



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

## Update on SA legislation

This edition of *The VE Bulletin* has been held over to allow for reporting on further debate on the *Criminal Law Consolidation (Medical Defences-End of Life Arrangements) Amendment Bill 2011* or 'Medical Defences' Bill. The July edition reminded readers of the two Voluntary Euthanasia Bills before state parliament: the *Voluntary Euthanasia Bill 2010* (Dr Bob Such, Independent) in the Lower House, and the *Consent to Medical Treatment and Palliative Care (Voluntary Euthanasia) Amendment Bill* (Consent Bill), co-sponsored in the Upper House by Greens MLC Mark Parnell and in the Lower House by Labor's Steph Key.

The July edition also reported that in addition to these two 'VE' Bills, the 'Medical Defences' Bill, proposed by Health Minister John Hill, was introduced by Labor's Steph Key and the Liberal's Dr Duncan McFetridge in March this year. This Bill does not legalise or decriminalise voluntary euthanasia through a statutory right to self-directed dying. Instead, faced with a charge of murder in responding to patient suffering, a doctor can argue in court that their action was a 'reasonable' response under exceptional circumstances. While not a Voluntary Euthanasia Bill it is a step in the right direction.

This Bill was rescinded at the second reading on May 5<sup>th</sup> to accede to a request by the Deputy Opposition Leader, Mitch Williams, for additional time for debate. Debate resumed on May 19<sup>th</sup>, with the July *VE Bulletin* providing excerpts of contributions to the debate by politicians: both supporters and opponents. Since then there has been further debate, with Labor's Frances Bedford, member for Florey, speaking in support of the Bill. On 23<sup>rd</sup> June Ms Bedford stated:

*In response to insurmountable suffering, when further treatment is clearly futile and death is near, it is a fact that many compassionate doctors currently do administer lethal doses of drugs in our hospitals and hospices. To quote former AMA President, Dr Brendan Nelson, 'Doctors who deny helping patients to die are either inexperienced or dishonest'.*

*The law today requires doctors to shroud their actions and intentions in secrecy. There are no second opinions, nor is psychiatric examination required. There is no requirement for witnesses or open and frank discussion between patient and doctor about ending life, as it is not now within the law; therefore, many of these deaths are without specific patient consent.*

*The shocking rate at which elderly Australians take their own lives, violently and alone, is testament to the need for law reform. It is important to note that the defence [under the Medical Defences (Cont.)]*

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## Only you can do it!

Recently SAVES members were advised of the details of their state MPs. You are urged to keep this information in order to contact members by telephone, letter or email in the quest for law reform. While SAVES' committee and Task Force provide the impetus, members and other supporters need to be proactive in order to achieve a change to the law. Please feel free to contact Frances on 0421 305 684 if you have any queries or if you mislay this information; we have a full record of each member's MP which can easily be checked.

*Bill] only be available if the doctor is the patient's treating doctor.*

*The patient must be an adult of sound mind and suffering from an illness, injury or medical condition which is terminal and has made life intolerable. The patient must make a lucid request to the doctor to end their suffering and, hence, their life.*

*Few may wish to exercise this right; however, I would rather this right exist so that a patient can discuss their feelings and participate in this treatment option decision.*

A more qualified statement in support of the Bill came from Tony Piccolo, Member for Light, who stated on July 28th:

*I have expressed privately, and I am happy to express publicly now, that I would have not supported the alternative bill which was here before, which sought to expand the right to die... Getting back to the debate itself, there are a couple of things I would like to mention. First of all, to some extent it has been portrayed by those who oppose this proposal, that it is essentially a euthanasia bill or a doctor-assisted suicide bill. As I read and understand it, the bill is not that at all... The question arises: how do we on the one hand protect doctors who are acting ethically and morally*

*in their everyday work? Secondly, how do we not extend the principle of the right to die, which I have mentioned I have a problem with. I think this bill as it stands does seek to achieve that balance and, as a result, I am likely to support it... [because] I think it does two things: first, it does not expand the concept of the right to die; and, secondly, it does provide some framework for those doctors who need to care for patients who are dying.*

Further debate on the Bill was conducted on the 20<sup>th</sup> October then adjourned until November 10<sup>th</sup>. However at the time debating time was taken up with other matters, and debate was further adjourned until November 24<sup>th</sup> with an optional sitting date of December 1<sup>st</sup>. Further information on the progress of the Bill will therefore need to be provided in the March edition of *The VE Bulletin*.

