



VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INCORPORATED)

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DR FAYE GIRSH VISITS

In October 2005, on her way to Brisbane for the EXIT conference, Dr Faye Girsh came to Sydney to address the VES meeting. Her talk was both interesting and entertaining, greatly appreciated by the members present.

On the Board of the World Federation of Right-to-Die Societies, Dr Girsh also edits the newsletter. 'What is going on in the world is very important because there is nothing that happens in Sydney, in Denver where I live, or in Switzerland, that doesn't affect the rest of us in the movement,' she told the meeting. While she always enjoys visiting Australia, Dr Girsh was particularly pleased to be here in 2005, the 10th anniversary of the first voluntary euthanasia law in the world.

Dr Girsh spoke about the Australian Federal anti-suicide legislation (which came into effect in January 2006), labelling it 'an abomination' and predicting that this Bill will affect everybody in the world – those of us in the movement, but also the broader aspect of civil liberties. 'At the recent meeting of the World Federation of the Right-to-Die Societies in Turin, Italy, everybody was very concerned that this could have an affect on other countries, especially the USA that has the same kind of censorship mentality,' she said.

'So here it is, the irony of being the 10th anniversary of the Rights of the Terminally Ill act and also the onset of what is the most vicious censorship that has happened yet to our movement,' Dr Girsh said, urging members not to be daunted by those who think we shouldn't have the right to control our bodies and our lives.

Giving background detail in the matter of the US Supreme Court's dismissal of Attorney General John Ashcroft's challenge to the Oregon law, Dr Girsh told the meeting that in the USA the use of classified drugs to help people to die is a matter of states' rights, just as it is here. If the court finally rules with Ashcroft, the

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Federal Department of Justice will control how medicines are prescribed, a control it has never had before. 'It will have a serious effect on pain medication and other uses of narcotics,' Dr Girsh said.

'There is no problem with the working of the Oregon law – unless, perhaps, that it is under-utilised. Only 280 have used the Death with Dignity Act to end their lives peacefully in 7 years; in fact, recent indications are that there is more assisted dying going on in other states than there is in Oregon', Dr Girsh said.

'The Oregon law has worked very cautiously. It is not voluntary euthanasia, it is physician-assisted suicide; it is restricted to terminally ill patients with a prognosis of 6 months. The patient must make a voluntary request and be examined by two attending physicians who confirm the diagnosis, and the patient must be mentally competent to make the decision and if not, the person must agree to a psychological or psychiatric examination. To ensure this is not an impulsive request, there is a 15 day waiting period during which the patient must make the request twice orally and once in writing, and the doctor must explain all alternatives, e.g. hospice care or other forms of treatment of which the patient may not be aware. Then after 15 days the doctor gives the patient pills? NO – an injection? NO – a prescription? YES. A piece of paper, that is the physician-assisted part of it, a piece of paper! After being given the prescription the patient must wait another two days before taking it to a willing pharmacist. ...Of course you have to find a willing doctor but you also have to find a willing pharmacist.'

Dr Girsh reported that about 208 people have actually died using that system. There are another 100 who have got the prescription who are either still alive or who have died naturally. She went on to say, 'Part of the low utilisation is that this law has been under attack – the first attack in '94 when it was challenged by a disability group and then since '97 when it went into effect, the challenge by Congress, by the Attorney General, even challenged by the Oregon legislature.'

A stat came out a few years ago which suggested that about 4 times as many people end their own

lives by refusing food and hydration in Oregon as they do by using the Oregon law.

'It is much easier to die by refusing food and hydration in a way and you can be much sicker and all you have to do is to lie there and stop eating and drinking. In fact, the age of the people who died by refusal of food and hydration was about 10 years older than the people who died under the Oregon law. You have to be ambulatory, you have to visit your doctor, you have to mix the medication, you have to spoon to mouth, you have to be able to swallow to use the Oregon law.'

'Recently both Jeremy Purvis of Scotland and the UK's Lord Joffe have drawn back a little from the voluntary euthanasia laws they were proposing', Dr Girsh told us, 'after they visited the Netherlands and Switzerland, then Oregon to see how their laws were working. Because of the opposition to their VE proposals, they have both now presented an Oregon-type law. Even though it is so restrictive, it may be a model for other countries to consider *because* it is restrictive.'

VES President Kep Enderby asked Dr Girsh how many states in the US have the power of referendum to initiate legislation. Dr Girsh replied that Oregon is one of 34 states that permit their voters to vote on legislation. The law was not cast by the legislature, but passed by referendum of the people. She went on to explain the difficulties and costs associated with initiating a referendum. In 1994 Oregon's voters passed the law by 51%. It was then challenged in the court and held up in the courts for 3 years before passing again, this time by 60%, on a referendum. In 2000, Michigan's referendum failed by 1%. Dr Girsh described the experiences of other states, such as Michigan where the Catholic Church put more than \$10 million into the defeat of the legislation. While they have been trying to go through legislatures, as we are here in Australia, they are now working in California and Vermont.

