

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

Progress on the Voluntary Euthanasia Bill 2016

There was no July edition of SAVES Bulletin this year as the editor was overseas. Thanks to SAVES president, Frances Coombe, for keeping members informed on the progress of the Voluntary Euthanasia Bill 2016 and the associated campaign.

As members will now be aware the Voluntary Euthanasia Bill 2016 was introduced into State Parliament on the 11th of February 2016 by the Hon Steph Key (Labor, Ashford). Approximately 45 SAVES members and other supporters were in the Parliamentary Gallery to watch the introduction of this 14th Bill to State Parliament.

On the 10th March Dr Duncan McFetridge (Liberal, Morphett), Mr Troy Bell (Liberal, Mt Gambier), and Ms Frances Bedford (Labor, Florey) all spoke in favour of the Bill. Debate was resumed on April 14th when the Hon Paul Caica (Labor, Colton), Ms Natalie Cook (Labor, Fisher), Ms Isobel Redmond (Liberal, Heysen), and Ms Rachel Sanderson (Liberal, Adelaide) spoke in support of the Bill. Mr Adrian Pederick (Liberal, Hammond) and Mr Vincent Tarzia (Liberal, Hartley) spoke against the Bill. It was debated again on the 9th June with approximately 30 supporters attending. Premier Jay Weatherill, (Cheltenham) and Mr Eddie Hughes (Labor, Giles), spoke in favour of the Bill, with Premier Weatherill stating:

From my viewpoint, I can see little point in forcing extremely ill people to needlessly endure pain that is clearly not going to stop until it consumes them completely. Why should a person who is dying, yet in full control of their mental capacity and therefore making choices with a

sound mind, be told that everyone else's wishes must override theirs and they must die slowly? It seems to me that this matter, this specific piece of legislation, will come down to definitions and that is why the important work does need to continue.

Nevertheless, I believe this parliament does need to find a way to come up with laws that give genuine choice to those who are dying and that also put in place proper safeguards.

I think that this will be a mark of the strength of this institution if it is able to grapple with these difficult questions and come up with wider solutions, and so I do invite all members to permit this bill at least to proceed to the next stage while we can have these important discussions. I commend the bill to the house.

Every time the Bill is debated SAVES members have filled the Speaker's and Public Gallery, most wearing their red Voluntary Euthanasia t-shirts. During the April debate the Leader of the Opposition, Stephen Marshall, and former Leader of the Opposition, Isobel Redmond, came up to the Public Gallery to speak to supporters. The Deputy Speaker had to ask our supporters for silence after they reacted in shock and rather loudly to the appalling and fearmongering comments of the Member for Hammond, Mr Adrian Pederick!

Debate was adjourned until the 29th September when it was anticipated that other MPs would speak to the Bill before the vote being called in a following sitting week.

In each parliamentary sitting week since September 2014, SAVES has provided MPs with a one page newsletter covering a range of relevant issues for consideration during

the passage of the Bill. All 35 newsletters are available on SAVES' website.

SAVES has also held letter writing campaigns in Rundle Mall on September the 9th and October the 14th, with many people lining up to send letters to their MPs on very personal views of why the law needs to be changed. It is critical that members visit, write, ring or email their MPs as it is constituents' voices which really matter to our elected members.

SAVES has updated its website and you can find easy links to all the Hansard, the GoGentle website, the weekly Newsletters – and everything else you might need to assist you in contacting your local MP.

Please don't delay!

Donations to SAVES

SAVES members continue to be generous donors towards the society's 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 and small, are always welcome and much appreciated.

Thank you!!

Go Gentle Australia

Go Gentle Australia was launched in August 2016 following Andrew Denton's address to the National Press Club of Australia. Andrew Denton has been described as one of the media's genuinely creative forces with a career covering radio, television and film. He is the creator of the 18 informative podcast series *Better Off Dead*: investigating why good people die bad deaths in Australia.

