THE VE BULLETIN

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

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

An update on SA voluntary euthanasia legislation

Two Voluntary Euthanasia Bills remain before state parliament: the *Voluntary Euthanasia Bill 2010* introduced into the Lower House by Dr Bob Such (Ind), and the *Consent to Medical Treatment and Palliative Care (Voluntary Euthanasia) Amendment* Bill (Consent Bill). This second Bill was co-sponsored by Greens MLC Mark Parnell in the Upper House and Labor's Steph Key in the Lower House. The aim of all three Bills is to allow a competent adult the statutory right to receive medical help for a peaceful death under specified circumstances.

The March 2011 edition of *The VE Bulletin* reported the defeat of the Consent Bill in the Upper House on November 24th 2010. Just before the Bill was to be called to a vote the Minister of Health, Hon John Hill, stated that he would not offer his support, but instead proposed his own Bill. This took the form of an amendment to the *Criminal Law Consolidation Act 1935* by the insertion of a new section (13B). This section provides a treating doctor's legal defence to bringing about the death of a person if requested by that person.

Labor's Steph Key and the Liberal's Dr Duncan McFetridge introduced a variation of Minister Hill's proposed legislation into the Lower House on 10th March 2011, named the *Criminal Law Consolidation (Medical Defences – End of Life Arrangements) Amendment Bill 2011*. As Steph Key explained in a letter to *The Advertiser* on April 5th:

This Bill does not legalise euthanasia. Ending life will not be decriminalised. Faced with a charge of murder, a doctor must argue in court that their conduct was a 'reasonable' response to suffering. What is reasonable needs to be determined by the facts of the particular case. Would the ordinary person think it was reasonable conduct? Doctors are among our most respected leaders and would not lightly take such a decision.

But there is no compulsion, no matter how terrible the suffering, for a doctor to comply with a patient's request. This is a matter of conscience for the doctor.

The second reading of the Bill on May 5th was rescinded following an approach by the Deputy Leader of the Opposition, Mitch Williams, for additional time to debate the Bill; a request to which Ms Key agreed. Debate resumed on the second reading on the 19th May. Parliamentary members Jack Snelling, Martin Hamilton Smith, Tom Kenyon and Leesa Vlahos all spoke against the legislation.

(cont…)

INSIDE

SAVES is not affiliated with Exit International / Dr Philip Nitschke and opposes the public availability of a 'peaceful pill'.

Minister Tom Koutsantonis made the following statement in opposition:

I know it is overwhelmingly popular in my electorate. In fact, I would go as far as to say that 85 per cent of my constituents support this measure, and I publically proclaim to all of them that I will be voting against it, and I said so before the election.

I will say so during my four-year term, and I will say so again at the next election. The reason I say it is that I have a conviction that all life is sacred and that doctors should do no harm. With those few words, I oppose the legislation.

Speaking in support of the legislation Ms Gay Thompson, Member for Reynell, read to the house a letter she had received from Professor Graham Nerlich MA, B. Phil (Oxon) FAHA, Emeritus Professor of Philosophy in the University of Adelaide and a SAVES patron. This stated in part:

… The proposed amendment provides neither a direction, nor an advice nor a permission as to what the doctor may do in such circumstances. It imposes no duty on the doctor. It is merely a defence against prosecution brought against him or her, and any ancillary workers, in the event of their granting the patient's request. Ethically, each person has a right to their own life. The right imposes duties on others towards them. But it does not follow that people have duties to themselves to preserve their own lives under all circumstances.

The state does not, and should not, prevent them from choosing to risk death in the ordinary course of life. It does not bar them from choosing deliberately, to seriously endanger their life, either in attempts to aid or rescue others. It does not even legislate against reckless risks, taken for frivolous thrills. Nothing prevents anyone from laying their life down deliberately in time of war, for instance. In the painful medical dilemma, patients may competently and responsibly choose to forgo their right to life. (Hansard page 3781).

