

# SAVES BULLETIN

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

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

## Legal Voluntary Euthanasia group standing for the Legislative Council

South Australians go to the polls on March 15.

SAVES is pleased to announce that Stephen Kenny, spokesperson for *Lawyers for Death with Dignity*, and Amy Orange, the convenor of the *Syndicated Voluntary Euthanasia Youth Advocates – 'SAVE-YA'* will stand as a group for the Legislative Council.

This means that South Australians can vote (above the line) for the **Legal Voluntary Euthanasia** group and register their support for the next Parliament to support people's right to choose voluntary euthanasia.

**Stephen Kenny** has an active role in a range of Human Rights matters and is a pro-bono adviser to the Foreign Prisoner Support Service. He has represented a number of Australians detained overseas, including David Hicks. He has received the Justice



Award from the Law Society, has been highly commended by the Human Rights and Equal Opportunity Commission and won a social justice award from the Knights of the Southern Cross.

*Lawyers for Death with Dignity* acknowledge 'the right of terminally and incurably ill people with profound suffering to choose to end their life with a medically assisted and dignified death.

As the current law stands suicide is not illegal, but assisting suicide is. In many cases, those who are in terminal states have profound, unbearable suffering and are put in the undignified position of being unable to end their life without assistance'.

The role of *Syndicated Voluntary Euthanasia Youth Advocates – 'SAVE-YA'* has been profiled in previous editions of *SAVES Bulletin*. **Amy Orange** is an inspiring and dedicated leader as founder of 'SAVE-YA', a world first voice for younger people on the issue.

When contacted for comment on standing for parliament Amy Orange stated:

'I am very honoured to be standing for the Legislative Council in the upcoming State election in support of legalising voluntary euthanasia from the



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youth perspective. It will be a great experience and a fantastic platform for raising awareness of public support for legalising voluntary euthanasia, and I am looking forward to working with Stephen Kenny throughout the campaign.

The profile of SAVE-YA has been increasing over the last few months, with more members and active interest from young people in other States/Territories of Australia which is fantastic. Media releases and letters to MPs from SAVE-YA over the last few months are ensuring that our Members of Parliament are aware that young people also have strong and valid views in support of legalising voluntary euthanasia'.

The November 2013 *SAVES Bulletin* provided an update on the 'It's time to say YES to voluntary euthanasia' campaign which included a range of strategies; one being the September rally on Parliament House steps in support of the *Ending Life with Dignity* Bill 2013. Dr Bob Such subsequently amended the bill to include some changes suggested by the Law Society. However, given the time restrictions on debating private members' bills, it failed to reach a second reading vote before parliament went into recess.

SAVES is supporting Amy and Stephen in their candidacy and asks readers to spread the word.

### **Expression of interest: honorary treasurer**

**SAVES is calling for an expression of interest for the role of honorary treasurer. Current treasurer, Sandy Bradley, advises that she is unable to continue in the position after 30th June due to her increased professional work demands.**

**This would be an interesting and rewarding role, and a way to contribute towards achieving SAVES' aims. Support and documentation will be provided to transition into the role.**

**Please contact Frances Coombe on 0421 305 684 by 31st May 2014 for more information. THANK YOU**

## **Advance Care Directives Act 2013**

Guest speaker at the November 2013 meeting, Kathy Williams (SA Health), explained that the *Advance Care Directives Act 2013* which was passed by SA Parliament on 8th April 2013 will become operational in approximately mid-2014. Work is still to be done to support implementation. While earlier advance care directives will be valid, a public education program will be aimed at achieving a much higher uptake. The SA Health website states:

“Advance Care Directives are founded on respect for personal autonomy and are intended to ensure a person's preferences and life goals are honoured during times of temporary or permanent impaired decision-making capacity, including at the end of life.

SA is the first state to have passed modern Advance Care Directives legislation consistent with the National Framework for Advance Care Directives. Achieving this milestone depended on comprehensive community and professional consultation and policy development processes so that the legislation creates a simplified person-centred framework, meets the needs of the public, and works for health, community and aged care sectors”.