Go Gentle Australia's aim is to help relieve the distress, helplessness and suffering experienced by Australians with untreatable or terminal illnesses, their families and carers. The website states:

We're about the right to choose a peaceful death: to give those suffering with untreatable or terminal illness the choice to "go gentle", for their sake and for the sake of their families, friends and carers. We're about the choices that are available to us at the end of life. We're about a better conversation in Australia around dying.

Go Gentle Australia seeks law reform to:

- Palliate and empower those who are suffering with greater choices
- Reduce the suicide rate among elderly Australians faced with chronic and irreversible illnesses
- Provide options within palliative care when, despite their best efforts, it is no longer possible to relieve all suffering
- Remove the current legal uncertainty which has led to many documented cases of inadequate pain relief being delivered to patients as they suffer
- Create a law that protects – and gives clarity and guidance to – doctors and nurses faced with human suffering that is beyond meaningful medical treatment
- Relieve the suffering of families and carers forced to endure the traumatic and painful deaths of their loved ones.

Go Gentle Australia does not argue for a 'right to die' because:

We see death not as a right, but as a fact at the end of life. What we do argue for is a right to have a choice about what happens to us at the end of our lives and not to be coerced, when we are at our most vulnerable, into cruel and avoidable suffering. We argue for the right of all Australians not to have that choice dictated to them by of the ethics, morals, or religious beliefs of another.

As part of his speech to the National Press Club Andrew Denton directly addressed South Australian MPs in respect of the *Voluntary Euthanasia* Bill 2016:

To the politicians of South Australia, who, for the 14th time, have a Bill before them – and to those of Victoria, Tasmania and NSW, who can expect new Bills within the year – I urge you: Do your duty. Debate these laws properly. Understand what they are. Look at the evidence from overseas about how these safeguards work. And read this book [The Damage Done]... Should you continue to stand in the way of a law for assisted dying, let it be in the full knowledge of the suffering taking place in our community because of that refusal. Write this law. And right this wrong

A new South Australian campaign strategy entitled 'Be The Bill' provides a way for people to urge their MPs to support the Bill from a very personal perspective. The joint campaign between GoGentle and the Australian Nursing and Midwifery Federation was launched by the Premier and Leader of the Opposition at Parliament House on September 23. The focus for the campaign is Kylie Monaghan, a young Pt Pirie woman who has cancer. You can join the campaign and send your own personalised Bill to all SA MPs at BeTheBill.com. (It's a facebook based campaign but GoGentle will send your message as an email if you contact them.)

As well as compiling videos, Go Gentle Australia has produced a booklet of people's stories about assisted dying in Australia. Entitled 'The Damage Done' it is a powerful account which illustrates why we need safe, comprehensive and compassionate assisted dying laws. There are 72 testimonies from those who are suffering, friends and family, doctors and nurses. It can be downloaded free of charge at http://www.gogentleaustralia.org.au/the_damage_done

The Go Gentle Australia website also shares the stories of nurses, doctors, and families and friends traumatised by loved ones bad deaths. Mr Denton has also accused the Liberal Party's Kevin Andrews and Labor's Tony Burke of scuttling the passage of the NT law nearly 20 years ago; and criticising 'a hidden theocracy within our democracy'.

Andrew Denton has a high profile in all forms of current Australian media, and SAVES has welcomed their input and been delighted to work with their team. The 'Denton Team' are also liaising directly with politicians to advocate for law reform.

Podcasts are available at: <http://www.wheelercentre.com/broadcasts/podcasts/better-off-dead>

For further information see: <http://www.gogentleaustralia.org.au/>

Victorian Inquiry into End of Life Choice

The Final Report from the Victorian Parliamentary Inquiry into End of Life Choice was published in June 2016. The Legislative Council Legal and Social Issues Committee began the inquiry in May 2015. Conducting the investigation took thousands of hours. Holding public hearings, collecting data, and processing detailed submissions led to 49 recommendations. The report states:

The Committee is of the view that the end of life legal framework is untenable. Under the existing legal framework Victorians with serious and incurable conditions and irremediable suffering are exposed to the possibility of a traumatic death. Some are driven to suicide. End of life care can be highly dependent on the individual doctors, and disadvantaged groups are less likely to have access to the same choices as those with the resources to more effectively navigate the healthcare system.

