



# VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INCORPORATED)

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## NEWSLETTER

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## NEW POLL SHOWS 80% SUPPORT

VES NSW has recently invested in a survey related to end of life choices.

The Newspoll research, conducted in February, found 80% of respondents nationally thought that doctors should be allowed to provide a lethal dose to a patient experiencing unrelievable suffering and with no hope of recovery. Just 14% were opposed and 6% were undecided.

Support was higher in regional and rural Australia (82%) than in capital cities (78%). Of the capital cities, support was highest in Perth (85%) and lowest in Sydney (73%).

People who claim to have a religion still strongly support the right of doctors to provide a lethal dose (74%); however people who claim to have no religion are even more likely to support this view (91%).

Twenty-two percent of respondents nationally have had a personal experience of a close relative or friend being hopelessly ill and wanting voluntary euthanasia.

Seven percent of respondents nationally claim to have a 'living will' (advance directive).

These results have renewed calls for further debate.

Since 1962 when just 47% were in favour, subsequent polls have shown a steady rise in the percentage of Australians who believe that terminally ill people should have the right to seek and obtain assistance to end their life when the final stage of their life becomes too burdensome.

The last poll was conducted in 2002 by Roy Morgan Research, finding that 73% of the population were in favour.

# AUSTRALIAN GUIDELINES A WORLD FIRST

## How to deal with patients asking for death

The world's first guidelines to help health professionals respond to terminally ill patients who say they want to die have been developed by Australian researchers.

A team of palliative care experts, led by University of Melbourne researcher Peter Hudson, addresses the delicate situation of how health professionals should respond when a terminally ill patient expresses a desire to die.

The guidelines are published in the latest edition of the international journal *Palliative Medicine*.

They set out to help nurses, doctors and other professionals working with the terminally ill to better support the social, spiritual and psychological needs of their patients.

Associate Professor Hudson, from the Centre for Palliative Care at St Vincent's Hospital, said the guidelines were not intended to address the issue of assisted suicide, or to take a moral stance on euthanasia.

'Research shows as little as one per cent of patients may directly ask a health professional to hasten their death,' Associate Professor Hudson says.

'But it is quite common for patients with advanced incurable diseases to express a wish to die – and research shows us that health professionals confronted with these statements do not know what to say and often say nothing.

'This is because they are often struggling to determine whether the patient is actually making a request for hastened death, whether it is a sign of psychological distress or whether they are merely making a passing comment that is not meant to be heard as a death wish.

'The guidelines aim to address this dilemma by recommending strategies to help health workers respond professionally and compassionately.'

Associate Professor Hudson said the guidelines were developed over three years by an expert team of palliative care clinicians and academics in Victoria, NSW and WA.

The guidelines were also informed by an extensive review of international research into the reasons patients expressed a desire to die.

Associate Professor Hudson said that physical symptoms, such as pain, were less prominent than expected.

'We found that psychological and social issues were more common reasons for a patient saying they wanted to die, particularly concern about being a burden on their family and existential issues about what would happen to them at the end of their life,' he said.

'We found that health care professionals commonly did not respond to statements about wanting to die because they were worried they would say the wrong thing and further upset the patient, or because they were worried about professional or legal sanctions.

'The guidelines will help health workers respond to patients in a way that enables them to express their concerns and fears, and enables those caring for them to address these concerns and make the end of their lives as comfortable as possible.'

The team which developed the guidelines included Associate Professor Hudson and head of the University of Melbourne's School of Nursing, Sanchia Aranda, and researchers from the Newcastle, La Trobe, Monash and Curtin universities.

*Associate Professor Peter Hudson*

Centre for Palliative Care and School of Nursing  
(03) 9416 0000

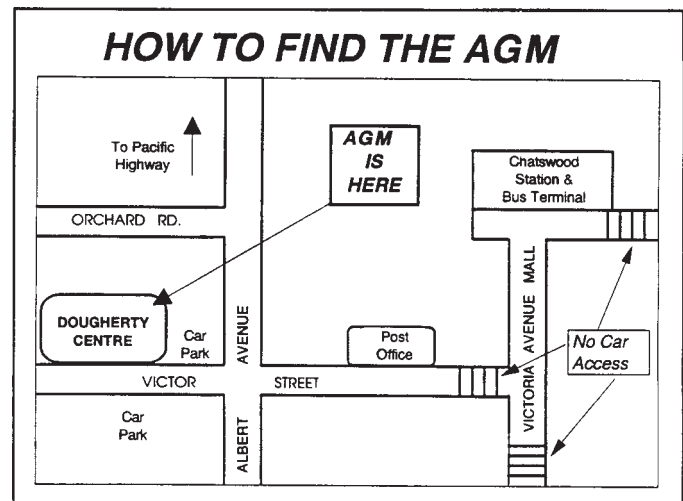
[peterh@medst.unimelb.edu.au](mailto:peterh@medst.unimelb.edu.au)

