

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

SAVES' campaign update

Following the SA state election in March 2018, SAVES has been meeting with MPs from all sides of Parliament to discuss the next steps in achieving voluntary assisted dying law reform.

There are many new MPs in both the House of Assembly and the Legislative Council. For example, one third of the 47 House of Assembly members were elected for the first time at the 2018 election. That means that one third of the House of Assembly were not part of the debate for the 2016 Bills. The last Bill in the Legislative Council was the 2010 Key – Parnell Bill tabled in both Houses – and since then nine of the 22 members are new to the Legislative Council (40%). There are three options for a new Bill during this next four year term of Parliament:

1. A Bill introduced in the Legislative Council
2. A Bill introduced in the House of Assembly.
3. Referral to a Committee

In 1997-99 the [Anne Levy] Voluntary Euthanasia Bill was referred to a Select Committee Inquiry, and only one current MP, Hon Rob Lucas, was in the Parliament at that time. There is currently an Inquiry in the WA Parliament, and Victoria achieved its successful legislation after an Inquiry and then an Advisory Committee to work through the ways the recommendations of the Inquiry could be translated into legislation. That Advisory Committee was chaired by Neurosurgeon and former President of the AMA, Prof Brian Oowler, (awarded an AM in the 2018 Queens Birthday Honours List) and had membership from two eminent South Australian Palliative Care specialists, Emeritus Prof Ian Maddocks AM, and Dr Roger Hunt. SAVES is continuing to meet with MPs and it will be up to the Parliament to determine which way it wishes to proceed.

The most important thing SAVES members and friends can do is to talk to your local State MP and explain why you believe we need law reform in SA, just as in Victoria. This is especially important if

your local MP is a new MP – elected in March this year.

The Victorian legislation is due to come into effect in June 2019.

Australian News

Roy Morgan Poll

According to the latest Roy Morgan Poll (November 2017) a large majority of Australians, (87% – up a significant 18% from May 1996) are in favour of 'letting patients die when they are hopelessly ill and are experiencing unrelievable suffering with no chance of recovery'. This compares with 10% (down 7%) who say that doctors should 'try to keep patients alive' and 3% (down 11%) who are undecided.

In addition a large majority of Australians, (85 % – up 11% from May 1996) are in favour of allowing a doctor to 'give a lethal dose when a patient is hopelessly ill with no chance of recovery and asks for a lethal dose.' This compares with 15% (down 3%) who say a doctor should 'not be allowed to give a lethal dose'.

This special Roy Morgan Snap SMS Survey was conducted on the night of November 2, 2017 with a representative cross-section of 1,386 Australians aged 18 and over.

Resource

<http://www.roymorgan.com/findings/7373-large-majority-of-australians-in-favour-of-euthanasia-201711100349>

Western Australia

The Western Australian Parliamentary Inquiry into End of Life Choices has held more than 59 public hearings since its inception in August 2016. WA State Coroner Ros Fogliani provided data to the inquiry which revealed that, between 2012 and November 2017, 240 people with terminal illnesses ended their own lives. This represents 13.9 per cent of reported intentional self-harm cases in WA for that period. One hundred of the 240 people had experienced a

decline in their health prior to their deaths. The 2016 *Victorian Parliamentary Committee of Inquiry into End of Life Choices* also heard from coroners that approximately 50 Victorians end their lives each year by horrendous means after ‘experiencing an irreversible deterioration in physical health’. The trauma to the families left behind and to emergency services workers cannot be overstated.

The head of the WA Police Union, George Tilbury has called for voluntary euthanasia to be legalised, because:

“If they did, there would be fewer horrific suicides and first responders would be spared having to see as many graphic scenes, most of which stay with them forever...Attending suicides takes a toll on police officers and is often very traumatic”.

The Committee is expected to deliver its findings by August 23rd, paving the way for a free parliamentary vote on voluntary assisted-dying which could happen before the end of this year.

