

# 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*

## Dr Rob Jonquière and Marshall Perron join SAVES' 2015 campaign

A highlight of SAVES 2015 campaign was hosting a visit by Dr Rob Jonquière, Communications Director of the World Federation of Right to Die Societies. Dr Jonquière has extensive experience in medical practice, management and advocacy, and helped to develop the Dutch *Termination of Life on Request and Assisted Suicide (Review Procedures) Act* which took effect on April 1st 2002.

The year 2015 is the 20th anniversary of the passage of the world's first voluntary euthanasia legislation – the Northern Territory *Rights of the Terminally Ill* (ROTI) Act (1995) which was overturned by Federal Parliament in 1997. Marshall Perron, a former Chief Minister of the Northern Territory, the architect of this legislation, has remained an active advocate for the legalisation of voluntary euthanasia. It was therefore appropriate to invite Marshall Perron to be part of SAVES 2015 campaign. The activity supported by these two key advocates during the first week in June was a major part of SAVES 2015 campaign for law reform; building on the 2013 and 2014 campaigns which have been discussed in earlier SAVES Bulletins.

The key event was a forum at the Hawke Centre UniSA on 2nd June entitled *The Voluntary Euthanasia Story – the epic journey to make it legal*. The forum was chaired by Hon Sandra Kanck, former leader of the Australian Democrats in SA, and former Legislative Council MP and architect of previous voluntary euthanasia Bills in SA Parliament. Dr Rob Jonquière, Marshall Perron, human rights lawyer Stephen Kenny, Hon Steph Key (ALP) and Dr Duncan McFetridge (Liberal) all made presentations.

Approximately 250 people attended the meeting, including several current and former members of Parliament and members of the specialist voluntary euthanasia support groups.

Dr Jonquière outlined the law and its function in the Netherlands and provided evidence to dispel the myths put forward by opponents of voluntary euthanasia. Marshall Perron described the creation and demise of the world's first legalisation of voluntary euthanasia. Stephen Kenny explored the rights of the individual in life matters, while Steph Key and Duncan McFetridge emphasised the politics of legalisation of voluntary euthanasia. The evening was a great success, with people commenting on the growing momentum they experienced; signified too by the numbers attending and their level of engagement with the issue. The forum was recorded and will be available in various formats for use by SAVES and other organisations.

Dr Rob Jonquière also gave an audio visual presentation and held a 'question and answer' session for the South Coast Support Group in Victor Harbor which was attended by 100 people. He also addressed 40 nurses from the Australian Nursing and Midwifery Federation SA Branch. Dr Jonquière presented to a grand round in the Department of Psychiatry at Flinders University entitled "Euthanasia: increasing acceptance – the Dutch Experience". This was attended by psychiatry consultants, psychiatry staff, other clinicians and students. The attentive audience of approximately 30-40 actively engaged in the question-time that followed his talk.

Dr Jonquière and Marshall Perron both visited Flinders University Law School where they presented a 45 minute session entitled 'Legal Challenges Solved – the Dutch Experience'. Dr Jonquière also visited constitutional lawyer

Professor John Williams in the Faculty of Law at The University of Adelaide for discussion and information- sharing on the legal status of voluntary euthanasia in the Netherland and Australia.

The Hon Steph Key (ALP) and Dr Duncan McFetridge (Liberal) hosted a Parliamentary reception for Marshall Perron, who spoke on the politics of voluntary euthanasia, and Dr Rob Jonquière who made a presentation on voluntary euthanasia in the Netherlands. Each presentation was followed by questions and answers. The meeting was attended by several current members of parliament as well as former parliamentarians who had been active in advocating law reform since the 1990s. No doubt they will be remembered by SAVES' more long-standing members. They included John Quirke, Anne Levy, Sandra Kanck, Frances Bedford, Caroline Pickles and Gay Thompson. Other invited guests included representatives from the voluntary euthanasia specialist support groups.