(Media Release, Tuesday 12 December 2006)

# FOR YOUR DIARY

## Meetings

- **PLEASE NOTE: Annual General Meeting, 2pm Sunday 15 April 2007** at the Dougherty Centre, Victor Street, Chatswood. The speaker will be **Cameron Murphy**, President of the NSW Council for Civil Liberties and the Secretary of the Australian Council for Civil Liberties, unpaid and voluntary positions that he has held since the year 2000. He was appointed as a full time Tribunal Member of the Consumer Trader and Tenancy Tribunal of NSW in August 2003 and also holds an appointment as a Statutory Board Member of the Anti-Discrimination Board of NSW since February 2003. He was formerly a policy officer with the Legal Aid Commission of NSW and has worked as an advisor to ministers and members of parliament in the Commonwealth and NSW parliaments. He has been extensively involved in civil rights campaigns, particularly in the areas of law and order, gender discrimination, privacy, terrorism, and drug law reform. This later than usual meeting date is due to the National Day of Shame Freedom Ride 2007 at the end of March, on which a report will be given. The meeting will also discuss the possibility of a future name change for our society.



- **ACT Branch** – contact George Buckfield on 6282 0022.
- **Central Coast Branch** – The first meeting for 2007 will be held on Friday 20 April, starting at 10am in **Meeting Room 3 at the Gosford Senior Citizens' Centre, 217 Albany Street North, Gosford**. Future meetings in 2007 will be on Fridays 17 August and 21 December. 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](mailto: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.
- **Visit the VESNSW website** at [www.vesnsw.org.au](http://www.vesnsw.org.au)
- **EXIT International** – website, [www.exitinternational.net](http://www.exitinternational.net)

# A DUBIOUS DISTINCTION

*Peter Singer, 17.1.2007, Guardian, London*

On December 21 an Italian doctor, Mario Riccio, disconnected a respirator that was keeping Piergiorgio Welby alive. Welby, who suffered from muscular dystrophy and was paralysed, had battled unsuccessfully in the Italian courts for the right to die. He said, "Thank you", three times to his wife, his friends and his doctor. Forty-five minutes later, he was dead.

His request to die led to heated debate in Italy, and it is unclear whether Riccio will be charged with any offence. At least one Italian politician has called for his arrest on a charge of murder.

Welby's death raises two questions - whether a person has a right to refuse life-sustaining medical treatment; and whether voluntary euthanasia is ethically defensible.

A patient's informed consent should be a prerequisite for all medical treatment, as long as the patient is a competent adult in a position to make a decision. Forcing medical treatment on such a patient who does not want it is tantamount to assault. We may think that the patient is making the wrong decision, but we should respect his or her right to make it. That right is recognised in most countries, but not, apparently, in Italy.

Even the Roman Catholic church has long held that there is no obligation to use 'extraordinary' or 'disproportionate' means to prolong life - a view reiterated in the Declaration on Euthanasia issued by the Sacred Congregation for the Doctrine of the Faith and approved by Pope John Paul II in 1980. That document states that to refuse burdensome medical treatment 'is not the equivalent of suicide' but 'should be considered an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community'.

On that basis, Riccio was doing what anyone should have been prepared to do for Welby, who was unable to implement his refusal of burdensome medical treatment. So the case falls on the right side of the line drawn by Catholic doctrine, but does church doctrine draw the line in a sensible place? If an

incurably ill patient can refuse burdensome treatment, knowing that this refusal will mean his or her death, why should an incurably ill patient who is not being kept alive by any medical treatment, but finds that the illness itself makes life burdensome, be unable to seek assistance in escaping that burden?

Defenders of Catholic teaching would answer that the latter patient intends to end his or her life, whereas the former patient merely intends to avoid the additional burden that treatment brings. Death is a foreseeable consequence of avoiding that burden, but it is a byproduct, not directly intended. If the patient could avoid the burden and yet continue to live, that would be his choice. Welby should not have been helped to die, they might argue, because he expressly said that he wanted to die, not that he wanted to avoid burdensome treatment.

