

FEBRUARY 2012

# dying with dignity<sup>nsw</sup>



respect for the right to choose

*Over 85% of Australians believe in the right  
of the terminally or incurably ill to obtain  
medical assistance to end their lives*



Dying with Dignity NSW  
ISSN 0813-5614

Dying with Dignity NSW advocates legislative change that will enable a rational adult who is suffering unbearably from a terminal or incurable illness to access medical assistance to help them die. This policy is based on compassion and respect for the individual's right to choose.

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## President's Message



The focus of our efforts in recent months has been on raising the profile of end of life issues and building our supporter database.

Various committee members gave a number of talks to community groups,

including University of the Third Age students at Hornsby, the Sydney Atheist Society, the Canterbury Probus Club, the Holdsworth Community Centre and the Macquarie University Atheists' League. Newly retired GP, Dr Frances Black, joined the team to devote her time to giving talks to community groups in her Northern Beaches area, including Brookvale and Narrabeen Lakes Rotary and two at Mona Vale hospital.

Our newly-acquired video equipment also enabled us to video private interviews with assisted dying advocates and members of DWDNSW - Vera Zuckerman and Loredana Mulhall. We were able to video and upload the feedback and opinions of various people who attended our DWDNSW Parliamentary Forum in late November.

## Treasurer's Message

From a financial perspective, 2011 was not too bad a year. We expect the auditors to confirm an operating loss of about \$50,000 for the year. This is actually a better result than recent years and is partly due to our keeping a tight rein on our running costs. DWDNSW now has only two part-time staff, working from a small office. We managed to cover a good deal of our media consultant's costs by charging a nominal fee for attendance at our Parliamentary Forum.

A large bequest in 2006 has sustained our operations for the last few years, but

This Forum was a wonderful way to close the 2011 year, as our message received lots of media attention in newspapers and The 7.30 Report NSW.

At the Forum, I launched the "Doctors for Voluntary Euthanasia Choice" group - drs4vechoice.org. This national group will lobby politicians and the AMA, encouraging them to take a more progressive stance on physician-assisted dying and end of life choices. In addition to having many privately listed members, it currently has 43 eminent doctors on its public member list.

On a personal note, at the upcoming AGM I plan to step down as DWDNSW President to make way for those with a little more time to devote to this important issue. I will stay actively involved as an advisor to the 2012 committee. Having been a Life Member of DWDNSW (formerly VES) since 1993, I will remain strongly committed to this organisation until we achieve the legislative reform that we are campaigning for.

I wish you all a productive and healthy 2012.

Robert Marr  
President, DWDNSW

the global financial crisis hit us badly in 2008/2009, with our investments dropping by \$100,000. We have started to move our funds out of frozen trust accounts and into less risky, lower return deposit accounts. This will obviously have an adverse effect on future investment income. Our revenue in 2011 was much the same as it was in 2010. Alas, this revenue is insufficient to sustain our organisation at our current level of activity.

Our income from membership subscriptions has stayed at much the same level for the past four years, with DWDNSW fees

and pensioner discounts kept at the same low price. DWDNSW currently has 457 life members and 1123 annual subscription members. At this stage, 79% of our members have paid their 2012 subscription.

Donations received in 2011 were also at similar levels to previous years. 18% of our life members have made a donation since the beginning of 2011. **We really appreciate** when people are able to find that little extra to support our organisation.

We understand that many of our members need their money to live on now. This is why leaving DWDNSW a **bequest** in your Will can be a better option. If we receive another large bequest or lots of little ones this will enable us to maintain the strong advocacy we need to achieve the legislative change we all desire.

