



VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INC.)

ACN 002 545 235

Patron: Prof Peter Baume AO FRACP FRACGP

NEWSLETTER

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**I. Easy steps to
becoming an activist**

Dementia Sufferer's Right to Die Granted

A 68-year old woman who has been unconscious in a nursing home for three years should be allowed to die with dignity, the Victorian Supreme Court ruled on 29 May. The woman, known only as BWV, is suffering from a rare form of dementia, and is kept alive with artificial feeding through a feeding tube to her stomach. Justice Stuart Morris decided the feeding was not palliative care but a medical procedure under [Victoria's] *Medical Treatments Act* that could be refused.

He said the Public Advocate, Julian Gardner, who was appointed the woman's guardian with the consent of her family, would now be able 'to decide, on behalf of BWV, whether it is now time to allow her to die with dignity'. The ruling is sure to have far-reaching implications for doctors. Suzie Linden, a lawyer for Phillips Fox, which acts for the health service which runs the nursing home, said there was now clarity on the issue.

Justice Morris said a submission by the Right to Life Association that any change was open to abuse was unfounded. 'It must be remembered that most agents of dying patients will be loving relatives who have been trusted by the patient to make life-and-death decisions on the patient's behalf', he said. BWV's husband and six children said in a statement they were grateful for the ruling. 'The family feel that the court has considered the best interests of BWV and know this is the outcome she would have wanted', they said.

Source: Julie-Anne Davies, *Sydney Morning Herald*, 30 May.

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Historic Decision

This Right to Die decision - the first of its kind in Australia, follows an earlier legal ruling which pro-lifers said could lay the groundwork for vulnerable patients being starved to death. The 29 May ruling came in the face of strong opposition - the Right to Life and the Catholic Church made written and oral submissions, although the Supreme Court of Victoria turned down the Right to Life's request to call and cross-examine witnesses.

Dr Giles Yates, the immediate past president of VES(NSW), provides this analysis:

The Victorian Guardianship Board had appointed the Public Advocate as the patient's guardian to make substitute decisions on her behalf concerning consent to medical treatment. The Public Advocate, with the family's agreement, sought to refuse further tube feeding by using a Refusal of Treatment Certificate contained in the *Medical Treatment Act (Vic)*. However, the *Medical Treatment Act* allows patients and guardians to refuse medical treatment but does not allow them to refuse palliative care. The Supreme Court decided that feeding via the tube was indeed 'medical treatment' and consent to the continued feeding could be legitimately refused. It is expected that the patient will now be allowed to die slowly of malnutrition. The Victorian Supreme Court is to be commended for making a humane, commonsense decision. However, the decision highlights the moral paradox of a court which decides in one case that it is appropriate to let a patient die, even without that patient's explicit request, yet will convict anyone who euthanases a patient who has made an explicit request.

NSW does not have an equivalent of Victoria's *Medical Treatment Act* so the distinction between 'medical treatment' and 'palliative care' does not arise. Under the common law we and our guardians have the right to refuse both medical treatment and palliative care. However, the Victorian decision could affect people in NSW who rely only on a

'person responsible' to make their substitute decisions about medical treatment. Tube feeding is now more likely to be considered a medical treatment which can be refused by a person responsible. The lingering doubts about what treatments are 'medical treatments' means that in NSW we should all appoint an enduring guardian under the *Guardianship Act*. By appointing an enduring guardian in NSW you leave no doubt about what decisions your chosen person can make on your behalf.

Dr Rodney Syme, President of the Voluntary Euthanasia Society of Victoria (VESV), elaborated on the case's significance in Melbourne's Herald Sun on 30 May:

Yesterday's Supreme Court ruling, that a guardian with the ability to refuse sustenance could be appointed for a woman in a vegetative state is a milestone but one that commits her to a macabre death, largely because of political cowardice. Would you inflict this form of slow death on your pet? No! Then why must a human being suffer like this? Right to Life Australia and the Catholic Church argued against this decision in the Supreme Court, reasoning that it amounted to euthanasia and homicide.

