a compassionate and humane response to unbearable and hopeless suffering.

International news

USA: New Jersey

On March 25th 2019, the *Aid in Dying for the Terminally Ill Act* passed both the New Jersey Assembly and Senate. The vote in the Assembly was 41-33 and the Senate 21-16. This jurisdiction becomes the ninth in the USA to legislate for voluntary assisted-dying, alongside California, Colorado, Oregon, Vermont, Washington DC, Hawaii, Montana, and the District of Columbia. In February 2015 a Rutgers-Eagleton poll found that 63 per cent of New Jersey residents supported aid-in-dying legislation. The New Jersey Act is modeled on the Oregon *Death with Dignity Act*.

It will allow qualified adult residents of New Jersey with a terminal illness and a prognosis of six months or less to live to legally obtain a prescription from their physician for medications to end their own lives peacefully. The legislation includes several safeguards. The patient must first verbally request a prescription from their attending physician, followed by a second verbal request at least 15 days later; have the ability to rescind the request; and provide two witnesses with no conflicts of interest. The patient's attending physician must recommend that the patient participate in a consultation concerning additional treatment opportunities, palliative care, and pain control options.

New Jersey Governor Phil Murphy stated "Allowing terminally ill and dying residents the dignity to make end-of-life decisions according to their own consciences is the right thing to do. I look forward to signing this legislation into law." Bills are currently progressing in New York, New Mexico, Maine, Maryland and Massachusetts.

References: web links

<https://www.northjersey.com/story/news/new-jersey/2019/03/25/medically-assisted-suicide-new-jersey/3266685002/>

<https://edition.cnn.com/2019/03/26/health/nj-assisted-suicide-trnd/index.html>

<https://www.deathwithdignity.org/states/new-jersey/>

<https://nypost.com/2019/03/26/nj-governor-phil-murphy-to-sign-bill-allowing-medically-assisted-suicide/>

<https://dwdnsw.org.au/>

New Zealand

Opponents of voluntary assisted-dying are seeking to undermine Prime Minister David Seymour's *End of Life Choice Bill* at its second reading on May 22nd. On April 27th a group identifying as DefendNZ sent a 94-page booklet to every MP featuring a wide variety of people outlining why they each oppose passage of assisted-dying legislation. Opponents do not want the bill to pass the Second Reading stage as they do not want amendments passed that may help facilitate successful legislation. Another imperative is that on June 19th more than a quarter of Australia's population will have access to assisted-dying through the law passed in Victoria.

It has been reported that the Australian Catholic anti-euthanasia organisation, HOPE, has been involved within New Zealand. Religious activists in Australia and New Zealand see the two nations as effectively 'one battlefield'; concerned that more victories like Victoria's will create a domino-effect across both nations.

NZ Prime Minister Jacinda Ardern has signalled her support and a Newshub-Reid Research poll last year found 71 per cent support for the Bill, with 19.5 per cent opposed and 9.5 percent unsure.

References: web links

<https://www.newshub.co.nz/home/politics/2019/04/progress-on-euthanasia-bill-is-big-win-for-david-seymour-tova-obrien.html>

<https://www.noted.co.nz/currently/social-issues/euthanasia-debate-why-the-catholic-church-hides-its-face/>

United Kingdom

A recent UK poll conducted by Populus found that 84 per cent of the population across the country support voluntary assisted-dying, and that 52 per cent would feel more positively towards their MP if she or he supported voluntary assisted-dying, compared to just six per cent who would feel more negatively. This was the largest poll ever conducted on the issue, with 5000 people surveyed across England, Wales and Scotland. Respondents supported a change in the law to allow terminally ill and mentally competent adults an assisted-death under stringent safeguards. Support is consistently strong across demographics including gender, age, social status, and region. Even stronger support exists for assisted-dying for terminally ill people from amongst people who stated they had a disability. There is broad support for assisted-dying across most faith groups, including more than 82 per cent support amongst Christians. The news comes just a fortnight after the Royal College of Physicians adopted a neutral stance on voluntary assisted-dying following its own survey of members. The poll of nearly 7,000 found that only 43 per cent of the college membership felt they should oppose any change in law, while 32 per cent were in favour of actively supporting voluntary assisted-dying. The Royal College has concluded that a failure to get a 60 per cent majority either way means it will take a neutral stance on the issue.