This distinction is dubious. Both patients knowingly choose a course of action that will lead to death, rather than to a longer but burdensome life. By focusing on the intention to refuse burdensome treatment, rather than the broader implications of the choice, the church avoids the inhumane implication that patients must accept life-prolonging treatment, no matter how painful or costly it may be. But it does so at the cost of rendering incoherent its own vigorous opposition to assisted suicide and voluntary euthanasia.

Many countries recognise a legal right to refuse medical treatment. But only in the Netherlands, Belgium, Switzerland and the US state of Oregon are doctors allowed to assist a patient in ending his or her life by means other than withdrawing life-sustaining treatment.

The Netherlands, in particular, has been subjected to a relentless campaign of vilification. Critics allege that the legalisation of voluntary euthanasia has led to a breakdown of trust in the medical profession and all sorts of other dire consequences. But if these allegations are true, no one has told the Dutch. Despite a change of government in the Netherlands since voluntary euthanasia was legalised, no effort has been made to repeal the measure. There is simply no public support for such a move.

The Dutch know how voluntary euthanasia is



practised in their country, they know that legal euthanasia has improved, rather than harmed, their medical care, and they want the possibility of assistance in dying.

Isn't that a choice that everyone should have?

*Peter Singer is professor of bioethics at Princeton University; his books include Practical Ethics and Rethinking Life and Death*

[www.project-syndicate.org](http://www.project-syndicate.org)

## WELBY PUNISHED IN DEATH

Piergiorgio Welby, the Italian whose wonderful letter was included in the last issue, died as he had wished on 20 December when anaesthetist Mario Riccio removed his respirator.

Dr Riccio denied that his action constituted euthanasia; rather he was simply acceding to the patient's legal right to refuse treatment.

A judge had ruled that Welby had the constitutional right to have his life support machine turned off, but doctors would be legally obliged to resuscitate him.

Welby was denied a Catholic funeral by the Vatican, on the grounds that his publicly-stated wish to die was 'contrary to Catholic doctrine', so his family held the funeral in a square right outside his local parish church. Non-Catholic supporters of the small Radical Party, which has campaigned for Welby's right to die, also attended his funeral, applauding when the coffin was placed on a platform. Loudspeakers broadcast Vivaldi's Four Seasons across the square.

After much intense scrutiny by the Italian medical profession and the courts, Dr Riccio was cleared of wrongdoing by prosecutors, bringing jubilation from right-to-die advocates.

How very, very, sad. The church of the Prince of Peace, Love and Compassion won't give a life-long Catholic a funeral because he hastened his death.

Once again proving that, for the Vatican, dogma always trumps compassion and common sense.

Why do I always hope for something better from the church of my childhood?

*Bernie Klein, Ann Arbor, 23.12.2006*

## VESNSW MEMBER CHARGED IN CASE OF MERCY KILLING

Caren Jennings, a member of our Society, and Shirley Justins, were granted bail because of 'exceptional circumstances' related to cancer when they appeared in Central Local Court accused of murdering Graeme Wylie, 71, of Cammeray. Caren Jennings has breast cancer which has spread to her sternum and hip, and Shirley Justins is allowed to visit her mother in Western Australia, who also has breast cancer.

Mr Wylie died in March 2006. A toxicology report found Mr Wylie, who suffered from severe dementia and Alzheimer's disease, had the barbiturate Nembutal in his system.

Shirley Justins, his de facto partner of 20 years, is alleged to have served him the lethal drug with toast. Mr Wylie had changed his will not long before his death.

Caren Jennings allegedly travelled to Mexico and bought the drug from a wholesale vet store.

The matter continues before Downing Centre Local Court on May 10.

## WHAT CAN I DO?

Why not write a letter to your favourite newspaper as well as to your (new?) local politician, calling for NSW politicians to listen to the majority (80%) of the state's voters who want legislation to allow doctors to end the suffering of terminally ill people when that is the patient's stated wish.

Still wanting to avoid using the 'd' word, **death**?

How about trying **celestial recall**?

hmmm...

## CORRECTION

An incorrect website was listed in the November 2006 issue. On page 9, the final paragraph of the North Coast News gave a site from which a comprehensive form of AHCD could be downloaded.

The correct web address is

<http://aslarc.scu.edu.au>

Apologies for any inconvenience caused by this error.