Thank you all for your support going into 2012,

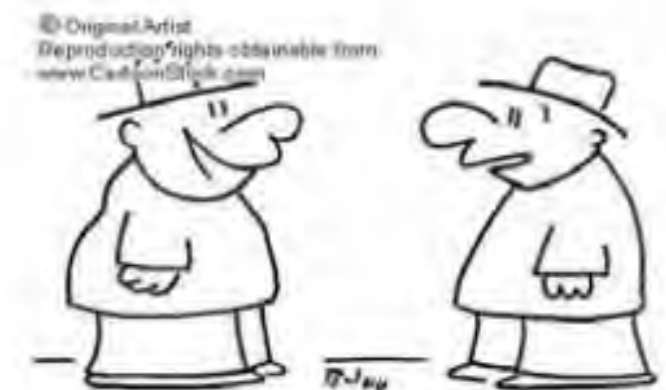
Barry Hill  
Treasurer, DWDNSW

## Can you help?

We are always **looking for volunteers** to help. We are especially looking for people with **experience in fund-raising, grass-roots campaigning and media relations.**

If you have a few hours or a day to spare we would love to hear from you. Please email Gabrielle on [dwd@dwdnsw.org.au](mailto:dwd@dwdnsw.org.au)

Are you a member of a **community group** like Rotary or Apex? Would you ask their secretary if they would like a **speaker from DWDNSW** to talk about end-of-life choices and assisted dying? Again, please email Gabrielle.



"Al, I haven't seen you for ages! - Where have you been?"

"Living within my income."

## Improving our website



We are currently considering ways to make our website more exciting and easier to use. If there is something you would like added to our website then please don't hesitate to send an email with your suggestion to [dwd@dwdnsw.org.au](mailto:dwd@dwdnsw.org.au)

Also, for those of you who are computer savvy, check out our **Facebook** page. Simply search for 'DWDNSW' and click 'Like' to receive Facebook updates about the latest Dying with Dignity news and events.

Would you ask your best friend who is not a member to join DWDNSW?

## 'A Rights of the Terminally Ill Bill for NSW' Parliamentary Forum



DWDnsw arranged a Forum, sponsored by The Greens' Cate Faehrmann, at the NSW Parliament House in November 2011. Cate plans to **introduce a Bill on the rights of the terminally ill later in 2012**. We were pleased to have a packed room, with more than **170 people in attendance**, including many from the Central Coast, Wollongong and even interstate.

The seven presenters struck a good balance with the content of their speeches, exploring the issue from both an analytical and emotional perspective. The law, personal stories and an insight into some of the campaigns of misinformation that are being run by opponents were all covered. Our President, Dr Robert Marr, took the opportunity to launch the new advocacy group "**Doctors for Voluntary Euthanasia Choice**".

There was plenty of media attention in response to the Forum, including The Telegraph and Sydney Morning Herald articles. Quentin Dempster attended our Forum and The 7.30 Report NSW devoted a whole program to our Forum and the issue of assisted dying. Quentin produced a very respectful, balanced report, including

interviews with our Committee Member John Hogan and our chronically ill member Loredana Mulhall.

Articles, images and a video of the full Forum can be found on our website and Facebook pages.

## Doctors for Voluntary Euthanasia Choice

A new group, **Doctors for Voluntary Euthanasia Choice**, has emerged from discussions between the national group Doctors for AMA Neutrality and the recently-established state group South Australian Doctors Supporting Choice for Voluntary Euthanasia, headed by Dr Rosemary Jones.

This organisation seeks to strengthen societal and political recognition of the need for medically-mediated assisted dying by providing evidence that the practice of voluntary euthanasia is ethical, that it is actively sought by patients in Australia, and that it is acceptable to Australians.

**If you are a medical doctor in support of medically-regulated, right-to-die legislation, please visit [drs4vechoice.org](http://drs4vechoice.org) and let your voice be heard.** Please encourage like-minded colleagues to do the same.



## The Humanist Society of New South Wales and Reason Australia

DWDnsw is keen to establish and develop relations with like-minded organisations. There is much to be gained from exchanging information with other progressive movements about their campaign strategies and ideas and encouraging cooperation for our mutual benefit.

For example, we have added a link on our Dying with Dignity NSW website to **The Humanist Society of New South Wales**, and they have done likewise for us. The Humanist Society has kindly invited our Committee member Richard Mills to speak to them in March.

Of course, we encourage reciprocal membership, so **please have a look** at the Humanist Society's website [www.hsnsw.asn.au](http://www.hsnsw.asn.au) or you can give them a ring on **9597 3218** or **0427 816 373**.

Similarly, we are happy to share ideas, information and energy with **Reason Australia**. They are a "national umbrella organisation of "free thought" groups (atheists, humanists, rationalists, secularists and skeptics) and individuals who care about evidence-based reasoning and good science in public debate." Their aim is "to influence public policy and public opinion in favour of a secular society, freedom of inquiry and universal human values."