**SAVES will update members on completing an Advance Care Directive under the *Advance Care Directives Act 2013* once the implementation process is complete.**

## **EXIT International shop front in Adelaide**

Dr Philip Nitschke, director of EXIT International, has recently opened a clinic in Adelaide. The Exit International clinic uses a fee-for-service model to provide information and services to people interested in end of life arrangements.

It is understandable that people will seek advice on means to avoid an intolerable death. What can be overlooked, however, is the importance of legislation – a critical equity issue. Who will be the voice for those who have neither the physical nor financial capacity to pursue their own private interests by attending clinics? These people are the most vulnerable to facing a bad death. Legislation aims to provide vital inclusive ‘insurance cover’ for getting compassionate care at the end of life; especially for those whom clinics can never help.

SAVES will continue to advocate for the legalisation of voluntary euthanasia. It is only legislation that:

- ensures that the option of a dignified, medically supervised death is available to persons with unrelievable suffering
- permits family and loved ones to be present at the end of life for support. Self-help necessitates a death without anyone present due to the ‘aiding and abetting’ law.
- Removes the personal and professional risks currently experienced by doctors and nurses who follow their duty of care by acceding to requests for help. Reputable surveys prove that currently they are breaking the law in this way.

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### **“My father has died. I am not sad, but glad it has finally happened”.**

*The above words reflect the feelings of Sandra Kanck, former Democrats MLC and long-time voluntary euthanasia campaigner. Sandra kindly shares her views with SAVES Bulletin readers.*

“The final two years of Bill’s life were spent in aged care as a consequence of dementia. His dementia was of a form whereby he lost the power to choose appropriate words in speaking, and he was ultimately unable to form a sentence on all but the rarest occasions. When he did they were almost all about wanting his life to end. Despite the loss of speech it was clear that something was still

happening in his brain, and whenever I visited his face would light up like the sun was rising. Then he would always attempt to communicate, more unsuccessfully as time went on, and his intense frustration at those failures was clear.

This was a man who, throughout his life, had made strong contributions to the community. In his hometown of Broken Hill, Bill was instrumental in campaigns to have a second high school built for the city, and in establishing a Lifeline service for the city; at that stage only the third one in Australia. He spearheaded a committee to found the Broken Hill Community Credit Union of which he was the Inaugural Chairman and he fulfilled that role for ten years until he retired and left Broken Hill. Bill’s religious faith saw him active in the Methodist and Uniting Churches as a choir member, church trustee, Sunday School Superintendent and more than 60 years’ service as a lay preacher.

He was showing signs of ‘forgetfulness’ at least three years before he was admitted to aged care but, with my mother having dementia, his behaviour was mild by comparison. However, when she died we saw it for what it was, early stage dementia. Between her middle-stage dementia and his early-stage dementia they had been propping each other up like an A-frame, but when one half of the A-frame went, he rapidly declined and within 12 months was in care.

For a man of this calibre to be reduced to almost total dependency was a pitiful sight. Along with the dementia came increasing incontinence so that I could no longer take him out for a coffee. The first time it happened when we were out, as the urine dribbled down the inside leg of his pants his eyes filled with tears, and in the best sentence he could form he said “I didn’t do it”.

Bill began expressing a desire to die around eighteen months before death occurred. Although struggling with his message he said to me “My life has ended. But all these people around me are keeping it going.”

A few months before his death he almost got his wish. He had suddenly become ill, and was having respiratory difficulties, but half an hour before I arrived, a GP had visited and given him an antibiotic injection which ‘saved’ him. Staff had an oxygen bottle nearby, but they informed me that each time they tried to put the mask on he knocked it away, even though he was semi-conscious. I told him I was there, and thinking he would let me put it on did so and got the same reaction but with a fierce statement of “I want to go!” When I explained to him that it was only oxygen that would make his breathing easier but would not stop him from dying, he allowed me to apply the mask.

The administration of an antibiotic occurred despite my instructions as his guardian that there was to be no medical intervention in these circumstances. But it was a weekend without the normal staff and in an emergency they act first and check the instructions in the file afterwards. I sent a firm letter to the institution about this and also advised the doctor for future reference.