Reference:

Caporn, D ‘WA Police Union boss George Tilbury backs calls for euthanasia laws’ *The West Australian*, 6th March 2018

Australian Capital Territory

Almost 500 written submissions have been made to The Select Committee on End of Life Choices for the Australian Capital Territory (ACT). The *Canberra Times* reports that many submissions include ‘heart-wrenching stories of watching family members suffer’. Submissions are available on the Legislative Assembly webpage (link below). The committee will begin hearings from the 17th May and is due to report back to Parliament by the last sitting day in 2018. In 1997 the Federal Parliament restricted the ACT, the Northern Territory, and Norfolk Island from making laws on voluntary assisted dying under the *Euthanasia Laws Act* or ‘Andrews Act’. The current ACT government argues the people of the ACT should be allowed to choose whether or not to introduce a voluntary assisted dying scheme.

References

Submissions: https://www.parliament.act.gov.au/in-committees/select_committees/end-of-life-choices

Burgess, K ‘Heart-wrenching stories emerge from ACT’s end-of-life choices inquiry’, *Canberra Times* 10th May 2018 <https://www.canberratimes.com.au/politics/act/heart-wrenching-stories-emerge-from-act-s-end-of-life-choices-inquiry-20180509-p4zeah.html>

Tasmania

Dying with Dignity Tasmania advises that, as a result of the State election on 3rd March 2018, the Tasmanian House of Assembly now has a majority of members who support voluntary assisted dying in principle (13 of 25). Most either voted for the *Voluntary Assisted Dying Bill 2016* or have stated that they are likely to vote for a similar Bill. This gives DWD Tasmania great confidence to work towards the next Bill as soon as possible.

Queensland

Former Brisbane lord mayor Clem Jones left \$5million in his will to support law reform to allow voluntary euthanasia under prescribed circumstances. Earlier this year the Clem Jones Trust chair, David Muir, wrote to every Queensland MP outlining the trust’s intention to launch a campaign in the state. Since holding a series of meetings with ministers and MPs, Mr Muir believes voluntary assisted dying laws would pass comfortably if the parliament held a conscience vote.

Queensland Labor voted to formally support voluntary assisted dying at its 2017 annual conference but has so far not initiated any action. The former premier Peter Beattie, an opponent while in office, said he had changed his mind on voluntary assisted dying and called for a uniform national approach.

Reference

Smee, B ‘Voluntary euthanasia would win overwhelming backing in Queensland’, *The Guardian* 15th March 2018 <https://www.theguardian.com/society/2018/mar/15/voluntary-euthanasia-would-win-overwhelming-backing-in-queensland>

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Professor David Goodall AM

Readers will no doubt have heard of the death of renowned British-born Australian botanist and ecologist Professor David Goodall AM at the Dignitas Clinic in Switzerland on May 10th. As Penny Hackett, President of Dying with Dignity NSW stated in the *Sydney Morning Herald* the following day:

The journey of 104 year old Professor David Goodall to end his life in a Swiss clinic has resonated around the world. He would not have met the criteria for

assisted-dying laws for the terminally ill recently passed in Victoria and under consideration in other states. However, his story forces us to confront uncomfortable issues surrounding death and dying and the genuine fear that many ill and elderly people hold as they approach the end of their lives... The desire for a 'good death' is universal and I hope that Professor Goodall's story and the campaign for voluntary assisted-dying laws for the terminally ill will prompt more open and honest discussions within families, the medical profession and the community about death and dying. Surely we can do better than having our elderly people killing themselves in lonely and violent circumstances because they fear the pain and suffering of a 'natural death.'

A report by Dignity in Dying UK outlines the difficulty and expense faced by desperate people who choose to travel to Switzerland; and the horror for those who cannot get there for financial or legal reasons. As Kit Malthouse MP, Chair Choice at the End of Life All-Party Parliamentary Group stated, this is because people are forced to travel overseas:

Our outdated laws discriminate between rich and poor; discourage proper conversations between patients and their doctors, criminalise grieving relatives who spend time with their loved ones in their dying moments and oblige people to end their lives before they are ready. Worst of all, while they are predicated on preserving the sanctity of life, they show no mercy to those facing an agonising death, and deny free will to those whose lives and deaths depend upon it. One day we will look back in disbelief at how long it took Parliament to realise this.