During the week there were opportunities for both visitors to meet with a range of parliamentarians 'one-to-one', and Federal MP Alannah MacTiernan by Skype. Dr Jonquière and Marshall Perron both met with Dr Janice Fletcher, newly appointed President of the AMA (SA Division) on the association's stance on voluntary euthanasia. Dr Jonquière also met with Emeritus Professor Ian Maddocks AM, palliative care specialist, and discussed common ground in achieving the best outcome for people in their end of life arrangements. The discussion focused on the shared concern for relieving suffering at the end of life.

Dr Jonquière and Marshall Perron led a discussion with representatives from SAVES and each of the voluntary euthanasia specialist support groups. The media were advised of the meeting and AAP and Candice Marcus from ABC TV News attended; both providing detailed reports for their organisations.

The range of activities throughout the week attracted television, radio and print media and other publicity. Limited informal publicity was

also generated through social media (facebook and twitter). Paid advertisements in each of the 11 editions of The Messenger Press and 7,500 flyers provided some of the many other forms of publicity. Approximately 600 people attended the various public and private forums, meetings and discussions. The week generated momentum for a Bill to be introduced later in the year. It wasn't all hard work though; with Drs Arnold Gillespie, Rosie Jones and John Willoughby each hosting different social events.

SAVES sincerely thanks Dr Jonquière and Marshall Perron for each giving an invaluable contribution to public dialogue on the need for law reform that can put an end to suffering.

SAVES President Frances Coombe expresses her deep appreciation for the many hours expended by committee and task force in managing the week's activities; with a special thank you to the *South Coast Support Group for SAVES*, Gerry Versteeg, and to SAVES members.

A sincere thank you is also expressed to Fernando Gonçalves who generously donated his services in photographing the event and to the Bob Hawke Prime Ministerial Centre for their support in providing the venue.

***\*See pages 8 and 9 for a selection of photos of the forum taken by Fernando Gonçalves***

***\*Please note that DVDs of the Forum will be available for \$35 including postage***

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## **20th anniversary of the NT ROTI Act**

The NT *Rights of the Terminally Ill* Act was passed on the 25th May 1995. The 20th anniversary of the first Australian voluntary euthanasia law is a reminder of the ongoing quest for law reform. Bob Dent was the first person to elect to use the law with the assistance of Dr Philip Nitschke who provided a computer-aided medication driver which gave Mr Dent control over the process. The law was overturned by the *Euthanasia Laws Act* 1997 spearheaded by Minister Kevin Andrews in the [then] Howard Government.

It was timely therefore to have the former Chief Minister of the NT, Marshall Perron, address SAVES' forum and see part of the ongoing work in Australia to bring about change. In an article entitled 'The challenging quest for the right to die' in the latest publication from Australia 21 Incorporated, *Who Speaks For and Protects the Public Interest?* Marshall Perron states:

'You may think that a law that did not require anybody to do anything, saved taxpayer money, reduced anxiety and violent premature suicide and is desired by 12 million Australians would be high on the agenda of our democratic representatives.'

<https://www.australia21.org.au/publication-archive/who-speaks-for-and-protects-the-public-interest-in-australia/>

## Suicide of the elderly: an under reported tragedy

During his visit to Adelaide Marshall Perron spoke of the under-reporting of the tragedy of suicide amongst elderly people in Australia. His comments have been covered by a report on the DPS News website which notes that three Australians over 75 years of age take their life each week (Australian Bureau of Statistics). If the base age is reduced to 70 years the number is nearer four each week. Both the ABS and coroners maintain that the figures are under-reported. Dr Rodney Syme, vice-president of *Dying with Dignity* Victoria argues:

"The real tragedy is that elderly people who wish to end their suffering – both physical and existential – can't even discuss their intentions with their doctor because the doctor will likely try to dissuade them as he or she cannot 'help' them,"

Without appropriate information they invariably suicide violently and alone, aggravating the trauma experienced by loved ones. Hanging is the most common method, as well as firearms, gas, poison, drowning, and jumping from buildings. Less violent, yet equally traumatic methods to suicide such as refusing food and fluid have long been used. Marshall Perron said this shows just how 'obnoxious' the current law is:

"A doctor can lawfully assist a patient endure the process of dying slowly over two weeks yet they cannot lawfully assist them to die in minutes by prescribing appropriate drugs."