# CENTRAL COAST NEWS

from Romaine Rutnam

December's meeting was attended by 20 members and 5 guests. I circulated a copy of the Advance Care Planning Package given to me by my GP, recently produced by the CC Division of General Practice. Members are asked to encourage your own GPs to stock and use them.

The main business of the meeting was to discuss the 27 responses I received to a postal survey of local members I had sent out in October.

## **Informal meetings among members**

Unfortunately only seven people said they would be interested to meet informally between meetings, and we all live in different suburbs across our widespread area – Avoca Beach, East Gosford, Gosford, Tumby Umbi, Tuggerawong, Wamberal and Woy Woy! Those of you who answered positively and still would be willing to meet, perhaps at Kibble Park, Gosford, for a picnic lunch in the near future, please get in touch with me with possible times and dates and I'll try to organise a common date.

## **Lobbying politicians**

I read out an interesting e-mail regarding the lobbying of State and Federal politicians in the lead up to the elections in 2007. His view was that it would be more productive to ask those politicians who we already know, from previous lobbying, are opposed to VE, to commit to abstaining from voting, rather than opposing any draft legislation put forward by supporters in future. (I can report that the only response to that angle so far, from Chris Hartcher MP (Liberal, Gosford and now re-named Terrigal) has been negative. None of the four ALP candidates to whom I wrote in early February has bothered to respond as yet.) Only six members said they would be willing to visit the office of their MP to discuss the issue and three said they would be willing to join any party to lobby on this issue.

## **Name change for VESNSW**

The main interest in responding to my survey was on the question of a name change for our organisation. As a result of the survey and the discussion at the meeting, I sent the following resolution to the VES NSW committee for their consideration.

After hearing a report of the results of the CC member survey dated 16 October 2006, this meeting

resolved, on 15th December 2006, as follows:

That the VES NSW Committee encourages a debate among all VES NSW members, and a postal vote for each member, in consideration of a proposal to change the name of the society.

Some of the following arguments for and against possible name changes should be distributed along with the postal ballot.

## **DIGNITY IN DYING NSW**

*For:* \*Simplicity – \*Dignity the first (and most important) word

*Against:* \*Financial cost of change – reprinting forms; notifying all business contacts including banks and investment companies; cost of re-branding – \*Should not capitulate to the small minority of the Religious Right, and state proudly that we are for choice for VE – \*The more often VE is used the more 'normal' it is perceived to be – \*It is internationally understood – \*The Netherlands only use 'euthanasia' because under their legislation it can only be voluntary or else lives are ended without a request – \*Not appropriate to use 'dignity' in our name – it implies the only way to a dignified death is through VE. That is not for anyone to decide but the person dying – \*A disabilities group has already accused VES of hijacking the term 'dignity'. SAVES has removed most references to dignity in their pamphlets, using peaceful or gentle instead – \*'Dignity in dying' could be confusing to the mass population.

## **DYING WITH DIGNITY NSW**

*For:* \*Personalises dying in a more forceful way. The individual is dying – 'with dignity' rather than 'in distress' – \*This rolls off the tongue better – \*Its rhythm emphasises 'dignity', the important word – \*This name conforms with the other Australian organisations that have changed names (Vic, Tas) – \*The word 'euthanasia' can mean killing off people we don't want or need, for our benefit, not theirs. Prefer this to Dignity in Dying but not much in it.

*Against:* As above

## **RIGHT TO DEATH WITH DIGNITY NSW**

(if not prohibited by the World Federation or for other legal reasons)

*For:* \*Great and thoughtful survey response from our inaugural CC Convenor, John Doyle – \*Identifies

our opposition (Right to Life, which is cleverly marketed) – \*A powerful, penetrating and easy to understand title — \*‘Voluntary Euthanasia’ are two long words not used a great deal –\*Many meeting participants supported this idea after discussion

*Against:* As above.

The VESNSW committee voted to have a name change discussion on the agenda for the AGM but not to have a binding vote taken. Name suggestions included: Right to Die with Dignity; Dying with Dignity; Choice in Dying; Death with Dignity.

I will report on the discussion at our first CC meeting the following Friday.

## CANBERRA NEWS

*from Beryl Rawson*

Members of the ACT branch have been active in helping organise the National Day of Shame, to be held in Canberra on March 26. Arrangements for transport, accommodation, entertainment, the dinner, and of course the March itself and submission of the Condolence Books to a Member of Parliament, have been coordinated by David Swanton with VESNSW and EXIT International.