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.*

The report argues that the different circumstances of dying people highlights the reality of inequity, and that the current law does not offer dying people meaningful choice at the end of life. The average cost of obtaining an assisted death overseas is £10,000. This means that the majority of people cannot afford such an option. Also, the process of arranging an assisted death overseas can be extremely difficult and time consuming. The requirement to be physically able to travel to Switzerland highlights the injustice of people ending their lives much sooner than they might otherwise. Arguably this is even greater for people living vast distances from Switzerland, such as in Australia.

Advocates for voluntary assisted-dying law reform recognise that the fight for inclusive laws cannot deal with the immediate needs of individuals who are suffering right now. Understandably, those with the financial means and ability to travel will avail themselves of this option to bring relief to themselves and loved ones.

References:

Hackett, P 11th May 2018 <https://www.smh.com.au/national/david-goodall-s-story-forces-us-to-confront-uncomfortable-truths-20180510-p4zejn.html>

Campaign for Dying in Dignity UK "The True Cost: How the UK Outsources Death to Dignitas"
https://cdn.dignityindying.org.uk/wp-content/uploads/DiD_True_Cost_report_FINAL_WEB.pdf

Disclosing conflicts of interest

People's religious faith can have a profound impact on how they view issues such as voluntary euthanasia or reproductive choice. In a recent edition of the *British Medical Journal* the argument was put that disclosure of a competing interest is critical to avoid dishonesty or the raising of doubts over the integrity of what has been said or written. Full disclosure is important as it allows arguments to be considered with clarity. This claim was raised in the context of voluntary assisted-dying now being the 'main battleground' for religion. While people are likely to understand the need to declare their financial interests, often non-financial competing interests such as religious belief get overlooked.

As most religious authorities [as opposed to the laity] are opposed to voluntary assisted-dying it is essential that people participating in the public debate declare their religious beliefs. Although deeply held personal beliefs may potentially influence a person's position

on a range of issues, his or her *religious* beliefs may *require* adherence to a particular view (and be seen to uphold such a view). The authors claim that if a person has a religious faith that is not made apparent, and she or he is participating in a debate on an issue affected by religious belief (such as abortion or voluntary assisted-dying), then she or he should declare that competing interest, even if on occasion a personally-held belief may not coincide with the view of the designated religion.

Reference:

Smith R & Blazeby J (2018) ‘Why religious belief should be declared as a competing interest’ *BMJ* 2018; 361 doi: <https://doi.org/10.1136/bmj.k1456> (Published 12 April 2018)

The Catholic healthcare sector

Australian Catholic healthcare providers vowed not to provide assisted dying in their publicly funded hospitals or other premises should assisted dying be legalised. Mr Toby Hall, the Chief Executive Officer of St Vincent’s Health Australia has stated:

St Vincent’s will stick to its principles to ‘do no harm’, even if a Bill legalising euthanasia is passed in NSW... Our position in NSW, should the private members’ Bill pass the Parliament, is the same as in Victoria: we will not provide any services or support for assisted suicide.

Speaking in October 2017, before the successful passage of the Victorian Bill, Mr Hall stated that St Vincent’s will continue to act within state and federal laws and will respect patients’ choices. “St Vincent’s will support patients who want euthanasia in their transfer to another health care provider”. Dr Rodney Syme, Vice President of Dying with Dignity Victoria has been quoted as saying:

In my view they should be putting up large signs out the front of their hospital and nurses stations saying we will not help anybody die and doctors should declare what their position is because a patient doesn’t want to be in a position of having dreadful suffering, ask their doctor and then at the last minute find out that he isn’t going to help them.

