



VES^{nsw} NEWSLETTER

promoting end of life choice

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Death and dying seem to be everywhere in the news: Senator Bob Brown's Inquiry into the Rights of the Terminally Ill Bill; Victoria's PAD Bill; SA's hope for a new bill: the Caren Jenning/ Shirley Justins trial; the Clem Jones bequest; even the Sydney Writer's Festival seemed to be obsessed with death. Radio National's *Life Matters* had two sessions called *Looking at Death* and talkback radio including *Australia Talks*, 2GB, 2SER, 702, AM, PM rippled with talk

of voluntary euthanasia. (You can access these on our website: www.vesnsw.org.au).

What's happening? Concern with death, dying and euthanasia is nothing new. Are attitudes of Australians (and our elected representatives) - towards 'dying with dignity' and legislation changing? Many think they are.

Death has always had the power to frighten people creating taboos that many believe are being broken as baby-boomers age and watch their parents' dying and form their own ideas about how they will die. Sociologist Allan Kellehear in *A Social History of*

Dying looked to the past to make the point that how a society responds to the dying and respects the dead is a measure of its strength and cohesion. He argues that dying and death need to be rehabilitated back to a more central position in society. Maybe that's happening!

In his address to the AGM The Hon. John Dowd AO discussed religion and the law and called for an 'Elder Law'.

Approx eighty people attended the AGM in April. We elected an almost totally new committee and said goodbye and thanks to retiring committee members. Suggestions for the use of our funds came from members and are under consideration by the new committee. Our next meeting is July 27th 2008.

VESNSW invited the President of DWDV (Dying with Dignity Vic) for discussions about the Victorian Bill and a campaign for a new bill in the NSW Parliament (see Sarah Edelman's report below). It's an exciting time!

Sarah Edelman reports on workshop

On Sunday 7 June Neil Francis, President of DWDV came to Sydney and ran a workshop for our committee members on the Physician Assisted Dying (PAD) Bill that is currently being considered in the Victorian Parliament.



Above right VESNSW committee members with Neil Francis, President DWDV (from left, in zig-zag) Sarah Edelman, Barry Hill, Neil Francis, Giles Yates, Jan Burnswoods, Geoff Taylor, Ian Macindoe and Carl Edmonds.

The Bill follows the approach taken by the Oregon (USA) Death with Dignity Act, with some modifications. Neil has been instrumental in the Victorian campaign, and in the workshop he shared with us the strategies and processes that have contributed to making the campaign so successful.

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The Overkill of Religion in the Law

The address to the AGM by The Hon. John Dowd AO.

Let me acknowledge my friend Peter Baume. He and I have spent a long time in politics trying to make conservative political parties into genuine humanitarian ones. It's a very frustrating process and Peter, I'm sure, can give you many stories about that. Peter has been a great fighter for individual human rights and for humanity.

The subject of your organisation is of itself an emotive one. It affects us all in different ways in terms of fear for ourselves and fear for others. We unfortunately live in a society in which people, who are largely of religious inclination and qualifications are trying to impose their views of the world on others. Basically we are a non-religious society but there are people within it who have been trained in moral principles that are taught by religion but most of those religions do not use the state to impose the moral precepts of those religions upon the rest of society.

It was in the year 800 that Charlemagne was appointed or crowned by a pope thereby creating power over the state. Since that time, and indeed before that, people of religious views have tried to change society or in most cases prevent society from changing.

I want to quote to you from a book some of you will remember. I've used this quote a lot, but it's a book some of you will remember by an author called John Wyndham who was the successor to H G Wells in terms of science fiction and it's called *The Day of the Triffids*.

In that book the world is turned up side down and plants that can blind and kill people have largely taken over. A group of people, some of whom are injured, sightless, and some incapacitated in other ways, come together and look at what sort of hope they have. The oldest person in this group (the oldest person around – which means, my age!) addressed the company and said:

... we must foresee, if we pause to think, that one kind of community virtue may well be another kind of community's crime, that what is frowned upon here is considered laudable elsewhere, that customs condemned in one century are condoned in another, and we must all see that in each community and each period there is a widespread belief in the moral rightness of its own customs.

Now clearly many of these beliefs must conflict. They cannot all be right in an absolute sense. The most judgement one can pass on them if one can pass judgements at all, is to say that at some period it seemed right for those communities to hold them. It may be that they still are, but frequently it's found



they're not and that the communities that continue to follow them blindly without reading the change in circumstances do so to their own disadvantage, perhaps to their ultimate destruction.

Later on the old man says:

Man remains physically adaptable to a remarkable degree, but it is the custom of each community to form the minds of its young in a mould producing a binding agent of prejudice. The result is a remarkably tough substance capable of withstanding successfully even the pressure of innate tenancies and instincts. In this way it has been possible to produce a man who against all his basic sense of self-preservation will voluntarily risk death for an ideal, but also in this way, has produced the dolt, who is sure of everything and knows what is right.

A society grows and develops and remains together by customs, by laws, by conditions. Sometimes laws are appropriate, though you may not like them. Wearing seatbelts, I know can be a very personal issue. I knew one lady who was killed by her car's seat belt. She hit nothing else but the seatbelt. The driver of the car hit the side of the car and she took all the damage on her skeleton and she lived on for another thirty years, but this passenger hit the seatbelt and died from those injuries.

