

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

Legislation planned in South Australia and Tasmania

SAVES is awaiting further news on the progress of intended legislation flagged in the July bulletin. This edition discussed forthcoming legislation within the context of the growing impetus for law reform that arose from the visit by Dr Rob Jonquière and Marshall Perron in June this year.

Dying with Dignity Tasmania advises that Tasmania is also planning new voluntary assisted dying legislation before the end of the year. This will be introduced by former Premier, (now Labor backbencher) Lara Giddings, and Senator Nick McKim who has replaced Senator Christine Milne. Cassy O'Connor, current Greens leader, is keen to co-sponsor the Bill which is likely to be based on the 2013 *Voluntary Assisted Dying Bill*. Despite strong community support the 2013 Bill failed to pass the House of Assembly by a very close margin (13-12). Of note is that not one Liberal MP voted for it.

President of *Dying with Dignity* Tasmania, Margaret Sing, has therefore welcomed the open-minded attitude to the proposed legislation expressed by some Liberal MPs. She has stated that a collaborative effort is the guarantee of effective and safe legislation that meets the needs and wishes of the broad community. SAVES Bulletin will provide future updates on the progress of both proposed Bills.

**Please note that copies of the video of SAVES June forum are now available for \$35 including postage. The duration of the video is approximately one hour and features speakers including Dr Rob Jonquière Director of the World Federation of Right to Die*

Societies, former Chief Minister of the NT Marshall Perron, human rights lawyer Stephen Kenny, Hon Steph Key (ALP) and Dr Duncan McFetridge (Lib). To arrange for a copy email info@saves.asn.au or, for those who cannot access the internet, contact Frances Coombe on 0421 305 684

See <http://dwtdtas.org.au/positive-news-about-new-assisted-dying-bill/>

Important notice

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

Thank you

The Economist newspaper advocates for assisted-dying

The Economist is an authoritative weekly newspaper focusing on international politics and business news and opinion. It was founded in 1943 and, despite the inference in its title that it would focus only on economic issues, has campaigned on a range of important social issues including the right to assisted-dying. The newspaper first expressed interest in this area in 2009. International Editor Dr Helen Joyce participated in the 2015 Sydney *Festival of Dangerous Ideas* by presenting a lecture entitled "The Right to Die".

For Dr Joyce assisted-dying is much more than a 'turf war' between the secular and the religious. She defines it as the most complex contemporary issue and one that effectively silences politicians in an act which she calls 'political cowardliness.' Joyce states that her research revealed that sick people not only wanted to stop the pain, but to

end their existential suffering at the end of life. Such suffering is characterised by feelings of hopelessness, indignity, loneliness, exhaustion and loss of bodily functions. Dr Joyce argued that as in many jurisdictions the state still stands in the way of choice in dying under any circumstances, an increasing number of people believe this is wrong; a view reflected by The Economist. On June 27th 2015 the newspaper published a 4000 word article entitled 'Final Certainty' [link below].

As reported by the World Federation of Right to Die Societies, Cory Ruf (DWD Canada) commented on the article through a blog in which he identified five notable points raised by the article:

- 1) *The Economist* polled residents in 14 OECD countries, plus Russia, to compare support for assisted dying among advanced nations and found a majority in every country except for Poland and Russia (each of which polled marginally less than 50 per cent.)
- 2) In Oregon, only about 1,300 terminally ill people have received legal prescriptions for life-ending medication since passage of the *Dying with Dignity* bill in 1997 with only two-thirds actually using them.
- 3) In the Netherlands, where assisted dying has been legal since 2002, nine out of every 10 patients who ended their lives with the help of a doctor had terminal cancer. (Approximately three per cent of all of deaths annually are doctor-assisted.)
- 4) Terminally ill people who have high-quality palliative care may be more open to the idea of assisted dying than those who do not. The Economist stated that "Some, in America and elsewhere, think that the demand for assisted dying would shrink if other options for dying patients, such as hospice care, were more widely available". However Mr Ruf noted that research by Clive Seale, sociologist at Brunel University in London,

found that terminally ill cancer patients in British hospices were more, not less, likely to consider doctor-assisted dying than those in hospitals. By entering a hospice, patients must accept that they are close to death and often consider all their alternatives."