Great changes have occurred in the US organisations. Dr Girsh explained, 'The Hemlock Society which would have been 25 years old this year, decided in 2002 to become a little more conservative, thinking the name Hemlock very defiant and too suggestive of suicide. The board first changed the logo, and eventually changed the name to End of Life Choices. In 2003, the Board

decided to merge with Compassion in Dying which was an organisation based in Oregon about 1/3 of the size of Hemlock and it was a different philosophy. It is those philosophical differences I think that are reflected here in Australia – in other countries too and they’ve got a little more dramatic in the US.’

Dr Girsh went on to speak about Derek Humphry’s book *Final Exit* which came out in 1991 and is now in its 3rd edition. ‘The book says that people should know painless, quick, gentle, effective methods to

die – they should be able to read about this and do it themselves when they have very careful instructions and they should also know how not to do it. They should know why they shouldn’t shoot themselves which is the method that most people use in the US. The lucky ones are the ones who succeed. Many people take the gun to their head and shoot their eye or something like that. It is barbaric!

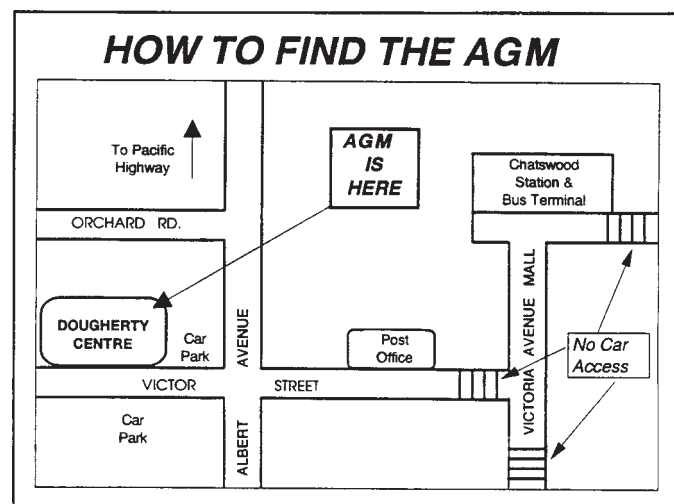
‘While the Hemlock Society was sponsoring legislation for legal control of physician-assisted

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FOR YOUR DIARY

Meetings

- **Annual General Meeting, 2pm, 26th March 2006** at the **Dougherty Centre, Victor Street, Chatswood**. Our guest speaker will be **Bob McMullan MP**, on *The Politics of Euthanasia*.
- **ACT Branch** – enquiries on 6242 0066
- **Central Coast Branch** – Four meetings are planned for 2006, on Friday 3 March, 19 May, 18 August and 15 December, starting at 10am in **Meeting Room 3 at the Gosford Senior Citizens’ Centre, 217 Albany Street North, Gosford**. Many members 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.
- **Illawarra Branch (Support Group)** – For information please contact VES Illawarra Branch, PO Box 8, Keiraville NSW 2500, or phone 4229 2789.
- **Northern Rivers Branch** – Contact: Bryan Milner, 6680 1961.
- **Email:** Readers of this Newsletter are asked to help to get as many VE supporters as possible to send in their email addresses. Email is the quickest and cheapest means VESNSW has of keeping members informed. If you or your friends would like to be contacted by email please send us your email address to: mail@vesnsw.org.au
- **Confidentiality:** VESNSW does not provide information about individual members or give the membership list to any person or organisation under any circumstances.
- **EXIT International** – website, www.exitinternational.net
- Visit the VESNSW web site at www.vesnsw.org.au



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dying in their care,' Dr Girsh said, 'We were also offering our members and the general public information about how to die peacefully, while knowing that it was going to be a long time before people would have the opportunity to die peacefully, legally. The Caring Friends program is something like Nancy's Friends, but it trained Hemlock members, just regular people, to work with other members who were either terminally or hopelessly ill and to follow them from the beginning and when they were ready to die, to be present when they chose to die and teach them how they could do this themselves. We didn't want to break the law and so we didn't provide physical help and we couldn't provide the means, but we could tell them how to get the means themselves.

'When Hemlock merged with Compassion in Dying they dropped the Caring Friends program and had a slightly different program that always works for terminally ill people, primarily using medication that has to be somehow obtained from the doctor.'

After the merger in 2004, many including Derek Humphry and Dr Girsh did not like what was happening so they formed a new organisation, the Final Exit Network. The philosophy is entirely different – the Network essentially carries on with the Caring Friends program using non-medical methods and is a program of community-supported dying. Dying is part of medical procedure. 'We have a medical director and he doesn't write prescriptions and we don't use medical means,' Dr Girsh said. 'So it is a different philosophy and we work with non-terminal as well as terminal members. We go anywhere in the country – the Final Exit network people are called Exit guides – we train them and they go any place in the country. So far there has been no problem with what we do. We work very discreetly and studies have shown that the authorities are not particularly interested in prosecuting in regard to

these deaths, and as long as we maintain a fairly discreet presence, I think we are being very useful.'