It's an individual matter, but society has an interest because of the consequential costs of the accident. So there are some laws which the community deems compulsory.

Some conventions can determine the future of our society. When Prime Minister Whitlam couldn't get supply and would not present the Bill to the Senate (which would have probably passed it), the convention was, if you can't get supply, you go to the Governor General who then calls an election. He did what was conventional. It wasn't the law. Societies can be created by laws and by conventions and by customs. If you look at African societies, (and I've had a little bit to do now with people in east and southern Africa), you'll find they have customs which are frighteningly controlling.

I introduced laws against female genital mutilation. But my department fought me and for a while the Premier's Office and Cabinet tried to stop me bringing the law in because they didn't want to offend the Muslims because an election was coming up – nothing to do with Muslims of course, but Muslim societies have this practice, unless they're educated.

These issues have created problems for society as to when something ought to be a law and when something ought to be a custom in order to be left as a convention.



What do we need to do? Firstly our society needs to spend more time on what we call 'Elder Law' that is, law that assists us in decisions about how we treat ourselves, what powers and laws we need.

In 1977 I moved a motion in NSW Parliament to remove the crime of attempted suicide. Suicide used to be a civil crime in that you lost property rights and couldn't be buried in consecrated ground (whatever that may mean) and that it was then an offence—that if you'd attempted suicide and were trying to recover you had to theoretically live with the fact that you could be potentially charged with it and this was therefore patently absurd. There were a lot of laws, that were, in fact, totally out of date and that was not only out of date but highly offensive.

On a private members motion, it doesn't come on unless the government decides whether it can or not. But it doesn't go to a vote unless the government so decides. I was an opposition backbencher and having put the motion on and have it duly come up the government then appointed a committee to see if we could settle the matter. And the committee came to me and said: *John our big problem is that a suicide pact might leave one dead and the other not and how are they to be dealt with?*

I responded that they should be dealt with under manslaughter, an act obviously dangerous to human life and if there is a dominant partner who doesn't die – that person can be charged with that offence (and that's relevant to some things I'll say later).

If there's one less dominant who doesn't die then there's no offence. So it can be dealt with in accordance with the law, there may be no sentence because you must remember law creates offences, somebody has to decide to charge, there has to be a conviction, and then, there has to be a sentence.

In some cases, some crimes, there's no sentence, but you can sentence someone to the rising of the court meaning – when I go you go – from court.

So, the law has various ways of dealing with matters.

We then had a debate about suicide, attempted suicide and one of the best contributors was a then

Labor member for Gosford, the late Brian McGowan who used the example of Oates who was with Scott in the Antarctic. He had frostbite and knew he was dying and left the tent saying: *I'm going outside and I may be some time*. He heroically committed suicide by the only means available to him. (His body was never found). I look at that with admiration. Whatever chance they may have had, he gave them.

Take two biblical examples. Samson, who killed the philistines, (and himself), collapsing a building pushing aside its columns. Suicide to eliminate an

enemy. The other example is a more interesting one, when Saul got his servant to hold his sword while he fell on it. When the servant came to David to report what had happened, David was annoyed by this and had the

servant killed.

In effect what the servant had done, and he was obliged to do as a servant, was to participate in a suicide – he participated in an act of voluntary euthanasia.

We've recently seen the example of President Bush crying at the death of a soldier who had fallen upon a hand grenade to save his colleagues. We are used to examples of suicide being an important thing to do in our society. If you read Les Carlyon in his books about WWI you'll see example after example of someone who surrendered his life to save colleagues. These are heroic examples. But these heroic examples don't cover entirely what we're concerned about today.

The church – that is – the Christian church in their various manifestations have a right, a duty to try and 'persuade' society to their point of view, whether it's on issues such as abortion – that's their right and duty.

But to impose that on a society by their will is not their right.

The debate on removing the crime of attempted suicide was taken to a vote and the resolution was passed and legislation was introduced. I was personally attacked by people from the National Party saying that I was in favour of suicide.

Another example was the motion I first moved on male homosexuality. (There was no offence for female homosexuality because in the mid 19thC it wasn't acknowledged that it existed).

Eventually this law too was changed and we no longer treat male homosexuals as criminals. But the 'church' through its various manifestations and religions railed against what they perceived to be an evil and not a matter that the law should have dealt with.

You've got to remember that various religions don't have a mortgage on what the law ought to be – they're not necessarily right.

For instance, Aboriginal law is very much stricter in terms of consanguinity (that is, who you marry)

than Christian or Muslim law, because in an Aboriginal society, your mother-in-law might be the same age as you, you can't walk near or talk to your mother-in-law and there are certain laws to prevent that, rather customs not laws. But under Christian and Muslim law, first cousins can marry. It's not 'wrong' in our society it's not governed by the law.

The Aborigine would be entitled to say: we don't have problems with haemophilia, or genetic defects as, for example in some Muslim societies, where people marry first cousins after first cousins after first cousins, this practice being a generator of defects.

We saw it with the Russian royal family. The Tsar's son was a haemophiliac because of the inbreeding of the royal families. Many have stated that haemophilia is a 'royal disease' but this isn't the case – it's a disease of society and if we're going to do something about it we might decide to pass a law.

Just because our laws are based in Christian ethics – and there are many aspects of Christianity that are fundamental to our law that make it better – churches don't have the right to say what our laws should be just because they disagree with them.

