

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

## A new VE Bill presented to SA Parliament

The *Voluntary Euthanasia* Bill 2016 was presented to the SA House of Assembly on February 11th 2016 by the Hon Steph Key (Labor), member for Ashford. Debate on the Bill was adjourned until the 10th March. Approximately 45 SAVES members witnessed the introduction of the Bill from the parliamentary gallery. It is the 14th time a Voluntary Euthanasia Bill has been presented to the South Australian Parliament since 1995. [See timeline and context of legislative activity 1995-2013 at <http://www.saves.asn.au/timeline.pdf>]

In this latest version the person seeking voluntary euthanasia would need to meet the following strict criteria in order for either a doctor to administer a drug or for the person to self-administer a drug:

- The person determines that their suffering is both unbearable and hopeless, as defined in the Bill. [Determining whether a person's suffering is unbearable is necessarily subjective and need not meet an objective standard. The person's suffering will be taken to be hopeless if there is no reasonably available medical treatment that would reduce suffering to a level bearable to the person. The nature, availability and potential effectiveness of such treatment is to be determined objectively].
- The person makes a request for euthanasia using the prescribed form
- The request is witnessed by an adult person who is not a medical practitioner involved in the request, a direct beneficiary in the person's estate, and not the owner or operator

or an employee of a residential facility where the person lives

- The attending doctor and a second doctor confirm that there are no further treatment options acceptable to the person
- Both doctors confirm that at the time of making the request, the person is able to understand the information presented to them about their medical condition, treatment options and the risks associated with voluntary euthanasia
- Both doctors confirm the person is not acting under any form of duress
- Both doctors confirm that the person making the request is of sound mind, and if there is any doubt, the person is referred for a psychiatric report
- A delay of 48 hours is required from when the person and first doctor complete the request procedure before euthanasia can take place
- The request may be revoked at any time
- A doctor who assists a person either with euthanasia or self-administration must provide a report to the Coroner.

In each parliamentary sitting week in 2015, and continuing this year, SAVES has sent state MPs one of a range of concise newsletters covering relevant issues for deliberation in respect of law reform. This is to provide important evidence-based information concerning the issue of voluntary euthanasia, and to help dispel widespread misinformation. These newsletters are made available on SAVES' home page. SAVES Bulletin or 'mail-outs' will continue to update readers on the progress of this legislation.

### 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.***

***Thank you***

## National news

### New South Wales: Cross-party working group

In October 2015 a NSW cross-party *Parliamentary Working Group on Assisted Dying* (PWGAD) was established with the aim of preparing a Bill in the Upper House to legalise voluntary assisted-dying. It is a cross-party coalition between the Nationals, Greens, Labor and Liberal MPs which provides a much stronger base than a single party. While legislation for voluntary euthanasia is a state jurisdiction, Greens Senator Richard Di Natale will introduce the “*Dying with Dignity Medical Services*” Bill in the first half of this year. It is the Federal Government that has jurisdiction for the provision of medical services. Federal MPs who have stated their in-principle support for voluntary assisted-dying include Deputy Labor leader Tanya Plibersek, Shadow Treasurer Chris Bowen, and Member for Fraser, Dr Andrew Leigh.

### Important notice

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

***Thank you***

### Victoria: Coroners’ Office offers evidence on ‘non-preventable’ suicide

In Victoria the Government’s ‘*Parliamentary Inquiry into End of Life Choices*’, established in 2015, has received a total of 1012 submissions and heard from hundreds of witnesses. The report is due to be presented to parliament on 31<sup>st</sup> May.

Of particular interest in this inquiry was evidence from the Victorian Coroner that many suicides referred to the office were elderly people killing themselves; often in horrific ways. Between 2005 and 2012 there were 197 such deaths in Victoria alone, which have been classified as five distinct groups under the category ‘non-preventable’ suicides. These are cases where extensive medical intervention over years had not altered inevitable decline, and suffering was not mediated by available medical care. They included:

- People with terminal diseases such as cancer
- Those with multiple severe medical conditions that are not immediately terminal
- People living with severe degenerative diseases such as Parkinsons Disease
- Those experiencing uncontrolled pain for an extended period of time
- People with serious injury where there is no effective ongoing treatment

Mental health issues were not considered a factor, and most people were strongly supported by family, and had made enduring requests to die on multiple occasions. The Coroner did not explicitly argue for choice for voluntary assisted-dying, except to state that after reading all the evidence it was difficult to conclude other than that this is a reasonable option for some people to elect.