We held a very successful Forum in November 2006 on ‘End-of-Life Options for Older People’. A capacity crowd of 170 heard excellent presentations by 7 panelists, chaired by Carmen Lawrence, and then participated in vigorous questioning and discussion. Panelists and their topics were:

- Dr. Tom Faunce (doctor and lawyer, College of Law and Medical School, ANU): *The dying process in an era of for-profit health care*;

- Donna Daniell, (CEO Palliative Care Aust.): *National Policies*;

- Dr Andrew Skeels (Calvary Health Care ACT): *Palliative care: a medical view*;

- Senator Amanda Vanstone (Liberal Senator, SA): audio-tape in support of voluntary euthanasia;

- Senator Kerry Nettle (Greens): *Legislative possibilities*;

- Bettina Arndt (Sydney author and social commentator): her personal, family story: *Why the system is failing*;

- Jeanine Lloyd (Canberra author and solicitor): Legal and practical issues in ageing and death.

We were grateful for support from VESNSW.

## NORTH COAST NEWS

37 people attended our November meeting which had something of a literary flavour. There was a reading from John Edge’s book ‘Telling it Straight’ and Elaine Arch-Rowe spoke about her recently produced end of life organiser ‘And I Bequeath the Python to...’.

The guest speaker was Ian Cohen, leader of the NSW Greens who reinforced the Greens long standing position of support for legalised voluntary euthanasia and made some suggestions as to involvement in the forthcoming elections.

In December, I made a submission to the House of Representatives Legal and Constitutional Affairs Committee which was conducting an enquiry into the way the law affects older members of the community. Needless to say, my reference was to the Criminal Code Amendment (Suicide Related Material Offences) Act. Apart from an acknowledgement, I have heard nothing further.

Last year, we combined with the Gold Coast Support Group to man a stand at the Seniors Expo, held at the Seventh Day Adventist complex, Race Course Road, Murwillumbah. It will be on again this year on Thursday, 17 May. Even though it is at the northern end of our territory, some of our members may decide to make the trip. Apart from representation by many organisations of interest, there are usually several good talks. Our friend Professor Colleen Cartwright will be one of the speakers this year (I am reserve speaker in her absence).

A member recently drew my attention, one morning, to a segment on euthanasia being aired on Channel 10’s AM program. The subsequent phone-in poll on the question ‘Should (voluntary) euthanasia be legalised?’ attracted an extraordinarily high 13,000 vote response, 92% of which were in favour!

Our next meeting will probably be held in May. Members will be advised by mail.

*Bryan Milner*



## DOCTOR'S LETTER TO SMH

Early February saw plenty of VE discussion in NSW papers. **Dr Dominic Rowe**, Director of the Motor Neurone Disease Clinic at Royal North Shore Hospital, wrote to the *Sydney Morning Herald*:

It is pleasing to see the opinion pages hosting discussions of euthanasia. The goal of the multi-disciplinary motor neurone disease clinic at Royal North Shore Hospital is to help patients with motor neurone disease live as long as possible. Nevertheless, the topic of euthanasia is often discussed.

There are few diseases as dreadful as motor neurone disease. It afflicts between 1300 and 1500 Australians and there is no cure. It kills about two Australians, ranging in age from 20 to 90, every day. Some forms of the disease primarily affect swallowing and speech, while other produce progressive weakness in the limbs and death by respiratory failure. Every person with the disease will eventually die from the disease. Even if they do not feel trepidation at the idea of death, most patients are anxious to ensure that discomfort and suffering are minimised in their final days.

We strive to reassure patients that we will try to alleviate their discomfort and use all medical and nursing options to ensure a death of comfort and dignity. Is this euthanasia?

Just before Christmas, one of my patients was admitted for withdrawal of therapy, and care and comfort measures. An elderly woman, she was unable to swallow or speak. Several months earlier she had had a feeding tube inserted through the wall of her abdomen to obtain adequate fluid and nutrition. This was intended to sustain her while she sorted out her affairs and discussed her plans for death with her family. She was given medication to alleviate thirst and discomfort and, several days later, died in comfort and with dignity.

The other evening, another of my patients was admitted. He can breathe only with the assistance of a ventilator attached to a mask. He is unable to sit or stand because of weakness. But his muscle loss and immobility is such that even his heels hurt when he lies on the mattress. He knows he can rely on the nursing, medical and allied health staff to alleviate his suffering. He has started a new medication routine that will result in his death – perhaps not today,

possibly tomorrow, but certainly very soon. He sought help for his suffering and agony, and wishes to die with comfort and dignity.