References

<https://www.catholicweekly.com.au/we-will-not-kill-patients-catholic-hospitals-to-defy-euthanasia-laws/> <http://www.dscribe.net.au/2018/05/24/australias-oldest-outlaw-dr-syme-on-the-pitfalls-of-victorias-euthanasia-law/>

Dying with Dignity Victoria: <https://www.dwdv.org.au/news/dwdv-statement-on-st-vincent-health-australia>

International news

New Zealand

President of End of Life Choice New Zealand Inc, Maryan Street, advises that the *End of Life Choice* Bill, now before a Select Committee, is due to be reported back to Parliament for a second reading by September 27th . On previous occasions (1995 and 2003) a similar bill was defeated at its first reading. History was made when the current bill passed the first reading stage (76-44) in December, and since then a record number of submissions has been sent to the Justice Select Committee. By March 23rd , 30,411 submissions had been processed; more than any previous committee of the New Zealand Parliament has ever received on any subject. Thousands more were waiting to be scanned.

Ms Street knows from presenting the petition requesting a Parliamentary inquiry into the issue, which also attracted a record number of signatures, that it is the quality, not the number of the submissions that the committee will be critically weighing up.

A citizens’ jury on whether or not to legalise euthanasia and assisted-dying in New Zealand has found that two thirds of jurors support and one third oppose a law change. The University of Otago in South Dunedin convened a citizens’ jury of 15 people who were asked to consider whether they thought that the law should be changed to allow voluntary euthanasia and assisted-dying. Although the majority were initially mostly supportive or unsure, people claimed that the process helped clarify their opinions, with some even changing their minds during the two days of informed deliberation. Finally the jury was divided, with 10 solidly in favour of a law change and five totally opposed. The organisers say this shows that “an informed public will always be deeply divided on the issue, due to a difference in weighing up the arguments for compassion and individual choice versus potential ‘community harm’ .”

Reference

(From World Federation of Right to Die Societies https://www.worldrtd.net/sites/default/files/newsfiles/EOLC_Newsletter_50_May%202018.pdf)

[Balance. A ‘A citizens’ jury on euthanasia’, Radio New Zealand 24th May 2018 https://www.radionz.co.nz/national/programmes/ourchangingworld/audio/2018646022/a-citizens-jury-on-euthanasia](https://www.radionz.co.nz/national/programmes/ourchangingworld/audio/2018646022/a-citizens-jury-on-euthanasia)

Canada

In 2015 the Supreme Court of Canada ruled that competent adults suffering intolerably from a grievous and irremediable medical condition may request voluntary-assisted-dying.

An exploratory study with 102 participants conducted between 2015-2016 sought the views of terminally ill patients who had varying degrees of involvement with palliative care on the issue of physician-assisted-dying (PAD). The results suggest that patients with terminal illnesses generally support PAD: consistent with support of the general public at 84%. Results also suggested that patients with terminal illnesses will, hypothetically, consider PAD in the future.

The researchers also noted a trend for ‘higher hypothetical consideration of physician-assisted death in those patients with prior and ongoing palliative care involvement than patients without’. This finding is contrary to the belief that palliative care may reduce the desire for hastened death. Possible explanations may be that patients involved with palliative care are more focused on their death, more informed about their options, are encouraged to plan ahead, or have a higher symptom burden than non-palliative patients.

The researchers’ preliminary findings suggest that terminally ill patients may not view physician-assisted-dying and palliative care as mutually exclusive. They argue that this:

... should not diminish the importance of palliative care and it should not be viewed as a failure of palliative care. Rather, this may indicate a need for a patient approach to integrate physician assisted-dying into the provision of palliative care in this evolving Canadian landscape of end-of-life care.

