



ves^{nsw} NEWSLETTER
promoting end of life choice

voluntary euthanasia society of nsw / Patron: Prof. Peter Baume AO FRACP FRACGP
ACN 002 545 236 / ISSN 0813-5614 / email: mail@vesnsw.org.au / www.vesnsw.org.au / ph. 9212 4782 / fax. 9211 1498

Dear Members

VESNSW is going through a transition period, with some resignations from the committee and new people looking to come on board - bringing fresh energy and perspective. Your committee is continuing to consider new and purposeful options to lobby politicians and spread the message about legalising voluntary euthanasia.



Of course I am relatively new too – what do I bring?

I believe that an important aspect of our role is to educate the community (this includes politicians) and to this end I have placed much focus and energy on our website. I know some members don't have a computer so this is of no interest to them, (if cost or access is a factor - then look at the information in this newsletter). The website is not only valuable for members but serves a much bigger purpose of information carrier. Journalists researching stories; students researching for discussions/papers; doctors and families seeking clarity; all require detailed information in the form of fact sheets that help them navigate through the complex waters of voluntary euthanasia.

I believe that a compassionate society is at its core an informed society. Knowledge equals liberty, ignorance leads to fear and loathing.

Death is not always an unwelcome stranger. If we can change perspective we can change minds.

The more information we can place into the public domain the better – the more we are seen as a resource for the media and others the more of a profile we develop, the more impact we have.

The newsletter is in a transition stage. I have been given the task of filling the shoes of the wonderful editors before me who produced the high quality and informative issues in the past. It's hard to know what members really want from a newsletter – a balance of articles and news, book reviews, opinion pieces?

Perhaps more member input? It's always great when members send in any articles they find in journals etc.

We are considering instigating a members' page - somewhere for letters etc. This page would not be a forum for criticism but more a place for ideas and experience sharing. If you are interested in contributing just send it into the office marked "To the Editor".

With our Annual General Meeting (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, the media, advertising, health care, palliative care or end-of-life options, please phone the office on 9212 4782 to have a chat. 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 (see more on the AGM inside) so act now!

Annemaree Adams

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We have invested in prolonging our agony

writes Guy Brown

By finding ways to help us all live longer, we have turned ageing into a living death

Death isn't what it used to be. Life in the past was once described as "nasty, brutish and short", but that would be a better description of death throughout most of history. The very shortness of life tended to mean that death too was short. People died as children or in their prime and the aged were rare. The most common forms of death were by infections, violence, accident, or in childbirth. On the whole, people were fully alive one day, and fully dead the next. There was relatively little grey area.

In the 20th century, the average lifespan in the world doubled, and people in developed countries now tend to die old and slowly from degenerative diseases bought on by ageing. Until recently it was thought that humans had a maximum lifespan that we would hit at some point as death from disease was eliminated. Many limits have been suggested, but each has been shattered by experience. Average lifespan has been increasing at the staggering rate of 2.2 years per decade - or five hours per day - for the past 100 years. And there is no sign of this slowing down, even in the countries of highest life expectancy.



Our concepts of "old" and "old age" are out of date. It is no longer useful to categorise everyone over the age of 60 as just "old"; there are the "old" (60-80 years), the "very old" (80-100) and the "extremely old" (over 100).

Extreme age is no longer rare: there are now an astounding 10,000 people over 100 years of age in the UK and the Government Actuary's Department predicts that there will be 250,000 by 2051 and 500,000 by 2071. The future is not just old, it is also extremely old. We are voyaging into a new realm of human life that has hardly existed before and about which we know very little.

Unfortunately, because we have failed to delay ageing, this increase in lifespan has not been matched by an extension of healthy life. The additional years we gain are mostly spent with disability, disease and dementia. Between 1991 and 2001, life expectancy at birth in the UK increased by 2.2 years, but healthy life expectancy increased by only 0.6 years, with the other 1.6 years being spent in ill-health, according to the Office for National Statistics (ONS). That means we are adding years to life, but they are poor-quality years at the extremity of life.

The linear increase in lifespan is colliding with a roughly exponential increase in degenerative disease with age. The result is a massive expansion

of degenerative disease at the end of life. There are currently 700,000 people with dementia in the UK and this is predicted to rise to 1.75 million by 2051.