The effect of the end of life legal framework on the lives of Victorians and on the practice of medicine and the law signifies that it does not reflect our contemporary society's values and social needs... Consequently the Committee considers that there must be reform of the end of life framework. The Committee strongly believes that the most suitable option for addressing these concerns is the introduction of a legalised assisted dying framework.

It recommended the establishment of *End of Life Care Victoria* to ‘champion end of life care and provide information and guidance on end of life care to health services, practitioners (including palliative care) and the Victorian community.

This report signifies an important advance for Victorians. However, suffering does not stop at the border and the same consideration should be afforded all Australians, regardless of which state or territory in which they reside.

Victorian Premier Daniel Andrews stated “We are failing as a community,” he said. “We are failing many, many people; we have to do better.”

There has been a surge in support at senior levels of the Andrews government for legalising assisted dying with ministers citing personal experience, including the death of a teenage daughter. It is a sad reality that harrowing personal experiences of Australian MPs often become the trigger for the change in heart necessary for compassionate reform.

References:

Full report

http://www.parliament.vic.gov.au/file_uploads/LSIC_pF3XBb2L.pdf

Willingham, R ‘Euthanasia debate: Victoria is failing the dying, says Premier Daniel Andrews’, The Age 15th Sept 2016 <http://www.theage.com.au/victoria/euthanasia-debate-victoria-is-failing-the-dying-says-premier-daniel-andrews-20160915-grgw2x.html>

Gordon, J ‘Victoria closer to becoming first state to legalise euthanasia’ Sydney Morning Herald 15th Sept 2016

<http://www.smh.com.au/victoria/victoria-closer-to-becoming-first-state-to-legalise-euthanasia-20160915-grhbjp.html>

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 informal discussion over tea and coffee.

The next meeting is highlighted on page 11

Make a diary note now!

WA doctor under investigation

Officers from the Major Crime Squad are investigating the actions of a Perth GP who admitted helping a terminally ill patient die by providing a lethal injection to an elderly emphysema patient five years ago. She said the woman had already made several attempts to take her own life. Dr Lancee, said “Shame on the government to allow resources to be wasted on this ridiculous attempt to intimidate me.” She said no one would want to watch their mother gasping for air and resorting to putting a bag over her head to try to end her life. “Imagine watching her gasping for air every time she moved, begging for the suffering to end,” she said.

The Australian Medical Association’s current policy (under review) states that medical practitioners should not be involved in interventions that have ending a patient’s life as their primary intention. Under current law, medical practitioners who hastened somebody’s death were at risk of being found guilty of killing that person and being jailed. Dr Lancee’s lawyer stated:

“The laws we have don’t distinguish between someone who bashes someone, puts them in the boot of car and sets it alight, and a doctor who administers a lethal dose of pain-killer if it’s intended to end the life of that patient.”

He urged politicians to “show a bit of backbone” and encourage debate instead of dismissing it as too hard.

References:

<http://www.perthnow.com.au/news/western-australia/perth-gp-under-investigation-for-euthanasia-of-terminally-ill-patient/news-story/a4447fe943c56c957d43c0536a3d6211>

<https://au.news.yahoo.com/thewest/wa/a/32434554/euthanasia-doctor-alida-lancee-speaks-out-after-police-probe/#page1>

Review of AMA policy on voluntary euthanasia

The Australian Medical Association has been vehement in its opposition to any form of legalised voluntary euthanasia no matter the circumstances. This is despite the considerable evidence of a diversity of opinion within the medical profession and an arguable majority supporting legislative change. The Doctors Reform Society and Drs 4 VE Choice are two groups who work for change.

The ABC World Today (27th May 2016) reported that the Australian Medical Association (AMA) may change its position on voluntary euthanasia to one of neutrality, after a regular review of its long-held stance against the practice. On 27th May Dr Michael Gannon, the now AMA president chaired a forum on assisted dying at the 2016 AMA National Conference in Canberra.