Also in support of the Bill Leon Bignell, Member for Mawson, MP stated:

I stand here today not backing voluntary euthanasia but backing those doctors and nurses who do so much for people in their final days. So I will be supporting the Criminal Law Consolidation (Medical Defences—End of Life Arrangements) Amendment Bill.

Debate on the second reading of the Bill is set to resume in June and will be further reported on in *The VE Bulletin.*

Eleven myths concerning voluntary euthanasia

SAVES president, Frances Coombe, has compiled a list of eleven of the myths perpetrated by opponents of voluntary euthanasia law reform:

1- Voluntary euthanasia is not needed as palliative care has all the answers.

It is widely acknowledged, including by Palliative Care Australia (1) and the AMA that even the best of palliative care cannot help all patients and between 5% and 10% find their suffering so unbearable that they persistently request an assisted death. Our palliative care is excellent but cannot ever be 100% effective.

2- Palliative care suffers with enactment of voluntary euthanasia legislation.

The paper *Ranking of Palliative Care Development in the European Union* (2) shows that the Netherlands, Belgium and Luxembourg, which all have voluntary euthanasia laws, rank highly in palliative care services. Belgium doubled funding to the palliative care sector when introducing its law eight years ago (3). There is abundant evidence that the drive for legal euthanasia can promote development of palliative care. The law was passed together with an act positing the 'right to palliative care', and a doubling of its public funding. It was mandatory for each hospital to have a palliative care team, and palliative home care was to be available nationally (3).

The Center to Advance Palliative Care (USA) has

also provided a 'report card' on the level of access to palliative care in hospitals by state ranking. States with physician- assisted dying laws ranked very highly in the report. Vermont and Montana scored an 'A' ranking as the top two performers of all States. Vermont has palliative care programs in 100% of hospitals, with Montana providing programs in 88% of its hospitals. Oregon and Washington both received a 'B' ranking, with programs in 72% and 65% of hospitals respectively (4). Rankings span levels 'A' (81% to 100%) and 'F' (0% to 20%).

3- Voluntary euthanasia diminishes trust in doctors.

We place our trust in doctors throughout our lives, with the final act of trust for many being the assurance that their doctor will not abandon them if all treatments fail. Kimsma (2010) states:
"… a request for euthanasia changes not only the doctor-patient relationship, but also he relationships between patients and their families and friends. This change is a deepening and strengthening of the emotional commitments and relations" (5).

4- Voluntary euthanasia inevitably leads to a 'slippery slope' from voluntary to non-voluntary euthanasia.

An article by Chambaere et al (2010) states that non-voluntary euthanasia has not increased in Belgium since legalising voluntary euthanasia in 2007. On the contrary, the rate dropped from 3.2% in 1998 to 1.8% in 2007. In the Netherlands the rate dropped slightly after legalisation from 0.7% to 0.4%. Non-voluntary euthanasia is not confined to countries where voluntary euthanasia is legal (6). Surveys compared the incidence of medical end-of-life decisions in Australia with those in the Netherlands and Flanders, Belgium. The surveys were conducted when euthanasia was a legal possibility in the Netherlands but prohibited in the other two jurisdictions. Australia had a rate of ending life without explicit request which was five times higher than that of the Netherlands. The Flanders figure was 4.5 times higher.

5- Voluntary euthanasia puts the vulnerable at risk.

The Journal of Medical Ethics states:
"In Oregon USA and the Netherlands, where assisted dying is already legal, there is no current evidence for the claim that PAS or euthanasia will have disproportionate impact on patients in vulnerable groups. Those who received physician-assisted dying in the jurisdictions studied appeared to enjoy comparative social, economic, educational, professional and other privileges" (7).

Conversely, the current law prohibiting choice for voluntary euthanasia does make those with irremediable suffering vulnerable to electing pre-emptive and possibly ill-informed suicide, when attempting to escape that suffering by the only means possible: self-deliverance. A permissive law addresses this by giving peace of mind to those who are suffering. It actually works to extend their lives (see graph at: http://www.oregon.gov/DHS?ph/pas/docs/year12.pdf

6- When people ask for voluntary euthanasia they are really asking for help to cope.