It is humbling to see the courage with which patients with motor neuron disease face adversity in various forms. Surely all humans, no matter what the disease, should be afforded comfort and dignity as they die.

Have you enquired whether your local hospital will be prepared to accept your Advance Directive in the event of your admission in a serious condition? Some hospitals, particularly those with religious affiliations, and despite Health Department Guidelines, will not undertake to put your Advance Directive on your hospital file, let alone discuss or honour your wishes re end-of-life treatment or cessation thereof. Worth making enquiries while you're still healthy?

## CONCERN OVER TRIPS TO MEXICO

8.2.2007

**Derek Humphry**, author of *Final Exit* and **Chris Docker**, Internal Drugs Consensus Working Party and co-author of *Departing Drugs*, *Exit Scotland*, have raised concerns over people's understanding of the possibility of purchasing Nembutal in Mexico.

'For what it's worth I agree that this Mexico enthusiasm can get out of hand,' said Chris Docker. 'Some people get the idea that Mexico is some sort of Holy Grail or that Nembutal is the supreme and perfect drug. If you've got some or can get some easily and without risk, fine.

'But I'd question the appropriateness of getting worked up about it. Read the information from ERGO or my own organisation carefully. If you have the physical ability to trek off to Mexico (and risk imprisonment if caught) you almost undoubtedly have at least the ability to equip yourself with simpler, safer and more reliable methods than even using Nembutal.'

Chris Docker points out that Exit in Scotland is not affiliated to other organisations of the same name, for all their excellent work.



## NEW BOOKS AVAILABLE

**John Edge's** book, *Telling it Straight, the Life of John Edge and the Death of Nancy Crick* is a memoir with a difference. With disarming honesty and engaging frankness, John writes about his boyhood in post-war Sydney and the early influences which shaped his life. With self-deprecating humour he writes about his family, the religious wars of Paddington and the impact his upbringing had on the man he has become.

John became the confidante and supporter of Nancy Crick in the days before she ended her life. His fearless recounting of this time, his courage and his ongoing internal debate about the situation he and Nancy shared make riveting reading. *Telling it Straight* is thoughtful but irreverent, exactly like John Edge and Nancy Crick.

The book is available by mail from John Edge, PO Box 351, Tweed Heads NSW 2485, for \$35 plus \$4.50 postage.

Gold Coast woman, Elaine Arch-Rowe, has written a book entitled *I Bequeath the Python to...*, describing it as 'an easy and fun guide to prepare you for your "Passing Out" parade'.

Covering everything from how to donate your body to science, leaving information for your family on what kind of funeral you would like, and what other services need to be cancelled, to which people you would like them to contact plus myriad other useful pieces of information, all presented in amusing style, with illustrations by Gordon Bell. An end-of-life management guide to dying well, that will be invaluable for those sorting out your affairs after you've gone!

To obtain a copy of the book phone the author on (07) 5534 7487

The VES of Queensland has produced a helpful booklet, *Australian Guide to Dignitas (with particular reference to Queensland)*. It gives full details of the procedures involved, from how to join Dignitas, all the required documentation, travel and Zurich arrangements, to all the various costs involved. (In NSW, even though your doctor owns your medical records, he will most likely agree to give you copies; and, of course, airfares will be different from NSW.) Write to Carmel at VES NSW, PO Box 25, Broadway NSW 2007, enclosing a large, stamped, self-addressed envelope, if you would like a copy.

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## BANNING OF THE PEACEFUL PILL HANDBOOK

Following intervention by the Attorney General Phillip Ruddock and the NSW Right to Life Association, the Classification Review Board has voted unanimously to ban *The Peaceful Pill Handbook* by Dr Philip Nitschke and Dr Fiona Stewart.

The book had a bumpy passage! Customs seized the first copies from Dr Nitschke as he brought them in from the USA last year. Then in December last year, the Classification Review Board (CRB) allowed the book to have a restricted release.

Understandably furious at news of the complete ban, Philip Nitschke told reporters that the CRB has caved in to political pressure and the religious right.

The undermining of our right to free speech and access to information is cause for anger throughout the voluntary euthanasia movement in Australia.

Dr Nitschke is already organising another print run in West Virginia.