**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!**

**Push to overturn the Euthanasia Laws Act 1997**

On December 2nd 2015 the Liberal Democrats Senator David Leyonhjelm put forward a Bill to repeal the Euthanasia Laws Act 1997; also referred to as the 'Andrews Act'. This overturned the NT Rights of the Terminally Ill (ROTI) Act 1995 and also banned the ACT, Norfolk Island and the Northern Territory from ever legislating to allow voluntary euthanasia. While the proposed Bill would not reinstate the ROTI Act, its success would signify to the territories that they have legal jurisdiction for drafting their own voluntary euthanasia laws.

**Professor Ian Maddocks**

Emeritus Professor Ian Maddocks, Australia's first Professor of Palliative Care, former Senior Australian of the Year, and resident of North Brighton, outlined the case for respectful consideration of voluntary euthanasia in *The Monthly* magazine (Feb 2016). He proposed that proponents of palliative care should join forces with advocates of assisted dying and, with mutual respect, to ensure the delivery of enabling laws. Prof Maddocks particularly noted the need for 'compassionate consideration for those outside the setting of major disease and imminent death': as acknowledged in the criteria for the recently introduced *Voluntary Euthanasia* Bill 2016.

**Andrew Denton: advocate for choice in dying**

As an interviewer, comedian and producer, Andrew Denton's contribution to Australian public and intellectual life has, according to the Wheeler Centre, been characterised by 'its intelligence, its irreverence and its abiding sense of humanity'. The Wheeler Centre in Melbourne conducts hundreds of public events annually. During 2016 Andrew Denton will investigate stories, moral arguments and individuals concerning the ways in which people are dying bad deaths in Australia in the absence of protective laws. Denton explained his interest in this important social issue in an interview on Radio National on 17<sup>th</sup> November 2015:

*My dad used to joke that he wanted to go [die] by walking into the shallow end of a swimming pool filled with single malt whiskey – and just keep walking. Sadly that never happened.... Watching him die remains the most profoundly shocking experience of my life. With my sisters, I stood helplessly by as death picked up this strong man and shook him out until he was nothing.*

Andrew Denton will conduct a series of podcasts in a series entitled 'Better Off Dead' (link below). In the 2015 Wheeler Centre Di Gribble Argument Andrew Denton discussed his investigation into the provision of voluntary euthanasia internationally. He attended the May 2015 anti-euthanasia conference held in Adelaide [discussed in SAVES July 2015 Bulletin] to try to understand opponents' underlying objections. He found that:

*At its heart lay two key accusations: that the safeguards don't work; and that the elderly and disabled were threatened. I took careful note of it all, then took off overseas to see if their warnings held true... What I found was almost the exact opposite of what I'd been told: long-running systems, based on years of open research and debate, with multiple safeguards, and overwhelming acknowledgement that they work, from across the spectrum – the public, medical bodies, and political parties of every hue.*

In responding to purported threats to ‘vulnerable’ people Denton argues:

*After all, who could be more vulnerable than those in unbearable suffering or in the last stages of a terminal disease? Who could be more abandoned than those begging for help from whom opponents of these laws would turn away? Whose lives could be less valued than those desperately seeking a way to die that will not leave damage behind them, and who are told instead that ‘suicide is legal, [so] why not just do that?’ And who could be more coerced than those facing no choice about how to end their lives – other than to do so violently and on their own?*

To follow the ongoing debate in the series of podcast throughout 2016 see the links:

[http://www.wheelercentre.com/broadcasts/podcasts/better-off-dead#episode\\_list](http://www.wheelercentre.com/broadcasts/podcasts/better-off-dead#episode_list)

<http://www.wheelercentre.com/notes/an-argument-for-assisted-dying-in-australia-andrew-denton-s-di-gribble-argument-in-full>

## Journal of Assisted Dying

DyingForChoice.com is a website led by Neil Francis. Neil is a past President of the World Federation of Right to Die Societies, past and Foundation Chairman and CEO of YourLastRight.com — the national alliance of Australian State and Territory assisted dying societies — and past President and CEO of Dying with Dignity Victoria.