Right to Life Australia's president, Mrs Margaret Tighe, was reported as saying her group would 'concentrate on educating the public about the dangers of consenting to an agonising death by starvation and dehydration'. Which brings us to the crux of this deplorable set of circumstances. This is a classic instance of hopeless illness. The stage has been reached when this woman should at least leave us peacefully. Our community, unfortunately, suffers from the steely attitude of some people who, for personal or religious reasons, argue against a peaceful death through euthanasia.

Meanwhile many people suffer hopelessly and family and friends are condemned to share their anguish. The blame lies squarely on the shoulders of our politicians. Their cowardice and inactivity is causing this pain in the community. And yet a Roy Morgan Research survey last year showed that 76% of Victorians, about three million people, believed doctors should be

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2. Before you read this newsletter

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allowed to assist in VE. Most importantly, the support was bipartisan, with 78% of Labor and 73% of Liberal voters indicating their support for new laws. It is time for change. Undoubtedly, many doctors and families have made their own private decisions not to use, or to withdraw, feeding from hopelessly ill, incompetent persons.

But some doctors and institutions have been intransigent. Spare a thought for anonymous BWV. She has no remaining mental faculty. She is incapable of talking, thinking or inter-relating in any way - personal, intellectual or spiritual. But she is not unconscious and probably not totally insensate. She is not terminally ill, but has a 'hopeless illness', one that is incurable and causing intolerable and unrelieved suffering. Her situation fits the VESV's official definition of euthanasia: 'An act taken by, or at the request of, a rational, informed person, whose

intention is to be relieved of intolerable suffering, by hastening their dying in a dignified manner'. Appreciate that delivery of a lethal dose of sedative via her tube would allow her to depart peacefully and with more dignity than that possible with the accepted process, which allows death to occur over a period of weeks.

This illustrates that euthanasia is indeed a palliative act and, for many people, the optimal choice of palliation. And this, Mrs Tighe, would solve your problem. A final thought: we can blame our politicians for their inaction, but perhaps the public is at fault for not demanding action.

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3. Fill in the enclosed Advanced Directive form

FOR YOUR DIARY

Meetings

- Our next meeting will be held at the **Dougherty Centre, 7 Victor Street, Chatswood at 2 pm on Sunday 30 November 2003.**
- **Central Coast** - Meetings of the Central Coast branch of VESNSW for 2003 will be held on **Mondays at 10 am** at the **Gosford Senior Citizens Centre, Albany Street Gosford.** The dates are: **4 August and 8 December.** Contact: **John Doyle on (02) 4384 6676.** If you would like a lift to the August and December meetings, ring **Debbie Mastin on (02) 4975 2732** and she may be able to help.
- Central Coast Special Meeting: **Tuesday July 29, 2003 at 7pm** in the **Auditorium, Toukley District Bowling Club, Hibbard Street, Toukley.** Speakers will be Dr Philip Nitschke, Kep Enderby and Fred Thompson.
- **visit the VESNSW web site at www.vesnsw.org.au**

Opening Remarks at the Exit Conference



The Conference was opened on 30 May 2003 by VES(NSW) Patron, the Honourable E m e r i t u s Professor Peter Baume, AO:

This is an important conference for all of us. It is a chance to examine many things. It is a chance to examine and restate what we stand for. It is a chance to examine and restate why we stand for what we stand for. It is a chance to set out why we are active in pursuit of our beliefs. Of course, we always like the chance to get together and share views - and this is no different.

An American philosopher has talked of 'tame deaths' and 'wild deaths'. We all want a tame death when that time comes, as it will come, for ourselves. But many of us have come to our positions on voluntary euthanasia after having had to witness 'wild' deaths in loved ones. Too many of us have seen 'wild' deaths. We do not like them. We know how unfair and how flawed the present medical and legal systems are when some people just suffer terribly, for no reason, as they die. And there is so little we can do legally.