Like our colleagues in the dying with dignity movement in other States, we are a "friend" of Reason Australia. Their website is <http://www.reasonaustralia.org> and if you want to know more you can ring Jayson Cooke, their Media and Community Relations Manager on **0432 039 122**.

## 2012 Global Convention

**Sydney Atheist Society** has welcomed us to their meetings and are holding a Global Atheist Convention in Melbourne.



## Christians Supporting Choice for VE

We are very pleased to announce that Ian Wood, the co-founder of **Christians Supporting Choice for Voluntary Euthanasia**, has moved from South Australia to New South Wales and expects to be actively involved in our planning and events.

Ian has been vigorously presenting the case that "Christian love and compassion dictate that those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia".

He has spoken and written to MPs, and even stood as a candidate on the Christians for Voluntary Euthanasia platform for the Legislative Council in South Australia. His organisation has recently been accepted into the **World Federation of Right to Die Societies**.

We invite you all to have a look at Ian's website, [www.Christiansforve.org.au](http://www.Christiansforve.org.au), join up if you have a mind to and tell your Christian friends about it.

## SA Nurses Supporting Choices in Dying

Are you a nurse (registered or enrolled) or a personal care worker? When you see a patient do you hope that the person has already had a discussion about the treatment options they would like if they are at the end of their life?

And, how do you feel when this discussion hasn't taken place but a patient then asks: will you help me make it all stop?

In South Australia, a group has been formed called **The SA Nurses Supporting Choices in Dying**. Their members write to Members of Parliament about their concerns for their patients and the current system which doesn't provide physician-assisted dying for those who wish to use it.

They have the latest information on patients' end-of-life choices and on the progress of Bills put before Parliament for the legalisation of voluntary euthanasia.

To join SA Nurses Supporting Choices in Dying or to find out more, please contact the group's Convenor, Ms Sandra Bradley, RN, FRCNA, on [sandrabradley2@bigpond.com](mailto:sandrabradley2@bigpond.com) or visit their Facebook page SA Nurses Supporting Choices in Dying.

Or perhaps you might want to **start your own organisation**. It's time that nurses in New South Wales had their voice and experience heard.

Currently, patients who are suffering needlessly have to desperately hope that the nurse or doctor they speak to will be willing to illegally help them. With your assistance, we can finally bring this process out from underground. We will be able to have discussions about end-of-life options openly, honestly, with integrity and within the law.

## DWDnsw Central Coast - Plans for 2012

Official meetings will be held on 16 March, 15 June, 21 September and 16 November at Erina Library Meeting Room. The theme for each meeting will be linked to **The Rights of the Terminally Ill Bill** that Cate Faehrmann plans to introduce in the New South Wales Parliament later this year. We are working (so far without success) to involve our four local State MP's - all Liberal.

At our first meeting of the year we shall be welcoming DWDnsw Committee member **Richard Mills** and his wife, **Susan Lenehan**. Susan is a former Minister in the South Australian Parliament - Minister for the Environment and Minister for Education, among other portfolios - and Richard was a member of the Senior Executive Service in the Commonwealth Public Service, with substantial experience in the Prime Minister's and Defence Departments. They will be talking about how to get assisted dying more firmly on the public's and the government's agenda.



Susan Lenehan

This will be a public meeting, so please tell your friends and spread the word so that we have a good crowd at Erina Fair on 16 March.

<b>Date</b>	<b>Friday March 16</b>
<b>Time</b>	<b>10am - 12 noon</b>
<b>Place</b>	<b>Erina Library Meeting Room Erina Fair</b>
<b>Enquiries</b>	<b>Doris Hart 02 4368 1687</b>

## ACT

**Jeanne Arthur, President, Dying with Dignity Australian Capital Territory reports:**

During the year we have been preparing ourselves for becoming an organization specifically for ACT members. There are a number of reasons for this. Firstly, we have a separate legislature from NSW and if any changes are to be made to legislation to allow for assisted dying they have to be made here. Secondly, in order to be a member of **YourLastRight.com** we are required to have a constitution of our own. This was the main work of the committee at the end of 2011.