Dr Girsh spoke of Dr Jack Kevorkian who will be eligible for parole in 2007 when he is 80 years old. A movie has recently been made about him.

Asked to report on the world situation, Dr Girsh began with a request that VESNSW re-join the World Federation of the Right To Die Societies. 'The Federation, which is 25 years old, is trying to facilitate things that go on around the world, not just communication between countries, although that is a big factor and we do that through meetings every other year like the one in Melbourne in 1996. Next year's meeting is in Toronto and the one after that is in Colombia. As I said, what affects me in

Denver and what affects you in Sydney is a result of what goes on maybe in Switzerland. Like the 'suicide tourism' that Ludwig Minelli of Dignitas in Zurich, Switzerland has started. I was with Minelli last week – I was touring and I went to Zurich to see what the situation was like there and it was quite interesting.

'In 2003, both Holland and Belgium changed their laws to permit voluntary euthanasia and physician assisted dying. But Switzerland actually had a law for

more than 50 years that permits a doctor to help a patient die as long as there is no personal gain and criteria are similar to Holland's – unbearable suffering from an incurable or terminal illness – so the German-speaking part of Switzerland started the EXIT society back in the 1980's to actually provide personal help to people under this change in the penal code.

'In 1998 that Society had one of these many political upheavals as we seem to have in this movement and Dignitas, Minelli's group, broke away. Dignitas essentially uses the permissive Swiss law but has said it is open to people from other countries. A number of people from Great Britain have gone there and that has got a lot of publicity in Great Britain and there have been legal challenges, say to the wife of Reginald Crew (he had motor neuron disease and his wife took him to



Dr Faye Girsh

Switzerland). At one point they were going to charge her with some crime, but those charges were dropped.

‘Minelli keeps an apartment in Zurich and goes through the medical records and has several doctors who examine the patient and decide whether or not they will prescribe sodium pentobarbital for their deaths. Recently, Minelli opened an office in Hamburg, Germany. Germany is an interesting paradox – it has a law just like Switzerland, that permits a doctor to help a patient die, but there is also a law which says that if you are with somebody who is dying and you don’t try to save them, that’s a crime. So, of course, they don’t do it.

Minelli has a long history of being a rather well known and controversial human rights lawyer in Switzerland. He says that he despises paternalism, whether it’s from doctors, the church or his government. He is now challenging the German law on the grounds of the European Convention on Human Rights which essentially says that permitting people to suffer unnecessarily is against human rights. To no avail, that law was used by Diane Pretty, who was also a motor neurone case in Great Britain, when her case went up to the European Convention on Human Rights. Minelli is using that to change the law in Germany and meanwhile he is bringing people into Zurich to help them die. The law specifically says that no personal profit can be gained by helping somebody die, so there are two organisations in Switzerland. In the German-speaking part there is EXIT and in the French speaking part there is EXIT. The French-speaking part is run by Jerome Sobel who is a practising physician and a volunteer actually, and they have now started to send volunteers to people’s homes, screening a person, working with a person and, when the person is ready, to give them the (medication) that can be prescribed legally in Switzerland, and the person dies. The EXIT Society in Zurich has a room in case the person can’t die at home for some reason or other. That’s been going pretty well but there is concern that Minelli’s activities will essentially overturn the whole law in Switzerland because the Chief Justice or Chief Prosecutor will decide whether Minelli’s activities are legal and in fact whether the whole law should be rescinded.

‘The two EXIT Societies are very upset with

Minelli. Minelli doesn’t really care and he counters their accusations with saying that he follows the law. His books are not open, their books are open – he does not use volunteers to work with these patients who come. He pays his staff and he actually pays them by the death and he says it is very emotional and physically-draining job and they should be paid well. He has 6 full time people there; the EXIT society has 6 full time people, they pay their doctors to prescribe, so they work sort of similarly, but not.

‘An interesting footnote on this is Jerome Sobel, the doctor in Geneva, of the French speaking EXIT got a call from a movie-making company in Switzerland to ask if they could make a documentary about the activities of the EXIT Society there. He agreed and we showed it at our meeting in Turin and it is going to be commercially available commencing in January. It seems astonishing to me. You know, Philip Nitschke has had movies made by the Australian Broadcasting Company which are amazing to me. In one he showed the journey of Max Bell, who was his first client, travelling all the way up to Darwin from Broken Hill and then was turned down because Philip couldn’t get the second signature and also a psychiatrist’s signature and Max Bell drove all the way back to Broken Hill with his stomach cancer and died a horrible death. But he allowed the ABC to videotape that. Another was *Mademoiselle and the Doctor*.’