One segment of interest in the website is the ‘F Files’ which exposes misinformation related to ‘fearmongering, filibustering, flip-flopping, fudging, fiction and faith’. Mr Francis argues ‘it is unacceptable for rational citizens to be denied freedoms on the basis of scaremongering and erroneous information’. The website provides citizens, politicians, policy advisors, healthcare workers, media professionals, researchers and others the evidence, arguments and resources to be properly informed and to avoid misinformation’.

It now includes access to a new, free scholarly journal: the [Journal of Assisted Dying](#). This was launched on January 2<sup>nd</sup> 2016 and focuses on end-of-life ethics, decision-making and practice. It is ‘dedicated to careful and holistic analysis of evidence in regard to the various forms of assisted dying that are lawful in a number of jurisdictions around the world... and to practices in jurisdictions where assisted dying remains illegal’. See <http://www.dyingforchoice.com/>

## Vale Bill Mettyear

A SAVES founding member, William (Bill) Mettyear, who made a great and lasting contribution to SAVES, died on Christmas Day 2015. He was a committee member for many years and president between 1994 and 1996. Together with another former president, Dr Eric Gargett, Bill helped to write SAVES Handbook *Right to Choose*, which is still used extensively as a comprehensive guide to issues associated with voluntary euthanasia law reform. Bill was also SAVES Bulletin editor for many years. In collaboration with current SAVES webmaster, Brenda Aynsley OAM, Bill was instrumental in establishing SAVES’ website. In 1999 the website was endorsed as one of the best educational resources on the web related to death and dying. It especially noted the range of SAVES’ Fact Sheets that Bill had also helped to write. Frances Coombe and long-standing SAVES member Gerry Versteeg attended Bill’s funeral on behalf of the society to extend sympathy to Bill’s wife Olive and their family. They thanked them for kindly calling for donations to SAVES in lieu of flowers as a memorial to Bill. We remain indebted to Bill’s important legacy to the society.

### The VE Bulletin is available by email:

**As postage has now increased from 70 cents to \$1.00, and with slower delivery, please consider this option to reduce postage costs. Email: [info@saves.asn.au](mailto:info@saves.asn.au) to receive future editions by email.**

## A 'thank you'

SAVES wishes to acknowledge and thank past committee member and past secretary of the World Federation of Right to Die Societies, Libby Drake, for managing SAVES' Facebook page. Social media is an increasingly important medium for providing information on the issue of voluntary euthanasia law reform locally, nationally and internationally. We thank Libby for maintaining this important information to keep us all 'posted' at 'Voluntary Euthanasia in SA – The Right to Choose'.

## International news

### The Netherlands

An article in the online journal *The Conversation* provided an important 'Fact Check' which refuted the false and sensationalist claim made by an audience member, Luke Formosa, during the ABC television program, Q&A, on voluntary assisted dying (November 9<sup>th</sup>). Mr Formosa claimed:

*Findings from the Netherlands Euthanasia report in 2014 indicate ... 550 newborn babies with diseases or disabilities were killed.*

When asked by *The Conversation* to comment on Formosa's assertion, the General Secretary of the Netherlands Regional Euthanasia Review Committee, Nicole E.C. Visée, said the committee's 2014 report did not state that 550 newborn babies had been killed, and referred readers to a [fact sheet](#) on the issue.

Dr Eduard Verhagen from the University Medical Centre Groningen, has advised that since just before 2007, the lives of only two newborn infants had been ended under the Groningen Protocol which is a policy unrelated to the Netherlands euthanasia law which relies on informed consent. Mr Formosa's on-air claim is just one clear example of the consistent misinformation promoted by opponents of choice for voluntary euthanasia. These claims involve fear-mongering, inaccuracies, distortions and factual misrepresentations: when those who

make the claims know, or should reasonably be expected to know, that they are false and/or misleading. Neither the [2013](#) nor the [2014](#) annual reports by the Dutch Regional Euthanasia Review Committee contain the figure of 550.