Prior to the AGM we had sounded out the membership about their interest in becoming a separate group. We got over 40 positive responses and only one negative response so we think we can

make a go of separation though ideally it would be preferable if all 173 members living in the ACT and surrounding regions were to be our members.

On **March 22** we will be holding a meeting at the **Weston Club** (1 Lizard St, Weston) at **2.00 p.m.** to discuss the constitution and new aims that we are proposing.

We will be sending copies of the constitution and the aims out to all ACT and local area members in the next few weeks.

On **April 19** at **2.00 p.m.** we have our first general meeting at which Gai Brodtman will speak.

I hope to see you at these meetings or if not please make contact with us by emailing the **NSW office on [dwd@dwdnsw.org.au](mailto:dwd@dwdnsw.org.au)** and they will forward your message

or write to **Dying with Dignity at our PO Box 55, Waramanga, 2611**. We hope to have a website and application form developed this year which will open up communication for us as well.

## Futile medical treatment



In 2009, Ken Hillman, a professor of intensive care at UNSW, wrote a book called **Vital Signs: Stories from Intensive Care**. He reached some sobering conclusions.

"Up to 70 per cent of people now die in acute hospitals, surrounded by well-meaning strangers, inflicting all that medicine has to offer; often resulting in a painful, distressing and degrading end to their life." "Our drugs and machines sometimes enable us to prolong the dying process for days, weeks and even months" and that process "can these days be protracted, often in a cruel and mindless way." "For many, it will be a painful and futile experience, causing unnecessary suffering for both the patient and their loved ones".

Why is this? A range of possible reasons has been advanced. Because doctors can do so much more these days, they often just do their utmost to prolong lives. They are trained to do this, and there is a perception that somehow death is a failure on the part of medical science.

Families and patients, often influenced by TV shows, may have unreal expectations of what medicine can offer, or they may be hoping for a miracle.

*Continued overleaf*

People in general (and that includes doctors) do not feel comfortable talking about death and dying, especially palliative care or actively withdrawing or withholding treatment. This means that there may well be uncertainty about the patient's wishes, as few people have advance care directives.

Doctors may be concerned that increased doses of morphine that lead to death may result in a charge of manslaughter or even murder.

A family's or doctor's religious views may be a determining factor.

Research to help answer these questions with more certainty has recently been announced.

A team from the Queensland University of Technology will undertake a study into why futile medical treatment is, at times, provided to dying patients. This will be the first comprehensive study to determine the size of the issue and the best ways of dealing with it.

The three year study on 'Futile treatment at the end of life: legal, policy, sociological and economic perspectives' has been allocated \$260,000 from the Australian Research Council.

At the conclusion of the research, the team expects to have evidence to identify the extent to which unnecessary treatment is being provided, its cost and suggestions for addressing its causes.

## New Zealand: Sean Davison's ordeal

In November 2011, Sean Davison, 50, pleaded guilty in the High Court at Dunedin to the charge of "counselling and procuring attempted suicide" of his terminally ill mother.

Patricia Davison, 85, was terminally ill with advanced cancer which had spread to her lungs, liver and brain. She was in pain and discomfort, and had stopped eating for 33 days in an unsuccessful attempt to end her life. In October 2006, after her repeated requests for assistance to help her die, Sean Davison provided his mother with extra morphine. She died soon afterwards.

Davison was sentenced to five months' home detention in Dunedin, New Zealand, but his young family live in South Africa. Davison is monitored via an electronic ankle bracelet and cannot leave the house to exercise, buy food or for any reason other than a medical emergency.

At no stage during the trial was there any suggestion that Davison had acted out of self-interest. The Crown Prosecutor accepted that his mother was suffering, and that he had acted out of compassion. However, it was argued that Davison's actions contained a degree of abuse of trust and were premeditated. The judge accepted that Davison had acted out of compassion, and his mother was strong willed and in control to the end. However, in sentencing him she stated that "the principle of the sanctity of life required this to be regarded as a serious matter", and that her duty was to "uphold the sanctity of life".



Pat and Sean Davison during healthier days.