The session, moderated by Tony Jones of the ABC’s Q&A program, included contributions from a panel of four medical practitioners, Emeritus Professor Bob Douglas, Dr Karen Hitchcock, Professor Malcolm Parker and Associate Professor Mark Yates, as well as AVANT medico-legal expert Georgie Haysom.

The AMA’s current position is that doctors should not be involved in assisted dying while similar overseas organisations have adopted a policy of neutrality. Some medical practitioners have urged AMA not to change policy, instead focus on end-of-life care plans. Almost 4,000

members of AMA responded to a survey on voluntary euthanasia but the exact findings have not been made clear. The AMA president Michael Gannon states that their policy position will be released by the end of the year.

Ben White, director of the Australian Centre for Health Law Research at Queensland University of Technology, said it was important the AMA policy continued to recognise there were many views on the issue. “What a neutral position may go on to do is say this diversity points to it not being appropriate for the AMA to express a policy view one way or the other.” Professor White said the AMA’s position would be influential on the national discussion, but it was not the only voice.

If the AMA was to shift to a neutral position I think that would open up new discussions and new opportunities to think about what the law should be. ...I also think that it’s important for us to emphasise that doctors are of course an important voice in this discussion, but ultimately this is a decision for the Australian people through their recognised legislators who they’ve elected.

Go Gentle Australia has compiled short videos on the views of health professionals with one entitled ‘The AMA does not represent me.’ In this doctors remind viewers that the AMA membership includes only 30 per cent of Australian doctors.

References:

<http://www.abc.net.au/news/2016-05-26/ama-considers-change-in-policy-on-voluntary-euathanasia/7449380>

<https://ama.com.au/ausmed/where-here-review-ama-policy-euthanasia-and-physician-assisted-suicide>

<http://www.saves.asn.au/facts/fs03.pdf>

<http://www.saves.asn.au/archives/resources/collection/col07.php>

Assisted dying global 2016 report

On the website 'Dying for Choice' Neil Francis provides an overview of a recent study reported in the *Journal of the American Medical Association*. Several of the world's leading researchers in medical end-of-life matters in the Netherlands, USA and Belgium provided a comprehensive review of the practice of assisted dying in lawful jurisdictions around the world. The researchers do not support slippery slope hypotheses and their primary conclusion is that:

Euthanasia and physician-assisted suicide are increasingly being legalized, remain relatively rare, and primarily involve patients with cancer. Existing data do not indicate widespread abuse of these practices.

In no jurisdiction was there evidence that vulnerable patients have been receiving euthanasia or physician-assisted suicide at rates higher than those in the general population. The *Dying for Choice* website gives the key findings from the research and other important information.

References:

<http://www.dyingforchoice.com/resources/fact-files/assisted-dying-global-2016-report-card>

Emanuel, EJ, Onwuteaka-Philipsen, BD, Urwin, JW & Cohen, J 2016, 'Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe', *JAMA*, 316(1), pp. 79-90.

The World Federation of Right to Die Societies

Founded in 1980 the World Federation of Right to Die Societies comprises 49 organisations from 21 countries. The Federation provides an international link for organisations working to secure or protect the rights of individuals to self-determination at the end of their lives. For comprehensive information see

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

International news

New Zealand

Support is growing in New Zealand for a Parliamentary Inquiry into voluntary assisted dying after 21,000 submissions were received from across the country.

In a new book, *Lucretia's Choice*, Matt Vickers, tells the story of his life with lawyer Lucretia Seales, including her diagnosis of terminal brain cancer and valiant challenge to New Zealand's High Court over her right to an assisted death.

Mr Vickers also made an emotional appeal to MPs to reform the law on voluntary euthanasia arguing that fear and religious opposition should not deny others a choice. He asked:

'Why do we accept that the laws as they are force people to suffer against their wishes? I want to be crystal clear that Lucretia valued her life very much. She did not want to die...but she felt it was right for her to be able to choose the circumstances of her death. Assisted dying legislation is not a threat, but an opportunity... In most cases it is impossible to justify the status quo.'

References:

Matt Vickers 'Lucretia's Choice: A Story of Life, Death and the Law. Text Publishing 2016.