In the Old Testament a man should marry his brother's wife if she becomes a widow so that she had someone to look after her – that was a societal law.

There were other laws: we didn't sign cheques on a Sunday because of a law passed in reverence to a particular group of religions that in fact had nothing to do with anything. This is what I call 'churchianity' rather than Christianity because churches developed these ideas and imposed them on society.

The attacks on me whilst moving the motions on homosexuality and attempted suicide meant that when I became leader of the opposition, the National Party wouldn't support me because I was into those 'trendy things'.

One of the big problems with voluntary euthanasia is the legal issue of aiding and abetting. As most of you know very many doctors facilitate an easier passage out of this life than would otherwise be possible. I think it is appalling that a doctor doing a humanitarian act such as this should have the potential of being guilty of a breach of the law and should, in fact, have the potential of being charged.

I have given my four daughters the right to turn off the tap. That's if my wife's gone first (she wants that pleasure first!). You should make those decisions while you're still able to make them. Those of you who haven't seen a lawyer about appropriate provisions for wills etc should do so.

Are my daughters then aiding and abetting my suicide? Of course they are! Because I want them to! I would trust their judgement more than mine at that time. The doctor who says – look, the pain's going to get bad, I'm going to leave these pills for you but be careful, if you take too many you may kill yourself – is

leaving the person the option, and is in a sense, setting it up. He shouldn't have to go through that sort of underhand action to do it.

Of course, there are other big problems. I now spend some of my time as Deputy President of the Mental Health Review Tribunal where I have to determine, along with others, which people are able to give consent to certain treatments. Electroconvulsive therapy and so on.

Sometimes the patient will say, yes I'm prepared to do it, but we need to be satisfied that it's an informed consent. In fact, in a lot of cases it's not and we have to make the decision on the patient's behalf.

I had one terrible case recently where the evidence before me was saying that the youngish man wasn't mentally ill. But he suffered with suicidal ideation, that is, he wanted to commit suicide and probably would, but the Act said I had to find that he was mentally ill.

The doctors eventually realised that they hadn't presented a case where we could just give him the key and say 'go'. The doctors eventually decided that because of severe mood swings and other symptoms that there was mental illness. Rules that deal with capacity and which affect people with limited capacity are very difficult to determine.

It's also very difficult to determine whose pain is being relieved. The big area where this is an issue is the area of dementia where the person concerned may not have any consciousness of pain

but may be causing pain to others. Sometimes those who want to terminate someone may really want them to die for their own pain. This has to be dealt with by the law, because it's not a good enough reason.

The fact is there are examples of this where someone is helped along because someone has the need to remove their own pain, or a need to inherit.

We need to make sure that voluntary euthanasia is voluntary. When I moved that motion about suicide I was attacked (it's always a measure of some success when people attack you in politics) because the Jonestown Massacre had just occurred.

This is an example of the power of influence over others. These people were deluded into thinking there was a just reason. They were coerced into a collective suicide pact.

Perfectly healthy people who outside that heated atmosphere would never have considered such an action. This was not voluntary.

There are many people who, with counselling, can be prevented from killing themselves when it's not necessary and some people need to be assisted in understanding what that decision means.

I remember one man in particular. This criminal (I can't remember his name) was one-legged and he had the view that one-legged people don't live as long as others. This was his rationale for wanting to

I think it is appalling that a doctor doing a humanitarian act such as this should have the potential of being guilty of a breach of the law and should, in fact, have the potential of being charged.



commit suicide – he didn't have a problem living with one leg – it was just that this belief plagued him. He did kill eventually himself despite the efforts of the many, including myself, who tried to convince him that his belief was false.

What do we need to do? Firstly our society needs to spend more time on what we call 'Elder Law' that is, law that assists us in decisions about how we treat ourselves, what powers and laws we need. We need education about how the Guardianship Board operates. We need better education on the Mental Health Act.

State Government has recently passed a law allowing the Tribunal to release people into the community instead of leaving it to the politicians and the executive. A correct decision I believe, in an area that should not be influenced by government – released people who've been found not guilty on the grounds of mental illness committing a crime should not be an executive decision because of the influence of popularity and the shock-jocks on politicians. Under the new systems the government can say it isn't their decision thereby remaining detached.

Elder Law – the law about what systems there are available should be part of our education – most people in this room would have wills that are in order – but in any given society (even amongst a group of lawyers) you'll find that wills are not on the radar.

New bills (e.g. the new bill being introduced in the Victorian government) will set up mechanisms for proper support of people who wish to die and a support system for doctors who certify that they want to assist them in that process. I want to see doctors doing their therapeutic duty out of the firing line and out of the criminal justice system. It is essential duty because they're asked to it.

I know from dealing with appeals under the Coroner's Act that there have been particular cases where those concerned have wanted the body buried quickly because they didn't want any examination to find the extra dose that had been given to the patient.

There is a need for us all is to protect teenagers because of the issue endemic in this group. We don't do very much for teenagers in our society – except as targets for advertisers.

In any suicide assistance regime we have to insure that the consent is voluntary. Of course, this is not going to always be easy to determine, but if there is a medical process then that is important. We have to ensure whatever legislation is brought in provides protection for the more vulnerable.