Carol Brayne and colleagues at the Institute of Public Health in Cambridge recently completed a comprehensive UK survey of health in the year before death. She found that 30% of people dying in the UK today have dementia - which means your chances of acquiring dementia before you die are at least 30%, and 45% had a moderate to severe cognitive deficit. That is scary enough now, but worse is to come: of those currently dying at 95 years or older, 58% had dementia and 80% had a moderate to severe cognitive deficit. This is where we are all headed. And we have to ask ourselves: is life really worth living in these circumstances?

The vast majority of people in the developed world - and increasingly in the developing world - die from degenerative diseases, such as cancer and heart disease. These diseases are caused by age and dying from them is slow and is becoming slower, so that the processes of death and ageing are merging into one. Death is currently preceded by an average of 10 years of chronic ill health in the UK and this figure is rising, according to the

ONS. Few people survive until death without significant physical or mental disabilities, extending over decades. Extreme age is accompanied by loss of memory, loss of mobility, social disengagement, social isolation and often depression. Death is no longer a digital event; it has become an analogue process, mixed up with life.

How did we get into this situation where the end of life is becoming a long, drawn-out nightmare? In our anxiety to defeat acute forms of death, we have exposed ourselves to chronic forms of death, as well as extreme human ageing. Huge resources have been devoted to preventing infectious diseases, accidents, strokes and heart attacks - possibly the ideal way to die - which inevitably condemns people to die by more protracted means, such as cancer and dementia. Death has been banished to hospitals, the worst possible place to end life.

Medicine has become devoted to keeping people alive at any cost, rather than helping people die. Many acute forms of death have been converted to chronic death or disability. Heart attacks have become heart failure; stroke has become vascular dementia; diabetes, AIDS and even some cancers have been converted from acute causes of death to chronic disabilities. The economics of drug development have contributed to this, as it is vastly more profitable to make a drug that turns an acute

form of death into a chronic disease (the patient becomes a drug consumer for life), than to make a drug that cures a disease (the consumer is lost). Making the end of life worth living will be one of the greatest challenges of the 21st century. Research funding needs to be redirected here, rather than aimed simply at preventing death. We have to develop alternative routes to drug development for therapies that don't make economic sense. Hospices ought to be as well-funded as maternity hospitals. The aged should be able to choose how they die. If society really cared about the last 10 years of life as much as the first 10, we would have a real chance of preventing the end of life becoming a living death.

Guy Brown is head of a Cambridge University research group working on cell death. His previous book *The Energy of Life* (Harper-Collins/Simon & Schuster) won the Wellcome Trust Prize for popular science. This article appeared in *The Guardian Weekly* 23.11.07.



The Living End- The Future of Death, Aging and Immortality by Guy Brown
 Publisher : Macmillan Science
 ISBN 9780230517578

Caren Jenning update

THIS ARTICLE HAS
 BEEN REMOVED FOR
 THE DURATION OF THE
 TRIAL. - editor

Victoria euthanasia debate to go ahead

Victoria is set for an explosive parliamentary debate on euthanasia after the Government agreed not to block the introduction of a Private Member's Bill.

The Hon. Ken Smith (Lib, Bass), will soon place on the Notice Paper in the Victorian Parliament the *Medical Treatment (Physician Assisted Dying) Bill 2008*.

The Bill aims to give the right to those with a terminal or advanced incurable disease and intolerable suffering the right to assistance from a doctor to die peacefully. It provides a strict framework of safeguards and has been developed with a great deal of consultation. The Victorian Government is on the public record as having no intention of blocking its passage.

The Bill is based on Dying With Dignity Victoria's (DWDV) responsible Legislative Charter, which has been endorsed by the Doctor's Reform Society of Australia, The Australian Nursing Federation (Victorian Branch), The Victorian AIDS Council, Liberty Victoria and others, as well as by a large number of current sitting Victorian Parliament members.

Greens MP Colleen Hartland will co-sponsor the Medical Treatment (Physician Assisted Dying) Act 2008, some time in the next six months.