A question from the floor: What would you say about a film like that affecting people’s thinking?

Dr Girsh replied, ‘Actually, surveys were done, especially... When Kevorkian started in 1980 there was about 45% support for assisted dying and in the 8 years that he did his thing, it went up to 75%. When he was tried, the surveys that were done, and albeit they were done by CNN and different organisations, showed a majority of support for Kevorkian. If this is a good film, I think it will certainly help. I have to tell you, it will not help the organisation of which I used to be president – Compassion in Choices is very anti-Kevorkian. Hemlock was pro-Kevorkian; we gave him about \$35,000 for his legal defence. Some people say he hurt the movement, very much like the controversy with Philip, very much like the controversy now with Minelli. ■

EXIT CONFERENCE, NOVEMBER 2005

Thanks to Beryl Rawson from the ACT Branch and Carmel Marjenberg, our VESNSW Coordinator, for contributing to this report.

There were 250 members present, from all Australian States and Territories and several overseas countries.

The gathering was lively and positive (much laughter) in spite of forthcoming restrictions on electronic communication about VE which will affect us all and will force some of Philip Nitschke's operations (e.g. website) to go offshore. One speaker (Greg Barnes, lawyer and journalist) described the audience as 'the most feisty and articulate' of any that he had encountered at a conference.

Participants included Evelyn Martens (Right to Die Canada), Dr Faye Girsh, Lyn Allison (Democrats senator), Barnaby Joyce (Nationals senator), Ian Cohen (MLC NSW, Greens), Janine Hosking (film-maker), Terry O'Gorman (Australian Council of Civil Liberties), Marshall Perron (former Chief Minister, NT), Kep Enderby (QC, President of VESNSW, and former Attorney General in Whitlam government), Brian Greig (former senator, Democrats), and representatives of VE societies in all States and Territories.

The relationship between EXIT and VE Societies was discussed. Cooperation is to be encouraged, but some speakers urged that VE Societies focus on legislative reform and EXIT on DIY methods of dying with dignity.

A video link between **Philip Nitschke and Ludwig Minelli of the Swiss organisation, Dignitas**, was followed by a most interesting panel discussion.

Three Brisbane sisters told their compelling story of flying to Switzerland and attending the Dignitas clinic with their terminally ill father, who was determined to die with dignity at a time of his choosing. They told of the many requirements prior to being accepted by Dignitas into the program and then how the family travelled together, drawing strength from each other and all discussed the accepted their father's wishes and backed him up.

A very interesting film was shown of the group who were at a country farmhouse for the purpose of

making a 'Peaceful Pill' from scratch. This was done just prior to the start of the conference and the film was all the more impressive for being put together in such a short time.

Coming from Canada the Canadian Humanist of the Year, **Evelyn Martens** was a speaker. She is a Right to Die Canada member who was arrested for assisting a suicide after a policewoman befriended her, posing as a relative of a woman who had died, in order to obtain information on what was involved. After a harrowing time, Evelyn was acquitted by a jury of all charges.

The **Bob Dent Award** for 2005 went to Tasmanian John Godfrey who was found guilty of assisting his mother, Elizabeth, to commit suicide, but he was given a suspended sentence. His brother, Bill, accepted the award on his behalf.

A.G.M. GUEST SPEAKER

Bob McMullan MP, Member for Fraser (Australian Capital Territory) will speak on the topic **THE POLITICS OF EUTHANASIA** at our Annual General Meeting (see Diary).

Bob McMullan was born and educated in Perth, Western Australia. In 1975 Bob became Secretary of the Western Australian Branch of the Australian Labor Party (ALP). In August 1981 he was elected National Secretary of the ALP and moved with his family to Canberra. In February 1988 Bob was sworn in as Senator for the Australian Capital Territory in the Senate. He went on to serve as a Cabinet Minister in the Keating Government, including a period as Minister for Trade. Following redistribution in the House of Representatives, Bob stood for the seat of Canberra in 1996 and was elected. He then served in various shadow portfolio areas. Following redistribution in 1998, Bob McMullan became Member for Fraser in the House of Representatives, a position he still holds today.

IN THE NEXT ISSUE

- Terminal Sedation, from NVVE, the Dutch VE Society.
- Kep Enderby, VESNSW President, report to the AGM.
- Notes from the talk by Bob McMullan, MP.

EUTHANASIA'S GROWING ACCEPTANCE

Euthanasia is legal in only a few countries, but even where it is prohibited judges are increasingly reluctant to punish offenders.

A recent example is the case of English father, Andrew Wragg. Wragg's 10-year-old son, Jacob, suffered from the degenerative disease of Hunter's syndrome and had multiple disabilities. On July 24, 2004, his father smothered Jacob, afterward calling the police to tell them he had killed his son, the BBC reported Dec. 12.