Reference:

Hizo-Abes, P; Siegel, L & Schreier, G (2018) ‘Exploring attitudes toward physician-assisted death in patients with life-limiting illnesses with varying experiences of palliative care: a pilot study. *BMC Palliative Care* 17:56 Available in full at <https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-018-0304-6>

United Kingdom

In research conducted for *Dignity in Dying* UK, 19 people with personal experience related to assisted-dying were interviewed to inform a report entitled ‘The True Cost’. This outlines the

difficulties associated with outsourcing voluntary assisted-dying to another country due to the lack of permissive legislation in the UK. The interviewees included people who were considering travelling to Switzerland for an assisted death, and family members who had either accompanied their loved ones or had been unable to arrange the assisted death due to financial and legal obstacles. A key finding of the research was that not all doctors were willing to give increased levels of pain relief or sedation. This makes the timing and manner of death ‘a lottery’. The existing situation condones practices that blur the lines around assisted-dying without providing the clarity, transparency, and choice that could be built into assisted-dying legalisation. Author of the report Professor Bronwyn Parry poses a question around what legal and ethical obligations societies should have towards those so desperate for end-of-life control that they attempt to take their lives by horrendous means. Assisted-dying, as implemented elsewhere, can offer a safe and compassionate solution to some of these problems. Professor Parry contends:

We should have courage and stand with our international colleagues, including palliative care specialists, to recognise the long overdue need to introduce similar legislation for assisted-dying in the UK... The argument that we cannot countenance any change in the law for fear that it may precipitate a “slippery slope” into unintended practice is understandable, but surely misplaced. Society would be incapable of moving forwards on many issues, from the cloning of organisms to disclosure of patient information, if we were to accede that ethical complexity fatally compromises our ability to generate thoughtful, nuanced regulation.

References:

Parry, B ‘Assisted-dying—ethical complexity is no reason not to change the law’ *BMJ Opinion* 20th April 2018 available at

<https://blogs.bmj.com/bmj/2018/04/20/bronwyn-parry-assisted-dying-ethical-complexity-is-no-reason-not-to-change-the-law/>

Interviewees’ stories:

<https://www.independent.co.uk/life-style/health-and-families/the-true-cost-how-the-uk-outsources-death-to-dignitas-a8073401.html>

Report: ‘The True Cost’

https://cdn.dignityindying.org.uk/wp-content/uploads/DiD_True_Cost_report_FINAL_WEB.pdf

Guernsey

An attempt to legalise assisted-dying in the island of Guernsey has been defeated after a three-day debate. Members of the legislature voted against a requete (similar to a private member's bill) that had been proposed by Guernsey's Chief Minister, Gavin St Pier. If it had been passed, Guernsey would have become the first place in the British Isles to offer voluntary assisted-dying for people with terminal illness following the Oregon model. The bill was opposed by Christian leaders on the island, the British Medical Association, and the Guernsey Disability Alliance. A key government committee denied the proposal, claiming that it was not a priority and that investigations would be a drain on resources.

While the group *Guernsey Disability Alliance* was part of the opposition to law reform it is important to note the support for choice by the UK group *Disabled Activists for Dignity in Dying* (DADID). Their website states:

As disabled activists we have a key role in the debate on assisted-dying. Having a disability generally means many of us have had to tackle barriers, discrimination and difficulties in gaining equal opportunities to those of our peers. Limited choice and lack of control of what we can do, what we can access and even what our bodies decide for us on an everyday basis are experiences that not too many people in our society will not have had.

This means we can empathise with terminally ill people who are facing an inevitable and imminent death. They too have bodies that are deciding their future for them. What they can do and the things they can access are getting less and less as time goes by.

Being disabled, we can empathise more but we cannot empathise completely. Terminally ill people are dying and we are living. Their lives are sadly coming to an end and our lives have a longer future ahead, a future we can control and live to its fullest and happiest. We have fought, rightly so, for the choice and control we have of our own lives today; we've still some way to go but we're sure of the direction of travel; it's more choice, it's more control, it's more independence.

The founding principles of the disability rights movement can be said to include autonomy and choice. They are principles of civil rights the world over and so why shouldn't they be the

principles and objectives of disabled people? They should be! However, as the current situation has shown terminally ill people have been denied these principles.

As we live our lives to the fullest we can, terminally ill people face their deaths with limited choice, no control of the pace or direction their bodies are taking. The limited alternatives they have for control over their deaths are not safeguarded. They don't protect them, they don't protect us, they don't protect anyone because they take place underground, away from the strength and protection of the law.