References:

<https://theconversation.com/factcheck-qanda-were-550-babies-killed-last-year-under-dutch-euthanasia-laws-50473>

[Netherlands Regional Committee Fact sheet:](#)

[https://www.euthanasiecommissie.nl/Images/QandA%20Euthanasia\\_tcm52-44507.pdf](https://www.euthanasiecommissie.nl/Images/QandA%20Euthanasia_tcm52-44507.pdf)

### United Kingdom

Sir David Attenborough supports the UK 'right to die' campaign

Veteran broadcaster Sir David Attenborough supports the UK 'right to die' campaign. He stated that he would consider voluntary euthanasia if his life became 'wretched', and if he was still [as he termed it] 'compos mentis'. He argued:

*When you see poor people, poor in the sense of having some wretched disease, pleading for their lives to be brought to an end, it's difficult to think that they don't deserve to have that right.*

In September 2015, MPs voted overwhelmingly against law reform to allow doctors to help terminally ill patients end their life. It was the first Commons vote on this issue in 20 years.

Reference: Helen Pye, Yahoo, November 19, 2015

### California

Opponents of assisted dying in California have announced that they failed to collect the number of signatures required for a November ballot referendum to overturn the *End of Life Option Act*. Opponents collected about 200,000 of the 365,880 necessary signatures. This means that the statute can go into effect as planned - 91 days after the conclusion of a special legislative session in which it was passed. Californians will soon have the same freedom as those in Oregon, Washington, Vermont and Montana: the right to choose from the full range of end-of-life

options. The plight of young Californian Brittany Maynard, aged 29 and an active advocate for legalising physician aid in dying, was a driving force in achieving this legislation.

Ms Maynard elected to die in Oregon on the 1st November 2014 after being diagnosed with terminal brain cancer 10 months earlier. Ms Maynard and her family had moved to Oregon, completing the 6 month residency requirement, and using drugs made legal to her by the state's Death with Dignity Act.

California's *End of Life Option Act* was signed into law in 2015 by Governor Gerry Brown who formally approved the Act. This allows terminally ill patients expected to die within six months to end their lives with the assistance of a physician. The decision must be an informed one that is based on a medically confirmed diagnosis. If there are indications of a mental disorder, the physician shall refer the individual to a mental health specialist for assessment.

The individual requesting the drugs must be a resident of California who is able to establish residency. In order to comply with the law, physicians may not prescribe lethal drugs as requested by the patient until after three requests are made (at least 15 days apart).

In January 2016 the Journal of the American Medical Association (JAMA) provided a comprehensive analysis on end-of-life issues. In one article Clodfelter and Adashi argue that the significance of the passage of the *End of Life Option Act* cannot be overestimated. This is because the most populous state in the USA resolved to replace a penal code related to assisting suicide with a death-with-dignity statute. In 2015 alone 23 states and the District of Columbia sought to codify physician-assisted-dying; eight of these for the first time. This is double the number of Bills introduced in any year from 1995. In the same edition of JAMA Gostin and Roberts note that, for the first time, more than half of physicians surveyed supported aid-in-dying. Although the American Medical Association, has an opposing stance on voluntary euthanasia [as does the Australian

Medical Association], the Californian Medical Association has moved to a neutral stance following the passage of the *End of Life Option Act*.