## DR JACK KEVORKIAN

Jack Kevorkian will be released on parole in June, after spending eight years behind bars for administering a lethal injection to a disabled man. Now aged 79, Kevorkian is suffering diabetes, heart problems and a variety of other ailments.

At the end of an article he wrote for The Metro Times in Detroit, Michigan on the history of the Kevorkian case and the future of the assisted-suicide movement, Jack Lessenbury warned:

'Think what's coming down, especially if you were born after 1964:

Seventy-five million or so baby boomers, aging like mad. A health care system close to collapse. Far, far fewer of you Generation Xers and Yers to pay for the costs of keeping me and my aged cohorts diapered, warehoused and suffering. Do you really want to pay most of your income out to keep me on machines?'

# BIPARTISAN APPROACH IN VERMONT USA

*Montpelier, Vt USA, 9.3.2007*

The Vermont House Human Services Committee hearing continues on the recently reintroduced assisted-suicide bill (H.44). This bill proposes, subject to appropriate safeguards, to allow a mentally competent person diagnosed with less than six months to live to request a prescription which, if taken, would hasten the dying process.

What will be interesting to observe is what effect the makeup of the group introducing the bill might have. There are five co-sponsors on the bill — two Democrats, a Republican, a Progressive and an independent.

Many believe there may be a better chance for the bill to advance this year than in previous sessions when it was introduced. There are more supporters on key committees.

Ann Pugh, chairwoman of the House Human Services Committee says. 'It's a nonpartisan issue. It's a non-geographic issue. It's a personal issue.'

The Republican, Richard Hube, said he consulted

with constituents, friends and clergy before deciding to sign on to the bill. He concluded that patients with terminal conditions should have the option of taking their own lives if they choose and give informed consent. 'Ultimately, it's about choice,' Hube said.

Only Oregon permits doctors to assist with a patient's death.

Those providing testimony to the Committee included former Oregon Gov. Barbara Roberts, who favours the initiative.

Vermont's bill is based on the Oregon law. It would authorise a doctor to prescribe a fatal dose of medicine to a patient nearing death who had given informed consent.

'Many people ask why they are still alive,' said Dr. Diana Barnard, a Middlebury family practitioner. 'I'm really advocating for people to have a choice and their own option to decide what dignity means for them at the end of life.'

## TONY ABBOTT'S SCARE CAMPAIGN

Choosing to ignore the numerous safeguards in legislative changes being called for by the right-to-die movement in Australia, our federal Health Minister, Tony Abbott elected late in January to warn that legalising euthanasia in Australia would put 'a whole range of old people' at risk of being 'bumped off'. This was the best he could offer in the media blitz that followed the assisted suicide of Dr John Elliott, who flew from Sydney to Zurich to legally end his life in the Dignitas clinic there.

Although voluntary euthanasia is a state issue, other federal MPs also have their opinions on the subject and not all agree with Abbott.

Federal Liberal MP Mal Washer is in favour of the states enacting laws to allow doctor-assisted suicide for patients in the final period of terminal illness. Dr Washer said terminally ill people wanted to know three things from doctors. 'First, that you're not going to let them die in agony. Second, that you will not let them die alone and, three, that people will

remember them as they were rather than as they are in that state. To fulfil that first criteria, doctors have to have the right to give them appropriate pain therapy — even if the effect is that they die.' Dr Washer said the laws he wanted would go beyond 'withholding fluids and nutrients — we can do that now'.

John Howard is firmly opposed to changes and Kevin Rudd took cover behind the fact that the parliament has voted on the issue, declining to offer a personal view.

In NSW, Democrat MP Arthur Chesterfield-Evans said he knew the issue from a personal perspective. 'My father took 10 years to die. He had to starve himself to die ... He was very stressed about the fact he had to live in pain for such a long time.'

Greens MP Ian Cohen has unsuccessfully introduced VE legislation into the upper house on two occasions.

Premier of NSW, Morris Iemma, does not support euthanasia, and Opposition Leader Peter Debnam declined to comment.

## THE WORLD IN BRIEF

From *The Associated Press*, 21.12.06

A look at legislation covering euthanasia and assisted suicide in the industrialized world:

**ITALY** — Euthanasia is illegal in the heavily Roman Catholic nation. Assisted suicide can carry a sentence of up to 15 years in prison.

**NETHERLANDS** — Euthanasia was legalized in 2001, but the practice was common for at least a decade before that. Under the law, patients must be terminally ill, in unbearable pain and two doctors must agree there is no prospect for recovery.