In reading the details of this case, one is struck by how emotive and inapt are the prosecutor's terms "abuse of trust" and "premeditated". When an elderly parent with advanced terminal illness is suffering, sane and repeatedly asking for help to die, it is hard to imagine how acquiescing to that plea constitutes 'an abuse of trust'. Indeed, one may argue that to ignore a mother's desperate pleas for help to hasten her death would constitute an abuse of trust, morally if not legally.

Similarly, to characterise the gravity of the offence as "premeditated" is absurd. The actions of any person who assists a loved one to end their lives will be premeditated, unless they were to act on a sudden, spontaneous impulse to snuff them out (which would be of far greater concern). When assisting a loved one to die there must always be some thought given to logistics so that the person does not suffer. This is a world away from the planning of a murder, where the term 'premeditated' has relevance in assessing the gravity of the offence.

Finally, the judge's statement that the principle of "the sanctity of life requires this to be regarded as a serious matter" is not consistent with the views of most people. Repeated polls in New Zealand, Australia and other western countries show that the overwhelming majority believe that when a person is hopelessly ill and suffering, with no chance for recovery, they should be allowed to receive assistance to help them die. In these situations surely compassion, human rights and common sense outweigh "sanctity of life" arguments.

The criminal conviction and sentencing of Sean Davison is a dramatic illustration of what can happen when a country's laws are out of step with the values of its people. A man is being deprived of his freedom, his work and his ability to parent his two infant children during a significant stage of their development.

While Davison's case is in New Zealand, very similar laws operate in Australia. Under our current law, individuals who assist to bring forward the death of a loved one who is terminally ill and suffering are liable for criminal prosecution.

Who in the population, beyond the most ardent religious zealot, truly believes that this is appropriate?

A full interview with Sean Davison is available on our website at [www.dwdnsw.org.au](http://www.dwdnsw.org.au)

Sean Davison's book about the ordeal, *Before We Say Goodbye*, is published by Cape Catley (2009).

## Royal Society of Canada expert panel supports VE



In November last year, a panel of six experts assembled by the Royal Society of Canada (RSC), released a major report on End-of-Life Decision Making.

The panel concluded "that there is a moral right, grounded in autonomy, for competent and informed individuals who have decided after careful consideration of the relevant facts, that their continuing life is not worth living, to non-interference with requests for assistance with suicide or voluntary euthanasia."

That is, such a person would be able to self-administer a lethal medication prescribed by a doctor (as is the case in Oregon and Washington State) or have a doctor administer the medication at his or her request (as is the case in the Netherlands, Belgium and Luxembourg).

Individuals "are best situated to know what their level of well-being is, and how it should be promoted", rather than some institution claiming to be a moral arbiter on their decision-making.

The panel had compiled research on end-of-life care in Canada, examined assisted-dying legislation in jurisdictions overseas, and drawn on ethical analyses of public policy.

The report confirmed that "the evidence does not support claims that decriminalizing VE and assisted suicide poses a threat to vulnerable people, or that decriminalization will lead us down a slippery slope from assisted suicide and voluntary euthanasia to non-voluntary or involuntary euthanasia."

The panel also found that despite fears to the contrary, legalised assisted dying has not harmed the doctor/patient relationship nor has it had a corrosive effect on palliative care.

The report found that "prophesied undesirable social consequences are not sufficient to negate the right to choose assisted suicide and voluntary euthanasia. Rather they should be taken into account in constructing the regulatory environment within which this right can exist."

The panel recommended the increased use of Advanced Health Care Directives, encouraged a broader community discussion about death, and urged that uncertainties about the legal status of withholding and withdrawal of potentially life-sustaining treatment without the consent of the individual should be resolved.

"In Canada, as in Australia, the overwhelming majority of the community supports the legalisation of assisted dying," said DWDnsw President Dr Robert Marr. "It is clear from this Canadian report that legislation governing assisted death is both inevitable and essential social reform that marks a truly civilised society."

## UK: Falconer Report



*Assisted dying remains illegal in the UK although very few cases are prosecuted.*

In November 2010 a Commission was formed with the aim of considering reforms to British law in the area of assisted dying. It was headed by former Secretary of State for Justice in the Blair Labour government, Lord Falconer, and comprised 12 other individuals including a former metropolitan police commissioner, former president of the General Medical Council, a leading consultant of disability equality, an Anglican priest and medical, mental health, palliative care and social care specialists.