Yes - we can look for treatable depression - and we do. Yes - we can look for good quality palliative care - and we do. And we can see that people get it. And, as democrats, we want good quality palliative care to be as equally available in a working class suburb as it is anywhere else. This is not the case at present. We can give love, and support, but that is scant comfort to some of those we love who are suffering. The person can jump from the gap, or in front of a moving vehicle, or otherwise end their life horribly, but cannot get

pills to go easily. We do not want what we know has happened to some of our friends to happen to anyone else. We seek a change in laws and attitudes - particularly attitudes of legislators - to make that change happen.

You may work out that our opponents disagree with our values and our way of expressing those. Our opponents also do two clever things. They talk of 'killing' when what we often do is not killing at all. It is making suicide easier and more pleasant. Philip Nitschke has, to my certain knowledge, talked some people out of dying. Philip Nitschke has killed no-one. But he made their own suicide easier. The second thing our opponents do is never use the word 'voluntary' as we do. They suggest to some vulnerable groups that we might involve those groups, against their wills, in euthanasia. Nothing could be more untruthful, or more wicked. We always use that word 'voluntary' before we say 'euthanasia'. We would not sanction, nor would we be a party to, any move to extend a shortening of life to anyone against their will.

Many people in NSW have told me that they belong to two organisations. To this organisation - Exit (Australia) and to the local VES(NSW) Inc. They appreciate that Exit (Australia) is an activist organisation that does some things differently.

Many people want the other organisation to proceed as it has done for so many years - to be reasoned and reasonable, to be part of the mainstream debate, and to pursue reform of arrangements which are ridiculous as they stand and they want the organisation to uphold publicly the expression of the value of autonomy.

Some of us are not law breakers. We will not operate outside the law. We will not be part of any campaign of civil disobedience on this matter. We will not push the laws to their limits and beyond, so some legislators adopt a 'them' and 'us' mentality.

But some of us have no such inhibitions. For those people a more activist organisation is appropriate and welcome. And each of us can, and does, respect the other.

There are so many things to be ashamed of in Australia at present. Our attitude to Aboriginals is shameful; our treatment of boat people is shameful; the Tampa episode was shameful; the lies told about children overboard were shameful; our treatment of refugees on land is shameful; our whole denial of the

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4. Sign the form

end of life is shameful; our decision to invade another country is shameful. And so on. I am ashamed of our national government and our national leaders. The prevailing laws on voluntary euthanasia are shameful. No longer am I proud, overseas, to be an Australian.

Let us protect our organisations. Let us protect what exists and welcome the more aggressive organisation that is represented by our friend Philip Nitschke. And, against that background, let us enjoy the fare he puts before us at this Conference.

Rights of the Terminally Ill Act

In question time, one of the delegates asked what might happen to the Rights of the Terminally Ill Act (ROTTI) when the Northern Territory becomes a state. Judy Dent, the President of the Northern Territory VES responded, stressing that this has significance for all Australian territories including the Australian Capital Territory and Norfolk Island:

We (NTVES) have received several different legal opinions but most feel that the ROTTI would automatically return once the Northern Territory becomes a State because the legislation has not been repealed by our Parliament. It is merely unusable at the moment because of the passage of the Kevin Andrews Bill. Another legal opinion says ROTTI may not need to be voted on in Parliament in order for it to be reactivated. If that were the case and we became a state during the term of the current government (and they all voted as they indicated they would in their replies sent in response to pre-election letters asking for their position on VE) then the legislation would be useable again - we have the numbers. Unfortunately, the current push for Statehood has a five year timeline and it will depend on those who are in control then and what stance they have on VE.

Final Exit

The third edition of *Final Exit*, is now available from bookshops or the publisher: Random House Australia Phone (02) 9954 9966, Fax (02) 9954 4562, www.randomhouse.com.au

Conference Resolutions

1.

That this conference calls on the NSW Attorney-General and the Standing Committee of Attorneys-General to work towards a uniform law change across all States and Territories to make it clear that it is not a criminal offence to be present at the death of a person for the purpose of giving solace and comfort to that person if:

1. That person is hopelessly ill and has determined to take his/her own life;
and
2. So long as the person/s present do not take any active step to provide the person intending to take their own life with the means of doing so and the person/s present do not do any act apart from merely being present

Proposer Terry O'Gorman – Seconder Lola Archer
– Passed Unanimously

2.