- 5) Contrary to popular opinion some of the most prominent advocates of the right to assisted death are people living with severe disability. For example, physicist Stephen Hawking, who has a motor neurone disease and Canadian MP Steven Fletcher, who became a quadriplegic in a car accident in 1996, are two such advocates.

Read the full article in *The Economist* including Cory Ruf's blog: <http://www.economist.com/node/21656122>

Just a reminder....

SAVES public meetings are held twice-yearly at 2.15 pm on Sunday afternoons at the Box Factory 59 Regent St South, Adelaide. These are important forums for updating members on SAVES' activities, legislative issues and relevant local, national and international events and initiatives. Guest speakers provide further interest, as well as to informal discussion over tea and coffee.

**The next meeting is highlighted on page 11
Make a diary note now!**

Religion is not a main issue for Australian voters

The basis for the powerful sway that organised religion holds over Australian politicians, including in respect of voluntary euthanasia, has been questioned in a recent survey. As reported in *The Conversation* a survey conducted on

behalf of the Rationalist Association of New South Wales and the Humanist Society of Queensland revealed that only 14 per cent of Australians were influenced by their religious beliefs the last time they voted.

Max Wallace, Vice-President of the Rationalist Association of NSW, said that “It does not automatically follow that a majority of Catholics, say, in various electorates, will vote as one for political parties whose policies echo those of the church...I suggest the widespread indifference to religion when voting, squares with what we know about Australians’ support for voluntary euthanasia, gay marriage, and their very low, regular church attendance.”

The survey found that five per cent of respondents were “very much” influenced by their religion, while nine per cent were “somewhat” influenced. Sixty per cent stated that religion had no influence at all (including 84 per cent of Catholics) and 26 per cent said that the question did not apply to them.

There was a higher indication of influence from Muslims and from Pentecostal, evangelical, and fundamentalist Protestant Christians. However, further data was deemed necessary to draw any strong conclusions. At a more philosophical level, it appears that most Australian voters, whether or not they are personally religious, are secular in the sense of supporting secular government.

Reference: <https://theconversation.com/most-australian-voters-are-not-influenced-by-religion-47458>

Christian group responds to NSW Premier Mike Baird

The ABC regular Monday night television program Q&A on 7th September included Panelists NSW Premier Mike Baird; Shadow Treasurer Chris Bowen; President of Business Council of Australia Catherine Livingstone; Human Rights Lawyer Geoffrey Robertson and International Editor of The Economist, Helen

Joyce [whose views are discussed above]. One of the topics covered in this episode was the right to assisted dying.

Following Premier Baird’s statement of opposition, Ian Wood, convenor of the national group *Christians Supporting Choice for Voluntary Euthanasia*, responded in a letter to the premier with the following [edited] points:

“Thank you for publicly admitting on ABC Q&A that you had very strong views on [against] legalising choice in assisted dying, but that after talking with a man in a terrible position, his pleas will ‘haunt’ you. John Grayson, the 34 year old with terminal brain cancer, vividly described his prognosis:

“I am going to end up with right hand side paralysis, blindness, being mute. I will end up in severe, chronic pain. I will have cognitive impaired ability and I will eventually die. What I want to know is why I’m forced to go through that torture.”

GEOFFREY ROBERTSON: *Look, we have a fundamental right not to be subjected to torture and if that torture is cancer, if it’s a terminal illness, we are entitled to take ourselves out of it. It is an awesome decision to make, but we are entitled to make it without the intervention of the state, without having those who assist us, often our loved family with whom we have a final meal or whatever, arrested and charged with assisting suicide. Surely that’s right.*

MIKE BAIRD: *“my concern would be, you know, making a judgment on life”*. [Comment Ian Wood] You are not making a judgment on life. When an illness is terminal, the patient would be making a judgement on choosing to endure the torture, or die a quick, pain-free death. It is not a choice between life and death, but a choice between two different ways of dying...I believe nearly all people who are actively campaigning for choice in assisted dying are also ‘haunted’ by the death of a loved one.