Following a year's investigation and over 1,000 submissions from individuals, and legal, medical and religious experts, the Commission published its report in January this year.

The report concluded that the current legal status of assisted suicide is both inadequate and incoherent, and proposed a legal framework that would cover those who had been diagnosed with less than a year to live. It recommended that the option of assisted dying should be available to those individuals, provided that stringent safeguards are observed. These included confirmation of diagnosis by two independent doctors, provision of full information regarding alternative medical options and in the end, self-administration (as opposed to injection by a doctor).

The Commission also recommended that substantial improvements should be made to health and social care services so that high quality end-of-life care is universally available.

The Commission had been set up in 2010, after a series of high-profile court cases led the UK Director of Public Prosecutions (DPP) to publish a clarification of how and when the law against assisted suicide should be enforced. Although encouraging or assisting another person's suicide is illegal in the UK, the DPP makes the final decision on whether or not to bring a prosecution, depending on whether or not they consider it in the public interest to do so. The DPP's clarification stated that that even when there is clear evidence that assisted suicide has taken place, prosecution will not occur in cases where assistance has been provided on compassionate grounds, and the person has made a considered and autonomous decision to end their life.

## Netherlands: Changing attitudes



*The Netherlands legalised assisted dying in 2002*

The more we gain experience with legislation that allows aid in dying, the more the research shows positive results.

For example, in the Netherlands, a recent study analysed older peoples' attitudes over time towards voluntary euthanasia and an end-of-life pill.

Using samples of people aged over 64 from 2001, 2005 and 2008, the study asked if they might request their physician to end their life (voluntary euthanasia) or if they might ask for a pill to end their life if they became tired of living (even in the absence of a severe disease).

The proportion of people who answered "yes" to both these questions increased over the time frame of 2001 to 2008. To the

question about voluntary euthanasia, the proportion grew from 58% in 2001, to 64% in 2005 and to 70% in 2008. To the question about an end-of-life pill, the proportion rose from 31% in 2001, to 33% in 2005 and to 45% in 2008.

Far from indicating any kind of "slippery slope", these figures simply indicate that over time, as people become better informed and learn from practical experience, their attitudes towards a particular issue can change. If legislation also changes to reflect more modern majority attitudes, then democracy is doing its job.

## Netherlands: Dementia

Last year, according to press reports, dementia sufferers were included for the first time in the Netherlands' voluntary euthanasia statistics. The reports said that 21 patients with early-stage dementia, including Alzheimer's, were helped to die. There has been no suggestion that the health professionals involved did anything improper, as patients were at a stage of the disease where they were able to provide informed consent.

More recently, a 64-year-old woman suffering from severe senile dementia has been given help to die.

*Continued overleaf*



*Thirty-five million people suffer from dementia world-wide*

She was a long-time supporter of voluntary euthanasia and had written a statement when she was fully in possession of her faculties saying how she wished to die. This was clearly an exceptional case, since all five of the Netherlands' regional euthanasia review committees studied the request and all approved it, even though the woman involved could no longer express her wishes clearly. Her husband and children fully supported the decision.

## Try, try again

Margo MacDonald, an Independent in the Scottish Parliament, and who has Parkinson's disease, has launched a public consultation in support of a new push to introduce assisted dying legislation in Scotland. Her End of Life Assistance (Scotland) Bill was defeated in a free vote in 2010.

In launching her new Bill, Ms MacDonald said "The previous bill was robust but cumbersome....With the benefit of that experience the new proposal, whilst being equally robust aims to provide a clearer, more straightforward process."

"My supporters and I have learned lessons from the previous bill, not least from listening to the views and experiences of people on both sides of the issues. We remain convinced that majority opinion favours the position reflected by my bill—people in full command of their rights be able to request help to end their lives at a time and a place of their choice if their life has been made intolerable by an irrecoverable illness."

Ms MacDonald is suggesting that a trained 'licensed facilitator' would have to be present when someone is taking their own life. A facilitator could be a doctor, social worker, or close friend, but not a relative or anyone who stands to gain from the death. The helper would be responsible for reporting the death to the police, but it may have to be filmed to prove that it had been carried out by the patient themselves.