Although this Bill does not provide a statutory right to the choice for voluntary euthanasia it is important to understand that the *Medical Defences Bill* includes valuable provisions. The *Consent to Medical Treatment and Palliative Care Act* **does not** provide sufficient protection for doctors and others participating under the doctor's supervision. It only covers the administration of medication to relieve symptoms which have the incidental effect of hastening death. The *Medical Defences Bill* covers the administration of medication to end a patient's life, at the patient's request, if experiencing intolerable suffering under exceptional circumstances.

Despite the claims from those opposed to the right to choose, the *Medical Defences Bill* is **not a threat to palliative care**. Since 1996 palliative care medication to relieve symptoms has been administered under the protections afforded by the 'Consent' Act and this will not alter under the auspices of palliative care. The *Medical Defences Bill* is a step further, needed by a minority of patients who can not be helped by even the best palliative care. That there are such unfortunate people is a fact acknowledged widely, including by Palliative Care Australia and the Australian Medical Association (AMA). The current system of care effectively ignores and abandons these people.

A recent report published in the British Medical Journal concludes that legalising assisted dying does not affect the provision of good palliative care (*Palliative Care Development in Countries with a Euthanasia Law BMJ 2011;343:d6779*). The research, conducted on behalf of the UK's Independent Commission on Assisted Dying, compared palliative care in six European countries: the Netherlands, Belgium and Switzerland, where assisted dying is a legal possibility, with Spain, France and Germany, where it is not legal.

The report found that palliative care is as well developed in countries with legal assisted dying as in countries without, and palliative care continues to develop after legalisation of assisted dying. The report concluded that the claim of legal assisted dying damaging palliative care development 'is only expressed in commentaries rather than demonstrated by empirical evidence'.

As Minister Hill claims, guidelines will be needed for a successful defence by practitioners under the Bill and these will need to be formed in consultation with peak bodies such as the AMA and the



**SAVES President Frances Coombe**

Australian Nursing Association. While opponents of the Bill argue that a right to die will become a duty to die, and conflating suicide with those choosing to die as the only means to end intolerable suffering under exceptional circumstances, are irrational and can not be justified. They are scaremongering.

## **SAVES July public meeting**

SAVES' president Frances Coombe pictured above welcomed over 40 people to the July meeting. Helen Sedgman and Kay Lockwood from the South Coast Support Group who travelled all the way from Victor Harbor were given an especially warm welcome. Frances thanked Dianne Lake for her prior assistance as SAVES' Minutes Secretary and advised that Libby Drake, Secretary of the World Federation of Right to Die Societies, has agreed to take on the role. Libby and her husband Michael manage SAVES presence on Facebook. Anne Bunning has been selected as SAVES' Campaign Manager, working to support legislative success. Anne is a strategic thinker with extensive experience in policy development, the legislative process and advocacy. We look forward to working with Anne.

On the interstate scene Frances advised that Tasmanian Premier Lara Giddings will hold community consultations prior to introducing legislation for law reform. Frances also spoke of the important role of YourLastRight.com which brings together Voluntary Euthanasia and Dying with Dignity societies in Australia: the peak body for aid-in-dying law reform in Australia. It campaigns for the right to choose physician-assisted dying subject to appropriate checks and review in face of intolerable and unrelievable suffering through terminal illness or the advanced stage of incurable illness.

SAVES' honorary treasurer Hamish Claxton and membership officer Gerry Versteeg were recognised at the meeting for all their hard work 'behind the scenes'. Convenor of the group *Nurses Supporting Choices in Dying*, Sandra Bradley, was guest speaker, giving an informative discussion on advance directives, followed by question time and further discussion over refreshments. The March edition of this bulletin will cover the October public meeting.