The difference is that they are trying to get the law changed and, as Helen Joyce [The Economist] stated, it is a human right, and the reason why the law has not been changed is “political cowardliness”.

MIKE BAIRD: *Well, as much as I would want to agree, I mean, the concern I have is what does it mean in terms of the definition of life? Where do you get to in terms of advancements in medical technology all of a sudden?* [Comment Ian Wood]: No advancement in medical technology will save John Grayson!... Mr Baird, I challenge you to find any other social issue of such importance that attracts the support of 70 to 80% of all Australians, including a majority of Christians.

Lord Carey former Archbishop of Canterbury and head of the world wide Anglican church [of which Premier Baird is a member], said it would not be “anti-Christian” to ensure that terminally ill patients avoid “unbearable” pain, and “One of the key themes of the gospels is love for our fellow human beings ... Today we face a terrible paradox. In strictly observing accepted teaching about the sanctity of life, the church could actually be sanctioning anguish and pain – the very opposite of the Christian message.”

I plead with you as Premier to have the political fortitude and the Christian compassion akin to that of Desmond Tutu to initiate a change in the law...If Quebec province, Canada, can do it, surely so can NSW!

Ian Wood advises that the premier’s reply to his letter did not refer to any issues raised and he politely declined to meet with Ian.

Reference: <http://dwdnsw.org.au/wp-content/uploads/2015/09/Letter-to-Mike-Baird-re-QA-assisted-dying-10-9-2015.pdf>

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.

International news

England and Wales reject change

BBC News (11th September) reported that a free vote in the House of Commons resulted in 118 MPs supporting and 330 opposing law reform to allow terminally ill adults to receive medical supervision to end their lives. Two doctors and a High Court judge would have needed to approve each case. This was the first vote in the UK in 20 years.

Sarah Wootton, the chief executive of *Dignity in Dying*, stated that it was outrageous that MPs had thwarted the views of the majority of the public who supported the Falconer Bill claiming that “dying people deserve better”. However, MP opinion is not shifting and 74% of MPs voted against this bill compared with 72% in 1997. The emphatic nature of the result would suggest politicians are unlikely to discuss this again soon.

However, campaigners will regroup and point to their own polls showing that 82% of the public back assisted dying. Calls for change may yet intensify with an ageing population. The intense pressure on the courts and politicians is not going away.

Rob Marris, the Labour MP for Wolverhampton South West, who brought forward the proposals, stated that the current law did not meet the needs of the terminally ill, families or the medical profession. He maintained that there were too many “amateur suicides, and people going to Dignitas” and it was time for Parliament to debate the issue because “social attitudes have changed”. “This bill would provide more protection for the living and more choice for the dying” Mr Marris claimed.

Labour MP Sir Keir Starmer in his role as Director of Public Prosecutions has developed guidelines to deal with several “right to die” cases; including those of Debbie Purdy and Tony Nicklinson reported on in earlier editions of SAVES Bulletin.

Starmer stated “We have arrived at a position where compassionate amateur assistance from nearest and dearest is accepted, but professional medical assistance is not, unless you have the means of physical assistance to get to Dignitas. Retired Anglican Bishop and member of the House of Lords, George Carey, who supports the right to assisted dying stated:

“I’m saddened that the problem of untreatable pain and great indignity at the end of life has been left unresolved by this vote. Those of us arguing for change must reflect on the outcome. In the spirit of the respectful debate which has just taken place I hope we will be able to keep the national conversation going. The public, the justice system and the courts have recognised that the issue of assisted dying will not go away because people are taking matters into their own hands. The law-makers will eventually catch up.”

California embraces change

The New York Times (September 12th) reported that the California State Legislature has granted final approval to a bill that would allow doctors to assist terminally ill people end their own lives.