## How to win a 'Trojan War'

By Chrys Stevenson

An almighty row erupted last month when anti-abortion, anti-porn lobbyist, Melinda Tankard-Reist, threatened to sue feminist blogger, Dr Jennifer Wilson, for defamation. Wilson asserts that Reist is 'deceptive and duplicitous' about the conservative religious agenda underlying her work; work which is presented as 'scholarly', but which, allegedly, often fails to meet accepted standards of academic rigour. Reist complains that her religious views are irrelevant to her work which she just wants to be taken on its merits.

Intrigued by the altercation, Australian lawyer and Oxford scholar, Helen Dale, wrote about the two different philosophies on law-making embodied by the two protagonists. The "principled" approach, says Dale, asks for legal sanctions to discourage behaviour which is not "right"; typified by the exclamation, "There should be a law against that!" This leads to laws which stop people of the same-sex from marrying, prevent people from dying with dignity, and attempt to curtail women's reproductive choices.

Proponents of this "principled" philosophy are not much concerned with empirical evidence about the social harm arising from these activities. Instead, they are driven by a dogmatic and immutable conviction that a particular activity in society "is just not 'right', 'moral', 'natural', etc." and, accordingly, must be sanctioned.

In contrast, a "means-end" approach considers that laws should be subjected to empirical scrutiny; that before imposing legal restrictions, there needs to be some unbiased, demonstrable evidence that an activity causes significant social harm, that a legal sanction will substantially curb

that harmful activity, and that sanctions will not have the unintended consequence of making things worse.

Problems inevitably arise, says Dale, when lobbyists bring their dogmatic (principled) arguments to the market-place disguised in empirical (means-end) clothing. In Dale's opinion, this is why Wilson's allegation that Reist has been 'deceptive and duplicitous' may be justified.

In a way, we have brought this on ourselves. In Western nations, at least, it is no longer acceptable for religious lobbyists to argue for laws because of what the Bible (or some other Holy Book) says. As Barack Obama once argued, people of all faiths should have a voice in the public square but they must come with evidence and reason (means-end) arguments, not with dogmatic (principled) convictions.

In theory, this is fine. In practice this expectation encourages religious groups to set up 'research institutes' with secular sounding names, churning out academically phrased propaganda which, on close examination, simply doesn't pass muster. Of course, the perpetrators rely on the fact that few will subject their work to the close examination it deserves. Instead, their propaganda flows unfiltered into the waters of public debate, polluting the stream until the clarity of the real, means-end arguments are rendered invisible by the pollution. Hoodwinking busy politicians and legislators and a largely credulous public into believing these arguments are based on (means-end) reason and evidence, rather than dogmatic preconceptions, surely constitutes a deceptive and duplicitous attempt to rot the system.

This strategy is clearly not confined to opposing abortion. It is used against proponents of voluntary euthanasia, same-sex marriage, and women's reproductive rights, among others. It is used to argue

for censorship, to stymie medical research and to advance pseudo-scientific ideas like 'intelligent' design.

Now, consider this. If all these groups are subjected to the same underhanded strategy employed by the same broad group of opponents, doesn't it make sense for them to join forces? Ultimately, the victim of this ideological attack is not just voluntary euthanasia, or women's rights or gay rights, or medical innovation – it's truth and transparency in public debate, and that affects us all. So, let's get together to develop a strategy to expose and combat this Trojan horse, which masquerades as Reason, but contains the ideology of an army of Christian crusaders – and maybe we can all win.

**Chrys Stevenson is the guest speaker at our AGM on March 24.**

## Bequests



Many people would like to help in the fight for legalised assistance in dying but feel that they cannot afford to make a gift to the Society today. A bequest is one way you can provide a legacy for others in the future.

A bequest may take several forms. It can be a specific sum, a percentage of your estate, or the remainder of your estate after expenses and gifts to loved ones.

If you plan to make a gift by Will, please think it through carefully. Then, meet with your solicitor to discuss and update your will. Tell him or her exactly what you want to do. Be as clear as possible in describing what you want to give.

We hope you'll tell us if you have named Dying with Dignity NSW in your will.