We do however need to remember as Bob McMullen said in a recent paper as Parliamentary Secretary ...*watch for those who take the high moral ground, because they may not have that right.* They may have just convinced themselves that they are right and because they believe in a particular interpretation

of a particular faith they have the right to impose their views on others.

We need to make sure that people have the right to refuse treatment and that they sign documents to that effect well beforehand. The fundamental right to life is the right to terminate it. That's the right of us all. And any inference with that by society is wrong. We must act humanely not by our prejudices or because people belong to a particular religion with their particular interpretations of that religion and believe that they have the right to impose their views on other people. They don't have that right. And we must stop them.

Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008

I'm sure members (especially those who made submissions to the inquiry) are pleased that senators have backed a push by the Australian Greens to restore right-to-die laws in the Northern Territory and pave the way for their introduction in the ACT.

The Bill, introduced to the upper house by Greens leader Bob Brown in February, aims to repeal the Euthanasia Laws Act 1997 and thereby allow the NT and ACT to make legislation permitting voluntary euthanasia.



Now we wait to see if Prime Minister Kevin Rudd will allow the Bill to be brought on for debate and a conscience vote. With the Greens holding some power in the Senate, Sen. Brown may be able to exert his influence to get him to agree to allow debate.

Labor senators on the parliamentary committee - Trish Crossin, Gavin Marshall and Linda Kirk - said many of those who gave evidence to the inquiry argued persuasively that the Commonwealth's intervention had been inappropriate. The Labor senators said the Bill should be amended so it did not revive the NT's earlier laws.

Senator Brown says he will use his new Senate powerbroker status to revolutionise 107 years of constitutional tradition and turn the upper house into an activist, law-making chamber. He says:

"The Rudd Government has the bigger agenda, it's got that mandate. We have a much smaller agenda, but we have a qualified mandate, too."

"We went to the election with a whole range of policies, and some of those are going to be legislated. I'm not here for a holiday; I'm not here to play shuttlecock."

In Belgium, Euthanasia And Palliative Care Work Together

A study published on *bmj.com* (*British Medical Journal*) suggests that it is possible for proponents of euthanasia legalization and advocates of better palliative care services to work together for a common good.

Researcher Jan Berheim (End-of Life Care Researcher Group of the Vrije Universiteit Brussel) and colleagues wrote that the two prevailing schools of antagonistic and differing attitudes regarding palliative care and euthanasia fail to recognize that they are, "Both based on medical and ethical values of patient autonomy and caregiver beneficence and non-maleficence."

Euthanasia is the practice of using medicine to assist death, and palliative care is an approach to treatment designed to reduce the severity of disease symptoms instead of curing the disease or delaying its progression.

The researchers conducted a historical review of regulatory and epidemiology evidence from Belgium - the second country to decriminalize the practice of euthanasia (in 2002). Belgium also places third, after Iceland and the UK, in rankings of the best palliative care systems.

Berheim and colleagues point out that in Belgium, euthanasia and palliative care practices have actually helped each other. In one direction, the political and social movement to legalize euthanasia prompted the development of palliative care. In the other direction, the fact that sufficient palliative care was obtainable led to ethical and political acceptance that enabled the legalization of euthanasia.

The development of these two movements, according to the authors, developed coincidentally with shared workers, and this is one reason that the debate in Belgium was not caustic. The debate about euthanasia grew side-by-side with provisions for palliative care.

The researchers failed to find evidence of increased harm to vulnerable patients or disabled people due to the legalization of euthanasia. In addition, although The European Association for Palliative Care expressed concern, legalization did not stop the development of palliative care in Belgium. As the law became closer to being enacted, reports of secret physician-assisted dying and other ethically disputable practices actually declined.

The view among advocates of euthanasia in Belgium was that palliative care complements euthanasia instead of competing with it. Euthanasia is seen as an option at the end of the palliative care pathway, focusing on the preferences of the patient.

Support for palliative care is seen in the euthanasia law that was passed in Belgium. The law mandates that patients who are interested in euthanasia must be informed about potential palliative care, and at the same time the law was passed, a second Act was passed that doubled public funding for palliative care and guaranteed the right to palliative care in every hospital, nursing home, and even at home.

Summary Points

Palliative care and legalisation of euthanasia are widely viewed as antagonistic societal developments and causes

Belgium was the second country to legalise euthanasia but also has among the best developed palliative care



Adequate palliative care made the legalisation of euthanasia ethically and politically acceptable

The development of palliative care and the process of legalisation of euthanasia can be mutually reinforcing

The researchers argue that, "The process of legalisation of euthanasia was ethically, professionally, politically, and financially linked to the development of palliative care."

"The societal debates made clear that most values of palliative care workers and advocates of euthanasia are shared. If Belgium's experience applies elsewhere, advocates of the legalisation of euthanasia have every reason to promote palliative care, and activists for palliative care need not oppose the legalisation of euthanasia," conclude the authors.

Caren Jennings and Shirley Justins convicted over death

A jury has found Shirley Justins guilty of manslaughter and Caren Jennings of being an accessory to manslaughter in the case of Alzheimer's sufferer and former Qantas pilot Graeme Wylie.

Mr Wylie, 71, died in March 2006 from an overdose of the veterinary drug Nembutal, which Jennings had bought and illegally imported from Mexico, and which Justins had given to him in their Cammeray home. He had been diagnosed with Alzheimer's disease in March 2003 and the case centred on his capacity at the time of his death to decide he wanted to commit suicide.