References:

<https://www.dignityindying.org.uk/news/poll-assisted-dying-support-84-britons/>

<https://www.independent.co.uk/news/health/assisted-dying-royal-college-of-physicians-neutral-death-a8833791.html>

Spain

Spain is again considering the issue of voluntary euthanasia after a man was arrested for allegedly helping his seriously ill wife to die. Ángel Fernández, 70, is reported to have confessed to assisting the death of María José Carrasco,

61, who was diagnosed with multiple sclerosis 30 years ago. In June 2018 Spain's socialist government proposed a bill to make voluntary euthanasia legal, but the move has been opposed by the conservative People's Party. The party was accused by Prime Minister Pedro Sánchez of thwarting efforts to legalise voluntary assisted-dying and he vowed to pursue the issue if returned to power at the next general election.

The Spanish advocacy group *Right to Die with Dignity* stated that there was a gulf between the Spanish people and their laws on voluntary assisted-dying. More than 80 per cent of the population are in favour of decriminalising voluntary euthanasia and voluntary assisted-dying. If Sánchez is re-elected and his legislation is approved, Spain would become the fourth country in Europe to legislate; following Belgium, Luxembourg and the Netherlands. Although not legislated, Switzerland also allows voluntary assisted-dying.

Reference:

<https://www.theguardian.com/world/2019/apr/05/arrest-over-ill-wifes-death-renews-spanish-euthanasia-debate>

The Netherlands

The regional monitoring committee (RTE) advises that the number of reports of voluntary euthanasia in the Netherlands has fallen for the first time in 10 years, confirming figures published in October 2018. The reason for the seven per cent drop is unclear, and health minister Hugo de Jonge has commissioned a report to try to establish what has changed. That report is due later this year.

Only six of the 6,126 registered cases last year were classified as problematic and two of the total of five cases referred to the public prosecution department have been dropped. While the laws are broader than in some other global jurisdictions, in over 90 per cent of cases, patients are suffering from cancer or other terminal or untreatable illnesses.

Reference:

<https://www.dutchnews.nl/news/2019/04/euthanasia-cases-drop-by-7-accounting-for-4-of-total-deaths-in-nl/>

A SAVES committee member explains her commitment to advocacy

SAVES volunteers and members have their own personal histories which underpin their membership and advocacy. Kip Fuller has recently joined SAVES' committee; with part of her role being to assist the public with enquiries about the organisation's role, and the issue of voluntary euthanasia and voluntary-assisted-dying more broadly. We thank Kip for generously sharing aspects of her personal life within the context of responding to one young woman's enquiry. It has been edited for length.

“SAVES has a broad membership across the political and religious spectrum. Its role is to lobby our state politicians to change the law to enable people to access legal, medically-assisted painless, rapid death. In this way the person is spared from suffering; the doctor and nurses involved are safe from prosecution for murder, manslaughter or assisting suicide; and the person's loved ones present at the death are not liable for prosecution for assisting 'suicide'. Suicide is not illegal in our society, but assisting suicide is. Unfortunately, and relatively frequently, people take desperate, horrific and risky (ie unreliable) measures to end their suffering. Also unfortunately, someone has to find them and deal with the gruesome discoveries; be it loved ones, innocent bystanders, ambulance personnel, or police. In this way the trauma is spread through our community. Coroners report that the incidence of suicide is relatively common among people suffering chronic, debilitating disease or being significantly elderly.

As a personal story, I joined SAVES approximately 15 years ago, having thought about joining for the

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previous (probably) 8 years. (I had seen a SAVES stall outside parliament house, a number of times. At first I was shy and just walked past. Eventually I gathered up enough confidence to slow down and approach their stall, and take some of their pamphlets and a membership form. Having done this a few times, a number of years later I took the plunge and joined!). My mother-in-law was the first person to make me think about trying to get the law changed. She has always been a 'modern woman', and very clear about not wanting to suffer as she dies. Currently she is 92 years old, and although still mentally lucid, is suffering many aches and pains that are now affecting her quality of life.