## **Goodbye to our Eric**

*Mary Gallnor, SAVES' vice president provides the following contribution in memory of Dr Eric Gargett, a former SAVES president who died earlier this year.*



I met Dr Eric Gargett when I attended a SAVES committee meeting in early 1984 at the invitation of president and founder, Professor Jim Richardson. I had joined SAVES when it was formed by the Humanist Society in 1983, the same time that Eric and his wife Val had joined. We started with 60 members. We met monthly and steadily produced information pamphlets and all the requirements for running a successful human rights organisation. It was time consuming work and Eric showed his true worth. He had a very fine mind and quickly grasped what needed to be done.

Soon Jim Richardson decided that we needed a 'brain storming' group and set up the Task Force which turned out to be a brilliant idea. It was free of the committee's administrative responsibilities which took up a great deal of time and allowed for very little for strategy formulation. The Task Force comprised Jim, Bill Mettyear, Anne Hirsch, Eric and myself and was one of the most interesting times of my life. We worked together harmoniously and developed deep affection for one another: a culture which still endures in the Task Force and Committee to this day.

I watched, listened and learned from Eric, and we all shared the same value system as the Quakers or Society of Friends to which Eric and Val belonged. This called for always looking for the good in everyone. I tried to do this but not always with success, whereas Eric was unfailingly patient and able to speak well of our opponents no matter how often they lied and misinterpreted the truth.

I have no doubt that I would have been unable to take on the two roles of president of SAVES and of the World Federation of Right to Die Societies concurrently had I not had Eric's unceasing and generous support. Val, Eric and I became very close friends, and it was a harrowing time to sit by his bed as he was dying and hear him say "this is so futile": as it was. We would both have been so proud to have assisted in the successful passage of a Voluntary Euthanasia law which would have allowed for avoiding such futility. Sadly and heart-achingly so, it was not to be.

Vale Eric.

*The following timeless articles 'Grasping the Nettle' and 'Honesty First Victim' written by Eric are reprinted below to honour his memory.*

### **'Grasping the Nettle'**

Doctors do it, nurses help them, and the public nods approval, but the law calls it a crime. For some it exemplifies respect for human dignity, self-disregarding compassion – the epitome of medical care. For others it is a denial of the sanctity of human life, flouting the authority of God and degrading a fine professional ethic.

Whether or not it is eventually decriminalised, voluntary euthanasia will remain contentious for as long as moral issues are debated and religious opinions differ. The polarisation is almost complete and middle ground is hard to find. Those with misgivings are stranded there. For some, uncertainty comes from the thought of a venture into uncharted territory; others lack information or, more likely, have a goodly stock of misinformation.

The proponents of voluntary euthanasia seek to change the law so that it will no longer be an offence for a doctor to accede to an informed and persistent request from a hopelessly ill patient for active help to die swiftly and peacefully. "Physician-aid-in-dying" the Americans call it. "A gentle act of merciful clinical care" said a working party of the British Institute of Medical Ethics. Only the patient can initiate the procedure, only a doctor may respond, after obtaining a second opinion. The key word is "voluntary": patients and doctors to whom it is unacceptable are free to stand aside. So why the fuss?

Fuss there is in plenty, if the delicately worded Vatican declaration condemning voluntary euthanasia, and similar statements on behalf of other mainstream churches, can be so called. There have been more robust responses from right-to-life sources. A Lutheran pastor summed it up when he stated that voluntary euthanasia is, simply, "contrary to the Will of God". Doctrinal imperatives, depending as they do on an unverifiable source, cannot be debated but should be respected. So should the right to differ and so should the feelings of doctors who cannot face the paradox of ending

life out of respect for human dignity. The ultimate question is not “Do I agree?” but “What right have I to deny the option to others?”

Respect for the freedom of individual conscience implies that our right to life embraces the right to surrender that life in certain circumstances - and in those circumstances one may legitimately seek help to do so. If it can be right to take the life of another in a “just war”, for example, or in self-defence, as most churches maintain, how can it be wrong for a doctor to provide requested relief to a patient in otherwise irremediable distress, who can no longer live life as it should be lived? “There is”, says the philosopher James Rachels, “a great difference between being alive and having a life”.