This group argues, along with the overwhelming majority of people in the UK and Australia:

Within upfront safeguards, no dying person – whether disabled or not – should be forced to suffer against their wishes at the end of life.”

In respect of the defeated Bill Deputy Rhian Tooley spoke about her own mother's plight in support of the proposal. She argued:

She does not cling to life, it has snagged her... It is not death which is undignified, but living after what you love in life is stripped away.

References

Morris, S 'Right thing to do: Guernsey beginning assisted-dying debate', *The Guardian*, 17th May 2018

<https://www.theguardian.com/society/2018/may/16/right-thing-to-do-guernsey-begins-assisted-dying-debate>

Sherwood, H "Guernsey votes against assisted-dying" *The Guardian* 18th May 2018 <https://www.theguardian.com/society/2018/may/18/guernsey-parliament-votes-against-assisted-dying> <https://www.theguardian.com/society/2018/may/18/guernsey-parliament-votes-against-assisted-dying>

Disabled Activists for Dignity in Dying website: <http://www.dadid.org.uk/our-role/>

United States

California's law overturned

Again we see the need for eternal vigilance. One can never assume with certainty that choice becomes available once a law is passed. For example, two years after the Oregon law was passed the US Attorney General John Ashcroft sought to stymie the implementation of the law by making the drugs for life-ending purposes unavailable. He only failed because the Supreme Court determined that he did not have the power.

The World Federation of Right to Die Societies

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.

George Eighmey, board president of *Death with Dignity* advises that a Californian judge has now acted to invalidate the *End of Life Option Act* in that jurisdiction. Riverside County Superior Court Judge Daniel A. Ottolia granted a motion put by the law's opponents, stating that the California State Legislature violated the state constitution by passing the law during a special session limited to healthcare.

Three quarters of Californians support the law and the security that it provides. Shadowy religious right groups are again attempting to subvert the law and thereby disrespecting the will of the people. In every state where reforms have been enacted opponents have sought to thwart implementation through the courts.

However, in California, Attorney General Xavier Becerra has filed an appeal against the ruling by Judge Ottolia. Becerra's appeal called the ruling erroneous, and cited Governor Jerry Brown's message when he signed the bill into law. He had stated that he was unsure what his choice would be should he be dying in prolonged and excruciating pain. Never-the-less "it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others."

Reference

Karlamangla, S 'California attorney general appeals judge's decision to overturn physician-assisted suicide law' Los Angeles Times 21st May 2018 <http://www.latimes.com/local/california/la-me-ln-end-of-life-becerra-20180521-story.html>

Hawaii

On a more positive note Hawaii became the eighth US jurisdiction to legalise voluntary assisted-dying on 5th April when the Hawaii State Senate passed the *Our Care, Our Choice Act*. Eligibility criteria include that:

- Patients must be 18 or older and have less than six months to live.
- Two health care providers must confirm a patient's diagnosis, prognosis, ability to make decisions and that the request is voluntary.
- Patients who are considering this option must be informed about any other options and that they are allowed to change their minds after being given a prescription for medication.
- A counselor must determine that the patient isn't suffering from conditions that may interfere with decision-making, such as a lack of treatment of depression.
- The patient must make two oral requests for the medication, with a 20-day waiting period, and sign a written request witnessed by two people, one of whom cannot be a relative.
- Criminal penalties apply for coercion.

There are now 187million people in 15 jurisdictions around the world who have access to voluntary euthanasia or voluntary assisted-dying. These include 1 in 5 USA citizens (60m) through laws that have been passed in Oregon (1997), Washington (2008), Montana (2009), Vermont (2013), California (2016 – now overturned but under appeal), Colorado (2016), DC (2017), Hawaii (2018).

In Europe people can access laws passed in the Netherlands (2002), Belgium (2002), Luxembourg (2009), and Switzerland where it has never been illegal. Other jurisdictions include Colombia (2015), Canada (2016) after Quebec, and now Victoria in Australia (2017 – to be enacted June 2019).