As a [now retired] Registered Nurse for 35 years I have seen many people endure a slow, miserable demise. I have seen my 41 year old best friend die of a brain cancer in a hospice. She basically drowned in her own secretions as she became paralysed. Despite being sedated, I heard her moan and try to clear her throat so she could still breathe. Her nurses were shocked that her level of consciousness was such that she still had some awareness, and she cried when they attended her. They had to increase her sedation.

My mother endured an ultimately unsuccessful heart triple bypass graft surgery aged 81 years. She suffered heart failure afterwards, and died about four months later, suffering ischaemic heart pain for which her cardiologist would not order her [sufficient] pain relief, in case it killed her. She

would turn purple, and be in desperate, severe pain. I ended up having to talk to her G.P. and cardiologist and get them to admit that they did not expect her to live for longer than a year. I then got the Palliative Care team from a local public hospital to organise a community palliative care plan for her. I organised to look after her but she died the day before I could transfer her to my place. My father died suddenly at age 70 from a massive heart attack, so we were spared watching him decline slowly.

From my nursing experience, some terminally unconscious patients are taken off nasogastric feeding, and have to slowly dehydrate to death. The mucosa in their mouths and lungs gets thick and sticky, and basically the patients develop pneumonia and drown in their own secretions. If they have had inadequate pressure area care during their bedrest, they often develop necrotic bed sores, where the flesh just rots underneath them. It is quite horrific to see. Consequently, I know that I wish to remain in control of my life as much as possible. I don't want a slow, painful, distressing, wasting death. I want to have a choice to die in the manner and timing of my choosing, i.e. peacefully, rapidly, without suffering, with my loved ones around me. To the critics of voluntary euthanasia, I say it's VOLUNTARY. It's not for them! It's for me and other people like me. It's about giving people a choice, and bestowing dignity and the right to self-determination in the process of death.

Christians Supporting Choice for voluntary assisted-dying

Ian Wood, National Co-ordinator of Christians Supporting Voluntary Assisted-dying in Australia has advised SAVES of the sad news of the death of Rev Trevor Bensch on 15th January this year. He explained that it is approximately 10 years since he and Rev Bensch co-founded the Christians

Supporting Choice for Voluntary Assisted-dying group. Rev Bensch was a former Minister at North Adelaide Baptist Church, and a Baptist Chaplain at two major hospitals, and 'the catalyst' for the group's founding group. Ian Wood said that he 'had the utmost regard for Trevor as a true gentleman, a valued friend and a wise mentor for our group'. Ian also shared a very moving sermon in strong support of voluntary assisted-dying from Rev Craig Kilgour, as Interim Moderator at St Columba's Presbyterian Church, Havelock North, New Zealand. Craig's nephew aged 47, suffering from a terminal inoperable condition, elected an assisted death in Canada. The last two paragraphs of the sermon highlight Rev Kilgour's compassionate approach to assisted-dying:

"Let me finish this with what my family members said and repeated often using these words about my nephew's death: It was compassionate, it was humane, it was right and good. And the family are very proud and humbled with the courage he showed in his battle with cancer. And to me no one has the right to be critical and judgemental of the choice he made. So for me and my family this is not a philosophical debate, it is not a theological debate, it is not a theoretical debate, it is a reality and it was right and my nephew was fortunate that he lived in Canada."

The World Federation

The World Federation of Right to Die Societies is an international federation of associations that promote access to voluntary euthanasia. It holds regular international meetings on dying and death. The World Federation, founded in 1980, consists of 45 right to die organizations from 25 countries.

End of Life Choice



Western Australia Parliamentary Report on End of Life Choices ‘My Life, My Choice’

Evidence given to the committee from medical experts concerning the context of suffering at the end of life.

- Suffering is not only about physical experience or manifestation of pain. Many other symptoms experienced by people suffering life-limiting illnesses are more difficult for the medical profession to assess, even when acknowledging the symptoms.
- Unsurprisingly anxiety is a common symptom for patients experiencing terrifying breathlessness, and when ‘drowning’ from fluid accretion in the lungs.
- Palliative care specialists agree that *existential* suffering can present as pain but is unresponsive to traditional pain medications. This suffering can be caused by exhaustion or by the ever limiting quality of life.
- The committee emphasised (about suffering) that “only the individual experiencing it can define it and they alone are able to determine whether the context in which it occurs makes it somehow ‘valuable’”.
- Dr Rodney Syme, a medical specialist and Past President of Dying with Dignity Victoria, illustrated this point poignantly:

A mother might be able to endure the pain of childbirth because its outcome is so profound and full of hope for the future, but that same woman dying painfully of breast cancer will be unlikely to find hope and value in this different pain. That same mother, perhaps with two young children and a husband whom she loves dearly, will be devastated by such circumstances, and her pain will be of a different kind to that of someone aged ninety with a similar condition who is nearing the end of their natural life.