That this conference:

1. Declares its opinion that the criminal law in NSW about voluntary euthanasia is unsatisfactory;
and
2. Sends that opinion to the Premier of NSW, Mr Bob Carr and the Attorney-General Mr Bob Debus and request that the government take action to have it changed;
and that
3. We ask the NSW government to set up a study group to examine the workings of the Victorian Medical Treatment Act and voluntary euthanasia laws of the Netherlands, Belgium, Oregon USA and the now overridden legislation of the Northern Territory, and report back to the Parliament on the desirability of initiating a trial period for similar law in NSW – something similar to what Mr Carr is proposing to do in the case of the drug marijuana.

Proposer Kep Enderby – Seconder Ken Buckley
– Passed Unanimously

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5. Get it witnessed

Conference Highlights



The highlight of the dinner was Judy Dent's presentation of this year's Bob Dent Award to John Edge who did so much to publicise Nancy Crick's wish to reform the law and was one of the 21 brave supporters who, by their presence when she died, still risk

being charged with assisting Nancy's suicide.

Nancy Crick

To mark the first anniversary of Nancy Crick's death, Exit (Australia) placed a heart-shaped granite headstone on her grave on 28 May. Two days later, at the VES (NSW)-sponsored Exit (Australia) Conference Dinner, a replica of Nancy's front door mat was auctioned as a funds raiser. The benevolent bidder paid \$500 for the mat which is inscribed 'MAKE MY DAY - PISS OFF'.



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6. Make photocopies of the completed form

Fred Thompson

VES (NSW) President Kep Enderby, QC and well known voluntary euthanasia campaigner Philip Nitschke will be speakers at a meeting in the Auditorium of the Toukley District Bowling Club, Hibbard Street, Toukley on Tuesday 29 July 2003 at 7pm.

Toukley Pensioner, Fred Thompson will also be a speaker at the meeting. Fred was interviewed on Channel 9's 'A Current Affair' after various articles in the *Central Coast Express Advocate* where he said that he helped his wife Katerina to die.

To make sure the evening is a huge success, we would like as many members and friends as possible to attend. A donation of a gold coin will help with expenses.

VE Lobbyist to Fight Charge

A doctor and former director of the Voluntary Euthanasia Society has vowed to 'vigorously' fight charges that he attempted to murder an elderly woman during a home visit. Dr Andrew Hollo was charged in late March with allegedly causing 'poison to be taken with intent to murder' Elise Herrman, then 93, on October 24 last year. Police alleged that he had administered a potentially lethal dose of insulin to Mrs Herrman during a visit to the widow's home on October 24. Later that day Mrs Herrman was admitted to St Vincent's Hospital where she was treated for hypothermia and a low blood sugar level.

Dr Hollo, a director of the VES(NSW) between 1992 and 1996 and a board member of the Wolper Jewish Hospital in Woollahra did not enter a plea during the brief hearing. He was granted bail. Dr Hollo was formally excused from attending the next listing of the case before a magistrate in the Downing Centre on June 12. When Dr Hollo was asked if he would be defending the charges, he replied: 'Very vigorously... I do, and I will.' Another reporter asked: 'Do you stand by your treatment of your patients?' 'Very much so,' he replied. But when asked, in reference to his former position as a director of the Euthanasia Society, what his views were on the subject, he replied: 'My views are absolutely public. Source: *Sydney Morning Herald*, 7 May 2003.

Dignitas Deaths

A British couple have killed themselves at a clinic in Zurich, joining the rising number of 'suicide tourists' choosing to end their lives in countries with more liberal attitudes to euthanasia. Robert Stokes, 60, and his wife Jennifer, 53 are believed to have taken a dose of barbiturates prepared by a doctor for the Swiss group *Dignitas**. Mrs Stokes, who neighbours said suffered from diabetes and epilepsy, is thought to have died first. Her husband died within an hour, according to coroner's officials in Britain. Swiss authorities said a 48-year-old British woman died in the same week, along with a French national and a German. Five Britons are known to have died at the clinic since October. More terminally ill patients are expected to travel to Switzerland, where assisted suicide is legal. Pro-euthanasia campaigners said yesterday that the British authorities had shown a 'green light' for those travelling abroad to die. Police said last week that they would not prosecute anyone over the death of a Briton at the clinic earlier this year.