As a result of being denied assistance many of these deaths are unnecessarily premature, lonely and violent:

"Premature because the individual has to act while they have the physical and mental capacity. Lonely because the individual is aware that assisting a suicide is an offence and they do not want to implicate family or friends. Violent because they must use whatever means to die they can access."

Mr Perron stated "My observation is that with rare exception, politicians avoid the issue whenever they can... Anxious to avoid antagonising a religious minority in their electorate the easy thing to do is nothing. They try to ignore the subject in the hope it will go away ... The community is not asking politicians to lead on this issue, they are asking them to catch up ... Apart from religious fundamentalists, politicians are the only group who cannot seem to grasp the shift in community attitudes brought on by a rejection of pointless protracted suffering when death is inevitable."

<https://www.agedcareguide.com.au/news/2015/03/02/elderly-suicide-an-under-reported-tragedy/>

## Dr Rodney Syme 'uninvited' from RACP conference

Dr Rodney Syme, Vice President *Dying with Dignity* Victoria, was a scheduled keynote speaker at the annual conference of the Royal Australasian College of Physicians (RACP). This was held in Cairns between 24–27 May, with the theme 'Breaking Boundaries Creating Connections'. Dr Syme's was to discuss the gap between the rhetoric and the reality of palliative care.

A few days before the event he was 'uninvited' or, in effect censored by the college. Dr Syme accused the RACP of 'cowardly' and 'insulting' behaviour and of trying to stifle debate. He stated that 'the outcome is an act of academic censorship of the

worst kind as they did not know the content of my address.'

Former Northern Territory Chief Minister Marshall Perron wrote to the RACP stating that the decision was 'disgraceful'. Rather than encouraging open discussion the RACP demonstrated a shameful and 'cowardly' approach.

Associate Professor Arnold Gillespie of *Doctors for Voluntary Euthanasia Choice*, writing on behalf of 63 others, called on the RACP executive to explain why the address by Dr Rodney Syme was cancelled. Dr Syme supports palliative care but argues:

"The inherent 'goodness' of the enterprise, and the essentially closed nature of hospice, has allowed the rhetoric of palliative care to escape examination ... and as palliative care specialist Derek Doyle wrote, "a metaphorical halo shines over specialist palliative care and its practitioners with the result that some of its claims and assumptions have gone unchallenged by all but a few".

A full transcript of the speech that Dr Syme was to present is available at the link below.

<http://www.brisbanetimes.com.au/comment/full-text-of-dr-rodney-symes-speech-on-the-right-to-physician-assisted-death-20150526-gh9vh0.html>

Also see: <http://blogs.crikey.com.au/croakey/2015/05/20/right-to-die-campaigner-rodney-syme-accuses-racp-of-stifling-debate-on-euthanasia/>

## The World Federation of Right to Die Societies

**The World Federation of Right to Die Societies, founded in 1980, consists of 51 right to die organizations from 26 countries. The Federation provides an international link for organizations working to secure or protect the rights of individuals to self-determination at the end of their lives.**

See: <http://www.worldrtd.net/>

## 'DyingForChoice.com'

DyingForChoice.com is a new website dedicated to responsible assisted-dying law reform. It provides up-to-date and evidence-based information for the general public, policy makers, healthcare workers, researchers, students, media and others.

A key initiative is to make the facts, figures and arguments clear in order to counter and correct misunderstanding, misinformation and fear-mongering from opponents of assisted-dying law reform. Political fear-mongering in the face of contrary evidence is unjustified and should be exposed.