# Dying with Dignity NSW NOMINATION FORM 2012

All members of DWDnsw who have paid their 2012 subscription fees are **eligible to nominate** for a position on **our committee**. To accept nomination for a position, the member must complete the following form and have it signed by 2 financial members.

**Nomination for 2012 position of** (circle whichever is/are applicable):

President / Vice-President / Treasurer / Committee Member

Nominee:

.....  
(name) (suburb) (signature) (date)

Nominator:

.....  
(name) (suburb) (signature) (date)

Second Nominator:

.....  
(name) (suburb) (signature) (date)

Returning Officer: .....  
(signature) (date received)

Please return this complete form by mail or by fax to:  
The Returning Officer – Gabrielle Brown  
PO Box 25 Broadway NSW 2007  
Fax 02 9211 1498

Nominations must be received at the office of DWDnsw at least 14 days before the AGM, being by **Friday 9<sup>th</sup> March 2012**.

The AGM will be held at 2pm on 24th March, 2012 at Sydney Mechanics' School of Arts, Mitchell Theatre Level 1, 280 Pitt Street, Sydney.

# Annual General Meeting Saturday 24th March 2012

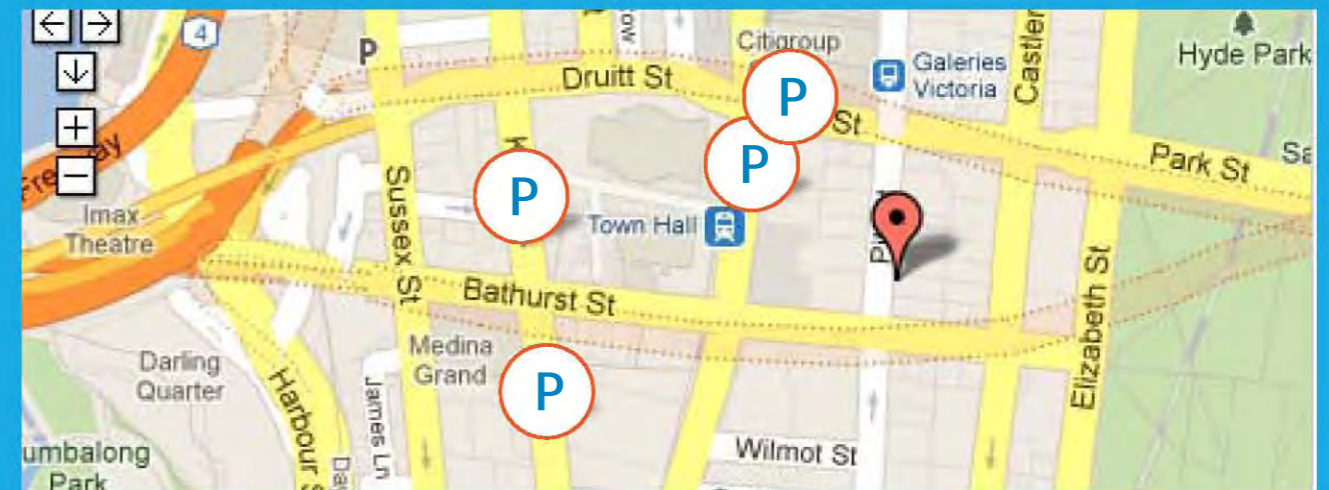
On behalf of the Management Committee of **Dying with Dignity NSW**, we would like to invite all our members and friends along to our **Annual General Meeting**.

**Date:** Saturday 24 March 2012  
**Time:** 2pm - 4pm  
**Location:** Mitchell Theatre  
Sydney Mechanics' School of Arts  
Level 1, 280 Pitt Street  
Sydney NSW 2000

Invited guest speaker:  
**Writer Chrys Stevenson**

Afternoon tea will be served at the end of the meeting.

The **Sydney Mechanics' School of Arts** is located on **Pitt Street** in the heart of the Sydney CBD, just five minutes from both **Town Hall Station** and **Museum Station**. The closest cross streets are Park and Bathurst Streets. The venue is **wheelchair accessible** and has a dedicated accessible toilet.



**P** Closest parking is at 155 George Street or Citigroup Centre