Caren Jennings is suffering from terminal cancer.



Justice Howie adjourned the matter to allow for the gathering of medical and other evidence on sentence to October 7, with a likely sentence date in November.

In the ACT, there will be an election in October. It has therefore seemed timely to seek the views of sitting Members of the ACT Legislative Assembly on VE legislation. We hope also to lobby new candidates.

For our General Meeting on July 17, the following three Members will speak and take part in discussion:

Simon Corbell (ALP), Attorney General
Bill Stefaniak (Liberal), Shadow Attorney General
Deb Foskey (Greens).

We note that there will also be an election in WA, and we are following with interest their pre-election strategies.

We have been active in making submissions and providing reports. We made a submission to the ACT Government on the proposed 'Consenting to Treatment' Bill. There has not yet been any feedback.

We made a submission to the Senate Committee examining Senator Bob Brown's bill on The Rights of the Terminal III. The Chair of the Committee has stressed that the focus would be on constitutional matters and not on intrinsic VE matters, but we note that many submissions included a case for better VE legislation. The Committee is expected to report back to Parliament in the week of June 23.

We responded to an invitation to provide material for the executors of the Clem Jones estate (a generous bequest to bring about legislative change 'so patients who choose to end their lives could be given ways to do so').

The ACT Mental Health Consumer Network is concerned to obtain better Advance Directive legislation (known in the ACT as Health Directions), so we are keeping in touch with them about this and other matters of common interest. We want to achieve national reciprocity for such arrangements. The ACT recognizes such Directions made in other parts of Australia, but ACT Health Directions are not universally recognized in other parts of Australia.

The meeting held in Gosford on 18 April was attended by 26 members (the largest number ever to a regular meeting, and many for the first time) as well as three guests. Since most of our members do not have internet access, the text of the reply to our December 07 letters to the new Prime Minister and Attorney-General, received from the Minister for Home Affairs, the Hon Bob Debus, was read to the meeting. We were all disappointed (yet again) at the news that "The Government does not propose amendment of existing Commonwealth laws concerning euthanasia".

There was much interest in my report from the AGM held in Sydney the previous Sunday, especially my notes on John Dowd AO's interesting speech titled "The Overkill of Religion in the Law". The meeting noted that five (at least) local members were early submitters of responses to the Senate inquiry to discuss Bob Brown's Rights of the Terminally III (Euthanasia Laws Repeal) Bill 2008, and copies of some of the more interesting submissions were circulated for reading. The late burst of oppositional submissions, and presumably names of petitioners without attached public submissions, as well as the names of those chosen to speak to the Sydney public hearing, do not appear to bode well for a sympathetic response to our views by the Legal and Constitutional Affairs Committee.

There was widespread support and enthusiasm for the new formats of our newsletter and website, with many thanks offered to Annemaree for her skilful work.

Since our next meeting scheduled for 15 August is not in a Parliamentary sitting week, we are hoping that one or both of our new federal members will be willing to accept our invitation to be a guest speaker on that day.



CAN YOU HELP?

We're looking for people to act in a voluntary advisory capacity. If you have experience in law, politics, lobbying, surveys, investment advice, public relations, the media, advertising, health care, palliative care or letter writing please contact the office on 9212 4782 to have a chat with Annemaree mail@vesnsw.org.au

CONGRATULATIONS: Prof. Peter Baume awarded AC

Prof. Baume received the highest Australian accolade in the Queen's Birthday honours list: the Companion in the General Division of the Order of Australia. This award is for eminent achievement and merit of the highest degree in service to Australia or humanity at large and we, the Executive Committee of VESNSW, believe it is richly deserved and we warmly congratulate him.

Anyone who looked through his history of achievements and contributions could not fail to see a theme of service to humanity. Running through his medical teaching and writing is the common theme of compassion for the individual as a person. As part of that focus he has championed the cause of voluntary euthanasia, not only through his patronage of the society but through his extensive research and papers on the subject.

Prof. Baume's support bestows prestige, respect, and credibility on the Voluntary Euthanasia Society of NSW and we are immensely proud to have him as our patron.



Oregon: Ten Years Later

Oregon's Death With Dignity law celebrates a decade of flawless implementation and a legacy of better pain management and hospice care

Ten years ago the final legal hurdle to implementation of Oregon's Death With Dignity Act was removed, paving the way for a decade of flawless implementation of the USA's only Death With Dignity Law.

Since 1997, 292 Oregonians have used aid in dying. That's about one in 1,000 deaths. Many more terminally ill people think and talk about aid in dying; one in six discusses it with loved ones. About one in 50 begins the eligibility process by speaking to his or her doctor.

Many consider it; few need to use it. That's as it should be. It's the safeguards that make this law work; the abuses have simply not occurred and the horror stories told by opponents of the law have not occurred.

Oregon now leads the US in hospice care, and the medical profession has undergone a significant change in helping dying patients manage their pain, not just in Oregon, but across the US.

Legalisation of PAD (physician-assisted death) has resulted in more open conversation and careful evaluation of end-of-life options.

Learning From Oregon

Residents in Washington state will decide in November whether to adopt a law that would allow the terminally ill to control the timing and manner of their death. The ballot measure in Washington mirrors Oregon's "Death With Dignity Act."