Voluntary euthanasia is not a new concept: the Greeks had a word for it. But the current debate is new and closely related to advances in modern medicine, conferring on us the mixed blessing of prolonged life and raising the spectre of delayed and distressful dying. We die no longer from infection but of degeneration. For a long time the debate teetered around a supposed vital distinction between “passive” and “active” euthanasia, passive meaning withholding or withdrawing life-preserving treatment (so-called “omission”), and active, providing or administering a lethal dose (so-called “commission”). Passive was good, or at least acceptable; active was bad, evil really. Now the fog has cleared. Any act, whether of omission or commission designed to hasten death stands condemned, and so does the poor patient who asks for it. But if death is hastened by an act intended to avoid burdensome or ineffectual treatment, or relieve suffering, there is no wrongdoing. Those who try to walk the tightrope of this fine and unverifiable distinction have been compared to the prelates of long ago who disputed how many angels could dance on the point of a needle and agreed on a number.

At ground level, so to speak, there is another perspective. Voluntary euthanasia is an established feature of medical practice, not merely a disputed area of religious and medical ethics. In Victoria in 1987, 29% of doctors who responded to a survey had actively helped a patient to die; 60% wanted

the law changed to give patients the option and themselves the discretion. A similar survey of nurses in 1991 recorded 75% in favour of law reform – they spend more time at the bedside. The Roy Morgan public opinion poll in 1996 found 76% in favour of voluntary euthanasia.

Should we not give patients the right to choose; doctors the discretion to act in their interests; and everyone the safeguards needed to ensure confidence in the procedure? At the time of writing the Dignity in Dying Bill 2001 is before both Houses of South Australian State Parliament, where it may be accepted, improved, or rejected.

It is said that if you try to brush a nettle aside it stings you. If you grasp it firmly, it doesn't. But that takes courage.

## ***Honesty: First victim***

**The following article first appeared in The Advertiser on the 5<sup>th</sup> of July 1995.**

*Debate on a proposed law to allow voluntary euthanasia will resume in State Parliament this month. Dr Eric Gargett, vice-president of the South Australian Voluntary Euthanasia Society, examines the issue:*

‘Truth has been an early victim in the debate over voluntary euthanasia. It is time to set the record straight. The headline above a recent article (*The Advertiser*, 4 April 1995) read: “Dangerous to give doctors power to kill”. In fact, a voluntary euthanasia law would not give doctors a new power. It would simply bring under regulation and close supervision the power they already have to hasten or cause the death of a patient.

A similar distortion of the debate occurs in such slogans as “Kill the pain, not the patient”. Apart from the fact that voluntary euthanasia is not primarily an issue of pain management, the use of the emotive word “kill” conjures up the image of a victim of aggression. Yet there is no victim and no aggression. It is a carefully regulated act of mercy undertaken for the sake of the patient. Talk of giving doctors “a licence to kill” is unwarranted.

The most vociferous opposition to voluntary

euthanasia comes from religious sources, including in the article “Priests in nationwide attack on euthanasia” (*The Australian*, 15 May 1995). Those who believe in a God who has determined the span of each individual life hold that it is always morally wrong to shorten that span, while some maintain that suffering should be endured because it has merit in the eyes of God. They are entitled to this opinion and to make their choice accordingly. But they also seek to deny the option to others by positing that it offers a threat to society, to many who would not request it - and truth suffers.

In order to make this claim, they commonly omit the word “voluntary”, so that the crucial element of the free choice of an individual in a democratic society is obscured. Omitting “voluntary” subtly implants the notion that euthanasia might be administered against someone’s will, or without consent, “putting at risk all those people whom others would think better off dead”. Invalid comparisons can then be drawn with situations that do not allow freedom of choice, such as capital punishment. A similar furphy is that if voluntary euthanasia were legalised, it would harm vulnerable people who had made no request, or had been pressured into doing so - victims of their doctors. No evidence is offered for this, because there is no evidence.

