

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

Update on SA Joint Committee on End of Life Choices

As noted in the July 2019 Bulletin a SA Joint Parliamentary Committee on End of Life Choices has been established to inquire into the current practices being utilised to assist a person to exercise end of life preferences; the existing legal framework; and what legislative changes may be required, including choice for voluntary assisted dying (VAD).

The Legislative Council is represented by chairperson Hon Kyam Maher (Labor), Hon Denis Hood (Liberal), and Hon Mark Parnell (Greens). The House of Assembly is represented by Mr David Basham (Liberal), Hon A (Tony) Piccolo (Labor) and Mr Sam Duluk (Liberal). The full Terms of Reference were provided in the July Bulletin. The terminology in common use has changed from voluntary euthanasia (VE) to VAD as used in Victoria, WA and Qld.

Submissions to the Joint Committee were called for by Friday 2nd August and will be progressively uploaded to the SA Parliament website following committee hearings held on September 17th. <http://www.parliament.sa.gov.au/Committees/Pages/Committees.aspx?CTId=2&CIId=366>

SAVES provided a comprehensive submission addressing all four Terms of Reference. This was co-written by members of SAVES' committee, with SAVES' Policy Officer, Anne Bunning, taking responsibility for drafting the major part of the submission and for its professional publication. SAVES executive thank her for her tireless work in steering this complex and important work.

As part of SAVES ongoing advocacy, two awareness-raising and advocacy days were held in Rundle Mall on June 28th and July 26th.

Many submissions were collected from members of the public which were provided to the Joint Committee. See SAVES website for updates on the progress of the committee deliberations and to access the submissions.

See: <https://www.saves.asn.au/>

First person accesses Victorian VAD law

Sixty one year old Kerry Robertson was the first person in Victoria to be eligible to end her life under the state's new VAD law which came into effect on June 19th. Ms Robertson died in a nursing home in Bendigo on July 15th. She had been diagnosed with breast cancer in 2010 and made an appointment with her specialist to make the request to end her life on the day the legislation came into effect. Ms Robertson had previously had surgery and undertaken intensive chemotherapy but cancer had spread to her bones, lungs and brain. She decided to stop chemotherapy and radiation treatment in March after the side effects and pain became 'intolerable'. Her family stated that 'she left this world with courage and grace, knowing how much she is loved'.

Reference

Cunningham, M, 'She left with courage and grace': daughters farewell first person to access assisted dying, *The Age* August 4th 2019

Correction: November AGM date

Please note that the date of SAVES 2019 AGM is SUNDAY 3RD NOVEMBER. Apologies for the incorrect details in the previous Bulletin.

Belinda's 'brave walk'

To honour her late mother Mareia Teh, 27 year old Belinda Teh has walked across sections of a 4,500 km route from Melbourne to her home town of Perth. The impetus was the image of her mother suffering terribly in her final hours. The horrendous end to Mareia Teh's life came just two months after she was diagnosed with terminal breast cancer that had metastasised into her spine where a large tumour grew so large that it shattered her vertebrae. Belinda's walk, assisted by Go Gentle Australia and led by Andrew Denton, aimed to inspire changes to end-of-life laws in Australia.

Belinda was farewelled from Melbourne by Victorian Premier Daniel Andrews. Her SA route took her through Coonalpyn, Tailem Bend, Murray Bridge, Mt Barker, Mylor and Stirling and ended in Adelaide on June 20th.

SAVES and other advocacy group representatives and members of the public walked in solidarity with Belinda from South Tce to Parliament House steps where she was greeted by SAVES president Frances Coombe and other society members, and Kiki Paul CEO Go Gentle Australia. Belinda met with Premier Steven Marshall and stressed the need for VAD legislation. Her 70 day walk ended at Parliament House in Perth on Tuesday 6th August where she was greeted by WA Premier Mark McGowan and Health Minister Roger Cook.

Local residents had the opportunity to meet Belinda during each of her stops. She said that she was buoyed by their support, but also disheartened to have met so many people with shared experiences. She will continue to advocate for VAD law reform.

Western Australian VAD Bill

Terminally ill Western Australians could be provided with a drug to end their own lives or request doctor administration under laws to be introduced in WA Parliament. On Tuesday 6th August 2019, the same day that Belinda Teh completed her walk from Melbourne to Perth, the McGowan Government released details of its proposed VAD Bill. Speaking from Parliament

House steps, the Premier Mark McGowan told hundreds of law reform supporters that these laws are about showing compassion and kindness to those West Australians who are in their last weeks, days or months of life.