Online references:

<http://statelaws.findlaw.com/california-law/california-euthanasia-laws.html#sthash.TIFyn6kI.dpuf>

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201520162AB15](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520162AB15)

Clodfelter, R & Adashi, L 'The Liberty to Die: California enacts physician- assisted dying law', JAMA, 315 (3) 251-2

Gostin, L & Roberts, A 'Physician-assisted dying – a turning point?' JAMA, 315 (3) 249-250

## Oregon

The update on the latest report on the Oregon *Death with Dignity Act* for 2014 reveals that since 1997, when the Act came into force, 1327 people have been provided with prescriptions; of which 859 have been used. In 2014 there were 155 prescriptions issued, of which 60.6% were used. All those making requests were covered by health insurance and the majority of deaths occurred in white (95%), well-educated men over 65 years of age. The median age was 72 years. Cancer (69%) and amyotrophic lateral sclerosis (ALS - also known as Lou Gehrig's disease- 16%) were the two main reasons for people accessing the law. To put the scope of access to the *Death with Dignity* law into perspective, the state of Oregon is a jurisdiction of approximately four million people.

Reference: <https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>

## Canada

In the latest developments in Canada, lawyers for the Federal Government told Canada's top court that Ottawa needed a six-month extension to draft new legislation on doctor-assisted dying as it could not meet the end of February 2016 deadline directed by the court. On January 15th the Supreme Court granted an extra four months (instead of the six that had been requested). Quebec, whose assisted-dying law came into

effect last month, and which has begun helping residents to end their lives, is exempt from the four-month extension.

The British Columbia Civil Liberties Association, and individuals who spearheaded the case, argued that an extension would be a setback for Canadians already enduring unbearable pain and suffering. The association's executive director, Josh Paterson, stated:

*For people who are involved in our case and for many other Canadians ... who have been waiting and waiting and waiting, it is going to mean an extension of that suffering...It essentially means their constitutional rights will continue to be violated and for longer than they've already had to wait...This case is fundamentally about human dignity and choice [and] if more time is granted to the government, there should be a built-in mechanism to allow individuals to ask a court to have their right to a physician-assisted death provided to them.*

The group representing Canada's medical practitioners, the Canadian Medical Association, stated that despite overwhelming objections to the practice by Canada's 82,000 doctors, no-one who qualifies for a physician-assisted death will be denied access. Thirty per cent of the profession, or 24,000 doctors would support patients by consenting to assist their deaths.

References:

Kristy Kirkup The Canadian Press, January 11, 2016 <http://ottawacitizen.com/news/politics/cma-promises-to-ensure-patients-can-obtain-assisted-death-despite-doctors-opposition>

## Ireland

John Halligan, an independent member of Irish Parliament, has moved a Private Member's Bill providing for "a dignified and peaceful end of life" for qualifying persons. The *Dying with Dignity* Bill 2015 would recognise "the right of clearly consenting adults who are enduring intolerable physical suffering to seek medical help to end their lives". The Bill was inspired by the circumstances of the late Marie Fleming who, while in the final stages of multiple

sclerosis, took a landmark challenge to the Supreme Court. While she lost that battle, the Chief Justice declared that the judgement did not preclude the State from introducing legislation with appropriate safeguards to deal with cases such as Ms Fleming's. Mr Halligan stated that his Bill contained those critical safeguards, setting out strictly monitored criteria to allow a person in abnormal suffering to choose a dignified, pain-free death surrounded by loved ones; rather than endure protracted suffering.

Reference: [Irish Times Dec 2015](#)

## France

The French parliament has approved a bill that will allow doctors to sedate terminally ill patients until death, but has disallowed legalisation of assisted-dying and voluntary euthanasia. This provision is the result of a consensus of socialist and conservative lawmakers. Terminal sedation will only be allowed when a patient's condition is one that likely leads to a quick death. The law will also apply to patients who are unable to express their wishes, following a process that includes consultation with family members. The process involves medicating patients until they die naturally of their illness or until they starve. However, some doctors argue that it may be more humane to allow an assisted death. As socialist lawmaker Alain Claeys argued "Our text has one purpose: fighting a bad dying that still happens too often in France." The new bill will also force doctors to follow end-of-life instructions regarding terminal sedation and stopping treatments, whether they are expressed by the persons themselves or through an advance directive nominating a 'trustworthy person' to be an advocate; should the patient no longer be able to express their will.

## Serbia

The right to voluntary euthanasia could soon be recognized in Serbia. The draft Civil Code (GZ), which will be publicly debated until July 2016, envisages euthanasia as 'the right of a person to consensual, voluntary and dignified end of life, which can be accomplished as an exception if necessary human, psycho-social and medical conditions have been met'. The abuse of the right to euthanasia in order to obtain unjustified financial or other benefits, would provide a basis for criminal liability.