A society that cannot trust its doctors cannot trust itself. There is no benefit to society in fostering the myth that doctors are awaiting their chance to knock off their patients and only a legal barrier prevents them. If you believe that to be the case, then note that a voluntary euthanasia law would not remove the barrier; it would strengthen it. The Universal Declaration of Human Rights can be stood on its head to deny our right to control our lives. If, as most of us believe, we are free to make decisions about our lives, whether to live them well or badly, whether to press ahead with them or end them, it is our inalienable right to do so. That right carries the responsibility which attaches to all rights - not to exercise it in such a manner as to harm others. An article (*The Australian*, 21 July 1994) was headed: “Euthanasia undermines the rights of the sick”. Why not let the sick decide that? The choice should be theirs.

Without evidence, or despite contrary evidence, claims are made that the situation in the Netherlands is out of control, or getting that way. Actually, we do not know whether there has been any change in the Netherlands, nor if the situation is different in Australia, because there has been only one such study there and none here.

A widespread misapprehension that in the Netherlands 55 per cent of cases of euthanasia are carried out without the consent of the patient seems to have arisen from a calculation by Dr John Fleming (*The Australian*, 2 February 1995); *News Weekly*, 25 February 1995; *The Advertiser*, 4 April 1995). He referred to “10,558 cases of medical decisions at the end of life which involved the *explicit* intention to hasten the end of the life of the patient by act or omission”, of which “55 per cent were non-voluntary”. This is equivalent to 4.5 per cent of total deaths in contrast to the official finding of 0.8 per cent cases of “life termination without explicit request”. Although these should not be condoned, they were patients near death, 86 per cent of whom were incapable of making a request although 65 per cent had earlier made their wishes known. There were only two cases where the patient could have been asked and wasn’t; both occurred in the early 1980s.

The 55 per cent figure is obtained by adding in cases of administering pain-killers, or withholding or withdrawing treatment, without an explicit request by the patient, with the intention of shortening life. Such cases were not classed as euthanasia in the official report.

When Dutch doctors were asked whether or not they intended death to result from their actions, they answered truthfully, because it is regarded in the Netherlands as sound medical practice, not euthanasia, to withhold or withdraw treatment, or increase opioid doses, in order to hasten death, if it is the only means left to relieve the suffering of a terminally ill patient. These are cases where the patient is no longer capable of giving consent. The doctor has to take the decision.

In Australia, the doctor would have to claim that the intention was only to relieve suffering or to avoid



burdensome and futile treatment, not to shorten life. Whatever the claimed intention, the action is the same and so is the result. The Dutch are simply more honest about it.

Opponents of voluntary euthanasia should stop playing with words and figures, confusing the issue with versions of what did or might happen in the Netherlands, or constructing alarming scenarios. They should face voluntary euthanasia on its merits as a compassionate response to the doctor's dilemma when the preservation of life is not compatible with the relief of suffering and the patient wishes only to die'.

Dr Eric Gargett PhD.

Former President

South Australian Voluntary Euthanasia Society

## **Latest Newspann**

The Australian newspaper published the results of the latest Newspann (August 20th 2011) as part of its 'Health of the Nation' coverage of a wide range of issues spanning priorities for health funding, dental services, security of health records and voluntary euthanasia. This survey was conducted by telephone by trained interviewers in all states of Australia and in city and country areas, with respondents selected at random. The survey is based on 1207 interviews with people aged 18 years and over. (The maximum margin of sampling error for results based on the total sample is plus or minus 3 percentage points). The question posed was:

*Do you think voluntary euthanasia should be legalised in Australia?*

Responses were 77% in favour, 18% opposed, 4% who stated neither and 1% who refused to answer. As reflected in most polls there was little difference by gender, with 78% of males and 75% of females endorsing a change to the law. The 35-49 year age group showed the highest support at 81%, followed by 77% in the over 50s group. Slightly more support came from Labor voters (80%) than coalition voters (76%). These results must be understood within the context of earlier polling registering even higher levels of support, (85% in 2009). This higher support may be due to the more nuanced and enduring question posed over several decades, which is:

*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 ?*

This Newspann supports the 2010 survey by The Australia Institute which showed support for voluntary euthanasia law reform at 75%.