The proposed bill is a more conservative version of that which was recommended by an expert panel earlier this year, and is now largely based on the Victorian model. If passed, it would make WA the second state in Australia to legalise VAD. It is expected to be the subject of intense debate, with MPs to be given a conscience vote.

Eligible patients would be those aged 18 years and over, suffering from a terminal illness where death is expected within six months, or 12 months if suffering a neurodegenerative condition. Doctors would be the only medical professionals allowed to authorise a request.

The person would also have to be an Australian citizen or permanent resident and have resided in WA for at least 12 months.

Two verbal requests and one written request must be made and signed off by two independent doctors. A minimum of nine days must elapse between the initial request and final approval.

The choice of lethal medication would be a clinical decision from an approved list of drugs. Self-administration would be the preferred method, but in a departure from the Victorian model, a patient could choose for a medical practitioner to administer the drug.

In Victoria, a doctor can only administer the drug if a patient is physically incapable of doing so. WA Health Minister Roger Cook said the Government had taken a cautious approach in drafting the bill while making sure that it suited the needs of Western Australians. It has rejected a recommendation from its expert panel, headed by former Governor Malcolm McCusker, that a nurse practitioner be the second medical professional authorised to sign off on access. This recommendation sought to address the scarcity of doctors in rural and remote Western Australia. Instead, patients may access doctors by teleconference.

SAVES 2019 Annual General 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 the AGM on Sunday **November 3rd 2019 at 2.15 pm**

Guest speaker will be **Dr Roger Hunt** palliative care specialist and member of Ministerial Expert Panels on VAD in Victoria and WA.

Dr Hunt will speak on the topic:

Voluntary assisted dying: what's been happening?

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 **Monday 14th October 2019**.

Tea and coffee will be served following the meeting. Bring a friend!

In contrast to the Victorian Bill a medical practitioner would not be prohibited from initiating a conversation with a patient about accessing the VAD process. A five-person Voluntary Assisted Dying Board would be appointed to ensure the integrity of the law, and new criminal offences would be established to prevent any patient coercion.

President of Dying with Dignity WA, Steve Walker, stated 'We trust that Members of Parliament, no matter their political persuasion, when voting on this important legislation will reflect the views of the community and legislate for a safe and compassionate voluntary assisted dying law'. All 59 members of the Legislative Assembly and 36 Legislative Council members will be able to contribute to the process which is expected to take until the end of the year. As in Victoria, if the bill is successful, the law would not come into effect for another 18 months. Another development in WA is that the union representing WA's nurses released the results of a survey of its 32,000 members. Nearly 80 per cent of respondents stated that terminally ill patients who are suffering intolerably should have the legal right to ask for medical help to end their life. Andrew Denton from Go Gentle described this support as 'a potential game-changer':

It's no coincidence that nurses are the most trusted profession in Australia. They've won this trust because of their care for their patients... It would be a brave person who chooses to ignore their experiences of caring for people at the end of life.

Reference

Bell, F 'VE Bill to be introduced into West Australian Parliament' ABC News 6th August 2019.

Implementing VAD in Victoria

Dying with Dignity Victoria notes that even though the Victorian law has been successfully implemented 18 months after being legislated, there are some concerns to be addressed. The Bill is arguably overly restrictive and doctors are precluded from raising the topic of VAD with patients. For some doctors this is seen as a breach of their duty of care. It also potentially deprives patients of being able to give fully informed consent for other treatments if they are not offered all possible alternative options.

The requirements for doctors also seem burdensome with one of the two doctors involved in the process needing to be a willing specialist. DWD Victoria also note that a 'Navigation' service has been developed, but appears to

be insufficiently resourced. Currently there is no government-sponsored system to provide information to identify doctors who will assist those whose own doctors refuse to assist.

Section 474.29 of the Criminal Code (Using a Carriage Service) has also resulted in limitations to the provision of advice. Other concerns are that some politicians appear insufficiently informed on matters that their constituents might raise with them; and while there has been a highly regarded implementation phase some doctors are still anxious about involvement, and unsure of the requirements.