Reference: Irish Times Dec 2015

## The World Federation of Right to Die Societies

*The World Federation, founded in 1980, consists of 49 right to die organizations from 21 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.*

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



With thanks to Sandra Kanck for sending this cartoon to SAVES.

# End of Life Choice



Newsletter on current debates

## Worst Ways to Die

Professor Emeritus John Willoughby  
Hon Consultant Neurologist  
Flinders Medical Centre

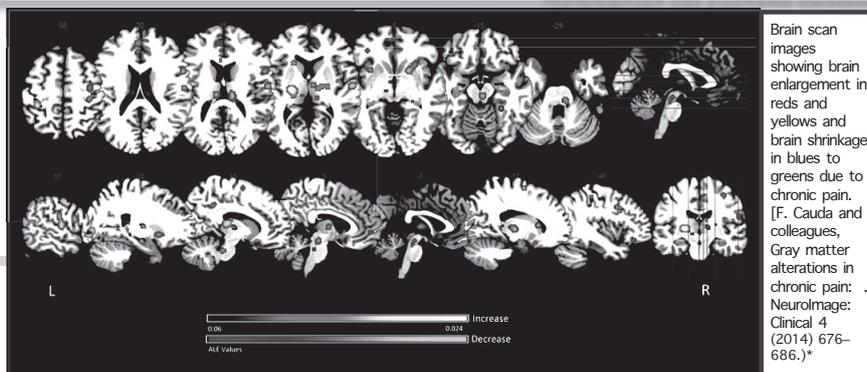
*The challenges of living are rich in diversity, emotional significance and (un)predictability. This newsletter relates the toughest challenges, those that no-one would wish on another, disorders that cause symptoms, so severe that they cannot be endured.*

Everyone has experienced the sensation of pain caused by injury or infection. Likewise, all of us have experienced nausea, vomiting, cough, headache, shortness of breath (such as after exercise), hiccough or loss of appetite for various reasons. Imagine, now, what it would be like to experience these symptoms, severely, for weeks, months or years - permanently.

On the other hand, very few of us have experienced symptoms that come with disruption of nerve or muscle function, leading to paralysis of body movement, with the associated loss of capacity to carry out activities of daily living. Few of us, too, have experienced intestinal obstruction, or the bloating and vomiting of bowel obstruction.

The reasonable person might endure any of these challenges for a while, depending on their severity. Never-the-less, an overriding influence on how long one can endure such symptoms is the inescapable deterioration of energy, drive, optimism and determination that accompanies chronic adversity. Remarkably, the brain is structurally affected by long-lasting pain - moderate but *not* unendurable pain (see figure top of page). It shows numerous brain regions which are increased or decreased in size as a consequence of chronic pain - there are physical effects on the brain!

There are no comparable brain images of individuals with unendurable suffering - presumably for ethical reasons - and the effects on the brain and mind of such severe suffering can only be imagined.



Brain scan images showing brain enlargement in reds and yellows and brain shrinkage in blues to greens due to chronic pain. [F. Cauda and colleagues, Gray matter alterations in chronic pain: NeuroImage: Clinical 4 (2014) 676-686.]\*

Many people with a terminal illness endure their symptoms, but at least 5% request euthanasia, while a small proportion of individuals living with the permanent consequences of a non-terminal illness also request euthanasia.

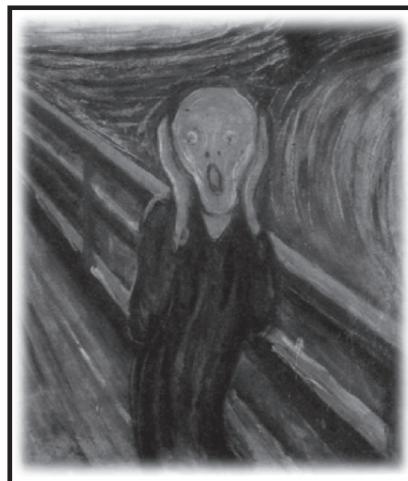
So, what are some of the conditions that so cruelly affect us? You can find more than you would ever want to think about at the SAVES website ([http://www.saves.asn.au/archives/resources/archive/issues/intractable\\_symptoms\\_synopsis.pdf](http://www.saves.asn.au/archives/resources/archive/issues/intractable_symptoms_synopsis.pdf))

However, here are a few ...