<http://www.brisbanetimes.com.au/entertainment/books/lucretias-choice-a-husband-argues-for-the-right-to-die-20160901-gr6cft>

http://m.nzherald.co.nz/health/news/article.cfm?c_id=204&objectid=11699765

United Kingdom

Lord Rix, one of the most famous actors in Britain made a plea for voluntary euthanasia to be legalised 'so to slip away peacefully'. Learning disability campaigner Lord Rix had earlier voted against an Assisted Dying Bill which came before the House of Lords in 2006 because he feared that people with learning disabilities might become the unwilling victims of euthanasia. He argued:

“My position has changed. As a dying man, who has been dying now for several weeks, I am only too conscious that the laws of this country make it impossible for people like me to be helped on their way, even though the family is supportive of this position and everything that needs to be done has been dealt with. Unhappily, my body seems to be constructed in such a way that it keeps me alive in great discomfort when all I want is to be allowed to slip into a sleep, peacefully, legally and without any threat to the medical or nursing profession. I am sure there are many others like me who having finished with life wish their life to finish.”

“I can only ask that once again the House of Lords brings the UK up to date by allowing legal euthanasia after all other avenues have been pursued. Please raise the question again in the House of Lords so that people like me do not continue to suffer untold misery for want of a kind alternative... Only with a legal Euthanasia Bill on the statute books will the many people who find themselves in the same situation as me be able to slip away peacefully in their sleep instead of dreading the night.” Lord Rix died on 20th August 2016.

A report in the Sydney Morning Herald (Sept 15th 2016) highlighted the sad reality that harrowing personal experiences of Australian MPs often trigger the change in heart necessary for compassionate reform. (Nicola Harley, *The Telegraph*, 5th Sept 2016)

Ireland: Another ‘go’ at legislation

Irish Minister of State for Innovation John Halligan says he believes in assisted dying and would assist someone if they were terminally ill and in pain. He has written an Assisted Dying Bill which he aims to introduce shortly.

The objective of the Bill [albeit limited to terminally ill people with less than six months to live] is that people who are experiencing insufferable pain, should have a right to die.

It’s not criminally wrong to commit suicide in Ireland but it’s wrong legislatively or criminally if you help someone, if you assist somebody with suicide. I think that’s terrible.

While he is optimistic about the Bill being passed, he said that it is “probably a step too far in a relatively conservative country that it would be passed on first go. It probably won’t be but it will be interesting to see how many people vote for it”.

References: *The Irish Times, Harry McGee, Vivienne Clarke - August 5, 2016*

California

The California Senate Bill 128-End of Life Option Act 2015-2016 is an addition to the Health Safety Code signed in October 2015 and came into effect on June 9th 2016. Modelled on the Oregon legislation it sets out conditions under which terminally-ill adults who are California residents and have less than an estimated six-month life expectancy may request their attending physician to prescribe a life-ending drug. This drug must be self-administered, although the attending physician and others may be present without penalty. Provisions include that a patient must:

- be at least 18 years of age and a resident of California,
- have a terminal disease, which cannot be cured or reversed and is expected to result in death within six months
- have the capacity to make medical decisions
- have no mental disorder which impairs their judgement, and
- the ability to take the drug themselves at a time they wish

Requests for aid in dying cannot be made in advance care directives or by others on behalf of the patient, even with evidence that this is what the patient would have wanted.

The VE Bulletin is available by email:

Please consider this option to reduce postage costs. Email: info@saves.asn.au to receive future editions by email.

Thank you

South Australian ambassadors for law reform

The call for voluntary euthanasia law reform comes from people of all backgrounds, political persuasion, employment and profession, gender, age, social and economic status and religious beliefs – or none. This social diversity is reflected in the group of approximately 100 well known Australians from different professions and backgrounds.

Amongst the South Australian ambassadors are **Amy Orange**, convenor of the national voluntary euthanasia youth advocate lobby group (SAVE-YA); **Susie Byrne**, convenor of Nurses Supporting Choices in Dying; computer specialist **Brenda Aynsley OAM**; ministers of religion the Reverends Trevor Bensch, Dr Craig de Vos, and Natasha Darke; medical specialists Drs Rosemary Jones, Roger Hunt, Julian Hafner, and Emeritus Professor John Willoughby; lawyers Stephen Kenny and Professor Rick Sarre and former politicians Anne Levy, Hon Sandra Kanck and Hon Chris Schact.