Premier John Brumby's office has written to Dying with Dignity Victoria and assured them it will not stand in the way of the Bill if it is introduced.

The move by a Liberal to introduce the Bill is likely to be controversial and cause considerable debate within the party.

If it gets through to a second-reading stage, it's likely the party would be given a conscience vote.

Mr Neil Francis, President of DWDV said surveys showed 35 per cent of doctors had given medication to terminally ill patients, expecting they would use it to take their lives.

1 in 3 doctors admit they've helped patients die

A study published in the *Journal of Medical Ethics* that canvassed the opinions of over 900 Victorian doctors revealed three quarters had withheld life-sustaining treatment at a patient's request and more than one in three doctors had, at some time, given a patient drugs in response to the request of hastening death, the Australian survey has shown.

Despite this, just over half, 53 per cent, said they wanted to see a change in the law to allow for voluntary euthanasia. Many doctors said they thought the law was too blunt to assist in medical decision-making and others said they thought that legalising euthanasia would create an expectation that doctors would routinely perform the procedure.

Care of terminally ill is negligent, says nurse

Terminally ill patients in regional NSW are unnecessarily suffering excruciating pain because of a lack of palliative care, the author of an internal Health Department report has revealed.

The situation verged on "criminal negligence", said Matthew Bullen, a clinical nurse consultant based at Tamworth Hospital. He resigned, disgusted at the lack of palliative care resulting from a shortage of specialist medical and nursing staff and acute beds.

Mr Bullen told the *Sydney Morning Herald* that some of his patients had asked to be euthanased because they were not being properly or adequately medicated.

He said the Hunter New England Area Health Service was investigating a recent suspected suicide of a patient who was diagnosed with a terminal illness but discharged without specialist support.

A report Mr Bullen completed in March last year - which urged immediate attention to systemic failures in palliative care - had been "buried" by the Health Department, he said.

The report, obtained by the *Herald*, said that services were "significantly under-resourced and understaffed" despite an increasing and ageing population and a rising incidence and prevalence of all chronic illnesses.

Palliative staff needed to be increased by 15 per cent and some outreach patients waited 10 days instead of the benchmark one to two days to be visited following referral, it said.

Mr Bullen, a registered nurse for 20 years, including nine in palliative care, said NSW Health had failed in

its duty of care to patients and had ignored the report's findings.

He said there was a "skeletal staff" of specialist palliative care nurses in the region.

A senior palliative-care doctor at Tamworth Hospital, Richard Thornton, said Mr Bullen was an outstanding clinical nursing specialist. "We miss him and we understand his frustrations," Dr Thornton said.

He said Mr Bullen's report was a thorough assessment of the lack of palliative care resources in the region.

Dr Thornton, who heads the hospital's six-bed Nioka facility, two beds of which were made available through fundraising, said he was the only palliative-care doctor in the region outside the North Coast's big cities.

The acting chief executive of Hunter New England Area Health Service, Nigel Lyons, said he had met Mr Bullen.

"We take his concerns seriously and are working through issues he raised," Dr Lyons said. He would not confirm the suspected suicide investigation and said there were strategies in place to develop services over the next two to three years.

Fight for life consumes mother and son

"A good death" may be one of the emptiest phrases in the English language. Research has confirmed that no two people use it to mean exactly the same thing. Even the premise is unclear; for who, exactly, is that death supposed to be good? Many would prefer a

swift, sudden and painless exit for themselves— but a little warning when it comes to friends and relatives, with time to prepare and to say goodbye.

"A bad death" is another matter. We all know those when we see them, the miserably protracted and painful affairs that overwhelm everyone — the deceased and survivors alike — with panic, guilt and bitter regrets.

And now we have a new benchmark of bad. The writer Susan Sontag's death, as set out in this short and immensely disturbing account by her son, David Rieff, must rank as one of the worst ever described. For starters, it took a long time. Ms Sontag was diagnosed with breast cancer metastatic to the lymph nodes in 1975, at 42. She survived the draconian treatment and the years spent expecting her unlikely remission to end, only to develop unrelated uterine cancer in the late 1990s. Again she survived, and again she developed a new cancer: this time myelodysplastic syndrome, a virtually untreatable variant of leukemia, probably related to the treatment for the first two. She died in 2004.