During the trial, the prosecution argued that Wragg's act was a 'selfish killing', carried out because he could no longer cope with looking after the boy. But the judge, Justice Anne Rafferty, said the case was 'exceptional' and that there was nothing to be gained by sending the father to jail. Wragg was given a suspended jail sentence.

A similar case occurred three months earlier. On Sept. 3 the Times reported that Donald Mawditt admitted helping to kill his wife by giving her antidepressants, then suffocating her. His wife, Maureen, suffered from hemochromatosis, a condition that causes too much iron in the blood, damaging the liver and pancreas and causing heart failure. She was told she had only a 50% chance of living longer than two years. During proceedings, evidence showed that the couple had made a pact when they married to end each other's life if they fell terminally ill. Judge Thomas Crowther decided that the case was 'exceptional' and spared him a prison term. Mawditt received a three-year conditional discharge.

Another 2005 case was that of Brian Blackburn, who pleaded guilty to the manslaughter of his wife, Margaret. The Guardian newspaper last Jan. 15 reported that Blackburn killed his wife, then unsuccessfully tried to commit suicide. His wife had an advanced case of stomach cancer and would have died within weeks. Judge Richard Hawkins said that the case was one of 'exceptional circumstances', and Blackburn received a suspended jail sentence.

Australian judges are also sparing relatives from jail in similar cases. A case in point is that of Catherine Anne Pryor, in Tasmania. Pryor was found guilty of the attempted murder of her mother and

pleaded guilty to helping her father commit suicide, the local Mercury newspaper reported Dec. 20. In March 2003 she gave her mother an injection of insulin, and about eight months later injected her father with insulin and pethidine and put a plastic bag over his head until he stopped breathing. The court was told that both parents were in poor health. Anne Grant was 77 and in the early stages of dementia and Peter Grant was 79 and suffering from terminal cancer. Pryor received two suspended jail sentences. Justice Michael Hill declared "he did not think the community would want her to go to jail," the article reported.

Earlier last year, in the first case of its kind in NSW, a local court magistrate, Alan Railton, set free Fred Thompson after he killed his wife, Katerina. According to the Sydney Morning Herald of Feb. 21, he gave her six sleeping tablets, then suffocated her.

She was suffering from advanced multiple sclerosis. Initially, authorities thought it was a natural death, but later Thompson admitted his deed to the police.

London, 7/1/2006 (Zenit.org)

A man is 81 years old and loves to fish. He was sitting in his boat the other day when he heard a voice say, "Pick me up."

He looked around and couldn't see anyone. He thought he was dreaming when he heard the voice say again, "Pick me up." He looked in the water and there, floating on the top, was a frog.

The man said, "Are you talking to me?"

The frog said, "Yes, I'm talking to you. Pick me up. Then, kiss me and I'll turn into the most beautiful woman you have ever seen. I'll then give you more sexual pleasure than you ever could have dreamed of."

The man looked at the frog for a short while, reached over, picked it up carefully and placed it in his front breast pocket.

Then the frog said, "What, are you nuts? Didn't you hear what I said? I said kiss me and I will give you sexual pleasures like you have never had."

He opened his pocket, looked at the frog and said, "Nah, at my age I'd rather have a talking frog."

CENTRAL COAST NEWS

28 people attended the meeting on December 16. We were disappointed that Senator Marise Payne had to pull out of attending as previously agreed, due to her mother's illness. There was much discussion about the impending enactment of the legislation which her Senate committee supported – to make it illegal to use a telecommunications carriage service to counsel or incite another person to commit or attempt to commit suicide.

The meeting heard reports from members who attended Dr P. Nitschke's meeting in Newcastle and the Exit International Conference the previous month. The four meetings in 2006 will be on Fridays 3 March, 19 May, 18 August and 15 December, as detailed in the Diary section.

At the request of members I have arranged for a representative of the NSW Ambulance Service to attend the meeting in May, to discuss how to ensure that members' advance directives are followed in the event of attendance by ambulance officers in an emergency.

December will be a more social event when they will each bring some food or drink to share.

In January 2006, both local free newspapers published my letter to the Editor, unusually without amendment:

'I wonder how many of your readers know that the Federal Liberal Party, with the support of its coalition partner the Nationals as well as the ALP, have now added to the curbing of free speech in Australia with its enactment last Friday of the "illiberal" Criminal Code Amendment (Suicide Related Material Offences) Act 2005.'

At our last meeting for 2005, members of the Central Coast branch of the VES of NSW decided to continue to publicise and protest this decision. We hope that Senator Marise Payne, chair of the committee which approved this amendment last year, will be able to make one of our next two meetings (March or May) after she postponed her visit for last December. If anyone is interested in learning more about this issue, please contact me .

As a result of this publicity, I received many phone calls and requests for membership application, and look forward to new faces at our March meeting.