Neil Francis, former past President of the World Federation of Right to Die Societies and the past and Foundation Chairman and CEO of YourLastRight.com, is leading this initiative. The website has important resources including facts and analysis, blogs, news, events, a monthly newsletter, and media alerts; as well as information on the fundamental forms of misinformation that are employed, including in the context of voluntary euthanasia law reform. Check out this valuable resource!

## Bequests to SAVES

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

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

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



## Adelaide conference opposing voluntary euthanasia



“Hope” is the name of the Australian Family Association’s initiative for opposing voluntary euthanasia in Australia. The association hosted a conference in Adelaide in May ‘welcoming participants who oppose the introduction of euthanasia and assisted suicide laws’.

Approximately 10 SAVES members formed a street presence outside the hotel hosting the conference to protest at its closed format. Members handed flyers advertising SAVES open forum on June 2nd which attracted ABC news media. To acknowledge the many people that have, and will, suffer what sociologist Alan Kellehear refers to as “shameful deaths” until voluntary euthanasia is legalised, SAVES member Kip Fuller hung a memorial wreath in a nearby tree (see photo).

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**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**

## The international scene

### Testing the law in New Zealand

Lecretia Seales, a 42 year old New Zealand lawyer who died from an inoperable brain tumour on 5th June, had approached the High Court for the right to die at a time of her own choosing. She sought a court judgement to ensure that her GP would not face any charges associated with assisting her death, arguing:

“I am the one who has been inflicted with this disease, no one else. It is my life that has been cut short ... so who else but me should have the authority to decide if and when the disease and its effects are so intolerable that I would prefer to die?”

Her case follows a decision by Canada’s Supreme Court in May that found the ban on doctors participating in assisted-dying infringed human rights. Despite devoting some of her remaining energy to the public debate about how we die, Ms Seales understood that the choice she sought would almost certainly not become lawful in her lifetime.

In a disappointing judgement brought down just before she died of natural causes, Justice Collins explained that the criminal law in New Zealand is not the same as in Canada. Only parliament can make the changes to the law to reflect Ms Seales wishes. He noted ‘the courts cannot trespass on the role of parliament’. Justice Collins also expressed his sincere condolences to Ms Seales and her family. Following the court judgement Prime Minister John Key stated there will be no government-sponsored legislation that would pave the way for voluntary euthanasia. People in NZ are left with only two options to get a bill before Parliament. Any MP can seek the leave of the House to introduce a bill, but it takes only one MP to voice an objection for this to be refused. The alternative is to draft a new private member’s bill for the ballot reserved for such measures where it would compete with 74 other private member’s bills. This does not bode well for reflecting the will of the people; and in an opinion piece in the NZ

Herald on June 9th a commentator John Armstrong maintained ‘Seale’s family can justifiably feel well miffed’.

A petition has been presented to Parliament by Labour member Maryan Street, who proposed and championed the *End of Life Choices Bill*, and the late Lecretia Seales’ husband Matt Vickers – gaining cross-party support.

#### References:

<http://www.3news.co.nz/nznews/wellington-right-to-die-case-could-set-precedent-2015042118#ixzz3bn8096R0>  
[http://m.tvnz.co.nz/news/national/6259809http://www.listener.co.nz/current-http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=11461931affairs/health-current-affairs/dying-wishes/](http://m.tvnz.co.nz/news/national/6259809http://www.listener.co.nz/current-http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11461931affairs/health-current-affairs/dying-wishes/)  
<http://www.stuff.co.nz/national/politics/69625397/voluntary-euthanasia-petition-presented-to-parliament>

### Scottish Parliament rejects law

The Guardian Newspaper (29th May 2015) noted that members of the Scottish Parliament voted down a bill (82-36) which would have allowed those with terminal illnesses to seek help of a doctor to end their lives. The veteran independent MP Margo MacDonald had tried unsuccessfully to change the law on assisted dying five years ago. After her death in April 2014 following a long battle with Parkinson’s disease, her second bill was championed by the leader of the Scottish Greens, Patrick Harvie, who gave his commitment to MacDonald to present it to parliament to the best of his ability.