The *End of Life Option Act*, which passed in the State Assembly, would allow patients to seek assistance-in-dying options if two doctors consider that they have six months or less to live; submit a written request and two oral requests at least 15 days apart; and have the mental capacity to make their own health care decisions.

The bill which passed 23-14 in the State Senate, is awaiting the signature of Governor Gerry Brown who has not stated his intention. Modelled on the Oregon Bill it never-the-less has significant changes. One is that if and when the Bill becomes law it will expire in 10 years and will need to be reapproved. Doctors will also have to consult the patient privately to help ensure there is no coercion.

The family of the late Brittany Maynard, a former Californian resident with terminal brain cancer, who moved to Oregon last year to avail herself of the Oregon *Death with Dignity* law, are now lobbyists for the Bill. Medical opinion is shifting on the issue with the California Medical Association adopting a neutral stance and stressing that such a decision was one to be made between doctors and patients.

Supporters of the Bill are considering bringing the issue to the voters through a ballot measure if Mr Brown vetos it. A Gallup poll this year found that nearly 70 per cent of Americans now support physician-assisted dying: a rise of 10 percent from last year.

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Please consider this option to reduce postage costs.

Email: info@saves.asn.au to receive future editions by email. Thank you

New Zealand

Research recently published in the *New Zealand Medical Journal* explored end-of-life decision making by NZ general practitioners and identified changes in practices since a 2004 study. One important issue revealed by the postal questionnaires and anonymous phone interview methods, was that 4.5% of respondents stated that they had supplied, prescribed, or administered medication with the explicit intention of hastening death. [This is only one discussion point within the context of much wider results and discussion in this article available by subscription only].

Reference: Malpas, P; Mitchell, K; Koschwanez, H End-of-life decision making in New Zealand – 13 years on; 24 July 2015, Vol 128, No 1418 (<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015/6593>)

Colombia

AAP news service (July 4th) reported that, after weeks of heated public debate and last-minute legal challenges, a 79-year-old man became the first Colombian to die under government-sanctioned voluntary euthanasia. His death is the first in accordance with an April decree by the Health Ministry mandating that clinics perform the procedure when requested by terminally ill patients. The ruling was based on judicial interpretation of a constitutional clause guaranteeing Colombians the right to live [and presumably die] with dignity.

However, Congress has not regulated the procedure as the high court had ordered. There is now a state of legal limbo as local Roman Catholic leaders threatened closure of dozens of church-run hospitals if required to carry out what it considers to be murder, and Colombia's conservative Inspector General tried to hinder application of the new rules. Nevertheless members of Colombia's right-to-die movement are positive, saying the new decree provides clarity to what has been a longstanding covert practice.

Canada

The previous SAVES Bulletin noted the historic landmark and unanimous ruling in February this year by the Supreme Court of Canada that swept aside the Criminal Code prohibitions against doctor assisted dying. The court gave Parliament twelve months to draft a new law (if it chooses to do so). This would recognise the right of consenting adults with a "grievous and irremediable" medical condition to seek a doctor's help to end their lives.

A vote in the National Assembly has resulted in Quebec becoming the first province to legalise doctor-assisted dying as part of comprehensive end-of-life legislation. Bill 52, an Act respecting end-of-life care, received broad support from nearly 80 per cent of Members of the National Assembly. Canada's medical schools are now preparing for teaching medical students and residents how to assist patients to die under the rights of the ruling. Dr Richard Reznick, Dean of the Faculty of Health Sciences at Queen's University in Kingston, Ontario stated:

"If legislation passes, and if it becomes a standard of practice in Canada for a small subset of patients who desire assisted death, and where all the conditions are met, would we want a cadre of doctors that are trained in the emotional, communicative and technical aspects of making those decisions, and assisting patients?" ... "We would."