(Dr) Romaine Rutnam, Convenor

NORTH RIVERS NEWS

Our last meeting on 22nd November, featured Elaine Arch Row , secretary of the Gold Coast Support Group of the VESQ. Elaine recounted her experiences as one of the peaceful pill team. There was also coverage of the Brisbane Exit Conference.

Our next meeting, probably to be held in May, should feature Dr Faye Girsh, roving ambassador of the World Federation of Right To Die Societies. Meeting date to be advised.

I receive a number of calls relating to Exit matters. Whilst I am happy to assist where possible, it is usually necessary to contact Exit directly (0500831929). They have a workshop coming up in Lismore on Sunday, 23rd April. Please note that persons wishing to attend should have been Exit members for at least six months.

Like many others, I was fascinated by the progress of the RU486 private members bill through the parliament. The substantial defeat of the religious right was highly encouraging and not a little surprising. It did show that many of our politicians are capable of assessing issues on their merits rather than their religious affiliations.

Is it too much to hope that a sensible debate on euthanasia could be carried out in the not too distant future?

With a State election due in the next twelve months and a federal election not long afterwards, should we not be turning our thoughts to the political? Our last minute mini campaign against Larry Anthony (against VE) may have been a deciding factor in his narrow defeat. I believe we should be grilling all candidates on their attitude to VE and trying to promote VE as an election issue, especially in marginal seats. A 'Marshall Perron' type senate candidate could do surprisingly well. OK so we would need a substantial budget for this. Pity Kerry Packer's not still around.

from Bryan Milner

There are 6,000 children throughout the world who die from contaminated water daily.

The right to life campaign should be focussed there where it can do good and allow a legitimate place in our Society for the right to death.

A LETTER FROM HOLLAND

(Verbatim)

Dear Friends,

Since years you are sending me your Newsletter and I am very satisfied about that.

I am very sorry to hear about the situation in Australia (Newsletter, ERGO-mail and personal contacts with Philip).

But there is one item you never mentions: terminal sedation.

If there are 'retractable symptoms' (fatigue, bedsores, anxiety, pain - in a minority of cases, etc.) in the end of life, patients will have an infusion of Dormicum until they are in a coma, no feeding and they will die within a few days.

Gerrit van der Wal of the Free University in Amsterdam has published details about this all in 2003.

We have today around 4000 cases of active euthanasia a year, which have to be reported and tested by a committee.

But we have around 17,000 cases of terminal sedation, not reported because it is seen as normal medical treatment!

Officially these patients are in their terminal phase but 5% could have lived 3-6 months!

So, terminal sedation is more and more an escape for euthanasia.

By the way this method comes from hospices in England: I have seen it in Saunders clinic in 1986!

Please let me know if terminal sedation exists in Australia and do not hesitate to ask me more information.

With best regards,

Pieter Admiraal

FREEDOM OF SPEECH IS DEAD WHERE EUTHANASIA IS CONCERNED

On 5 January, the Sydney Morning Herald printed this letter from Marshall Perron.

Tomorrow, those with terminal illnesses will be restricted in discussing the end of their lives.

Australians have a long history of open ideas and frank discussion, both within and between governments but also in the community, despite having no constitutional right to free speech.

Yet the new Criminal Code Amendment (Suicide Related Material Offences) Act, which becomes law tomorrow, is set to change the cultural landscape by

ASSISTED SUICIDES IN BELGIUM

Some 400 cases of euthanasia were reported in Belgium last year, up from 200 cases four years ago when the practice was first legalised, according to new figures.

About one third of assisted suicides are the result of a surgical procedure. In some cases, medical treatment is stopped or not started at all, said Wim Distelmans, chairman of Belgium's euthanasia evaluation committee.

Some 80 per cent of euthanasia cases were performed in the northern region of Flanders, where there is a network of specialised doctors, Distelmans was quoted by Het Volk newspaper as saying.

Belgium legalised euthanasia in 2002, becoming the second European country after the Netherlands to do so. National legislation defines euthanasia as an act practiced by a third party intentionally ending the life of a person at his or her request.

Euthanasia can be practiced by doctors only on patients who have reached the legal adult age of 18 and who have made a specific, voluntary and repeated request. A patient seeking euthanasia must be in a hopeless medical situation and constantly be suffering physically or psychologically, the Belgian law says.

If the patient is not terminally ill, the doctor must seek a second opinion from either a psychiatrist or a specialist in the disease involved. In 2004, there were 360 reported euthanasia cases.

Source: UPI, 7/2/2006

prohibiting free and open dialogue between Australians in a fundamental way.

The law will make it a crime to use a telephone, fax, email or the internet to discuss the practicalities of end-of-life options.

Passed by Federal Parliament in July with the support of the Labor Party (with the Greens and the Democrats voting against it), this law is a blow to the rights of the terminally ill and to the many elderly people who support voluntary euthanasia.

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The act will exacerbate the concern of the elderly and the terminally ill about control over their lives, and deaths. It is only through knowing what lies ahead and what the options are that they can get on with living the here and now.