Reference:

Herrera, C 'Hawaii Becomes The 7th State To Legalize Medically Assisted Suicide' Huffington Post https://www.huffingtonpost.com/entry/hawaii-legalizes-assisted-suicide_us_5ac6c6f5e4b0337ad1e621fb

Vermont

In 2013 Vermont became the fourth US state to introduce voluntary assisted-dying laws. The 'End of Life Choices' law allows doctors to prescribe lethal doses of medication to terminally ill patients who wish to end their lives.

As part of the state's reporting mechanism a Summary of Underlying Causes of Death is

provided on cases reported to the Vermont Department of Health between the time period of May 31, 2013 and June 30th, 2017. Vermont has a population of approximately 600,000. In the reportable time frame there were 52 deaths of which 83% were cancer related (43), 14% related to ALS (7), and 3% other causes, with four presumed to still be alive (as all deaths are reportable).

All death certificates listed the appropriate cause (the underlying disease) and manner of death (natural), as per requirements. Among the 48 confirmed deaths, 29 used prescription medication (60%); 17 died from the underlying disease (35%); 1 died from other causes (2%); and 1 was unknown (2%).

Timeline for voluntary euthanasia bills in the South Australian parliament

SAVES members who have joined more recently may be unaware of the history and details of all the Bills presented to SA parliament over more than two decades. This information has been provided over time in SAVES Bulletin and a range of other literature. SAVES' campaign manager Anne Bunning has reviewed and updated the context of this material for easy reference.

SAVES was founded in 1983 and the legislative timeframe began in 1995.

1995: *Voluntary Euthanasia Bill* presented to the House of Assembly by John Quirke (Labor) but rejected without debate 13-31.

1996: *Voluntary Euthanasia Bill 1996* (which had been drafted by SAVES) presented by Hon. Anne Levy (Labor) in the Legislative Council; had a substantial second reading debate, being referred to a Social Development Committee which finally in 1999 tabled its recommendation that active voluntary euthanasia and physician-assisted suicide remain criminal offences.

2000: The *Dignity in Dying Bill* presented in the Legislative Council and the House of Assembly in November by Hon Sandra Kanck (Australian Democrats) and Hon Dr Bob Such (Independent) respectively.

2001: In March the Bill in the Legislative Council was voted into committee stage ten votes to nine,

but was then dismantled by a strategy of voting against the 'Objects of the Act' by 12 votes to 9.

2002: The *Dignity in Dying Bill 2002* presented in the Legislative Council by Hon Sandra Kanck. It was voted into the committee stage nine votes to eight where the first three clauses were accepted, but the Bill was then 'railroaded' and defeated by 8 votes to 13 in 2004.

2003: The *Dignity in Dying Bill 2002* presented to the House of Assembly by Hon Dr Bob Such, and withdrawn in 2005 due to the pending election; members of parliament in marginal seats are reluctant to vote on controversial issues near an election.

2006: The *Voluntary Euthanasia Bill 2006* presented by Hon Bob Such into the House of Assembly.

2007: Parliament prorogued, thus requiring Hon Bob Such to present his Bill again; now entitled the *Voluntary Euthanasia Bill 2007*.

2008: Parliament again prorogued and Hon Bob Such presented his Bill once again, now entitled the *Voluntary Euthanasia Bill 2008*. Hon Mark Parnell (Australian Greens) presented a different bill into the Legislative Council, entitled *Consent to Medical Treatment and Palliative Care (Voluntary Euthanasia) Amendment Bill 2008*. These Bills were carried through into 2009. The Parnell Bill failed by 2 votes, the Such Bill lapsed.

2010: *Voluntary Euthanasia Bill 2010* presented to the House of Assembly (only change being the title) by Hon Bob Such.

Consent to Medical Treatment and Palliative Care (End of Life Arrangements) Amendment Bill 2010 – joint Bills presented into the House of Assembly by Hon Steph Key (Labor) and Hon Mark Parnell.