Some people requesting voluntary euthanasia will feel reassured with care but a minority of patients will persistently request help to die as the only means of final relief from irremediable suffering, despite the best help given.

Bequests to SAVES

Making a bequest to SAVES is one way to make a significant gift towards furthering the aim of the society. This is to achieve law reform to allow 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.

7- Voluntary euthanasia is against the Hippocratic Oath.

As discussed in the previous edition of The VE Bulletin, in response to the claim by Robert Brokenshire MP that voluntary euthanasia was against the Hippocratic Oath, this is an Oath which was already in use 2400 years ago. It begins by swearing to Apollo and to all the gods and goddesses. The Oath also states that the doctor will teach his art without fee or stipulation. Few if any medical schools require their students to take the original form of the Oath.

The Hippocratic Oath with the injunction to 'do no harm' is not always possible to abide by, as many medical procedures have side effects, and doctors may need to evaluate harms and benefits before advising a course of action. Although doctors are expert advisors, it is the patient who makes the final decision on which treatment, or none, represents the greater benefit and lesser harm. An incurably ill patient with unremitting suffering may decide, after consultation and advice, that a peaceful death is the lesser harm.

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 be rightly given.

8- It is not possible to enact a voluntary euthanasia law that can not be abused.

If we live by this philosophy we wouldn't have any laws, for fear of them being broken. It is the responsibility of lawmakers to craft sound laws that minimise circumvention and hold societal practices accountable to scrutiny. Current laws prohibiting voluntary euthanasia fail on both counts.

9- Voluntary euthanasia is killing.

Chambers 21st Century Dictionary defines killing as 'an act of slaying'. Killing infers a violent act against someone's will.

10- When people answer surveys about voluntary euthanasia law reform they don't understand the question.

Over the past 15 years support has been approximately 75% to the following clear question in Morgan and Newspoll surveys:
"If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering, asks for a lethal dose, should a doctor be allowed to give a lethal dose or not?

11 -The right to die implies a duty to 'kill'.
Legislation presented to SA Parliament allows for conscientious objection, protecting the right of any person to refuse to participate in or assist in the administration of voluntary euthanasia or physician assisted dying.

References:
(1) 1999 Palliative Care Australia Position Statement
(2) Centeno C; Clark D; Rocafort J; Lynch et al.,Task Force on the Development of Palliative Care in Europe, European Association for Palliative Care (EAPC).
(3)Bernheim JL, Deschepper R, Distelmans W, Mullie A, Bilsen J, Deliens L, (2008), 'Development of palliative care and legalization of euthanasia: antagonism or synergy?' British Medical Journal, 336: 864-867.
(4) Centre to Advance Palliative Care http://www.capc.org/reportcard/
(5) Kimsma GK, (2010) 'Death by request in the Netherlands: facts, the legal context and effects on physicians, patients and families', Medical Health Care and Philosophy, 13: 355-361.
(6) Chambaere K, Bilsen J, Cohen J, Onwuteaka-Philipsen BD, Mortier F, Deliens L. (2010) 'Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey', CMAJ, 182 vol 9, 895-901.
See: Kuhse H, Singer P, Baume P, Clark M, Rickard M End-of-life decisions in Australian medical practice. Med J Aust 1997; 166: 191-6, and: Luc Deliens, Freddy Mortier, Johan Bilsen et al. End-of-life decisions in medical practice in Belgium, Flanders. The Lancet 2000; 356: 1806-11. Comment by H. Kuhse on the latter article was published in the Belgium journal Ethiek & Maatschappij, le trimester

2001, Jahrgang 4, Nr. 1, April, pp. 98-106.
(7) Battin MP, van der Heide A, Ganzini L, van der Wal G, Onwuteaka-Philipsen BD. (2007), 'Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in "vulnerable" groups', Journal of Medical Ethics, (10), 591-597.