Since Kevin Andrews' federal private member's bill overturned the Rights of the Terminally Ill Act of the Northern Territory in 1997 Australia has gone backwards where it comes to basic human rights about the end of life.

Ten years ago Australia led the world in progressive but careful and well-considered legislation on voluntary euthanasia, yet it would seem that today we lead the world in something quite different.

My interest in and commitment to voluntary euthanasia comes from the belief that it is the fundamental right of every competent adult to have control over when and how we die.

Terminal illness comes in many forms and rarely is it pleasant. A decision that death is preferable to the life one lives, or faces, is one only the individual can make. If you have no overbearing religious belief which tells you that suicide is sinful, then it is to everyone's own conscience whether to make this most important of all decisions. However, there is more to my support for people's right to choose than the pain and suffering that comes with serious illness. My experience with Dr Philip Nitschke during the time of the Rights of the Terminally Ill Act and since has maintained my understanding of the upside of choice.

Once the elderly and the sick have options, they stop worrying. They stop being engulfed by an anxiety of an awful, undignified death which might, given age and illness, be round the next corner. As a 90-year old told me: "I do not fear death, I fear the way death will come."

It was no surprise to me, therefore, that of 1100 elderly people surveyed recently by Exit International, well over 80 per cent reported feeling less worried about the future once their end-of-life choices had been explained.

And this is why this new law is so dastardly. Information is about providing choice. Information is not about encouraging rational people to suicide any more than family planning information is an incitement to teenagers to have sex outside of marriage.

In both cases, the intention of the targeted provision of information is to allow people the ability to make fully informed, rational decisions about important life (and death) issues. Ignorance is not bliss. And people are not stupid. This is a point that the politicians who voted for this new law seem to have missed.

Ministerial comment since the bill was introduced suggest that this is the Government's well-intended attempt to protect Australian teenagers from the suicide chat rooms of the online world. This objective is noble. But given that almost all teenage suicide websites are hosted outside Australia, the efficacy of abolishing a genre of internet use which was never widespread

must be questioned. Ironically, this law leaves those who have nothing but evil and harmful intentions towards our children untouched and undeterred.

As a former politician I know the trade-offs that it takes to make a good idea into law. On the flip side, I am also aware of the dangers of bad laws and the damage that can be done through unintended consequences. The Suicide Related Material Offences Act is modern-day book-burning, yet history tells us that book-burning is the act of the ignorant.

The leading method of suicide of the over-70s is hanging. The proportion of these people who take their own lives due to illness and old age is unknown. What is clear, however, is that with access to information and assistance this rate would almost certainly fall. Who then would not be better off? I ask you.

Marshall Perron was chief minister of the Northern Territory 1988-95 and was the architect of the world's first voluntary euthanasia law.

GREENS RAISE ISSUE OF VE AGAIN

Voluntary euthanasia is set to be revived as a hot political topic this year, with the Greens on a mission to force the overturning of federal laws blocking its legislation.

Greens Leader Senator Bob Brown said he would rekindle debate about it. His goal would be to move a motion rescinding the federal law.

'This is not a matter that should be left to the courts,' Senator Brown said. 'It is the obligation of legislators.'

WHY DO LAWYERS PLAY SUCH GAMES?

by Paul Kaufmann

The Federal Criminal Code Amendment (Suicide Related Material Offences) Act was assented to on 6 July 2005 and came into force on 6 January 2006. It adds two sections to the Criminal Code.

The new section 474.29A relates to 'using a carriage service for suicide related material'. The term 'carriage services' turns up in quite a few Acts. It refers to 'any communications between persons and/or things by guided or unguided electromagnetic energy'; essentially it refers to standard telephones and the Internet. The Criminal Code Amendment does not define it but goes to great lengths to indicate the offensive uses: 'to access material, to cause material to be transmitted, to transmit, to make material available, to publish or otherwise distribute material', provided it 'directly or indirectly counsels or incites committing or attempting to commit suicide' (this goes beyond the old 'aid and abet' presumably), and provided the person 'intends' to use the material in this way or intends the material to be used by another person in this way. This is repeated for a person 'accessing' such material, or promoting or providing instructions on a particular method of committing suicide, again if the person 'intends' as above. Two paragraphs are added 'to avoid doubt': it is not an offence to 'engage in public discussion or debate', provided the person does not 'intend' etc.

Section 474.29B relates to 'possessing, controlling, producing, supplying or obtaining suicide related material for use through a carriage service', again 'with the intention of the material being used' for committing an offence as prescribed in the previous section.

And then these explanations: a 'person may be found guilty ... even if committing the offence is impossible' (!); and 'It is *not* an offence to *attempt* to commit' these offences'.

A book could be written about the ifs and buts and whereases and howevers ... but who would be foolish enough to risk time and money to take on the government in courts or public debate when it is obvious that only the political will of parliamentarians would be likely to rescind the law?