## **Ambassadors for law reform**

SAVES website hosts the names and photographs of some of the more than 100 Australian 'Ambassadors' who lead the call for law reform covering a wide spectrum of society. These high profile individuals have agreed to stand and be counted as supporters of responsible aid-in-dying legislation. Among the ranks are former Prime Minister Malcolm Fraser, his wife Tamara, ABC Gardening Australia show host Peter Cundall, ABC radio host Phillip Adams, entrepreneur Dick Smith and many members of the legal and medical fraternities, philosophers,

**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. Public meeting dates for 2012 are:**

**22nd April, 22nd July and 4th November.**

**Make a diary note now!**

educators, television and sporting identities, members of the arts and business community and religious bodies.

From amongst these national identities are many South Australian ambassadors. Politicians include Steph Key (Labor), Mark Parnell (Greens), Dr Bob Such (Independent), and former politicians MLC and Democrat Sandra Kanck, Anne Levy (Labor) and Senator Chris Schacht (Labor). Ambassadors from within the medical field include Emeritus Prof John Willoughby, Dr Roger Hunt, Dr Rosemary Jones, and Dr Julian Hafner. Ministers of religion and other Christians supporting choice include Ian Wood (Co-founder Christians Supporting Choice for Voluntary Euthanasia), Rev Dr Craig de Vos, and Rev Trevor Bensch. Other South Australian Ambassadors are Emeritus Professor Freda Briggs AO and Dr Kym Bonython in memoriam. See SAVES website [www.saves.asn.au](http://www.saves.asn.au) for a comprehensive list.

## Share YOUR story

SAVES is interested in hearing from members and other readers with personal stories to share concerning their experiences. These may help highlight issues around death and dying that may ultimately benefit others. Personal stories

## Thank you!

SAVES' work is carried out by volunteers who respond to many requests for assistance. We wish to especially thank Elice Herraman for her recent invaluable aid in compiling a list of electorate and MP names for each SAVES member.

SAVES is also grateful for some recent and ongoing invaluable public relations expertise when reviewing both the display and website: thank you Brian. Thank you too to Gayle for her 'behind-the-scene' contribution in supporting work done by SAVES' honorary treasurer.

provide powerful messages of both suffering and empowerment at the end of life. Changing the law to allow dying with dignity isn't just a political or academic goal – *it's personal*.

That is why we encourage you to share your story about a loved one's final chapter. This may be inspiring, sad or simply informative: all are worth sharing. Do not worry if you feel you are not good at writing; just speak from the heart and send to the Bulletin Editor, SAVES, PO Box 2151 Kent Town SA 5067, or by email to [info@saves.asn.au](mailto:info@saves.asn.au).

## The World Federation of Right to Die Societies

More recent SAVES members and other readers may not be aware of the role of 'The World Federation'. Founded in 1980, it consists of 46 right- to-die organisations from 26 countries. The Federation provides an international link for organisations working to secure or protect the rights of individuals to self-determination at the end of their lives. The website [www.worldrtd.net](http://www.worldrtd.net) has a wealth of information from an international perspective. Check it out!

## 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.*

## Update from Oregon

The Oregon Government's 13<sup>th</sup> Annual Report on the *Death with Dignity Act*, has been published based on statistics for 2010. Key points were that 96 prescriptions for lethal medications were written during 2010, (compared with 95 during 2009). Fifty nine of the 96 patients died from ingesting



the medications. In addition, six patients with prescriptions written during previous years took the medications and died during 2010. The total of 65 known deaths corresponds to 20.9 DWDA deaths per 10,000 total deaths. Fifty five different physicians wrote the 96 prescriptions. Since the law was passed in 1997, 525 patients have died from ingesting medications prescribed under the *Death with Dignity* Act. Of the 65 patients who died under DWDA in 2010, most (70.8%) were over age 65 years; the median age was 72 years. As in previous years, most were white (100%), well-educated (42.2% had a least a baccalaureate degree), and had cancer (78.5%). Most patients died at home (96.9%); and most were enrolled in hospice care (92.6%) at time of death. 96.7% of patients had some form of health care insurance, although the number of patients who had private insurance (60.0%) was lower in 2010 than in previous years (69.1%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (36.7% compared to 29.6%).