Award to law reform advocate

Former State Labor MLC and SAVES member Anne Levy was awarded an Officer of the Order of Australia in the January 2011 Australia Day Honours list for her contribution to social policy reforms and for the advancement of women over her 20 year parliamentary term. Ms Levy was a key player in implementing the Equal Opportunity Act in 1983 and was Minister for the Status of Women during 1992 and 1993. In 1975 she became only the fourth woman to be elected to State Parliament, and was the first woman in Australia to become president of a state's upper house in 1986 (1).

As part of her reformist agenda Ms Levy introduced the 1996 Voluntary Euthanasia Bill into the Legislative Council on the 8th November 1996. The Bill lapsed when a State election was called on the 11th October 1997. However, this Bill provided further impetus for the ongoing law reform agenda in South Australia. Anne Levy retired from parliament in 1997.
Ms Levy maintains an interest in the arts, and has recently been appointed the State Theatre Company board as well as being made president of the South Australian chapter of the Friends of the ABC (2). SAVES congratulates Ms Levy on her award and acknowledges her important contribution to voluntary euthanasia law reform.

References:

1.'Our Australia Day Honours Roll, *Adelaide Now,* 26th January 2011
2.'Honour for social reformer Levy', Jessica Whiting, *City Messenger,* 27th January 2011

Farewell Kym Bonython

The VE Bulletin has recently reported on the role of Dr Kym Bonython as an advocate for voluntary euthanasia law reform. His death on the 19th March 2011 was widely reported in the media. SAVES joins the many groups and individuals who paid tribute to Dr Bonython's wide-ranging contribution to the South Australian community.

World News:

Switzerland- Zurich residents have their say

Residents of the Swiss canton of Zurich have rejected a proposal that would have curtailed foreign residents' access to assisted-dying services. Residents also rejected an outright ban. Approximately 200 people elect assisted-dying each year in Zurich, and of the more than 1100 people assisted by Dignitas over the last 13 years, most were foreigners: with over 500 coming from Germany. Exit Switzerland offers the same services but restricts them to Swiss Nationals (1). Assistance is restricted to 'passive' measures, including supply of lethal medication, provided it is not done for financial gain or selfish motives. 'Active' assistance, including helping the person to take the drug or directly administering it, is not permitted.

In respect of the government acting on the will of the people Berhard Sutter, Vice president of the assisted-dying association Exit, stated:

The right to die is a private matter that does not concern the state and the Church even less so … It's a clear sign from Zurich and corresponds with Switzerland's humanitarian tradition of coming to the aid of others (2).

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

References:
(1) Chuck Penfold (EPD, Reuters, AFP) 15th May 2011.
(2) 'Switzerland votes against euthanasia restrictions' *The Age*, May 15th 2011.

Germany: Doctors to follow their conscience

The German Medical Association (GMA) has presented new guidelines for physician-assisted dying, allowing greater leeway for doctors to rely on their own conscience when deciding whether or not to help ill patients to die. Assisting dying is no longer a strict violation of medical ethics, but neither is it a medical duty.

Dr Hoppe, President of the GMA, stated "When doctors themselves have a clear conscience, we will not condemn them". This reflects growing acceptance of the practice amongst medical practitioners, with one in three supporting assisted- dying in cases of terminal illness. These guidelines do not represent a change to the law, with acceding to patients' requests potentially attracting a five year gaol term.

Reference:
Andrew Bowen, 'German Medical Association eases rules on assisted suicide', *DW- World. De Deutsche Welle,* 18th February 2011.