Despite the help and care of aged care staff, there are limits to what they can do to provide the stimulation that might slow the progress of dementia. They do not have the time to take their patients (I detest the word “client” and we should be clear about what is really happening) for walks and to keep their bodies flexible. Bill’s walking declined to a shuffle; he lost the capacity to shave, shower or toilet himself, even to wipe his own backside. In the last two months of his life he could not remember how to move himself from a standing position to seated and vice versa. He was unable to grasp the handles of his walking frame without someone helping him to wrap each hand around a handle. He had no say in anything and his frustration showed in anger and physically lashing out at staff – it seemed to me that shouting at them “Don’t touch me” was one of the last vestiges of control of his body and life that he had.

Bill did not have a terminal illness. Given a life with consumption of neither alcohol nor tobacco

and with genes that gave him no cardio-vascular or cancer risk, his body was not going to give up easily. Four days before he died he began refusing food, and my instructions – that he was not to be forced to eat if he did not want to – were observed. However, the institution failed to let me or any other family member know of this continuing refusal of food, and I was not contacted until 14 hours before his death. In the final 24 hours renal failure had set in with respiratory distress, and 12 hours before death morphine was administered as required to relieve the distress.

Bill died peacefully in ‘pharmacological oblivion’ as the medical and nursing professions call it, but unable to recognise or respond to me. He finally had his wish to die granted, a few months short of his 92nd birthday. But why did it have to be so prolonged with decreasing dignity and lack of control? What was served by prolonging life in this way? He had made his contribution to society, yet society would not let him go.

Whilst serving on the SA Parliament’s Social Development Committees during our voluntary euthanasia inquiry, we received a submission from a former nursing home director. She said “Nursing care is one of the most effective life support systems that there is. It lies like a snake in the grass because it negates all those natural causes from which people used to die ...”

A former patron of SAVES, the late Sir Mark Oliphant, said “Where the prelude to death involves suffering, the alternative of a peaceful, painless release should be considered. The choice should be ours. An ever-increasing number of civilised people believe the latter alternative is preferable”. We should heed his words. With growing numbers of people developing dementia in Australia, it is clear to me from my father’s experience that we are going to have to do this whole ageing and dying process a whole lot better.

## Former NT chief minister Marshall Perron speaks out

*Marshall Perron, former Country Liberal Party member of the Northern Territory Legislative Assembly from its formation in 1974 until 1995 presided over the NT Rights of the Terminally Ill Act. This Act was overturned by the Howard Government in 1997. Marshall Perron continues to advocate for voluntary euthanasia law reform and is one of the movement's 'Ambassadors'. He agreed to the following letter being included in SAVES Bulletin. This was sent to Tasmanian Opposition Leader, Will Hodgman, on November 29th 2013 within the context of the defeat of the Tasmanian Voluntary Assisted Dying Bill introduced by Premier Lara Giddings and the Greens Nick McKim. Even though Liberal Party members were afforded a 'conscience' vote, not one member supported the Bill.*

*This invites reflection on the nature of the conscience vote, (discussed in previous editions of SAVES Bulletin), and offers insights into the reasons behind the continuing thwarting of voluntary euthanasia legislation – on a bi-partisan basis.*

“Dear Will,

I write in regard to your contribution to the debate on the *Voluntary Assisted Dying Bill* in October.

You commenced with an attempt to convince the audience that Liberal Party members were allowed a conscience vote on the Bill. You know, and I know, that was a lie. We both know how power operates in political parties.

You will recall telling me “the Liberal Party is a broad church” during our meeting on this issue. It seems odd then, that 100% of your members genuinely hold a view contrary to one shared by 85% of the population. It is statistically improbable.

I premise my comments in the belief, gained during our discussion, that you have some sympathy for the plight of those who suffer unbearably; however nowhere in your speech was this evident. That being the case, I suspect you have succumbed to pressure from the religious right within the Liberal Party and, to justify your vote, cobbled together a list of tired arguments against law reform. Arguments that you know have been discredited by respected authority.

In your speech you expressed concern for doctors who do not want their cosy paternalistic position as deathbed decision makers disturbed, for lawyers, and for the “vulnerable” (although you do not specify who they are). The primary beneficiary of such legislation however, the elderly, anxious about their possibly undignified demise, and those currently dying with unrelievable suffering, rated not a single mention.