Patently the law cannot be used for the comprehensive detection of the villains who may contravene it. Nor does it go beyond the old 'aid and

abet' provisions when it comes to people who do not use the 'carriage services'. And yet it is common knowledge that there are many individuals and groups who ignore the risks of flouting the law and provide such services – often badly. The new law cannot ensure that potential offenders are systematically searched out and prosecuted. It does nothing to replace the unsatisfactory black market in unlawful activities of such a kind by humanitarian lawful services. It is simply designed to hinder the activities of EXIT. Is this democratic? Is this consistent with universal notions of rights and freedoms?

Presumably, if proponents of the law were asked why have such restraints, they would raise the old arguments on how weak-minded people can be influenced. But remember, suicide is not illegal, not even for weak-minded people!

THE GREEN ALTERNATIVE

If you're one of those people who baulk at the idea of sacrificing a tree for your send-off, the following information could provide a real alternative!

AFDA has advised that the Funeral Industry Council of NSW, of which AFDA is a contributor, has no objections to the use of one particular cardboard coffin within the funeral industry.

The single cardboard coffin is manufactured by Apogee International (see full details below). The cardboard coffin (sample ID: MN6555, Test Report: 25607 dated 6/9/2004) has been tested by TestSafe Australia and meets the minimal standard specifications set by this authority.

The use of this cardboard coffin will be optional to all funeral directors within the funeral industry.

Please ensure prior to purchasing or using any cardboard coffin, that it is a model that has been tested and passed by TestSafe Australia. The use of cardboard coffins is not illegal in New South Wales but all products need to meet appropriate safety standards.

Manufacturing Company: Apogee International P/L, PO Box 486, Drummoyne NSW 2046

Phone: 02 9712 7446 Fax: 02 9712 7411

Email: enquiry@apogeeinternational.com

This information was supplied by Kate Bell, Administrative Officer (NSW/ACT). Australian Funeral Directors Association (AFDA). Further enquiries: 1300 888 188. Email: nswact@afda.org.au or visit the website: www.afda.org.au

WHAT CAN I DO?

What can you do? In the absence of being able to bring about a miraculous change in our politicians' will to listen to the people, you could do worse than write a letter like this. While bald generalisations can easily be cast aside by those who have not really considered the issue of VE, a very personal letter like this is likely to touch the hearts of many.

Sydney Morning Herald

21 January 2006

My mother is dying. At 83, she is 30 kilograms below her fighting weight, too weak to get out of bed unassisted, permanently nauseous and unable to eat more than a few mouthfuls without retching and often gripped by dizzy spells even while lying supine. She reckons she's had enough.

She's done her level best, a tough best conditioned by an orphaned childhood, in the backblocks of the Riverina during the Depression, accented by a long spell in calipers with her polio, and raising children in the guest house she helped run from the age of 20, when Dad was away at sea for most of the year.

She's endured all the prescribed medical interventions: drugs and ECT for the nausea accompanying the anti-depressants, the whole dazzling pharmacopoeia that the industry has assembled to keep the elderly in a fit state to pay bills as long as humanly possible - knee replacements in her late 70s and the excruciating, useless rehab that went with that, long lonely stays in depressing private clinics where the doctors had trouble bringing her name to mind, and major surgery last year to install the aortic valve of a pig. As I say, she's done her best, but now she just wants to go.

She could just give up her medication, but she dreads the prospective outcome, a stroke that fails to carry her off and leaves her even more miserable than she already is.

She's beautiful, dignified and courageous.

In all this she's never been seen to shed a tear of self-pity - humorous and reassuring to all of us who love her and have to watch this dire process. What she desperately needs is appropriate care from a doctor, the same reluctant but loving care that veterinary surgeons extend to cats and dogs every day.

But she can't have that. She couldn't talk about it on the phone without becoming a criminal, for God's sake - even if she were able to get to the phone. The same Government that has abjured so many services to the living on the grounds that self-help, market forces and freedom of choice are sacrosanct, has decreed that Mum, dying, can't make this decision for herself, and that we who love her must also stand around and watch the consequences on pain of losing our own freedom.

Shame on us all for bowing under the hypocritical, mindless yoke of this dismal administration, both champions of laissez-faire and double-speaking thought police as it suits them.

from Stephen Clarke, Summer Hill

Or like this one;

Herald Sun

18 December 2005

MANY Australians have been appalled at the hanging of Tuong Van Nguyen. Will the same degree of sympathy and support be extended to the elderly and the ill who, in desperation, hang themselves to end lives that have become intolerable? Will vulnerable people avail themselves of this method of release when there is no longer any support for voluntary euthanasia? The Suicide Related Material Offences Bill will come into effect from January 6. Choices will be limited for those unable to gain access to information enabling them to exit this life peacefully.

from Betty Peters, Ivanhoe

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 for a 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 also available from the Society's office.