A 'telling observation'

Following the tabling of the 'Medical Defences' Bill in April 2011, The Advertiser newspaper published numerous letters from both sides of the law reform debate over several consecutive days. The following letter with the above title gives a succinct analysis of both sides of the debate. Its author has kindly given permission to include it in The VE Bulletin:
"THE letters in support of voluntary euthanasia recently submitted to The Advertiser have been of the highest calibre.
The voice of reason, compassion and humanity, articulated in so many well-crafted and thoughtful letters would seem to clearly reflect and express the opinions of the vast majority.
On the other hand, the letters submitted by those who oppose voluntary euthanasia all seem to share a common thread of fear, doubt and suspicion.
The letters of those in favour are saying that humanity is fundamentally decent. It can be trusted in a matter of such importance and the right thing will be done. An optimistic view of the world.
The letters of those who oppose say they don't trust humanity and fear the worst, believing unethical doctors and greedy relatives will conspire to kill frail and sick people without their consent for personal gain.
A pessimistic and distrustful view, and one that seems to be commonly held by those identifying as religious practitioners.
An interesting and telling social observation".
J.S.BUTLER, Dulwich.

Dignity and end-of-life choices

The voluntary euthanasia debate is closely linked to different subjective positions on what it means to live and die with dignity. In the following article The VE Bulletin editor, Julia Anaf, engages with some of the views on human dignity expressed by Professor Margaret Somerville who holds professorships in the Faculty of Law and the Faculty of Medicine. Australian-born Professor Somerville is also the founding director of the McGill Centre for Medicine, Ethics and Law in Montreal Quebec and is a well-known opponent of the right to voluntary euthanasia.

Human dignity is generally understood as respect for the individual as a person in their own right. The Oxford Dictionary defines 'dignity' as a 'state of being worthy of honour or respect'. An article by Professor Somerville first published in the *Montreal Gazette* is reproduced on the website of HOPE (noeuthanasia.org.au). This organisation has the stated aim of 'preventing euthanasia and assisted suicide' and is prominent in opposing voluntary euthanasia law reform in South Australia.

In her article entitled 'Defining Human Dignity' Professor Somerville argues that human dignity is negated when acceding to requests for voluntary euthanasia. Somerville rightly points out that pro-choice advocates argue that respect for dignity demands legal choice for voluntary euthanasia, while anti-choice advocates argue the opposite. Somerville

states that *intrinsic dignity* is a status model – dignity comes simply from being human. On the other hand *extrinsic dignity* depends on personal circumstances and whether others see a person as having dignity. She argues that the latter is conferred and can therefore be taken away. It is contingent upon what one can or cannot do, and is therefore an 'achievement' or 'functional' model.

Professor Somerville states that the above two definitions of *intrinsic* and *extrinsic dignity* provide 'very different answers to what respect for human dignity requires in relation to disabled or dying people in respect of euthanasia'. However, this statement appears to conflate two different groups with very different needs and life-circumstances. On the one hand, people living with disability rightly demand the respect that comes from acknowledging and then ameliorating the many difficulties faced in leading a self-directed life. This involves improved provision of financial and other social services to ensure the means for living a life consistent with each individual's own conception of dignity and autonomy.

On the other hand, hopelessly ill and dying people call for the respect that comes from not having their wishes thwarted: by being treated as mere means to ideological ends. Respect comes from being listened to and supported through difficult life-and-death decisions that may be different from ones own. Opponents of choice for the right to voluntary euthanasia argue that dignity and respect for human life demands that it not be intentionally ended except in self-defence. Based on this argument Professor Somerville maintains that capital punishment and euthanasia are therefore both wrong. However, this again conflates two very different issues. Capital punishment is the ultimate expression of the deprivation of liberty, while acceding to the enduring requests of competent adults for assistance to die is arguably a clear expression of granting liberty.

Professor Somerville states that under an *intrinsic dignity* approach 'dying people are still human beings and therefore have dignity': a view that supporters and opponents of choice for voluntary euthanasia would both endorse. However she links the *extrinsic dignity* or conferred model of dignity to a pro-choice perspective, arguing:

Under an extrinsic dignity approach, dying people are no longer human 'doings'[based on 'achieving', or 'doing'] – that is, they are seen as having lost their dignity – and eliminating them through euthanasia is perceived as remedying their undignified state. Pro-euthanasia advocates argue that below a certain quality of life a person loses all dignity.