You shunned those Tasmanians with incurable illness who personally pleaded with you to allow them the option of a peaceful death with dignity. The needs of real people who face their remaining short life in misery are dismissed on the basis that some other unknown group of ineligible people may be assisted to die against their will (despite the fact the process can only be driven by the applicant).

In a shallow effort to discredit lawful schemes in operation internationally you relied solely on inaccurate and distorted data about instances of non-reporting involuntary and non-voluntary euthanasia. The Dutch are the only people in the world who have had the interest and the courage to formally quantify how their citizens die so that debate on the public's demand for voluntary euthanasia is informed. Their continued pursuit of the truth exposes them to uninformed criticism such as yours.

In Australia, no Government, the AMA, or religious organisation wants to know the incidence of euthanasia practised. What we do know from University research is that euthanasia without

patient consent is several times higher here than in the Netherlands. We also know that Australian doctors intentionally hasten the death of terminally ill patients every day, without safeguards or scrutiny. Is this situation not ripe for abuse? Are the 'vulnerable' not at risk here?

I cannot let pass your statement, "there's... nothing to prevent a person changing their GP and requesting death at a first appointment" [as a reason to oppose law reform]. Do you really believe Australians should be prevented from dropping their doctor for one more sympathetic to their plight? You can't be serious.

It is relevant that the proposed legislation you rejected actually required a multitude of medical opinions on diagnosis, prognosis and state of mind. None of these apply today when an individual resorts to suicide to relieve unbearable suffering. Doctor shopping is pointless; however the hardware store has plenty of rope.

It is little wonder the standing of politicians among the Australian community is at a new low. You were not asked to lead on this issue, you were asked to catch up with the needs and wishes of your constituents. You let them down and insulted their intelligence.

You are clearly devoid of any political courage, just another politician warming a comfortable seat. With these qualities, if you ever do become Premier it will be by default and Tasmania will be the poorer for your tenure.

Will, voluntary euthanasia will eventually be decriminalised in Australia. The compassionate case for, and our rapidly aging population, will demand it. When that happens you will have the dubious satisfaction of knowing you delayed it. The sad part is many will die badly in the meantime, while you sleep comfortably in your smug moral cocoon.

Sincerely  
Marshall Perron

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## Disability perspectives in support of choice for VE

'Choice and control in life and near death' was the title of an article by Dr George Taleporos in the ABC's publication Ramp Up (28 Oct 2013). Dr Taleporos, who states that he lives with a neuromuscular degenerative condition, argued the case for sound public policy to address the needs of many people with disabilities in Australia who do not have the necessary support to live and die on their own terms. He believes that many people with degenerative conditions take their own lives while still able to do so, for fear of losing capacity. Choice and control are at the heart of advocating for both the National Disability Insurance Scheme (NDIS) to support daily living, and sound legislation to allow choice in dying:

*The principles of choice and control should still apply, in such a way that our lives are valued along with our choices, in life as well as near death.*

[Access the full article: http://www.abc.net.au/rampup/articles/2013/10/28/3878344.htm](http://www.abc.net.au/rampup/articles/2013/10/28/3878344.htm)

'Disabled back law to allow assisted dying' is the title of an article by Rosemary Bennett in *The Times* (London) on 11th December 2013. This reported that most people with disabilities want the law changed, with almost 80% of interviewees stating that someone who helps a terminally ill friend or family member to die should not face prosecution.

The findings clash with the arguments of disabled rights campaigners who have mounted strong opposition to any change in the law. A YouGov survey on behalf of *Dignity in Dying*, suggests that opponents of choice 'may be out of touch with the views of those they represent'. The survey, which canvassed 1,000 people living with disabilities, also asked what position disability rights groups should adopt on assisted dying for the terminally ill. Just under half supported a neutral position. Under a third supported law reform but only eight

per cent stated that disability rights groups should oppose law change.

A new campaign group, *Disabled Activists for Dignity in Dying*, argued that disability lobbyists do not always represent the views of their constituents, and called for a neutral stance.