In an Issue Brief distributed by the American Constitution Society called "Choice at the End of Life: Lessons from Oregon," Kathryn L. Tucker, director of Legal Affairs, Compassion & Choices, and an affiliate professor of law at Lewis and Clark School of Law, asserts that Oregon's Dignity Act, has "harmed no one and has benefited both the relatively few patients in extremis who make use of it and a great many more who draw comfort from knowing this option is available."

Tucker maintains in her brief that Oregon's Dignity Act has "produced distinct benefits," which should be replicated in Washington and other states. Oregon's Dignity Act, Tucker writes, "has galvanized significant improvements in the care of the dying in Oregon." Such improvements according to Tucker's research include a growing number of physicians who are "improving their knowledge of the use of pain medications for the terminally ill, improving their ability to recognize depression and other psychiatric disorders, and more frequently referring their patients to hospice programs."

Tucker concludes that a "wealth of information is now available about Oregon's experience with legal aid in dying, demonstrating that an aid in dying law can be enacted and implemented in a way that harms no one, and that benefits" patients.

Study of the Therapeutic Effects of Intercessory Prayer

A US multicentre randomised trial of uncertainty and certainty of receiving intercessory prayer in cardiac bypass patients.

Intercessory prayer is widely believed to influence recovery from illness, but claims of benefits are not supported by well-controlled clinical trials. Prior studies have not addressed whether prayer itself or knowledge/certainty that prayer is being provided may influence outcome.

They evaluated whether (1) receiving intercessory prayer or (2) being certain of receiving intercessory prayer was associated with uncomplicated recovery after coronary artery bypass graft (CABG) surgery.

Conclusions: Intercessory prayer itself had no effect on complication-free recovery from CABG, but certainty of receiving intercessory prayer was associated with a higher incidence of complications.

JUST BE POSITIVE?

In her book *The Human Side of Cancer*, Dr. Jimmie Holland, a psychiatrist at Memorial Sloan-Kettering Cancer Centre (US), writes about well-meaning families who ask her to help a family member with cancer who's "going to die because he isn't positive and he's not trying."

Upon meeting the patient, she discovers that "maintaining a positive attitude just isn't his style." Asking a stoic to be optimistic or a passivist to fight cancer ignores the coping styles that have helped them in the past. In addition, the pressure to 'be positive' can keep people from voicing fears and concerns that need to be expressed. Trying to force a positive outlook adds to stress and may create a barrier to honest communication.

Dr. Holland urges patients who feel hammered by 'the positive attitude police' to have their doctor, clergy, or therapist explain that "this is an important time for you to be honest about your feelings so that you can get all the help you need."

Victorian PAD Bill & Safeguards

Colleen Hartland, Greens member for Western Metropolitan, gave her Second Reading speech to the Medical Treatment Bill 2008 in the Legislative Council of Victoria on 11 June 2008. The Bill is now official Parliament business. Start of debate has been delayed until the end of July, as there was only one debate day before then.

There are clear procedures and strict safety provisions in the Medical Treatment (Physician Assisted Dying) Bill 2008. In summary:

- The sufferer must be an adult, bona fide resident of Victoria.
- The sufferer must be currently mentally competent to make decisions about their medical care.
- The sufferer must have a terminal or advanced incurable disease with no reasonable prospect of recovery and with intolerable suffering.
- The sufferer must make a written request for assistance without any undue influence.
- The sufferer must be fully informed of available treatments, palliative care and their likely effects.
- Two experienced, independent doctors must agree on the diagnosis, prognosis, suffering and be satisfied the request for assistance is genuine and not the result of undue influence. (Heavy penalties apply for attempting to apply undue influence.)
- If the disease is an advanced incurable one but not terminal, a psychiatric assessment is also required.
- There is a formal documentation process and record trail.
- There is a cooling off period and a second written request must be made.
- Then and only then if all steps have been followed, the doctor may provide a prescription for a lethal drug dose that the sufferer may ingest to die peacefully. Injections are not permitted.
- Coroner's annual summary report goes to Parliament to monitor deaths under the Act.

Colleen Hartland & Ken Smith



Other States

WAVES The so-called Living Will Bill has passed through the WA Legislative Council and has been sent down to the Assembly to consider the amendments. Ranjan Ray, President of WAVES, is hopeful that it will be a mere formality and will become an Act. He says: "...it is an improvement on the other state legislations".

WAVES, alongside Victoria, SA and NSW is renewing its push to legalise voluntary euthanasia.

SAVES At the 2007 Shirley Nolan Rally, Mark Parnell (SA Green MLC) announced his intention to introduce a Bill into the Upper House. The Hon Dr Bob Such (Independent MP) Voluntary Euthanasia Bill 2007 Bill is in the Lower House.



Clem and his wife Sylvia in 1977

Clem Jones \$5m parting gift

Brisbane's former lord mayor left \$5 million in his will to fund a campaign for the legalisation of euthanasia.

As part of a general submission to the executors of the will VESNSW submitted material on the history, structure, and objectives of our society. This was combined with material from other states and territories and forwarded to the executors via Marshall Perron.

The John Elliott Medal

The John Elliott Medal has been established by Angelika Elliott in memory of her husband Dr John Elliott.

The medal (and a prize of \$9,500) will be awarded to the best essay by an undergraduate student (or students) enrolled at the University.