However, an *extrinsic dignity* model should not be aligned with a pro-choice position as inferred. Human dignity is subjective: it inheres in the individual. Rather than conferring a loss of status which allows for individuals to be 'eliminated', in Professor Somerville's terms, in order to remedy their 'undignified state', a pro-choice perspective elevates the status of the suffering person. This is

Your Anticipatory Direction:

If you have not already completed an Anticipatory Direction, also known as Advance Directive, please do so as to ensure that your end of life wishes are respected. You can choose from the:
1) Consent to Medical Treatement and Palliative Care Act 1995.
Forms are available for downloading from the Debt of Health website www.dh.sa.gov/consent or may be collected from Service SA, Government Information Centre 108 North Terrace Adelaide, or by ringing the Office of the Public Advocate.
2) Guardianship and Administration Act 1993.
There is a link to the Office of the Public Advocate from the above website for completing an Enduring Power of Guardianship under this act. Either Anticipatory Direction may be obtained by telephoning the Office of the Public Advocate
(08) 8269 7575 or by country free call on 1800 066 969.
An Enquiries Officer will answer any queries concerning Anticipatory Directions.

from a denial of the right to impose ones will on others: thwarting their wishes while standing outside the experience of their suffering.

Professor Somerville puts forward a common argument by those who oppose the 'right to choose'. This is that respect for dignity is:

… respect for both the human dignity of each individual and for the worth of humanity as a whole. That means that if we accepted that individual consent could justify taking human life, it is not necessarily sufficient to ensure human dignity is not being violated.

However, it is morally problematic to endorse the power of the collective against the individual in this way. It implies, counter-intuitively, that individual suffering will in some way improve the moral standing of 'humanity as a whole'. Arguably, what is instead needed is a protective legislative framework for end-of-life decision-making that respects each individual's autonomy. Respecting each person's own conception of living and dying with dignity in turn confers dignity on 'humanity as a whole'.

Professor Somerville further defines dignity under models of *empowerment* and *constraint,* under which pro-choice advocates see human dignity as empowerment which is negated by violating personal autonomy. Anti-choice advocates instead see dignity as constraint, with Somerville arguing:

Sometimes we have to restrict freedom to maintain the conditions that make freedom possible. … often it's easier to identify what constitutes a violation of it, than to define what it is.

Somerville goes on to say that the expression 'beneath human dignity' is a common term for expressing such violation. Of course, supporters and opponents alike would readily identify many examples of what is 'beneath human dignity'; including torture and other forms of imposed suffering. For pro-choice advocates, this would most likely include imposed futile suffering at the end of life or in the face of unrelievable suffering.
In seeking to 'die with dignity' the overwhelming majority seek the dignity of choice, as well as the dignity of respect and support for making their own difficult decisions in the face of irremediable suffering. The success of a small but powerful minority in thwarting the will of others in achieving this is, arguably, what it means to be denied a death with dignity.

*** IMPORTANT NOTICE ***

SAVES urges members to attend the July 2011 public meeting which will provide the latest information on advance directives:

SEE PAGE 11 of this bulletin for further details on becoming better informed about formally making your wishes known.

SAVES public meetings are held three times a year at 2.15 pm on Sunday afternoons at the Disability Information and Research Centre (DIRC) 195 Gilles St Adelaide at 2.15pm.

This is an important forum for updating members on SAVES' activities, legislative issues and relevant local, national and international events and initiatives.
Guest speakers provide a further informative dimension to these meetings which conclude with informal discussion over tea and coffee.
The final public meeting for 2010 is on the 21st November with further details provided in the November VE Bulletin.
Make a diary note now!

From the journals

Recent research in the USA explored the quality of death and dying in patients that request a physician-assisted death (PAD) (1). Of note in respect of one aspect of this research: the concern by some that legalisation of physician-assisted dying may become a substitute for high quality end-of-life care, the researchers stated:
Our study does not support that the choice for PAD reflects poor symptom management. In fact, in the view of family members it does appear to meet patients'preferences for control and avoidance of a period of declining function. … this study adds to the evidence that the choice to pursue PAD does not

appear to be due to, or a reflection of, poorer end of life care. Nor is the quality of death experienced by those choosing PAD any worse than for those not pursuing PAD; in some areas it is rated as better by family members.
For further information see the following article.