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## News from Tasmania

President and spokesperson for the Tasmanian *Dying with Dignity* Society, Ms Margaret Sing, has been nominated as one of the top ten people of influence in Tasmania during 2013. Ms Sing was the ‘public face’ of the 2013 *Voluntary Assisted Dying* Bill. It was her mother’s suffering from terminal cancer which was the impetus for Ms Sing’s advocacy for the right to legal voluntary euthanasia.

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## International news

### **Belgium: Senate approves voluntary euthanasia for minors**

On 13th December 2013 SBS News reported that the Belgium Senate voted 50-17 in favour of the right for minors to access voluntary euthanasia on the grounds that they have a terminal illness, are in great pain, and that there is no treatment to alleviate their distress. Both the children’s parents and medical team must support the request. While an age limit has not been set, patients must be conscious of their situation and fully comprehend their decisions. Sixteen paediatricians advocated the legislative change which is supported by three quarters of the population, but a group of Christian, Muslim and Jewish leaders oppose it.

### **United Kingdom: ‘Nicklinson’ case**

*SAVES Bulletin* has continued to report on the legal avenues sought by “locked-in” syndrome sufferer the late Tony Nicklinson, his widow Jane; also Paul Lamb who was paralysed in a road accident. Following a loss in the High Court the matter again

failed in the Court of Appeal in July 2013. The Supreme Court will now hear the matter. The High Court had argued that the law relating to assisting suicide cannot be changed by judicial decision and that Parliament ‘represents the conscience of the nation’ in life and death issues. Ms Nicklinson said it was important for her to complete her late husband’s mission and, even if unsuccessful, it would pave the way for legalised voluntary euthanasia.

However, in another instance of the power of the popular media in advancing the cause of the right to die on ones own terms, when facing a protracted death, Jane Nicklinson said that the longstanding TV drama *Coronation Street*’s assisted suicide storyline in a recent screening had “done our cause proud”. Millions watched one of the show’s best-loved characters end her own life after struggling with incurable cancer. Ms Nicklinson praised the ITV soap opera for its handling of the plotline.

#### References:

<http://www.hertsandessexobserver.co.uk/News/National-News/Right-to-die-case-at-Supreme-Court-2-8067368.xnf>  
<http://www.thetimes.co.uk/tto/news/uk/article3981540.ece>

<http://www.timeslive.co.za/entertainment/2014/01/22/coronation-street-suicide-sparks-euthanasia-praise-criticism>

### **Just a reminder...**

***SAVES public meetings are held three times a year at 2.15 pm on Sunday afternoons at the Box Factory, 59 Regent St South, 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 2014 are the 6th April, 27th July and 9th November.***

***Make a diary note now!***

**France**  
**Public panel recommends legalising voluntary euthanasia**

On 16th December 2013 NBC News reported the recommendation of legalised voluntary euthanasia by a representative 18 member public panel that had been appointed by an ethics committee. President Francois Hollande had made a campaign pledge to hold a national debate prior to submitting a bill to parliament. The issue has gained prominence after an 86 year old couple took their lives in November; leaving a note addressed to the Public Prosecutor, saying:

“Who has the right to hinder a person [to end their life]? Who has the right to force them to commit cruel practices when they want to leave this life serenely?”

The woman authorised her children to file a complaint in her name for “non respect of freedom.” The couple’s son said his parents feared separation and dependency much more than death and had made a pact decades ago to act when they felt the time was right. A recent poll found that 92 per cent of French support voluntary euthanasia for patients with “unbearable or incurable” illnesses.

**References:**

<http://worldnews.nbcnews.com/news/2013/12/16/21926374-french-public-panel-recommends-legalizing-euthanasia>

<http://www.worldtrd.net/sites/default/files/newsfiles/WRTD%20Newsletter%201213Web.pdf>

**Quebec**

In June Véronique Hivon, the Quebec Minister for Social Services and Youth Protection introduced legislation on a death with dignity bill to the Quebec legislature. Under Bill 52, An Act Respecting End of Life Care, which would provide medical aid to die, will be available to the estimated less than one per cent of dying patients whose final days come with unbearable suffering, despite palliative care. Patients must clearly and

repeatedly indicate such a desire. The treating doctor, and a second doctor, must also agree. Hivon was first elected for the Parti Quebecois in 2008 and immediately proposed a committee to study the right to die with dignity. In 2010 the committee met over a two year timeframe with people across eight Quebec cities. After a public consultation process 75% of the members of the Quebec National Assembly voted in support of the Bill. Their report was a ground-breaking, bipartisan exploration of the subject with a clear endorsement of medically assisted dying in certain, rare cases.