Reference:

“My Life, My Choice” Report of the Joint Select Committee on End of Life Choices, Parliament of Western Australia, 23rd August 2018 .

<http://apo.org.au/system/files/188761/apo-nid188761-994551.pdf>

SAVES

South Australian Voluntary Euthanasia Society

saves.asn.au

*Compassion for suffering
The freedom to choose
Add your voice to the call*



SAVES was established in 1983 to campaign for legal, medically assisted voluntary euthanasia. The aim is to end suffering by providing choice in dying. SAVES works in the community and with Members of Parliament to achieve law reform.

SAVE-YA Syndicated Australian Voluntary Euthanasia Youth Advocates

Facebook: Support SAVE-YA Law Reform

A national youth lobby group which aims to provide a youth voice in support of legalising voluntary euthanasia in all States and Territories. Members between ages 18 and 35 are encouraged to join, make contact with their local MP and inform them of their support for voluntary euthanasia law reform.



Christians Supporting Choice For Voluntary Euthanasia

christiansforve.org.au

We are Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary assisted dying / voluntary euthanasia. This is strongly supported by the majority of Australian Christians.



South Australian Nurses Supporting Choices in Dying

facebook: SA Nurses Supporting Choices in Dying

We are a group of passionate nurses who believe in our patient's right to choose the end of life care they wish. The group provides a forum for the nursing voice and perspective on legalising voluntary euthanasia and other patient choices in end of life care.



MY BODY MY Choice-VE

facebook.com/pages/MY-BODY-MY-Choice-VE

MBMC provides a voice for people with disability in the VE reform debate. MBMC represents the interests of people with disabilities who wish to exercise choice in all aspects of their life, including choice at the end of life, with the view that choice and control are a fundamental human right for everyone.

MBMC argues that people with disabilities know how it feels to lose personal autonomy through their ongoing fight for self-determination, independent living and disability rights.

MBMC believes that people with disabilities, who have struggled to control their own lives and bodies, must be allowed to maintain control and autonomy throughout their life, especially at its end.



Doctors for Assisted Dying Choice

drs4assisteddyingchoice.org



We are a national organisation of Australian medical practitioners, both current and retired, who are committed to having a legal choice of providing information and assistance to rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives.

Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

Respecting rational patient end-of-life choices

Lawyers for Death with Dignity

saves.asn.au/lawyers

Lawyers for Death with Dignity acknowledges the need for people with profound suffering to have the legal choice for a medically assisted and dignified death.

The current law says suicide is not illegal, but assisting suicide is. People in a terminal state may have profound, unbearable suffering and be in the undignified position of being unable to end their life without assistance.

Advances in medicine have improved life expectancy, but South Australian law has not changed to reflect the often forgotten deterioration in quality of life that a longer life expectancy may bring.



Paramedics Supporting Choices in Dying

facebook: Paramedics Supporting Choices in Dying



Paramedics Supporting Choices in Dying is an advocacy group promoting the rights of people to make decisions regarding their end of life wishes.

To go without pain, without trauma, without breaking the law, without endangering others and without suffering. To go gently, peacefully and with dignity.

We support good palliative care, encourage the use of Advance Care Directives and advocate for law reform to legalise the choice for voluntary euthanasia and voluntary assisted dying.

SA Voluntary Euthanasia Society Inc. Membership Form

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

- New Membership Renewal

Surname, including Mr/Mrs/Ms etc

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Suburb/Town & Post Code

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Membership Payment:

Annual membership is due at the end of February. Payment for two or more years is welcome, and is calculated by multiples of the annual fee – please mark accordingly

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Cheques and money orders made payable to SAVES and send with this form to:

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- Commonwealth Bank BSB 065 129 Account Number 00901742**

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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' 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.



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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.*

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