As in previous years, the most frequently mentioned end-of-life concerns were: loss of autonomy (93.8%), decreasing ability to participate in activities that made life enjoyable (93.8%), and loss of dignity (78.5%). In 2010, none of the 65 patients were referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of ingestion for 6 (9.4%) patients, compared to 20.3% in previous years. As part of reporting mechanisms, during 2010 one referral was made to the Oregon Medical Board for failure to wait 48 hours between the patient's written request and writing the prescription.

Oregon strengthened its Death with Dignity Act in June 1999 with a number of amendments to make it more effective. Residential requirements were clarified and protection offered to organisations and individuals not wishing to participate. Further details and archived annual reports are available on the Oregon Public Health Division web site: [www.oregon.gov/DHS/ph/pas/ar-index.shtml](http://www.oregon.gov/DHS/ph/pas/ar-index.shtml)

## A matter of facts

Raymond Tallis, Emeritus Professor of Geriatric Medicine at the University of Manchester, has

written the Forward to a publication by the UK society Dignity in Dying entitled *A Matter of Facts*. This documents the highly unsatisfactory legal, ethical and clinical situation surrounding assisted dying in the UK which has resulted in people travelling abroad for assistance. This publication (available at [www.dignityindying.org.uk](http://www.dignityindying.org.uk)) also discusses the benefits to citizens in countries where assisted dying is available; the absence of presumed adverse effects that would arise as a result of such laws; and provides resources for addressing misrepresentation of facts by those opposed to assisted dying on religious or other grounds.

As the chair of a medical ethics committee Professor Tallis had previously opposed the Lord Joffe UK Bill to legalise assisted-dying for the terminally ill based on his assumptions of possible longer-term adverse consequences of a 'slippery slope'; breakdown of trust between patient and doctor; and a brake on development of palliative care. He states he did not realise that sufficient evidence exists from countries with assisted-dying laws to show that fears were unfounded or that palliative care, while helpful for many patients, was not a universal panacea. Professor Tallis argues 'Had we been better informed, we would have seen more clearly the desirability and necessity for legislation to make assisted-dying possible for a small but very important group of patients, as part of improving the quality of end-of-life care and extending patient choice'. Page 27 of this publication states: *Assisted dying neither devalues human life, nor permits society to devalue the lives of disabled or dying adults. Rather, to accede to someone's request for assisted dying is to accept their own valuation of a few remaining weeks of life that they do not want to endure.*

## Update on support group activities

Convenor of the group *Nurses Supporting Choices in Dying*, Sandra L Bradley, reports that she spoke for the pro-side on the question "Voluntary Euthanasia should be legalised by SA parliament now?" at the Australian Nursing and Midwifery SA

Professional Day on 1st August 2011. The 'pro' side comprised Dr Phillip Nitschke, Mr Mark Parnell, MP and Ms Bradley. The 'con' side comprised Dennis Hood MLC, state leader Family First Party, Dr Robert Pollnitz and Dr Tim Kleinig. Mr Anthony Durkin was MC and an audience of over 200 people voted at the conclusion of presentations for the 'pro' side of the proposition. From this debate, *SA Nurses Supporting Choices in Dying* received requests from several nurses to become members and its membership continues to grow slowly but strongly in the face of denial of the reality of ageing and dying in our society today. The group eagerly awaits the outcome of the *Medical Defences* Bill in the SA Parliament before continuing the campaign for personal choice in end-of-life care.

***SA Doctors Supporting Choice for Voluntary Euthanasia*** together with ***Doctors for AMA Neutrality on Voluntary Euthanasia*** have now finalised their merger into ***Doctors for Voluntary Euthanasia Choice*** - a national group of doctors of like minds on VE. The convenors of the two groups have organised the structure and content of a website for the new group, built by Neil Francis of [YourLastRight.com](http://YourLastRight.com). The launch of the group was on 12<sup>th</sup> November by Dr Robert Marr, president Dignity in Dying NSW. This group has given its support to the proposed *Medical Defences* Bill, currently being examined in Parliament.