The committee which was studying the legislation has completed its examination and the Bill only requires a final vote which could occur as early as February. The Minister has stated her hope that medical aid in dying will be available through the health care system in approximately one year. She is confident of the bill’s success as it is a free vote, and there are sufficient members who accept the need for law change.

**References:**

<http://www.worldtrd.net/sites/default/files/newsfiles/WRTD%20Newsletter%201213Web.pdf>

[CJAD News 16-1-14](#)

<http://www.cjad.com/cjad-news/2014/01/16/quebecs-dying-with-dignity-bill-one-step-closer-to-becoming-law>

**Bequests to SAVES**

***Making a bequest to SAVES is one way to make a significant gift 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.***



## Most Chinese have open mind toward euthanasia

The *China Daily*, an English language newspaper, reported on 31 December 2013 that a recent computer generated survey revealed that more than two-thirds of Chinese people have an ‘open and tolerant’ attitude toward voluntary euthanasia, which remains illegal but often debated.

The survey conducted by a public opinion research center at Shanghai Jiao Tong University, found that approximately 70 percent of the more than 3,400 polled residents from 34 cities said they do not object to euthanasia or ‘can accept the idea’.

## New Mexico

A New Mexico judge has ruled that terminally ill, mentally competent patients have the right to a doctor-assisted death. Judge Nan Nash of the New Mexico Second Judicial District would make New Mexico the fifth state to allow this option. Judge Nan Nash stated:

*This Court cannot envision a right more fundamental, more private or more integral to the liberty, safety and happiness of a New Mexican than the right of a competent, terminally ill patient to choose aid in dying. If decisions made in the shadow of one’s imminent death regarding how they and their loved ones will face that death are not fundamental, and at the core of these constitutional guarantees, then what decisions are?*

Judge Nash also stated that people have a fundamental right to seek an assisted death because the New Mexico Constitution:

*...prohibits the state from depriving a person from enjoying life and liberty or seeking and obtaining safety and happiness.*

A terminally ill cancer patient named in the New Mexico lawsuit which led to the judgement said “Most Americans want to die peacefully at home,

surrounded by loved ones, not die in agony in a hospital. If I face intolerable suffering, I want the option to cut it short, and to die peacefully at home.”

## “Life purpose”

*The following letter appeared in the Sydney Morning Herald on 23rd December. It is a reminder that people actively advocate for voluntary euthanasia law reform for many reasons. It is reproduced with kind permission of the author.*

After notching up a cancer diagnosis, a brain injury and infertility all before I turned 32, I began questioning the purpose of life. After doing considerable research in the medical literature I found that many of the most contented and happiest people are those that are “passionate” about something, such as a particular “issue” or a hobby. And some of the happiest also had a “life purpose”.

These people don’t need to follow any organised religion or spirituality. They just need to be happy within themselves doing what they love. And it worked with me. I was passionate about a certain human rights issue – the legalisation of voluntary euthanasia – and I just turned it into a life purpose. And since this realisation I’ve been much happier. No religion or mysticism involved.

**Iolanda Grey**  
Ryde

**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**

## Voluntary Euthanasia Support Groups

Several advocacy groups share the aim of law reform to allow choice for voluntary euthanasia under prescribed circumstances. These are listed below with contact details for members and other interested parties who may seek to join or make enquiries. **These groups all comprise volunteers and would be appreciative of any financial assistance.**

### ***Doctors for VE Choice:***

Website: [drs4vechoice.org](http://drs4vechoice.org)

#### **Dr. Rosemary A. Jones**

North Adelaide Medical Centre, Suite 22, 183 Tynte St North Adelaide, SA 5006.