Reference:
(1) Smith K A, Harvath TA & Ganzini,L,'Quality of Death and Dying in Patients who Request Physician-Assisted Death', *Journal of Palliative Medicine*, 14 (4) 445-450

Suffering 'an evil': ethicist

The Australian Magazine's wide-ranging profile of St James Ethic Centre ethicist, Simon Longstaff (May 7 2011), included his response to a question concerning voluntary euthanasia law reform. Mr Longstaff stated (in part):

I do not know of any system of belief (religious or otherwise) that promotes suffering as a good thing. Indeed, I would go so far as to say that suffering is universally regarded as an evil… Given this I think we have a positive obligation to limit suffering. Unfortunately there are some times when the only way to end suffering is with the death of a person. In those circumstances I think we should allow a person to choose death.

Dr Kevorkian dies aged 83

The Washington Times (1) reports the death of Dr Jack Kevorkian on June 3rd 2011. Dr Kevorkian, a retired pathologist, is well-known for assisting the deaths of many people throughout the 1990s. Janet Adkins, aged 54 years and suffering from Alzheimers Disease, was his first patient following her failed experimental curative treatment. Dr. Kevorkian spent many years campaigning for the legalisation of the right to choose voluntary euthanasia. He served eight years in prison following actively assisting the death of Thomas Youk, suffering from amyotrophic lateral sclerosis (ALS), by administering a lethal injection. A film of his life, You Don't Know Jack, starring Al Pacino was screened in 2010.

References:
1.Tim Devaney 'Assisted-suicide advocate Kevorkian dies', *Washington Times,* June 5th 2011.

SA Nurses Supporting Choices in Dying

Sandy Bradley, Convenor of the group SA Nurses Supporting Choices in Dying, sends the following message:

Are you a nurse (registered or enrolled) or a personal care worker? When you see this...

Do you hope that the person has already had a discussion about the treatment options they would like if they are in an end of life situation?

And, how do you feel when this discussion hasn't taken place but a patient then asks: will you help me make it all stop?

If you would like your patients to have access to the broadest range of choices in dying at the end of their lives, including the choice of voluntary euthanasia, then you might be interested in participating in the SA Nurses Supporting Choices in Dying group. Our members write to members of parliament about their concerns for their patients and the current system which doesn't provide this last choice in dying for those who wish to use it.

Should you decide to join our group, you will be provided with the latest and current information on the progress of Bills put before Parliament for the legalisation of voluntary euthanasia. Whether you are for or against VE, your voice, based on your nursing experience, should be heard. With your assistance, we can finally make the choice of voluntary euthanasia one in which patients don't have to desperately hope that the nurse or doctor they speak to will be illegally willing to help them, but will be able to do so openly, honestly, with integrity and within the law. Most importantly, any law on VE will enable open discussion about this and other alternatives for end of life care.

To join SA Nurses Supporting Choices in Dying, please contact by email the Convenor of this group, Ms Sandra Bradley, RN, FRCNA on sandrabradley2@bigpond.com or go to our Facebook page SA Nurses Supporting Choices in Dying. Lend your voice and support to our patients who request the choice of VE as their last dying wish.

Christians Supporting Choice for Voluntary Euthanasia: an update

Below is an edited version of an update for members of the above group by its convenor Ian Wood.

I had hoped to be able to report a YES vote for the Steph Key Medical Defences End of Life Arrangements Bill, but alas it is still being debated in the Lower House of South Australian Parliament. Although this Bill is not a VE Bill as such, it recognises that the ending of a patient's life by a doctor is, in certain limited circumstances, a course of conduct acceptable to the community and would give a doctor a legal defence for such compassionate assistance. We have been active in lobbying MPs in support of this Bill.