Reference

<https://www.dwdv.org.au/news/the-victorian-experience-to-date-some-implementation-issues>

Queensland

Premier Anastacia Palaszczuk is under pressure to act on the issue of VAD law reform before next year's state election. Polling conducted by the Clem Jones Trust shows more than 80 per cent of the Queensland community want the Government to deal with this issue as a matter of urgency. Seventy seven per cent called for the legislation to be brought before October 2020 if reform is recommended by the Parliamentary Inquiry into current aged care, end-of-life and palliative care and voluntary assisted dying.

On 22nd August the Queensland Parliament agreed to a motion that the date for the Inquiry be extended from 30th November 2019 to 31st March 2020. The then Clem Jones Trust chair David Muir stated that any delays would be a 'betrayal of the thousands of Queenslanders who have flooded the Health Committee's inquiry with pleas for voluntary assisted dying laws'.

On the 23rd August a public hearing was held to inform the Inquiry. Among the contributors were DWDQ President Jos Hall, committee member Jeanette Wiley, Doctors for Assisted Dying Choice, and Christians Supporting Choice for Voluntary Assisted Dying. Former Queensland premier Campbell Newman also made a passionate plea to the committee citing the drawn out death of his mother Jocelyn, aged 80, a former federal

SAVES membership renewals are due in February each year

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

Thank you!

politician and Senator who became the highest-ranked woman in the Howard Government. Mr Newman stated his regret for failing to advocate for law reform when he had the opportunity. Ms Newman died last year after living in a non-responsive state with dementia.

Mr Newman said that he had recently found a speech Senator Newman made to the Senate in 1997 arguing against the Howard Government's overturning of the NT *Rights of the Terminally Ill* Act. In this speech she stated:

If the day comes when I am facing a long and painful death, and am still of the view that I hold today, I wish to have the right to knowingly choose the time of my death and the circumstances in which I die...Even more so, I passionately want that right for those that I love.

Committee Chair Aaron Harper asked Archbishop Mark Coleridge about what he should say to people who have told 'harrowing stories' of suffering due to serious physical illness. This question followed a statement made by the Archbishop warning MPs of a 'seductive quality' to anecdotes in relation to the 5000 written submissions that had been made to the committee. Mr Harper responded:

We must hear the views of everyone and respect the views of the churches as well but what do we say to those people who have come to us in their thousands?

References

-Walker, J 'Newman reveals mum's slow death to back euthanasia law, *The Australian*, 24th August 2019.

-Premier Anastacia Palaszczuk under pressure to act on euthanasia laws', *The Courier Mail*, August 24th 2019.

-Ferrier, T, 'Church, Nitschke at Queensland euthanasia probe' *The Age*, August 23rd, 2019

'Opioid crisis' at the end of life

In June 2019 an article in *The Medical Journal of Australia* reported that the top 20 per cent of opioid prescribers in Australia, including almost 5000 general practitioners, have been sent letters advising that their clinical practices were under scrutiny. This was in response to an increasing number of deaths globally being caused by the overuse of prescription opioids. As the authors note, an 'unintended but predictable consequence' may be that some medical practitioners will no longer assist in end of life care due to concerns about their medical practices and livelihoods. This obviously suggests worrying consequences for patients. In 2018 it was reported that a number of GPs have written to Palliative Care Australia stating they will no longer risk prescribing opioids for palliative care patients.

DONATIONS AND BEQUESTS

Donations may be made as a 'one off' gift, or by a regular monthly donation. SAVES has been granted deductible gift recipient (DGR) status and all donations over \$2.00 are fully tax deductible. A general donation or regular or monthly donations are greatly appreciated. Your gift will work towards the alleviation of suffering. A receipt will be issued for taxation purposes. Please let us know if you do not want a receipt.

Bequests

Different wording is used for a bequest of a specific sum or the whole of an estate. The wording for a gift of a specific sum is: 'I bequeath to the South Australian Voluntary Euthanasia Society Inc. the sum of \$.....' If you wish to leave your entire estate to SAVES the wording would read: 'I give and bequeath the whole of my real and personal estate to the South Australian Voluntary Euthanasia Society Inc'.

SAVES is staffed entirely by volunteers. Since its formation in 1983, SAVES has worked towards law reform that enables a compassionate and humane response to unbearable and hopeless suffering.