- ♣ cancer invasion of nerve-rich areas such as abdominal cavity, or chest cavity, or spine, or pelvis, or throat leading to pain and, if in the pelvis, possible incontinence of urine and faeces
- ♣ cancer growth leading to obstruction of swallowing, or obstruction of the intestine, with vomiting and, ultimately, starvation
- ♣ paralysing diseases of nerves supplying the muscles of chest and throat with gasping or choking to death (such as motor neuron disease)
- ♣ mesothelioma (associated with asbestosis, which is incurable) produces severe chest pain with each breath, made far worse on coughing, which may be chronic and persistent; this causes difficulty in breathing and feelings of suffocation.

In addition to pain caused by spread of cancer into pain-sensitive structures, there is a quite different kind of pain with an unusual cause, known as 'neuralgia'. It can be particularly difficult to treat, being unlike the range of pains normally due to

nerve activity. This pain actually arises *within* mildly damaged nerves when electrical signals from a few nerve fibres jump sideways to trigger electrical signals in nearby nerve fibres: the experience is similar to an electric shock, with stabbing, jolting pain: pure agony, one could imagine as depicted here, in Edvard Munch's 'The Scream'.



Persistent neuralgia defies imagination and, if unresponsive to medical intervention, would understandably lead to a patient requesting voluntary euthanasia.

In the face of so many worst ways to die, the absence of legislation to permit voluntary euthanasia is a symbol of human-kind's callousness towards human-kind.

*Em Prof John Willoughby is a founding member of [drs4vechoice.org](http://drs4vechoice.org) and a member of Doctors for the Environment Australia*

*\* Reproduced with permission - Creative Commons Attribution License*

## 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.

### **My Body My Choice spokesperson Phillip Beddall:**

[https://www.facebook.com/MY-BODY-MY-Choice-VE-350165335178263/?sk=timeline&app\\_data](https://www.facebook.com/MY-BODY-MY-Choice-VE-350165335178263/?sk=timeline&app_data)

People with disabilities in support of Voluntary Euthanasia

### **South Coast Support Group**

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

# NOTICE OF SAVES 2016 ANNUAL GENERAL MEETING

The SA Voluntary Euthanasia Society Inc. (SAVES) will hold its 2016 AGM at

**The Box Factory 59 Regent St South, Adelaide: Sunday April 24th 2016 at 2.15 pm**

Business will include the president's and treasurer's reports, and election of office bearers for a period of one year. Written nominations for official positions must be received by Thursday 14th April.

Guest speaker will be **Ms Anne Bunning**

Anne Bunning is a strategic thinker and planner whose extensive experience in the public and private sector includes policy development and advocacy. She will relate this experience to a discussion of the processes and progress of the

*Voluntary Euthanasia Bill 2016*

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

**Next public meeting will be held on November 13th 2016 at same time and venue**

## 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 \$ \_\_\_\_\_

Office use	
Database	Treasurer
Changes	Letter

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

Frances Coombe

Julia Anaf

Arnold Gillespie

Hon. Secretary / Minutes Secretary

Hon. Treasurer

Membership Officer

General Member

Frances Greenwood

Vivienne Nielssen

Elice Herraman

Anne Hirsch

Patrons

Emeritus Professor Graham Nerlich

Emeritus Professor John Willoughby

### Telephone

Frances Coombe **0421 305 684**

### Internet

**[www.saves.asn.au](http://www.saves.asn.au)**

*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.*

The statements and views expressed by contributors do not necessarily represent SAVES official policy. Material in this publication may be freely reproduced provided it is in context and given appropriate acknowledgement.

**Editor: Julia Anaf**