### California Medical Association adopts a neutral position

The California Medical Association (CMA) no longer opposes physician aid-in-dying and has adopted a neutral stance on the *End of Life Option Act* in the state Legislature. CMA president Luther Cobb stated “As physicians, we want to provide the best care possible for our patients. However, despite the remarkable medical breakthroughs we’ve made and the world-class hospice or palliative care we can provide, it isn’t always

enough ... We believe it is up to the individual physician and their patient to decide voluntarily whether the *End of Life Option Act* is something in which they want to engage. Protecting that physician-patient relationship is essential.”

This position contrasts with the Australian Medical Association’s ongoing oppositional stance on behalf of its members who, arguably, have not been appropriately surveyed on the issue.

### Death of UK assisted-dying advocate Sir Terry Pratchett

Sir Terry Pratchett who was a satirist, fantasy author, creator of the Discworld series, and advocate for the right to assisted-dying has died in the UK aged 66. He had lived with Alzheimer’s disease for eight years; describing it as an ‘embuggerance’. Despite campaigning for assisted-dying following his diagnosis, his publishers said he did not take his own life even though he had earlier stated his wish to die at a time of his own choosing.

One of Terry Pratchett’s books ‘Small Gods’ was recently adapted for the stage at the Bakehouse Theatre in Angus St Adelaide by Pamela Munt of the Unseen Theatre Company. The company generously donated the opening night’s performance sales to SAVES in honour of Terry Pratchett’s advocacy. Previously SAVES was also given the opening nights sales of the productions “And No More Shall We Part” and ‘Thief of Time’. Frances Coombe and Julia Anaf attended on behalf of SAVES and again thank the estate of Sir Terry Pratchett and Ms Munt most sincerely for such a generous donation.

### Landmark ruling in South Africa

A South African man who was seeking the right to end his life died on 30th April before hearing of a landmark court ruling later that day allowing his assisted dying. While euthanasia is still illegal in South Africa, Judge Hans Fabricius ruled a doctor could assist Robin Stransham-Ford, a well know advocate who was terminally ill with prostate cancer, without legal or professional consequences.

Stransham-Ford had argued that it was a violation of his human rights to deny him the ability to end his own life by euthanasia or assisted-dying by a doctor. He was in constant pain and stated “I am not scared of dying. I am scared of dying in this terrible way.” While Judge Fabricius noted that the court order applied exclusively to his particular case, such a ground-breaking ruling could well set a precedent in South Africa.

<http://www.ibtimes.com/right-die-south-africa-assisted-suicide-advocate-robin-stransham-ford-dies-landmark-1903652>

## Focus on ending suffering

Discussions concerning voluntary euthanasia generally focus on ending *life*. The more appropriate context and terminology is surely and end to *suffering*. As Dr Rodney Syme stated in the 2013 Australia 21 Report:

“Dying may be associated with intolerable suffering and there may be a crescendo of suffering as death approaches. A doctor’s duty is to relieve suffering. Some suffering will only be relieved by death”.

## South Coast Support Group

The South Coast Support Group is an important voice for voluntary euthanasia law reform in South Australia. It was initiated in April 2010 by two candidates who stood for the Legislative Council in the 2010 election; Denis (Den) Haynes, the South Coast Voluntary Euthanasia Convenor, and the late Jenny Wheaton. Denis and Pat Haynes and their group have been very active in canvassing support for law reform from local member for Finnis Michael Pengilly (Lib). They have an active presence at the Victor Harbor market and are involved in many other initiatives. Den has sent in the following poem by Ada Cambridge (1844-1926) for members’ interest. It was ‘discovered’ by a member of Den’s poetry group from the University of the Third Age.