**BELGIUM** — Legalised euthanasia under similar conditions as the Netherlands in 2002.

**SWITZERLAND** — Allows passive assistance to terminally ill people who have expressed a wish to die.

**BRITAIN** — Passed a law in 2004 allowing living wills or documents that set out what medical treatment patients want if they become seriously ill and lose the capacity to make a decision. In May, the House of Lords rejected legislation that would have allowed doctors to prescribe lethal drug doses to terminally ill patients.

**FRANCE** — Enables the terminally ill or those with no hope of recovery to refuse treatment in

favour of death. Doctors are allowed to administer painkillers, even if their secondary effects include shortening patients' lives. But the law stops short of allowing euthanasia.

**SPAIN** — Euthanasia is illegal in Spain and people who help someone else die can be punished with at least six months in prison. But Spain's Socialist government wants to legalize it as part of a wave of liberal reforms that have largely transformed this traditionally Roman Catholic country.

**UNITED STATES** — US law generally permits patients to ask that medical treatment be withheld or withdrawn, even if it raises their risk of dying. Voters in Oregon went further and approved the first physician-assisted suicide law in the US in 1994.

**AUSTRALIA** — Australia's Northern Territory legalized mercy killing in 1996 and pro-euthanasia physician Dr. Philip Nitschke helped four people die before federal lawmakers overturned the Territory's legislation.

**OTHER** — The UN Human Rights Committee criticized Dutch legalization in 2001. The Council of Europe – Europe's top human rights body – rejected euthanasia as a legitimate means to end life in April 2005.

## The Pharmacist

A nice, calm and respectable lady went into the pharmacy, right up to the pharmacist, looked straight into his eyes, and said, 'I would like to buy some cyanide.'

The pharmacist asked, 'Why in the world do you need cyanide?'

The lady replied, 'I need it to poison my husband.'

The pharmacist's eyes widened and he exclaimed, 'Lord have mercy! I can't give you cyanide to kill your

husband! That's against the law! I'll lose my licence! They'll throw both of us in jail! All kinds of bad things will happen! Absolutely not! You CANNOT have any cyanide!'

The lady reached into her purse and pulled out a picture of her husband in bed with the pharmacist's wife.

The pharmacist looked at the picture and replied, 'Well now, that's different...you didn't tell me you had a prescription...'

# YES NSW HAS MOVED HOUSE

In March the street address of the Voluntary Euthanasia Society of NSW changed to Suite 117, 330 Wattle Street, Ultimo. Our Coordinator, Carmel Marjenberg did a wonderful job in managing the move to the smart new office, and

our Treasurer, Bob Gallagher, proved a wizard in re-connecting our computer system the next day! Despite our change of street address, the phone number, e-mail and postal address will remain unchanged.

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## BOB BROWN'S EUTHANASIA BILL

The *Rights of the Terminally Ill Bill 2007* was given its second reading in the Senate in February.

The bill would give terminally ill citizens the right to ask for help to voluntarily terminate their life in a humane way if there is no hope of remissions. The bill provides strong safeguards and requires three doctors, one being the person's GP and another a psychiatrist, to oversee the process. It applies to Australian territories only.

The link to the bill on Senator Brown's website:  
[www.bobbrown.org.au/  
500\\_parliament\\_sub.php?deptItemID=82](http://www.bobbrown.org.au/500_parliament_sub.php?deptItemID=82)

## HELPFUL BROCHURE AVAILABLE

*How to Get Your Health Records*, a guide for people wanting to access or to obtain a copy of their health records.

You can phone Health Care Complaints Commission on 1800 043 159 for a copy, or see it on the web at

[www.hccc.nsw.gov.au/html/publications.htm](http://www.hccc.nsw.gov.au/html/publications.htm)

## MEMBER DONATION

VES Life member, Josephine Masters, has made an extremely generous donation of \$10,000 to boost our funds. Sincere thanks to you, Josephine!

## VACANT COMMITTEE POSITIONS

With our AGM just weeks away, we need additional people for the management committee. If you have experience in law, politics, lobbying, demonstrations, training sessions, surveys, public relations or advertising, health care, palliative care or end-of-life options, please phone the office on 9212 4782 and speak to Carmel for more information. We need people who like working as a team and have the time and energy to implement the plans made at committee meetings. Remember, you need to be nominated two weeks prior to the AGM so please act now!

### **VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES**

Patron: Prof Peter Baume AO

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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.