Hon Mark Parnell, MLC, Greens, re-introduced his *Consent to Medical Treatment and Palliative Care (Voluntary Euthanasia) Amendment* Bill to the newly elected Upper House of SA Parliament. Again, we actively lobbied MLCs, but the Bill was defeated on "the voices". My wife and I attended the vote. So near and yet so far!
We met with Mark Parnell, MLC and other supporting VE groups at Parliament House for a debriefing session in December, and again with Steph Key prior to the introduction of her latest Medical Defences Bill. In Western Australia, with the assistance of Adrian Price, we lobbied the Upper House there in support of the Chapple VE Bill, but this was defeated, 24 votes to 11. I regret to report the death of our valued Patron, Kym Bonython. Kym was described on our letterhead as *Adventurer, music and art lover, entrepreneur – who wants the option of VE with stringent safeguards.*

Our BOOKLET, *I want the Choice of a Peaceful Death,* has proven popular and resulted in a number of new signatories joining our Group. This free small booklet outlines Christian support for the option of legal VE. Rev Dr Craig de Vos, together with group Co-founder, Rev Trevor Bensch, have again given me invaluable assistance and support during the last 12 months. We are attracting the attention of the media, the various lobby groups, and some MPs with our positive compassionate approach to assisted dying for the hopelessly ill.

The opposition to legal VE is vocal and well organised. Direct contact by each of our signatories to their local MPs continues to be the most effective form of lobbying. Have YOU contacted your MP?

Ian Wood, Group Coordinator
429 Anzac Road, Port Pirie SA 5540
Email Christiansforve@westnet.com.au Website: www.Christiansforve.org.au

Join today!

Membership is FREE. We simply add your name, with all other members, as 'signatories' to Group letters going to MPs. We welcome non Christians who support our aims.

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I WANT THE CHOICE OF A PEACEFUL DEATH!

I wish to join **Christians Supporting Choice for Voluntary Euthanasia** as a 'signatory' in their campaign to have Voluntary Euthanasia legalised in Australia as an option for people suffering unbearably from a hopeless or terminal illness. Such legislation would include stringent safeguards against abuse.

Name ..... Mr/Mrs/Ms/Dr/ .....

Address .....

.....

Email .....

Signature ..... Date.....

Please send more information [ ] Denomination (optional).....

OPTION I am not a Christian, but wish to support the Group [ ]

NOTICE OF GENERAL MEETING

Of the SA Voluntary Euthanasia Society Inc. (SAVES) at
The Disability Information and Resource Centre (DIRC), 195 Gilles St, Adelaide.

2.15 pm Sunday 24 July 2011

Guest speakers will be *Ms Kathy Williams, Senior Policy Officer Research and Ethics Policy Unit SA Health, and Ms Sandra Bradley, Convenor 'South Australian Nurses Supporting Choices in Dying'.*

Kathy's presentation is entitled 'Introduction to Advance Directives', with Sandra then discussing aspects of her thesis examining advance directives.

Tea/coffee and biscuits will be available at the conclusion of the meeting. Bring your friends. All welcome

Final public meeting for 2011 is on the 23rd October

South Australian Voluntary Euthanasia Society Inc. (SAVES)

Annual Membership Fees: Single $ 25.00 (concession $ 10.00) Double $ 30.00 (concession $ 15.00)

Life Membership: Single $ 200.00, Double $ 300.00

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

Mr/Mrs/Ms/other ..... Date.....

Address .....

..... Postcode ..... Telephone .....

Date of birth (optional) ..... Email address .....

Your expertise which may be of help to SAVES .....

Membership fee(s) for..... year(s) $ .....

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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 judgement and conscience of the doctor.

SAVES IS NOT ABLE TO HELP PEOPLE END THEIR LIVES

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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The VE 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 The VE Bulletin Editor, SAVES, PO Box 2151, Kent Town SA 5071.

Editor: Julia Anaf