## The Promise

Should’st thou, in grip of dread disease,  
Foresee the day when thou must die,  
With no more hope of life or ease,  
But only, lingering, to lie  
While torturing hours go slowly by;  
Thy brain awake, thy nerves alive  
To thine extremest agony,  
And all in vain to rave or strive-  
O my beloved, if this should be,  
Call me- and I will set thee free.

Murder! And thou to judgment hurled  
Cut off from some few days of grace  
This will it be to that hard world  
Which fits one law to every case,  
And dooms all rebels to disgrace.  
But to us twain, who stand above  
Conventional rules, unbound, unclassed,  
A solemn sacrament of love,  
More true than kisses in the past  
Love’s costliest tribute, and the last.

Thy grateful hand, unclenched, shall seek  
The hand that gave thee thy release;  
Thy darkening eyes shall dumbly speak  
Of scorching pangs that sink and cease-  
Of anguish drowned in rest and peace.  
And I that terrible farewell,  
Despairing but content, shall take,  
Knowing that I have served thee well,  
I, that would dare the rack and stake,  
The flames of hell, for thy dear sake.

The law may hang me for my crime,  
Just or unjust, I’ll not complain.  
‘twere better than to live my time  
Bereaved and broken, and to wane,  
Slow inch by inch, in useless pain:  
Alone, unhelped, uncomforted,  
In mine own last extremity;  
No faithful lover by my bed  
To do what thou would’st do for me  
And I shall want to die with thee.

## The Voluntary euthanasia story: The epic journey to make it legal

*Photos courtesy Fernando Gonçalves (media@innocent.com)*



*Dr Rob Jonquière*



*Marshall Perron*



*Hon Steph Key MP*



*Human Rights lawyer Stephen Kenny*



*Dr Duncan McFetridge MP*



*SAVES President Frances Coombe*





*Chair: Hon Sandra Kanck*



*Forum audience*

# End of Life Choice

Newsletter on current debates

## Euthanasia in the Netherlands

*After 35 years of experience with euthanasia, detailed data on the practice from doctor surveys and legal reporting, the Netherlands has achieved broad community acceptance of euthanasia as an option for people when their suffering is unbearable and hopeless.*

The Netherlands law permitting euthanasia has a unique origin. In 1973 Dr Geertruida Postma was prosecuted for euthanasing her 78 year old mother and given a one week's suspended sentence. Her mother had repeatedly asked her daughter to assist her to die. Dr Postma was a local family doctor.

The judge listed reasons why the action of Dr Postma resulted in such an apparently minimal sentence, which set a legal precedent for other doctors. Over the next two decades the courts worked with the Royal Dutch Medical Association to develop and refine the criteria for euthanasia. These criteria were consolidated in the Termination of Life on Request and Assisted Suicide (Review Procedures) Act (2000), enacted in 2002.

**Euthanasia is defined as the termination of life by a physician at the patient's request. The aim is to end unbearable suffering where there is no prospect of improvement. Physician-assisted suicide also falls under this definition. Specified due care criteria must be met or euthanasia can be considered an offence.**

The **Due Care Criteria** are

1. the patient request is voluntary and well considered
2. the suffering is unbearable to the patient
3. the doctor cannot identify any further treatments acceptable to the patient
4. a second doctor consults with the patient and confirms the diagnosis
5. good medical practice is followed in delivering the euthanasia
6. the action is reported to one of the five Regional Review Committees.

No physician is required to grant a request for euthanasia. 85% of euthanasia cases are carried out at home with the family doctor.

Requests for euthanasia can be made by young people between 12 and 18. For young people aged 16 to 18 parents or guardians must be involved in the decision; for young people aged 12 to 15, the parents or guardian must agree to the request.

Advanced care requests can nominate euthanasia as a potential end of life care outcome.