Dr. Reznick said in an interview that there will be many complexities, and whatever we teach our medical students will have to be "congruent with the legal parameters, the professional guidelines that are developed and the way that this may be carried out in the future" He stressed that it would be unacceptable to force any medical student or resident to participate in a medical procedure that is nevertheless legal.

Reference: <http://www.thestarphoenix.com/health/seniors/canadian+medical+schools+readying+doctors+talk+patients+about/10941376/story.html>

Thank you to Max Sutherland

SAVES expresses appreciation to Dr Max Sutherland for his work in compiling weekly news updates with links on all pertinent issues arising in the broad area of assisted dying. This service provides invaluable information as it is not always possible for each member to keep abreast of so many issues. So thanks Max!

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/>

Thousands complete new SA Advance Care Directive

Mr David Swan, CEO of SA Health, states that since the launch of the Advance Care Directive a year ago, thousands of Do-it-Yourself (DIY) Kits have been sold or given away.

SAVES has advocated for and supported Advance Care Directives (ACDs) for many years. Completing an ACD is a way to plan ahead for a time when you may not be able to communicate and make decisions for yourself. The simple directive comprising four pages becomes legally binding when completed, witnessed and executed correctly. Earlier versions of ACDs are still also legally binding.

For further information ring SA Health on (08) 8226 6000 or go to: <http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+resources/Advance+care+directive>

SAVES fundraiser August 2015

As advertised with the July Bulletin, SAVES held a fundraising night at the Mitcham Wallis Cinema in August. This was a screening of the film 'Last Cab to Darwin', a loose interpretation of the story of Max Bell who drove from Broken Hill to Darwin in 1995 to avail himself of the NT *Rights of the Terminally Ill* Act.

Approximately 70 people attended the screening. Several SAVES members donated gifts towards raffle prizes - including delicious biscuits and pastries baked by Jo Hayhurst! This was a very successful evening contributing towards SAVES' ongoing campaign. We sincerely thank all those who attended and donated prizes. We especially thank committee member and Hon Secretary Frances Greenwood for her hard work in organising the evening, and the Wallis Cinema for providing excellent assistance with the venue.

DONATIONS TO SAVES

SAVES members continue to be generous donors towards the society's ongoing campaign for law reform. The different initiatives and ongoing work incur considerable costs, even though the society is staffed entirely by volunteers.

All donations - large or small - are always welcome.

Thank you!!

STOP PRESS

On Oct 5th Governor Brown signed off on the "California Bill".

‘Ambassadors’ for assisted-dying law reform

The majority of Australians believe that a person suffering from an incurable illness is entitled to effective treatment of symptoms and should be able to make key decisions about when and how they die. This majority (approximately 82.5% as stated in numerous polls over the last two decades) supports legislative change for the right to choose the timing and circumstances of their death, and to ensure that members of the medical profession and other health carers are not at risk of criminal charges in providing end-of-life assistance.

SAVES readers (especially those who do not access the internet) may be interested in the diverse group of well-known Australians from different professions and ‘walks of life’ who are ambassadors for law reform. Amongst these are South Australian ambassadors who include Susie Byrne, Amy Orange, Hon Anne Levy, Emeritus Prof John Willoughby, Brenda Aynsley OAM, Rev Trevor Bensch, Rev Dr Craig de Vos, Dr Roger Hunt, Stephen Kenny, Prof Rick Sarre, Hon Chris Schact and others. These advocates work in different ways at both the state and national level to advance this important cause. They are [in alphabetical order]:

Phillip Adams
Yvonne Allen
Lynette Allison
Prof Dennis Altman AM
Valma Angliss AM
Bettina Arndt
Brenda Aynsley OAM
Rev Gordon Bannon
Ron Barassi AM
Greg Barns
Prof Peter Baume AC
Layne Beachley AO
Emeritus Prof David Beanland AO
Frances Bedford MP JP
John Bell AO
Casey Bennetto
Rev Trevor Bensch
Henry Bosch AO
Dr Edward Brentnall MBE OAM
Freda Briggs AO
Bob Brown
Julian Burnside AO QC
Susie Byrne
Dr Leslie Cannold
Prof Lyn Carson
Moss Cass
Tricia Caswell
Joy Chambers-Grundy