Important notice

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

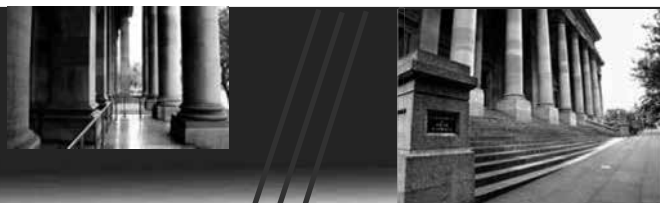


SAVES Campaign T Shirts

More and more members are donning SAVES campaign T Shirts to highlight our message. These have been seen in the SA Parliamentary Gallery during debates on the current Bill and on the SAVES Awareness Days held in Rundle Mall and on Parliament House steps. They are also worn by members staffing SAVES' booth at the Disability, Ageing and Lifestyle Expo at Wayville Showgrounds each year and at metropolitan and regional campaign booths in supermarkets and 'street corner' sites.

T Shirts are available (in three sizes) for \$30 each including postage by emailing info@saves.asn.au or by phoning Frances Coombe on 0421 305 684.

End of Life Choice



Newsletter on current debates

Personal Stories from the Victorian Inquiry into End of Life Choices

The **Legal and Social Committee** of the **Victorian Parliament** documented many cases to illustrate that too many Victorians who experience an irreversible deterioration in their physical health, many of whom are elderly and frail, take drastic and brutal measures to end their lives. These stories are based on information provided by the Coroner's Prevention Unit, an examination of case law in Victoria and statistical evidence from the Coroner. (p169)

A selection of stories are reproduced below.

A 93-year-old woman with crippling arthritis and back pain had gone into an aged care facility and smuggled a razor blade into her wallet which she used, and died of exsanguination with her arm dangling over the toilet bowl. Her daughter made a compelling statement about her mother's death. The essence of it, that from the family's point of view, if only there was a better way, that their loved ones did not have to die in such violent circumstances and alone. (p198)

Janetta Rolfe was diagnosed with vascular dementia in 2006. She needed assistance to walk and could no longer communicate. Her husband Bernard Rolfe suffered extreme anxiety and depression. He was particularly concerned that Janetta would need to go into respite care and that they would be separated. Bernard Rolfe promised his wife of 55 years that she would not end up in a home.

Police found Janetta and Bernard at home in bed, with a propane gas bottle on the floor connected to a hose leading under the blankets. Janetta had died and Bernard was unconscious. He was resuscitated by paramedics.

Bernard Rolfe pleaded guilty to manslaughter by suicide pact and received a two-year suspended sentence. *In sentencing, the judge stated, 'Your actions do not warrant denunciation; you should not be punished; there is no need to deter you from future offences; and you do not require reformation.'* (p177)

Dr Geoff Wall described treating a fully paralysed patient with end stage neuromuscular disease who could only communicate through eye movements:

Once he realised he would never get off the ventilator, his mental status deteriorated to extremely fragile and he repeatedly indicated that he wished to die. His eyes would well with tears on mention of his home, family and pets.

The problem with ceasing artificial ventilation was that he would need almost an anaesthetic to overcome the feeling of suffocation as he died ... If artificial ventilation is ceased as strong intravenous sedation is given, causing rapid death, some may believe this to be murder.

... The patient remained on life support for 11 weeks until he died from pneumonia.

I can scarcely imagine what went through his mind, immobilised, staring at the ceiling for months, unable to say where he was hurting, with tubes in his windpipe, arm, stomach and bladder, 24hr machines and alarms, no hope of recovery, begging to end it all and finally an awful septic death.