### The Rammelink Commission

In 1990 the Dutch Government established the Rammelink Commission to conduct a nationwide study of the practice of euthanasia and other medical decisions concerning the end of life. Rammelink, the then Attorney General, headed the Commission and guaranteed immunity from prosecution to physicians taking part in the study. This immunity is widely viewed as the key reason doctors provided frank responses to the various surveys undertaken during the study, which included personal interviews with a randomised sample of physicians (Lancet, Sept 1991).

Rammelink reported that of the 190,000 deaths in the Netherlands in 1990, 1,040 people - or 0.8% - died when doctors euthanased them without their consent; doctors based their action on previous conversations or compassion for the patient, but at the time the person was unable to actively request euthanasia, as required by the 'due care' guidelines. This outcome has become known as the '1000 of Rammelink' and is frequently quoted to condemn euthanasia in the Netherlands as a slippery slope to non-voluntary euthanasia.

Physician surveys in the Netherlands have continued on average every five years since. In the most recent study in 2012, the "0.8%" had decreased to 0.2%, empirical evidence that permitting euthanasia in the Netherlands has not been a slippery slope to non-voluntary euthanasia.

### Regional Review Committees

Doctors are required to report each death by euthanasia to one of five Regional Review Committees. Each committee has nine members, three in each area of expertise - medical, legal and ethics or philosophy. Each committee is chaired by a legal expert. The committees decide whether the physician has acted in accordance with the statutory due care criteria. Where it is considered that a physician has not followed the guidelines, a report is provided to the Public Prosecutor. In 2011-12, five cases were forwarded to the Public Prosecutor.

The table below shows the number of deaths from euthanasia in the Netherlands in 2011-12 and the underlying reason for the request. The 4,800 deaths by euthanasia in 2012 represent 3.4% of all deaths in the Netherlands (total population 17m). Nearly 90% were carried out by the family doctor, who in the Dutch medical system generally has a long term and close relationship with the patient.

Netherlands		2012	
Reason for Euthanasia	n	%	
Cancer	3,588	74.3	
Cardio vascular	223	4.6	
Nervous system	294	6.0	
Pulmonary disease	174	3.6	
Dementia	97	2.0	
Psychiatry	42	0.8	
Other	160	3.3	
Combination of Diagnoses	251	5.1	
Total reported 2012	4,829	100	

### The Royal Dutch Medical

**Association** has worked with the courts since 1973 to develop the due care criteria under which euthanasia operates. The RDMS also hosts the *Euthanasia in the Netherlands Support and Assessment Program* (SCEN) which trains GPs and physicians to make independent assessments following a request of euthanasia. SCEN physicians can also provide support and advice.

The *End-of-Life Clinic* (SLK) was launched in 2012 to review requests for euthanasia when a patient's physician did not agree to give euthanasia even though the criteria had been met. In 2013 the Review Committees agreed to consider all SLK notifications as 'non-straightforward cases', because the circumstances did not allow a long term relationship between the doctor and patient. In 2013 all cases notified by SLK physicians were found to have complied with the statutory due care criteria.

# SAVES NOVEMBER 2015 PUBLIC MEETING

The SA Voluntary Euthanasia Society Inc. (SAVES) holds public meetings twice yearly at

**The Box Factory 59 Regent St South, Adelaide**

The next public meeting will be held on **November 8<sup>th</sup> 2015 at 2.15 pm**

The topic will be **A new Voluntary Euthanasia Bill in SA**

**Please make a diary note!**

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

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

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

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

**MEMBERSHIP FORM – 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.**

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

How did you hear about us? \_\_\_\_\_

Your area of expertise that could be of help to SAVES \_\_\_\_\_

Membership fees for \_\_\_\_\_ years \$ \_\_\_\_\_

Plus donation to support the work of SAVES \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

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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.



### Committee:

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Vice Presidents

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Julia Anaf

Arnold Gillespie

Hon. Secretary / Minutes Secretary

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