Prof Simon Chapman AO
Hon Robin Chapple
Hon Stephen Charles QC
Emeritus Prof Alf Clark
Greg Combet AM
Everald Compton
Peter Couchman
Prof Nick Crofts
Peter Cundall AM
Rev Natasha Darke
Kenneth Davidson
Rev Dr Craig de Vos
Catherine Deveny
Anne Deveson AO
Hon John Dowd AO QC
Prof Gary Dowsett
Denise Drysdale
Prof the Hon Gareth Evans
Dr Ilsa Evans
Hon Elizabeth Evatt AC
Dr June Factor
Tamara Fraser AO
Patrick Galvin AM
Max Gillies AM
Brian Goldsmith
Sandy Gore
John Greenwell
Dr Julian Hafner

Prof George Hampel QC
 Peter Hardham
 Robert Hewett
 Janet Holmes á Court AC
 David Hume and Maya Hume OAM
 Dr David Hunt
 Dr Roger Hunt
 Peter Isaacson AM
 Dr Warren Johnson AM
 Rosemary Jones
 Hon Sandra Kanck
 Prof David Kelly
 Stephen Kenny
 Hon Steph Key MP
 Mary Kostakidis
 Assoc Prof Helga Kuhse
 Coral Levett MACN
 Hon Anne Levy
 Dr Murray Lloyd
 Amanda Lohrey
 Paul McDermott
 Lindsay McDougall
 Judith McGrath
 Prof Peter McIntyre AO
 Hilary McPhee AO
 Hon Rod Mackenzie OAM
 Dr Francis Macnab AM
 Hon Ian Macphee AO
 Prof Marion Maddox
 Eve Mahlab AO
 Iola Mathews OAM
 Ron Merkel QC
 Gordon Moffatt AM
 Prof Rob Moodie AM
 Val Morgan
 Hon Jocelyn Newman
 Amy Orange
 Prof Neville Pamment

Prof Malcom Parker
 Hon Mark Parnell
 The Hon Tom Pauling AO QC
 Kirk Pengilly
 Frank Penhalluriack
 Marshall Perron
 Anne Phelan OAM
 Prof Peter Pierce and Mrs Rae Pierce AM
 Adrian Price
 Chris Puplick AM
 Rev Kenneth Ralph
 Lady Susan Renouf
 Bill Richmond
 Robert Richter QC
 Rev Christopher Ridings
 Roland Rocchiccioli
 Prof Doreen Rosenthal AO
 Dr Harry Rundle
 Delys Sargeant AM
 Prof Rick Sarre
 Hon Chris Schacht
 Prof Peter Singer AC
 Dick Smith AO
 Jim Soorley
 Prof John Spicer
 Tracey Spicer
 Dr John Stanton
 Anne Summers AO
 Dr Rodney Syme
 John Valder AO
 Lesley Vick
 Rev Dr Craig de Vos
 Prof Marilyn Walton
 Dr Bruce Watson
 Prof Colin Wendell-Smith AO
 Prof George Williams
 Emeritus Prof John Willoughby
 Ian Wood

Further information, including a range of photographs and quotes can be found on the Dying with Dignity Victoria website at:

<http://www.dwdv.org.au/about-us/ambassadors/>

End of Life Choice



Newsletter on current debates

When the suffering is unbearable and hopeless

The purpose of voluntary euthanasia legislation is to relieve unbearable and hopeless suffering. The cause of the suffering will vary from person to person, and in the 10 jurisdictions around the world where euthanasia or physician assisted dying is legal, it is the objective of ending unbearable and hopeless suffering which is the focus of the law.

Using “unbearable and hopeless suffering” to define eligibility for voluntary euthanasia allows a doctor and patient to reach the decision together. The **unbearable** relates to the person seeking euthanasia. Their suffering needs to be unbearable to them. No-one else can decide whether the suffering is unbearable, only the person seeking euthanasia. Hopeless relates to whether the doctor can identify any hope of relief from the suffering through further treatments; if there are no further treatments acceptable to the patient, then the criteria of **hopeless** has been met.