The authors also situate this 'crisis' within the context of the passage of VAD legislation in Victoria and under consideration in other states. It is possible that a 'chilling effect' on the use of opioids may occur if the doctrine of double effect can be construed as voluntary assisted dying; despite the doctrine ostensibly being governed by a doctor's intention to relieve suffering rather than to hasten death.

The authors provided the results of a systematic review that they conducted of Australian case law inclusive to June 2017 to identify how many, if any, legal sanctions had been imposed, based on the potential for deaths to be caused by overmedication. While this Bulletin cannot discuss the article findings, the authors stated that 'practitioners can be assured that the law does not constitute a hazard to safe practice, but an ally to be valued'. While this is naturally a welcome view, the issues underlying the 'opioid crisis' are yet to be resolved.

References

- Mitchell, G; Willmott, L; White, B; Piper, D; & Currow, D 'A perfect storm: fear of litigation for end of life care', *The Medical Journal of Australia*, Vol 10, issue 10, June 2019 p 441.
- Hendrie, D 'GPs pulling back from palliative care over opioid crackdown fears' *News GP* 25th October 2018.

Terminal sedation and ACDs

The July 2019 edition of SAVES Bulletin highlighted the limitations of terminal or palliative sedation and how the availability of this practice cannot be used as an argument against the need to implement VAD law reform.

Dr Sandra (Sandy) Bradley has conducted research on advance care directives (ACDs), holds community forums and seminars, and advises on completing the South Australian Advance Care Directive (SA ACD) form. She makes the point that until VAD laws are legal in any state or territory, people do not have the ability to indicate in the current documents when they want their life to end. She suggests that people write in the binding section of the SA ACD that 'I am happy to receive palliative sedation even if it leads to

my death'. This is because palliative sedation, although not tested in law, is not against the law in South Australia and does indicate that a person wants her or his life to actually end.

Until we have VAD laws in this state, the next best thing a person can do is make it clear that they are not afraid to be sedated unto death. It is the only legal recourse people have at the moment to ensure their sentiments are known, especially in an environment when an 'opioid crisis' (referred to above) may make getting adequate pain relief even harder.

Religious institutions and VAD

The World Federation of Right to Die Societies notes that an official complaint against a Vancouver doctor has been dismissed by the College of Physicians and Surgeons of British Columbia (CPSBC) as the doctor who assisted the death of an 83 year old man had not broken any regulations. The death occurred at an orthodox Jewish nursing home which forbids the assisted deaths of its residents. The CPSBC decision is understood to be the first time that a medical regulator has engaged in the question of whether doctors could be professionally punished for defying the wishes of a religious facility when acceding to the wishes of a patient who is eligible for a medically assisted death. Following the decision the CEO of the home 'tightened the credentialing and privileging processes' of the facility to prevent other doctors from similarly assisting eligible patients.

This situation highlights the constraints potentially faced by people in Australia and other jurisdictions who may be eligible for VAD but are impacted by the policies of religious institutions. A high proportion of aged care facilities in Australia are run by religious agencies, many by the Catholic Church where the leadership has expressed opposition to VAD. The Australian Federal Aged Care Act defines the Aged Care facility as the resident's home. In respect of VAD a resident of an aged care facility therefore has the same rights as a person living at home, and a request for VAD must be recognised.

While the policies of an aged care facility remain valid, the facility has a responsibility to clearly explain their policy in their promotional literature. In Victoria, all health care services will have a choice of their level of participation in VAD: Level A, a single service, providing information and VAD; Level B, a partnership, where people will be referred to a full service; Level C, an information service only with the organisation providing information on request and bereavement support.

A high level of hospice care in Australia is provided by religiously based institutions. However, a person living in a hospice is not classified as living in their own home and does not share the same rights as people in residential care facilities. Following the passage of the Victorian VAD legislation Catholic Health Australia convened a Response Taskforce. It provided a Restatement of six Core Principles for Excellence in End of Life Care. Principle three states:

Our clinicians do not and will not intentionally inflict [sic] death on patients (that is, provide euthanasia), nor intentionally assist patients or residents to take their own lives (that is, provide physician-assisted suicide). We accept and act according to the Hippocratic commitment that these interventions are not medical treatments. In addition, they contravene our Code of Ethical Standards.

Principle five states:

We will not facilitate or participate in assessments undertaken for the purpose of a patient or resident having access to or making use of the interventions allowed under the Voluntary Assisted Dying Act 2017 (Vic), nor will we provide (or facilitate the provision of) a substance for the same purpose.