November 24th the Bill failed on the voices in the Legislative Council. The Bill lapsed in the House of Assembly.

2011: *Criminal Law Consolidation (Medical Defences-End of Life Arrangements)*

Amendment Bill 2011 presented into the House of Assembly by Hon Steph Key.

2012; *Voluntary Euthanasia Bill 2012* presented to the House of Assembly (some changes in

content to his 2010 bill) by Hon Dr Bob Such. Failed to pass into the Second Reading June 14th 22 votes to 20.

2013: *Ending Life with Dignity Bill 2013* presented to the House of Assembly by Hon Dr Bob Such. Did not reach a Second Reading vote.

2016: Two Bills – the *Voluntary Euthanasia Bill* February 11th which was replaced by the *Death with Dignity Bill* from October 20th. Final vote a draw 23-23 but was lost on the vote of the Speaker.

Funeral donations

SAVES, along with other groups and charities, has called for donations in lieu of flowers at funerals where the deceased person is known to have supported voluntary euthanasia. At a recent funeral SAVES provided envelopes and several donations were received. The society sincerely thanks the family for honouring their loved one in this way. Please contact us if this is something that you would like to consider in the future.

Correspondence from members

SAVES' Membership Officer Elice Herraman handles a range of member enquiries. Recently she advised the committee of the many warm and supportive comments she receives from members about the society when they renew their subscriptions. For example, one member noted that he still writes to MPs and would like to do more to support the society but found it difficult as he was now over 100 years of age. Another member stated 'My sincere thanks go to all the committee members and other volunteers who so tirelessly, year in year out, are trying to make our government see reason and change the law regarding [voluntary] euthanasia'.

In turn the committee thanks members for their ongoing support, especially contacting their state MPs, which is so critical to achieving success.

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Thank you

Wear a badge and spread the word!

SAVES has designed two badges that can be worn on clothing or hats, attached to handbags, or displayed in a variety of ways. These will help to spread the word and may be easier for some members than wearing T shirts. Badges will be available by donation at SAVES' meetings and campaign events, or by making enquiries through info@saves.asn.au or Frances Coombe on 0421 305 684. SAVES red bumper stickers have been a great success and are still available. We trust that the badges will be just as popular.



Voluntary Euthanasia Support Groups

Several advocacy groups share the aim of law reform to allow choice for voluntary euthanasia under prescribed circumstances. These groups are listed below, including contact details for members and other interested parties who may seek to join or make enquiries.

Doctors for Assisted Dying Choice: Website – <http://drs4assisteddyingchoice.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.

Mailto: skenny@camattalempens.com.au

My Body My Choice VE 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

Paramedics Supporting Choices in Dying: https://www.facebook.com/Paramedics-Supporting-Choices-In_Dying-190670851528106/

Paramedics Supporting Choices In Dying is a group of Ambulance Officers and Paramedics who believe in the rights of people to make decisions regarding their end of life wishes. We support good palliative care, encourage the use of Advanced Care Directives and advocate for law reform to legalize the choice for Voluntary Euthanasia and Voluntary Assisted Dying. New members are welcome to join this facebook group.

NOTICE OF SAVES 2018 ANNUAL GENERAL MEETING

The SA Voluntary Euthanasia Society Inc. (SAVES)
will hold its 2018 AGM at

The Box Factory 59 Regent St South, Adelaide

Sunday November 4th at 2.15 pm

Guest speaker to be advised

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

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

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

MEMBERSHIP RENEWAL: When renewing membership please email info@saves.asn.au to confirm your EFT renewal.

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' 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

Frances Coombe

Vice Presidents

Julia Anaf

Arnold Gillespie

Hon. Secretary / Minutes Secretary

Frances Greenwood

Hon. Treasurer

Jo Hayhurst

Membership Officer

Elice Herraman

General member

Rosemary Doolan

Patrons

Emeritus Professor Graham Nerlich

Emeritus Professor John Willoughby

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Frances Coombe **0421 305 684**

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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