Tel: (W) (61) (8) 8239 1988 Fax: (W) (61) (8) 8239 1085 Mobile: 0407 729 407

Email: [rosiej@internode.on.net](mailto:rosiej@internode.on.net)

#### **Professor John Willoughby**

Mobile 0499 078 938

[John.Willoughby@flinders.edu.au](mailto:John.Willoughby@flinders.edu.au)

### ***SA Nurses Supporting Choices in Dying***

Convenor: **Ms Susie Byrne** email: [sanursessupportingchoicesindying@hotmail.com](mailto:sanursessupportingchoicesindying@hotmail.com)

Facebook: SA Nurses Supporting Choices in Dying.

### ***Christians Supporting Choice for Voluntary Euthanasia***

Website: [www.christiansforve.org.au](http://www.christiansforve.org.au)

National Co-ordinator:

#### **Ian Wood**

Villa 1, Hampton Mews, 4 Wills Place, Mittagong NSW 2575

Email: [Christiansforve@westnet.com.au](mailto:Christiansforve@westnet.com.au)

Patron and Member of the Executive:

**Rev Dr Craig de Vos**, Minister North Adelaide Baptist Church, 154 Tynte Street, North Adelaide SA 5006

Ph: (W) 08 8267-4971 (M) 0402 305 029

Email: [minister@nabc.org.au](mailto:minister@nabc.org.au), Website: [www.nabc.org.au](http://www.nabc.org.au)

### ***Syndicated Voluntary Euthanasia Youth Advocates – ‘SAVE-YA’***

Convenor: Ms Amy Orange: [SAVEyouthadvocates@hotmail.com](mailto:SAVEyouthadvocates@hotmail.com)

### ***Lawyers for Death with Dignity***

Spokesperson Stephen Kenny: [skenny@camattalempens.com.au](mailto:skenny@camattalempens.com.au) or Emma at [eriggs@cllegal.com.au](mailto:eriggs@cllegal.com.au) with *Lawyers for Death with Dignity* as the subject heading. <mailto:skenny@camattalempens.com.au>

### ***South Coast Support Group***

Convenors: Denis and Pat Haynes [den1929@bigpond.com](mailto:den1929@bigpond.com)

# NOTICE OF SAVES 2014 ANNUAL GENERAL MEETING

The SA Voluntary Euthanasia Society Inc. (SAVES) will hold its AGM at **The Box Factory 59 Regent St South, Adelaide on Sunday April 6th 2014 at 2.15 pm**. Business will include the president's and treasurer's reports and election of office bearers and other committee members for a period of one year. Written nominations for official positions, signed by nominated and nominating persons must be received by Monday 24 th March 2014. Guest speakers will be

## Stephen Kenny and Amy Orange

Amy and Stephen will speak about standing for the Legislative Council in the March election. Tea/coffee and biscuits will be available at the conclusion of the meetings. Bring your friends. **All welcome!**

**Other 2014 public meeting dates: July 27th and November 9th at 2.15 pm**

## South Australian Voluntary Euthanasia Society Inc. (SAVES)

**Annual Membership fees: Single \$25.00 (Concession \$10.00), Couple \$30.00 (Concession \$15.00)**

**Life membership: Single \$200.00, Couple \$300.00**

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

**MEMBERSHIP FORM – or you can join online at <http://www.saves.asn.au/samem.php>**

Date \_\_\_\_\_ Renewal ( ) New Member ( )

Surname(s) including Mr/Mrs/Ms etc. \_\_\_\_\_

Given name(s) or Initial(s) \_\_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_ (is also used to provide additional information)

Year(s) of Birth (optional) \_\_\_\_\_

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

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

Or pay by Electronic Funds Transfer:

**Commonwealth Bank BSB 065 129 Account Number 00901742 - And please return completed form to the above postal address to ensure proper identification of your payment.**

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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 IS NOT ABLE TO HELP PEOPLE END THEIR LIVES**  
(SAVES is not associated with Dr Philip Nitschke or EXIT International)

## SAVES' Primary Objective:

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



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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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**Editor: Julia Anaf**