Current laws failed to protect both this patient's right to control his own fate, and the medical staff's freedom to implement his wishes. (p197)

Terri Eskdale described the effects of multiple sclerosis on her partner Mark Brennan who took his own life. She stated his greatest fear was that he would get to a stage where he would not be able to end his life because his hands would not work:

If we had laws that allowed a system where people could choose to end their life on their own terms Mark may still be alive today

... Mark died alone and without a word of goodbye because he had to protect me.

That is what upsets me the most, he had to die alone and in an unnecessarily violent way. (p199)

At a personal level, I suffer from a slowly progressive disease which, if I live long enough, can be reasonably expected to incapacitate me such that I shall no longer be able to walk, stand, and may experience loss of bladder and bowel control. If I ever do get to this stage and if I wish to do so because my life has become unbearable for me I should like to be able to end my life without breaking the law either for myself or for anyone else.

Robert Gunter, personal submission (p203)

David Scanlon wrote of his father who, in the early stages of dementia, hanged himself in his garage. Mr Scanlon described the shock for his mother who found him:

Things could have been so very different if there were proper processes in place for end of life choices. He could have lived a while longer. He could have enjoyed life, family and friends for a while longer. He could have said proper goodbyes to his family and friends. He could have consulted with his doctor as to when and how would be the best time to go. He would not have had to face and carry out the decision that he did, alone. His wife wouldn't have had to find him, hanging in the garage, the image forever imprinted on her mind. (p198)

Coralie Richmond wrote of her father who had fluid build-up on his lungs and how pain relief did not ease his suffering:

Mother rang and said "Your father has had a haemorrhage." I raced to her home and found the cause, there was the gun and father was still alive but in great distress. *His brain was a pulp, the body still alive.*

Her father died a week later in hospital. (p199)

John McEwan, a former water-skiing champion who became quadriplegic and dependent on a ventilator after a diving accident, asked doctors to withdraw the ventilator that was keeping him alive. Fearing litigation, his doctor's insurers refused. Dr J Toscano gave evidence that he received legal advice that he could not be charged with assault if he performed treatment to prolong Mr McEwan's life. This advice was contrary to the common law right to refuse medical treatment and the prohibition against medical trespass.

In response to the refusal of his request, *Mr McEwan went on a hunger strike and was certified insane after pleading to be allowed to die.* Only when he agreed to end his hunger strike, go on anti-depressant medication and receive counselling was the certification revoked. He was kept on a ventilator and died 10 months later. (p187)

Asked whether palliative care or other support services could prevent such suicides, **Coroner John Olle** said (p172):

... the people we are talking about in this small cohort have made an absolutely clear decision. They are determined. The only assistance that could be offered is to meet their wishes, not to prolong their life.

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

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

Professor John Willoughby

Mobile: 0499 078 938 John.Willoughby@flinders.edu.au

SA Nurses Supporting Choices in Dying

Convenor: **Ms Susie Byrne** Email: sanursessupportingchoicesindying@hotmail.com

Facebook: SA Nurses Supporting Choices in Dying.

Christians Supporting Choice for Voluntary Euthanasia

Website: www.christiansforve.org.au

National Co-ordinator:

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

Email: 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 Website: www.nabc.org.au

Syndicated Voluntary Euthanasia Youth Advocates- 'SAVE-YA'

Convenor: **Ms Amy Orange**: SAVEyouthadvocates@hotmail.com

Lawyers for Death with Dignity

Spokesperson **Stephen Kenny**: skenny@camattalempens.com.au or Emma at 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

People with disabilities in support of Voluntary Euthanasia

South Coast Support Group

Convenors: **Denis and Pat Haynes** den1929@bigpond.com

NOTICE OF SAVES 2016 ANNUAL GENERAL MEETING

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

The Box Factory 59 Regent St South, Adelaide: Sunday November 13th 2016 at 2.15 pm

Guest speaker will be **Dr Sandra (Sandy) Bradley**

The title of Sandy's presentation is:

"The South Australian Advance Care
Directive Form: How to Read It, How to Write It".

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

All welcome!

South Australian Voluntary Euthanasia Society Inc. (SAVES)

Annual Membership fees: Single \$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.



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Telephone

Frances Coombe **0421 305 684**

Internet

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.*

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Editor: Julia Anaf