The essay topic will be determined by the Medal Committee, but will generally address the concepts of freedom and choices at the end of life.

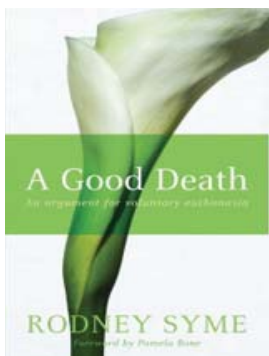
The John Elliott Medal is now the most valuable essay prize at the university after the Wentworth medal.

The award has been established as a result of a bequest for \$100,000.

Dr John Elliott travelled to Switzerland in January 2007 to make use of the Swiss assisted-suicide laws.

The Senility Prayer

Grant me the senility to forget the people
I never liked anyway,
the good fortune to run into the ones I do,
and the eyesight to tell the difference.



A Good Death

Syme, Rodney
Melbourne Uni Press
Price: \$32.95
ISBN: 0522855032

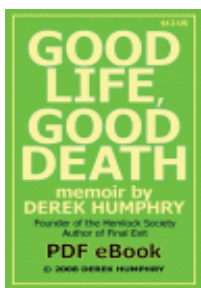
A Good Death is Rodney Syme's extraordinarily candid and controversial account of the many terminally ill people who he has assisted to end their lives.

Over the last 30 years Syme, at first clandestinely and now publicly, has challenged the law on voluntary euthanasia, risking prosecution in doing so. He again risks prosecution for writing this book. *A Good Death* is a moving journey with those who came to Rodney Syme for help and a meditation on what it means to confront death in our culture. It is also a doctor's personal story about the moral dilemmas and ethical choices he faces working within the grey areas of the law.

In *A Good Death* Rodney Syme argues for the end of the unofficial "conspiracy" of silence within the medical profession and the decriminalisation of voluntary euthanasia in Australia. Through Syme's determination to tell the stories of those who he has assisted to die with dignity, *A Good Death* also draws wider lessons of value for those who find themselves in a similar situation.

Available Dymocks, Gleebooks and online

Good Life, Good Death



Memoir of how a writer became an euthanasia advocate

Derek Humphry
\$12.00 (PDF eBook) • 2008
Not available in paperback
ISBN 0976828332

Good Life, Good Death covers seventy-eight years of an eventful life.

Ranging across his childhood in a broken home, with a father in prison, a mother who ran away to Australia the book relates his remarkable experiences in journalism and includes outstanding interviews with famous people, and his struggle against racism. Derek immigrated to the USA at age forty-eight.

The second half of the book deals with his impact on the right-to-die movement in America, beginning and building the Hemlock Society, and pioneering the Oregon Death With Dignity Act (1994), the only such physician-assisted suicide law in North America.

Derek is president of the Euthanasia Research & Guidance Organization, chairman of the advisory board of the Final Exit Network (successor to the now defunct Hemlock), and an adviser to the World Federation of Right to Die Societies, of which he has been president.

<http://www.goodlifegooddeath.com/good-life-good-death-book.html>

My life as a surgeon

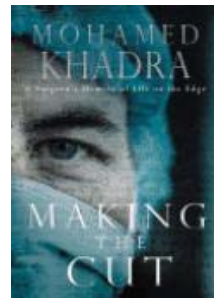
Making the Cut: A Surgeon's Stories of Life on the Edge

Mohamed Khadra
Random House, \$34.95
ISBN 97817416667325

Mohamed Khadra, surgeon, now professor, tells why he gave up surgery after a bout with cancer. He says "Every surgeon makes 10, 15, 20 decisions a day that fundamentally affect people's lives, and we make those without flinching, without real thought for the gravity of each of those decisions," he explains. "If we were burdened with that gravity we'd almost lose our ability to make that decision ... It's a large part of why I've given up surgery."

Khadra had watched his mother die slowly, and he watched so many others desperately resuscitated, plugged in to machines, so they could suffer some more before their inevitable deaths. Everything was geared to saving lives with no regard for consequences. A figure he comes back to constantly is that 70 per cent of the health budget is spent on people in the last six months of their lives.

"Why do we have so many people waiting years for hernia operations while we are spending an enormous amount of technological power on people in the last 30 days of their life? What are we gaining from all that? I don't have the answers but society needs to talk about it so the health professionals get some guidance."



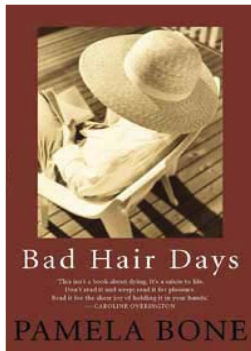
To be a surgeon is to stand, without flinching, in the sea of human suffering and use one's entire resource of knowledge, skill and intelligence to battle it. An intern makes his first cut and is ridiculed by his tutor.

An old woman is brought back to life against her will, only for the unexpected to strike a week later. A notorious surgeon is driven crazy by a massive brain tumour. The mother of a leukaemia-ridden child is driven to desperation.

In this compelling and beautifully written impressionistic memoir, Mohamed Khadra recounts stories from his life as a surgeon, from the gruelling years of training to the debilitating sleepless nights on call. He looks back at the doctors and patients who shaped his career; at the endless stream of humanity - courageous, pitiful, admirable and dislikeable - who passed under his knife, as he recalls shocking tales of mistakes in theatre and the shattered lives of doctors defeated by the stresses of the job.