Enactment of these core principles highlights how the quest for a peaceful death does not end with successful passage of legislation in any state, but arguably requires a further range of considerations and negotiations for people to overcome arbitrarily limited access to lawful choice.

There are growing demands for greater levels of 'religious freedom' following the Australian Government's Religious Freedom Review instigated in 2017. Christian leaders claim to be

optimistic that new religious discrimination laws will ensure church-run aged care homes do not have to support people when they wish to access VAD services. This follows a letter signed by four Victorian bishops, including Archbishop of Melbourne, Peter Comensoli, who argues that the new law will mark:

a new, and deeply troubling chapter of health care...we cannot co-operate with the facilitation of suicide,[sic] even when it seems motivated by empathy or kindness.

References

-Grant, K 'Vancouver doctor cleared of wrongdoing in probe into assisted dying at orthodox Jewish nursing home', *The Globe and Mail*, Aug 7th 2019

-Catholic Health Australia 'Our enduring commitment to end of life care: Catholic health and aged care services in Australia' February 2019.

-SAVES submission to the Joint Committee on End of Life Choices

-Cunningham, M 'Catholic Church restates staunch opposition to voluntary assisted dying laws', *The Age*, June 19th 2019

-Ireland, J 'Churches want new laws to allow refusal to support euthanasia in aged care' *Sydney Morning Herald*, 20th August 2019

Getting the language right: VAD and suicide

Although VAD and suicide are very different concepts and actions the terms are often used interchangeably. Use of the term suicide in the context of a person suffering from a terminal, or serious and incurable condition conflates two very different realities. VAD is the compassionate response to a rational desire to avoid increased suffering at the end of life. However, suicide is a generally a tragic act triggered by social, financial or mental health conditions that culminate in feelings of hopelessness towards the future. The unreflective use of language becomes a barrier to effective discussions on both VAD and the important issue of suicide prevention.

Dr Roger Hunt is a pioneer of palliative care in South Australia, a Founding Member of Daw House Hospice, Founding Fellow of the Chapter

of Palliative Medicine, and Senior Consultant, Central Adelaide Local Health Network Palliative Care Service. He was a Member of Ministerial Expert Panels on VAD in Victoria (2017) and WA (2019). Dr Hunt has provided further clarification of the critical distinction between VAD and suicide.

For example, under VAD a person is dying from a terminal or incurable illness or condition, but people who suicide are not necessarily dying or incurably ill. While VAD involves a medical assessment of a person's capacity, illness, prognosis, suffering and treatment options, these are all absent in the case of suicide. Accessing VAD also requires decision-making capacity unaffected by mental illness, whereas suicide is often impulsive and triggered by mental illnesses which may include depression, schizophrenia, substance abuse, and bi-polar or personality disorders. Under VAD death is peaceful and potentially occurs in the presence and support of loved ones. In distinction, suicide is generally a lone and often violent act. As Swarte and others (2003) also explain, VAD is shown to lead to good bereavement outcomes, whereas suicide can leave a devastating legacy of loss and grief.

As discussed in the previous article, in their literature on end of life care Catholic Health Australia frames VAD as 'inflicting death' on patients. Such a term resonates with actions involving violence and malicious intent rather than a merciful act of clinical care. Other common but distorted use of language in the broader literature is to refer to VAD as killing or murder, or state-sanctioned murder.

The World Federation of Right to Die Societies

The World Federation is an international federation of associations that promote access to voluntary euthanasia. It holds regular international meetings on dying and death. The World Federation, founded in 1980, consists of 45 right to die organizations from 25 countries.

Language is important. Without careful reflection it can so easily be used to subvert good intentions, including important legal reforms. This is both cynical and unhelpful.

References

- Hunt R- personal communication August 2019
- Swarte NB, van der Lee ML, van der Bom JG, van den Bout J, Heintz AP. ‘Effects of euthanasia on the bereaved family and friends: a cross sectional study’. *British Medical Journal* 2003 Jul 26;327(7408):189
- Catholic Health Australia ‘Our enduring commitment to end of life care: Catholic health and aged care services in Australia’ February 2019.