Mr and Mrs Stokes arrived in Zurich on 31 March and showed a Swiss doctor documents that proved they were terminally ill. In return he provided the 'recipe' for the poisonous mixture. The couple went to a flat where they either had to drink the mixture themselves or turn a switch to start an intravenous drip to remain within legal guidelines. The bodies were returned to Britain with paperwork that did not include a cause of death.

Dignitas specialises in the assisted deaths of non-Swiss nationals and charges a £45 registration fee and an annual fee of about £25. It has more than 1,600 people on its books. The number of inquiries about assisted suicides at the clinic has increased sharply following publicity over previous deaths. The Swiss authorities have expressed concern about the clinic amid moves to curb the influx of foreigners travelling to Zurich to die. The Voluntary Euthanasia Society in the UK also expressed disquiet about the Swiss practice, which has few safeguards compared with other countries that allow limited assisted suicide, such as Belgium and the Netherlands and the state of Oregon in the US. 'Our main worry is that the Government has given a green light to death tourism. People that go should have that choice at home but

with safeguards', a spokeswoman said. Assisting a suicide carries a maximum 14-year prison sentence in Britain.

Lord Joffe, who has introduced a private member's Bill allowing assisted suicide, said that a new law was inevitable, despite the lack of government support. 'As the population become more and more supportive of the concept of independence, to make decisions about their deaths as well as their lives, at some stage voluntary euthanasia will be legalised. It's just a question of time', he said. *Source: The Independent (UK), 15 April, also BBC News on 26 May 2003.*

*Founded in 1998, *Dignitas* has helped more than 100 people die - at least two-thirds of them foreigners. Under a Swiss law dating back to 1937, assisted suicide is a crime only if those providing assistance can be shown to have acted out of self-interest.

RSL Backs VE

The Tasmanian RSL passed a motion to legalise voluntary euthanasia for the terminally ill at their State Congress on 10 May 2003. It is likely that the RSL in other states will do the same.

CWA Nearly Backs Cannabis Use

The Country Women's Association came within one vote in May of advocating that cannabis use be legalised for people with terminal illnesses. The tied vote (312 to 312) at the association's 81st annual state conference is being put up as yet more evidence that the 12,000-strong NSW CWA - stereotyped as a scone-obsessed bastion of grey-haired conservatism - is really a broad church. *Source: Sydney Morning Herald, 10 May 2003*

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7. Give a copy to relevant others including your family and doctor

Right to Die Activism and Government Crackdowns

At the same time that Right to Die organizations worldwide are working to secure laws for assisted dying, numerous individuals still use 'extralegal' means to end their lives. They secure secret assistance from their own physicians, family members, or friends. In addition, there are those who assist in other ways by providing information or counselling on non-medical methods of suicide, or even items or devices that can be used to help end the lives of the dying.

Not surprisingly, some individuals have taken high profile approaches to change the law and others have taken risks to provide what they see as vital information or help to the dying. The media seek out such individuals, including the dying who are in need of help as well as those who provide assistance in some way. This can certainly increase publicity for one's cause. We see this in court challenges by and for such people as Diane Pretty in Britain and Ramon Sampedro in Spain. Even after their deaths, their names are invoked to garner support for legal change. Some deaths have been designed to challenge laws, including Sampedro's death as well as that of Sue Rodriguez in Canada and Nancy Crick in Australia.