Coordinator of ***Christians Supporting Choice for Voluntary Euthanasia***, Ian Wood, reported: 'I have been delighted to welcome new Member Signatories to the Group from South Australia, Queensland, New South Wales and Western Australia in the past months. With Bills relating to Voluntary Euthanasia or Assisted Dying scheduled for Tasmania, Victoria and New South Wales, in addition to the Steph Key *Medical Defences* Bill still before the Lower House in South Australia, there is increasing need for ***Christians Supporting Choice for Voluntary Euthanasia*** to be more active in these states, said Mr Wood. Co-founder Rev Trevor Bensch, and Ian Wood are very pleased that Rev Dr Craig de Vos has agreed to become Patron of the Group following the death of former Patron, Kym Bonython. Craig comes with excellent credentials, is passionate about a range of social justice issues, including voluntary

euthanasia AND he has an exciting, inquiring, perhaps even provocative slant on theology. Our BOOKLET, *I want the Choice of a Peaceful Death*, has even reached the shores of New Zealand, with an email from a retired NZ Presbyterian Minister to Ian Wood advising that she agreed with the content and approach of the Booklet, and that she supports the legalisation of VE in New Zealand'.

Ian Wood, Group Coordinator, 429 Anzac Road, Port Pirie SA 5540 Email: [Christiansforve@westnet.com.au](mailto:Christiansforve@westnet.com.au) Website: [www.Christiansforve.org.au](http://www.Christiansforve.org.au)

***The South Coast Support Group*** reports that on June 17<sup>th</sup> SAVES' president Frances Coombe and patron Emeritus Professor John Willoughby were both part of a group of 60 people who attended an event organised by the South Coast Support Group held at Victor Harbor. Guest speaker and journalist Lainie Anderson was warmly welcomed and thanked for her contribution to the day and to 'the debate'. Ms Anderson has openly stated her support for voluntary euthanasia law reform. In an article in the Sunday Mail online (September 26<sup>th</sup> 2010) she stated:

'It's actually state sanctioned compassion and accepting that a terminally ill patient should have the right to choose his or her own humane, peaceful death over interminable suffering'.

Reference: [www.adelaidenow.com.au/news/opinion/its-no-secret-im-in-favour-of-dying-with-dignity/story-e6freah3-1225945543492](http://www.adelaidenow.com.au/news/opinion/its-no-secret-im-in-favour-of-dying-with-dignity/story-e6freah3-1225945543492)

## Can you help?

SAVES is urgently seeking the assistance of an administrative officer and wishes to thank Victoria Pollifrone for her past assistance in the role. SAVES is also interested to hear from members willing to be included in an email list for general assistance as events or projects arise.

**The VE Bulletin is available by email:**

**Please consider this option  
to reduce postage costs.**

**Email: [info@saves.asn.au](mailto:info@saves.asn.au) to receive  
future editions by email. Thank you.**

## NOTICE OF GENERAL MEETINGS

Public meetings of the SA Voluntary Euthanasia Society Inc. (SAVES) for 2012  
will be held at  
The Disability Information and Resource Centre (DIRC), 195 Gilles St, Adelaide  
on the following Sundays at 2.15 pm:

**22nd April 2012 (AGM)**

**22nd July 2012**

**4th November 2012**

Guest speakers will be announced in the March, July and November Bulletins.

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

### ***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 .....

Email address if you want to be advised of SAVES activities.....

Date of birth (optional) .....

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

Office Use	
Database	Treasurer
Changes	Letter

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

Donation \$ .....

Total \$ .....

Please indicate method of payment  
and send completed form to:

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

☐ **Enclosed cheque or money order**

*Or pay by Electronic Funds Transfer quoting name and type of payment to:*

☐ **Commonwealth Bank BSB 065 129 account number 00901742**

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.



### **Committee:**

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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.

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**Editor: Julia Anaf**