International news

New Jersey: restraint on VAD

New Jersey’s *Aid in Dying for the Terminally Ill Act* took effect on August 1st, 2019. It became the eighth jurisdiction to enact a death with dignity statute, with one in five Americans now living with this option. On June 6th, 2019, New Jersey Assembly member Republican Robert Auth and three co-sponsors introduced a Bill which aimed to repeal the Act before it went into effect. The law was put under a temporary restraining order after State Superior Court Judge Paul Innes granted this request which was initiated by a physician who opposes the law on religious and philosophical grounds. While the law does not require any physician to accede to a patient’s request to end his or her own life, it does require doctors to pass on the patient’s medical files to another doctor for consideration. The physician, Dr Yosef Glassman, is unwilling to do so, claiming that as ‘a God-fearing person he is prohibited from assisting in the life termination, ending life of any human being.’

On August 19th the New Jersey Attorney General’s Office appealed the ruling. On August 27, 2019, the New Jersey Appellate Court then overturned the lower court’s Temporary Restraining Order, confirming that the plaintiff ‘lacks standing in the case’, and that the lower court ‘failed to consider adequately the interests of qualified terminally-ill patients, who the Legislature determined have clearly prescribed rights to end their lives consistent with the Act’. Soon after, the New Jersey Supreme Court denied the plaintiff’s emergency appeal in the matter.

Reference

Matthau, D ‘Why this doctor is fighting NJ’s ‘Aid in Dying’ assisted suicide law,’ *New Jersey News* 101.5 19th August 2019

United Kingdom

Dignity in Dying UK advises that Phil Newby, a 48-year-old man with Motor Neurone Disease (MND), a progressive terminal illness, is launching a new challenge to the law criminalising voluntary assisted dying (VAD). His action is different from previous cases as it will ask the English courts to review the evidence on VAD in detail greater than previously. This would include detailed cross-examination of expert witnesses, allowing judges to test the strength of the evidence. This was the approach that was taken in *Carter v Canada*, which ultimately triggered law change in that jurisdiction. Sarah Wootton, Chief Executive of Dignity in Dying stated:

For too long, terminally ill people like Phil have been denied choice and control over their deaths, despite 84% of the public supporting a change in the law to allow this. Parliamentarians and medical professionals are lagging behind but the balance is shifting away from automatic opposition and towards evidence gathering and careful consideration. The Royal College of Physicians recently moved to neutrality on assisted dying following a survey of its members, the Royal College of General Practitioners and the British Medical Association last week announced that they will survey their members on the issue of assisted dying, and MPs will this week consider the functioning of the current law on assisted dying in a debate in the Commons Chamber.

Ms Wootton noted that following recent developments in Victoria in Australia and Maine and New Jersey in the US, soon one in four Australians, one in five Americans and all Canadians will have access to true choice at the end of life. Yet in the UK, no Briton has this choice, and:

It is clear that this issue is not going away and we hope Phil will get the chance to make his case in court so that the growing body of evidence from overseas on safeguarded assisted dying can be considered.

End of Life Choice



The Hippocratic Oath and voluntary assisted dying

The Hippocratic Oath is often cited by organisations and individuals who oppose voluntary euthanasia or voluntary assisted-dying based on personal or religious convictions. It is used to justify denying this choice to others.

- The Hippocratic Oath has recently been invoked by Catholic Health Australia (CHA) in denying the right to voluntary assisted-dying in their facilities when it becomes legally available in Victoria from June 2019.
- CHA states “Our clinicians do not and will not intentionally inflict [sic] death on patients (that is, provide euthanasia), nor intentionally assist patients or residents to take their own lives (that is, provide physician-assisted suicide). We accept and act according to the Hippocratic commitment that these interventions are not medical treatments”.
- The Hippocratic Oath was written in 460 BCE and laid the foundation for the ethical ideals to which medical practitioners should aspire. However its detailed wording was relevant to social conditions prevailing 2400 years ago.
- The oaths required by various medical schools now vary from none at all, to edited statements which bear no resemblance to the original Oath.
- The Hippocratic Oath includes the injunction to 'do no harm'. However an incurably ill patient with unremitting suffering may decide that a peaceful death is a lesser harm than being forced to live with unbearable suffering.