The words “unbearable and hopeless suffering” as the main criteria for euthanasia may appear simple, but they infer a complex set of actions and relationships and ensure that inbuilt safeguards are met.

The Request

The first step in a request for euthanasia requires the person to talk to their doctor. This happens when the person decides that their suffering is no longer bearable; they are seeking an end to their suffering through euthanasia.

Doctors have described this conversation as the most difficult request they ever receive from a patient. The response from the doctor is to firstly recognise the unbearable position their patient has reached, and secondly to investigate further treatment options to see if the suffering can be made bearable; in other

words, to investigate whether the patient's condition is hopeless, or whether hope can be provided through a different treatment.

No-one else can decide whether the suffering is unbearable, only the person seeking euthanasia.

When the point is reached where the patient says their suffering is unbearable, and the doctor can find no further treatments acceptable to the patient to provide hope, then the doctor would then conclude that the patient's condition is hopeless.

It is at this point – when life is unbearable for the patient and the doctor can find no further treatment to provide hope - that a process for voluntary euthanasia could be set in place between the patient and doctor.

Depending on the legislation in each jurisdiction, the request is the first of a number of steps before euthanasia. These steps include the completion of a series of forms witnessed by independent witnesses, one or several consultations with other doctors, a waiting period, and always the possibility for the person to change their mind.

The decision about voluntary euthanasia is made between a patient and a doctor. It is appropriately witnessed and checked to ensure there is no coercion. It is the most difficult decision a person can make, and comes about when suffering is unbearable.



The doctor's responsibility is to identify different treatments, such as drugs or therapies, which could potentially relieve the suffering. If different treatments are acceptable to the person, this may change their suffering from unbearable to bearable; or they may decide, for example, that the side effects from further chemotherapy outweigh the potential benefits and further treatment is not acceptable.

Terminal Illness

Many Australian and international Bills have used the definition of terminal illness as the key eligibility criteria for euthanasia. The debate then focuses on defining a terminal illness - when is an illness terminal, which illnesses should be defined as terminal, who should determine whether an illness is terminal, should specific illnesses be listed in the legislation. This debate detracts from the purpose of the Bill, and is demeaning to those with unbearable suffering.

In practice, the evidence is that the majority of people who use euthanasia around the world have terminal cancer – in the Netherlands it is 75%; in Oregon it is 70%. Most people who request euthanasia around the world are white, well educated (mostly tertiary) and articulate – they are well informed and able to discuss the matter with their doctor. In the Netherlands over 85% die at home. In Oregon 90% die at home.

This debate is demeaning to those with unbearable suffering

The Question for Politicians

Why is it that Members of Parliament in every state of Australia (except Queensland where there has never been a voluntary euthanasia Bill), people who say they stood for election to make our society better, continue to insist that ill people should be made to continue suffering. By refusing to even allow time to debate a Private Member's Bill aimed at legalising voluntary euthanasia, Members of Parliament are in practice insisting that their constituents should suffer, and that they should continue to suffer to an extent that is unbearable to them.

The refusal to allow an informed debate about voluntary euthanasia in the Parliament shows that these MPs cannot claim to have compassion, or to care for people who are suffering unbearably. They show no understanding of why voluntary euthanasia is so important to their constituents. Members of Parliament have been told over and over again that 82% of the population - their constituents - support legalising voluntary euthanasia.

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 8th 2015 at 2.15 pm**

The guest speaker will be Hon Steph Key MP (ALP),
member for Ashford, speaking on a new VE Bill for SA

Please make a diary note!

SAVES 2016 meeting dates will be published in the March 2016 Bulletin

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:

President

Vice Presidents

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Telephone

Frances Coombe **0421 305 684**

Internet

www.saves.asn.au

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Editor: Julia Anaf