One of the dilemmas involved in fighting for legal change and using extralegal means to achieve it is that it can alert both the media and authorities, and the risk is that those who push the boundaries may find that 'the law' sometimes pushes back. We see this in a variety of disturbing events worldwide. In Canada, Evelyn Martens, 72, an active member of Canada's Right to Die Network, was arrested and charged with counselling and aiding the suicides last year of two women who were believed to be terminally ill. Some accusations involve the provision of plastic bags, tubing, and helium to aid in their deaths. After spending several days in jail, Martens was granted bail, but with strict conditions. These include a 10 pm to 6 am curfew, possible weekly searches of her home, prohibition against her possessing helium, plastic bags, or tubing, accessing a computer, using the Internet,

and even possessing Right to Die literature and materials.

In Australia, Queensland authorities are deciding whether to file charges against any of the 21 witnesses to the suicide of Nancy Crick last year. The investigation into her death included simultaneous raids of the homes and offices of various individuals and groups associated with Crick and the right to die. By all appearances, this was not solely an attempt to secure information about possible wrong doing, but also was an attempt to quell some of the more vocal proponents of the right to die movement in the region. Recently, one of these witnesses said that he watched Crick end her life, was 'proud to be there', and was 'tired of waiting to be charged'. The 21 never intended to remain hidden, as they were present to show support for Crick and 'to bring the issue into the open', but followed legal advice to stay quiet. If charged with and convicted of assisting a suicide, the crime carries a maximum life sentence in Queensland.

Linked to Crick's suicide, authorities have continued their efforts to stop the work of Dr Philip Nitschke. Since the repeal in 1998 of the Northern Territory voluntary euthanasia law, Nitschke has both worked for legal change and has held clinics at which information on suicide is discussed and suicide devices are demonstrated. Since Crick's death, he has been the target of what he sees as 'government harassment'. Authorities have raided his offices looking for evidence, confiscated material, and have taken other actions to prevent his promotion of self help approaches to suicide. In another crackdown, Australia also is planning to prevent the email distribution of any information on suicide methods.

In New Zealand, Lesley Martin, has been charged with the attempted suicide of her mother in 1998. Martin, a Right to Die activist and writer, was arrested after describing the events surrounding her mother's death in her book. For a time, as a condition of her bail, Martin was not only barred from discussing her case, but also from campaigning for the legalisation of voluntary euthanasia. All this occurred at the same time a Death with Dignity Bill was being readied for

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**8. Tell people you have an
Advanced Directive**

introduction. This bill would force a conscience vote on euthanasia eight years after it was last debated by Parliament. Some see Martin's arrest as an attempt to silence her.

These are not isolated cases and there will continue to be other cases. Though we should not see the responses by authorities as necessarily organized, they do point to a change of direction. They have begun to pay closer attention to the Internet, to information discussed within the right to die movement, and to media reports. Regardless of how each of us may feel about these and other extralegal activities, 'protest deaths', or challenges to authority, right to die organizations need to pay close attention. *Source: Stephen Jamison, Executive director, World Federation of Right to Die Societies World Right-To-Die Newsletter, no 43, April 2003.*

Palliative Carers Protected by Law in Qld

On 2 April 2003 the Queensland Parliament passed an amendment to the *Crimes Act* affecting the legal liability of doctors and others who provide palliative care to the dying. The new law will guarantee that a doctor, or someone carrying out a doctor's orders, who provides palliative care that has the incidental and unintended consequence of shortening the life of the dying person will not be liable to be prosecuted under the criminal law. The law contains a number of safeguards: the doctor's treatment must accord with good medical practice and it must also be provided with reasonable care and skill and in good faith. There is also a specific provision that the treatment must not be provided with the intention of killing the patient or helping a person to kill himself or herself. In no sense is this a charter for euthanasia.

The new law was introduced by the independent MP Peter Wellington who consulted widely with doctors, the Queensland Palliative Care Association and others. The Government helped to ensure it was drafted in a way that fully achieved its objective and the legislation was supported by the Government and the Opposition and independent MPs who spoke in the debate. This was sensible and sensitive law-making at its best. *Source: Courier Mail, 4 April 2003, p. 16.*

UK Doctors' Poll

London: 28 January 2003 - A confidential online survey was conducted by www.medix-uk.com on behalf of the Voluntary Euthanasia Society in the UK. The poll of more than 1,000 doctors from all specialties found that 55% believed assisted suicide should be allowed in cases where a terminally ill patient was experiencing uncontrollable physical suffering. In addition, 40% of respondents said a patient had already asked them for help in committing suicide. And 46% of doctors with patients suffering from untreatable, debilitating long-term or terminal illnesses had at least one patient who said they would prefer to die than remain alive.