References

SAVES Factsheet 13 The Hippocratic Oath https://docs.wixstatic.com/ugd/1062e1_6a797ee3b370454f927e3756683b14ed.pdf

To read all the injunctions and requirements of the Hippocratic Oath see https://www.nlm.nih.gov/hmd/greek/greek_oath.html

Catholic Health Australia, “Our Enduring Commitment to End of Life Care” –Voluntary Assisted Dying Act 2017 (Vic) Response Taskforce https://www.cha.org.au/images/Media_Releases/2019/

SAVES

South Australian Voluntary Euthanasia Society

saves.asn.au



*Compassion for suffering
The freedom to choose
Add your voice to the call*



SAVES was established in 1983 to campaign for legal, medically assisted voluntary euthanasia. The aim is to end suffering by providing choice in dying. SAVES works in the community and with Members of Parliament to achieve law reform.

SAVE-YA Syndicated Australian Voluntary Euthanasia Youth Advocates

Facebook: Support SAVE-YA Law Reform

A national youth lobby group which aims to provide a youth voice in support of legalising voluntary euthanasia in all States and Territories. Members between ages 18 and 35 are encouraged to join, make contact with their local MP and inform them of their support for voluntary euthanasia law reform.



Christians Supporting Choice For Voluntary Assisted Dying christiansforvad.org.au

We are Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary assisted dying / voluntary euthanasia. This is strongly supported by the majority of Australian Christians.



South Australian Nurses Supporting Choices in Dying

facebook: SA Nurses Supporting Choices in Dying

We are a group of passionate nurses who believe in our patient's right to choose the end of life care they wish. The group provides a forum for the nursing voice and perspective on legalising voluntary euthanasia and other patient choices in end of life care.



MY BODY MY Choice-VE

facebook.com/pages/MY-BODY-MY-Choice-VE

MBMC provides a voice for people with disability in the VE reform debate. MBMC represents the interests of people with disabilities who wish to exercise choice in all aspects of their life, including choice at the end of life, with the view that choice and control are a fundamental human right for everyone.

MBMC argues that people with disabilities know how it feels to lose personal autonomy through their ongoing fight for self-determination, independent living and disability rights.

MBMC believes that people with disabilities, who have struggled to control their own lives and bodies, must be allowed to maintain control and autonomy throughout their life, especially at its end.



Doctors for Assisted Dying Choice

drs4assisteddyingchoice.org



We are a national organisation of Australian medical practitioners, both current and retired, who are committed to having a legal choice of providing information and assistance to rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives.

Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

Respecting rational patient end-of-life choices

Lawyers for Death with Dignity

saves.asn.au/lawyers

Lawyers for Death with Dignity acknowledges the need for people with profound suffering to have the legal choice for a medically assisted and dignified death.

The current law says suicide is not illegal, but assisting suicide is. People in a terminal state may have profound, unbearable suffering and be in the undignified position of being unable to end their life without assistance.

Advances in medicine have improved life expectancy, but South Australian law has not changed to reflect the often forgotten deterioration in quality of life that a longer life expectancy may bring.



Paramedics Supporting Choices in Dying

facebook: Paramedics Supporting Choices in Dying



Paramedics Supporting Choices in Dying is an advocacy group promoting the rights of people to make decisions regarding their end of life wishes.

To go without pain, without trauma, without breaking the law, without endangering others and without suffering. To go gently, peacefully and with dignity.

We support good palliative care, encourage the use of Advance Care Directives and advocate for law reform to legalise the choice for voluntary euthanasia and voluntary assisted dying.

SA Voluntary Euthanasia Society Inc. Membership Form

Print and post or join online at <https://www.saves.asn.au>

- New Membership Renewal

Surname, including Mr/Mrs/Ms etc

Given Name(s)

Address

Suburb/Town & Post Code

Telephone

Email address

Year of Birth (Optional)

Membership Payment:

Annual membership is due at the end of February. Payment for two or more years is welcome, and is calculated by multiples of the annual fee – please mark accordingly

- \$30.00 Single Membership (\$15.00 concession) -----
 \$40.00 Couple Membership (\$20.00 concession) -----
 \$350.00 Life Membership Single
 \$500.00 Life Membership Couple
 Additional Donation to support the work of SAVES-----
TOTAL -----

Payment Options:

Cheques and money orders made 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**

PLEASE LODGE THIS FORM, along with EFT payment advice either via email to info@saves.asn.au or via Australia Post

How did you hear about us? _____

Do you have an area of expertise that could be of help to SAVES? _____

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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' 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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