Documenting the damaging politics in our healthcare system, the soul-destroying choices made for patients and the misplaced hope so common in the face of death, his dramatic account of a surgical life shows what happens when extraordinary events overtake everyday lives - including, even, his own.

Available Dymocks, Gleebooks and online



Bad Hair Days

Pamela Bone
Melbourne Uni Press
Price: \$32.95
ISBN: 0522853692

Pamela Bone was a prominent newspaper journalist and columnist when in 2004 she was diagnosed with multiple myeloma, a cancer of the bone marrow that can be treated but not cured.

dry-eyed, but often darkly humorous, *Bad Hair Days* describes a



journey many baby boomers make working and meeting the demands of everyday life, minus hair and under the influence of chemo, while, outside the front door, the world seems to be going to hell in a hand basket.
Available everywhere

FOR YOUR DIARY

General Members' Meeting

When: 2.00pm Sunday 27 July 2008
Where: SMSA 280 Pitt St Sydney

(Sydney Mechanics' School of Arts)

Guest Speaker: Prof. Colleen Cartwright



End-of-Life Issues and Advance Care Directives

Professor Colleen Cartwright is Foundation Professor of Aged Services and Director of the Aged Services Learning and Research Collaboration at Southern Cross University, Coffs Harbour. She has extensive teaching and research experience in ageing, ethics and medical decisions at the end of life, at national and international levels, with publications in major journals and a number of book chapters.

Colleen assisted with the development and implementation of the Queensland Powers of Attorney Act (1998) and the Guardianship and Administration Act (2000) and regularly runs training sessions for staff of Residential Aged Care Facilities on ethical and legal issues, including advance care planning, PEG feeding, informed consent and capacity, as well as information sessions for community groups on Advance Care Planning



THE FRONT DOOR TO THE BUILDING WILL NOT BE OPEN UNTIL 1.45PM

UPDATE ON NORTHERN RIVERS BRANCH

Bryan Milner would like to let Northern Rivers Branch members know that any funds from the closure of the branch were not spent on a trip to Rio (or Mexico) but are to be forwarded to VESNSW.

ACT Branch - Contact Jeanne Arthur by email: jeanne_arthur@yahoo.com.au

Central Coast - Two more meetings will be held in 2008, from 10am on the third Friday in August (15th) and December (19th), at the Gosford Senior Citizens Centre, 217 Albany Street North. Members who wish to could stay on for lunch at the food hall at the top of Gosford Town Centre. Contact: Romaine Rutnam, particularly if you would like a lift to and from the meetings.

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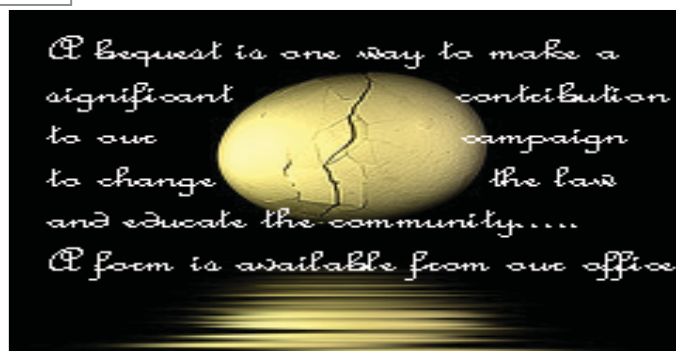
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... from front page

As members may be aware, the Bill currently being considered by the Victorian Parliament aims to give patients with a terminal or advanced incurable illness that is causing intolerable suffering the right to assistance from a doctor to die peacefully. It also provides a framework of safeguards, and has been developed with a great deal of consultation. The Legislative Charter upon which the Bill is based has received endorsement from a number of key bodies, including the Doctors Reform Society of Australia, the Victorian branch of the Australian Nursing Federation, the Victorian AIDS council, Liberty Australia and other groups.

Neil shared with us the key strategies that he and the DWDV team have applied in the process of lobbying for change in the Victorian law. These included developing a Legislative Charter, broad consultation with medical, legal, community and academic groups and the direct lobbying of Victorian politicians. It is a tribute to Neil's enthusiasm and energy that he has been able to secure the support of two Victorian MPs who have agreed to sponsor the Bill. Neil also described the process of writing and targeting of submissions, and the



use of surveys and the media in promoting the cause and providing up to date information on the views of the political candidates in last Victorian election.

As a workshop participant I found the day extremely informative and inspirational. Neil is an absolute dynamo, and undoubtedly his energy, enthusiasm and dogged determination have been key factors in the success of the Victorian campaign. In particular, his ability to develop good working relationships with key individuals and professional groups has proved a great source of useful information as well as vital support for the campaign.

In talking to other committee members, there is broad agreement that the workshop has been extremely valuable not only in providing practical strategies that VESNSW can use in our advancing own campaign, but also in restoring our faith that change is possible.

In our next committee meeting we will be looking at how we can use the lessons from the Victorian experience to further advance the cause of legislative change in NSW.

VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES

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SUBSCRIPTION AND BEQUEST INFORMATION

Membership subscriptions to VESNSW are \$30 single and \$50 for a couple. Concession rates of \$18 single and \$30 couple are available for pensioners and students. Life membership costs \$550 single and \$800 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 available from the Society's office.