The survey follows the case of Reginald Crew, a 74-year-old former Liverpool car worker paralysed from the neck down by motor neurone disease, who was accompanied by a British television team when he visited Switzerland where he died. Mr Crew's wife Win may face a police investigation after accompanying her husband to a clinic run by the euthanasia group *Dignitas*. The British Medical Association (BMA) has consistently opposed euthanasia and physician-assisted suicide. A BMA conference held in March 2000 concluded that physician-assisted suicide would alter the doctor-patient relationship. The association maintains that, even if physician-assisted suicide were legal, doctors should not be obliged to participate. Following the Reginald Crew case, the Medical Defence Union warned doctors against giving help or advice to patients considering travelling abroad for help to die because this could leave them open to investigation. However, Deborah Annetts, chief executive of the Britain's VES, said the vast majority of the public supported Mrs Crew's actions and were in favour of changing the law regarding assisted suicide.

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9. Put your copy where people can find it

Tattoo - No Means No

When the time comes Frances Polack wants to make a swift and dignified exit. At the age of 85, the former nurse is determined to have a last laugh in the face of defensive medical bureaucracy. Mrs Polack has had her chest tattooed with the words 'do not resuscitate', a phrase commonly attributed to hospital doctors. Her body art is the visible expression of a lifetime's conviction. 'Years ago when I was nursing I could see they resuscitated so many people who they shouldn't have. I don't want to die twice. By resuscitating me, they would be bringing me back from the dead only for me to have to go through it again'.

'There is enormous pressure on doctors and paramedics, often from the relatives, to try to revive patients at any cost, even when the patient has made their wishes clear on hospital notes'.

Mrs Polack had carried around a living will in her handbag for many years but began to suspect that if she collapsed no one would bother to check it before they began resuscitating her. Mrs Polack and a grey-haired friend went to a tattooist. She said, 'Now I have a tattoo which declares "do not resuscitate" and a heart design with a "no go" sign through it in red and blue'. She added: 'They were most professional considering they probably don't have old women coming into their shop to have their boobs tattooed every day. I did it to protect me, my family if they were asked for consent, and any doctors involved. I don't know if I want to start a fashion, but I hope I will start a debate'. *Source: Owen Bowcott, The Guardian (UK), 5 March 2003.*



"And no celebrity auction of my stuff"

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**10. Take it with you if you
know you're going to hospital**

Oregon's Assisted Suicide Statistics

Thirty-eight people in Oregon killed themselves with help from their doctors in 2002, the highest number in the five full years that the state's physician-assisted suicide law has operated.

Oregon is the only US state where terminally ill patients can legally obtain lethal prescriptions from their doctors. A report in the *New England Journal of Medicine* showed that doctors wrote 58 prescriptions in 2002 for terminally ill patients who qualified under the voter-approved law, and 38 committed suicide. That is more than twice the number of patients who took their own lives in 1998, the first full year the law was in effect. That year, doctors wrote 24 lethal prescriptions and 16 patients used them. Most who ended their lives were older, well-educated cancer victims. The primary reasons cited included loss of independence, a decreasing ability to participate in activities that make life enjoyable and loss of control of bodily functions. **Assisted suicides**

accounted for 0.1% of deaths in Oregon, far less than the 2% to 5% experts had predicted when the law was being drafted in the early 1990s. People want the option but very few people really use this option.

Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania School of Medicine, said the Oregon law has forced the health care system to improve its end-of-life care and pain management. 'Today it would be seen as malpractice to see someone suffer intractable pain, and that wasn't true five years ago', he said. Opponents to the law repeated their ethical concerns. The Oregon law has survived a federal court challenge and a repeal effort, and was supported by a 1997 U.S. Supreme Court ruling that said that there is no constitutional right to assisted suicide but that states have the authority to pass such a law. *Source: William McCall, Associated Press Writer, 5 March 2003.*

Illawarra Branch

The inaugural meeting of the new Illawarra VES branch was held on Sunday 15 June at the Master Builders Club in Wollongong. The driving force behind this new branch is Avis Jeffares who was elected Secretary/Treasurer and Chris Cartledge was elected Chairman. A crowd of 50, which was much larger than anticipated, attended the meeting with many of them joining the society. Our president Kep Enderby was a very much appreciated guest speaker which he attended with his wife, Dorothy. The details of their next meeting will be posted on our web site at www.vesnsw.org.au

2004 World Right to Die Conference

The next international conference of the World Federation of Right to Die Societies will be held in Tokyo from 30 September to 3 October 2004. The venue will be the Toshi Center Hotel in Tokyo. More details later.

Email: worldfed@pacbell.net

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11. Well done - now you're an activist!

No Good Arguments Against VE: Dutch Report

You may want to live indefinitely. You may want to die at 80, regardless of your health. Whatever the case, says a new report, it's a personal decision, and no arguments against euthanasia are convincing. The report, by Heleen Dupuis of the Department of Metamedica at Leiden University Medical School, is published in *Legal Medicine*. It reviews 25 years of euthanasia in the Netherlands and finds many reasons to support euthanasia and few to ban it. 'No argument against euthanasia can be sustained convincingly. The conclusion may be that, in the absence of convincing moral arguments against euthanasia, the rejection of it has probably more to do with a psychological constitution of a person, than with moral argumentation'. Among the reasons to support euthanasia, the report cites the following:

□ Not a significant cause of death - in the Netherlands in 1995, VE accounted for just 2.4% of 135,000 deaths.

□ Not a significant loss of days - patients who

chose VE died only about one to two weeks earlier than their expected natural death.

□ Shifting causes of death - things that used to kill people - mainly infectious diseases - did so 'gently', says the report, unlike such things as cardiac failure and cancer. 'The latter especially often causing a difficult process of dying and this fact contributes to the need to discuss the gentle death - death became less and less gentle on its own'.

□ Tolerance - the strongest and most undeniable argument for VE is tolerance. 'Why should we burden each other with our personal views on life, illness and dying? Why is not it possible to accept that people have different opinions about the real personal issues of life and death? Why not accept a moral plurality concerning the end of life? This is the real issue that every society with highly advanced medical care has to reflect upon'.

Source: www.BetterHumans.com - Staff report, 21 February 2003.

Tribute to Patricia Thomson - VES(NSW) Membership Secretary

Pat has retired after 14 years with the VES(NSW). She began in 1989 in the cramped offices of Humanist House, Chippendale. In the early years, Pat single-handedly ran the office two days a week. When Carmel became Coordinator, Pat

continued her good work with the membership records and helped with meetings and special events.

She is feeling good after her hip and knee operations and will soon be off on a holiday to Bali to visit one of her sons. Bon Voyage, Pat - thanks for your years of dedicated service - many members will recall your friendly voice on the phone - and thanks for your generous offer to help in future if required.

Easy steps to becoming an activist

12. Ring Carmel if you want to continue your good work.

VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES

Patron: Prof Peter Baume AO

Suite 401, 3 Smail Street ULTIMO 2007 PO Box 25 BROADWAY 2007

Tel (02) 9212 4782 Fax (02) 9211 1498 Email mail@vesnsw.org.au Web Site www.vesnsw.org.au

Editor: Diana Foote Layout: Bob Gallagher

Printer: BEE Printmail, 1/5 Waltham St Artarmon 2064

SUBSCRIPTIONS AND BEQUESTS INFORMATION

Membership subscriptions to VES NSW are \$20 single and \$35 for a couple. Concession rates of \$14 single and \$25 for a couple are available for pensioners and students. Life membership costs \$230 single and \$350 for a couple.

Many loyal friends have found that a bequest is one way they can make a significant gift to further our Society's efforts to change the law and to educate the community. A bequest form is also available from the Society's office.