Three decades of having cancer, being treated for cancer or waiting for cancer to recur might bring out

In his book *Swimming in a Sea of Death*, David Rieff describes Susan Sontag's fight against the night

the inner philosopher in some. In Ms Sontag, an inner adolescent seems to have emerged instead, with each battle and victory strengthening her determined appetite for life and her conviction that she was immortal. Intellectually, of course, she knew otherwise, but she balanced that age-old contradiction with the insouciance of a helmet-less 18-year-old on a snowboard. "She believed in her own will, and, grandiose though it may seem, in her own star," Mr Rieff says in his book. "My mother came to being ill imbued with a profound sense of being the exception to every rule."

To watch that kind of arrogance and bravery succeed is marvellous; to watch it fail, dreadful. For an elderly woman with a body weakened and deformed by prior surgery and bones oozing new malignant cells, failure was pretty much a foregone conclusion.

Such was the strength of Ms Sontag's giant personality, however, that apparently no one in her coterie of friends, family or physicians was willing or able to help her along the path to accepting the inevitable. She took them with her instead, on the snowboard heading straight for a cliff.

During the nine months before the final plunge Ms Sontag embarked on an all-out campaign to cure an incurable disease. She experienced gruesome mental and physical suffering before and after a bone marrow transplant that predictably failed: recurrent hospitalisations, dire infections, wild mood swings, bouts of confusion — all punctuated by desperate Internet searches for more and better treatment. She never admitted she was dying.

"Obviously," Mr Rieff says, "there is no comparison between the sufferings of a person who is ill and the sufferings of those who love them." Still, one suspects he got the worst of the deal, for despite what he describes as a tense relationship with his mother, he was cast in the role of head cheerleader. His job was to enthusiastically endorse her struggle, always to be optimistic and supportive and never, ever, to talk about death.

"What she wanted from me was an adamant refusal to accept that it was even possible that she might not survive," Mr Rieff writes. Ms Sontag "might be covered in sores, incontinent and half delirious," but Mr Rieff would "tell her at great and cheerful length about how much better she seemed to look/seem/be compared to the day before."

Months of this duplicity left him guilty and miserable, obsessively revisiting every decision again and again, even — and especially — after she died. On the one hand, Mr Rieff acknowledges, "she was entitled to die her own death." On the other: "Did I do the right thing? Could I have done more?"

It is small wonder that Mr Rieff finds all the usual compromises inadequate. He is equally upset by the platitudes in a brochure trying to make a bad disease seem not so bad, by a doctor who pulls no punches in announcing how bad it actually is, by friends who maintain against all reason that Ms Sontag is going to survive and by doctors who

suggest that she should settle for smaller goals than survival.

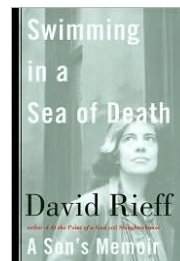
Mr Rieff's misery as a son is so palpable that it seems petty to wince at some of the decisions he makes as a writer. This is a jagged, strangely shapeless work, as if the author were determined not to smooth any part of it with standard narrative tools. Ms Sontag's story is told only glancingly; his own whirling emotions take centre stage. For a journalist (Mr Rieff is a contributing writer to *The New York Times Magazine*), he chooses some odd locutions, with jarring "dear reader" interjections and annoying neo-verbs like "vigilise."

Most frustrating of all is that Mr Rieff maintains an unflagging admiration for Ms Sontag's primary physician, yet the reader never learns the exact words this doctor chose to counsel his famous, courageous and deluded patient as the months passed. Would uninvolved observers find them inspiring, or problematic? It is hard to know.

When it comes to dying writers, William Saroyan said it best: "Why am I writing this book? To save my life, to keep from dying, of course. That is why we get up in the morning." Desperate as she was to live, Ms Sontag knew perfectly well that she was bound to live on in her work.

Mr Rieff has now guaranteed her a second immortality. He and his mother will undoubtedly survive for a long time to come in medical school courses on death and dying — as a case study in how not to do it.

This article first appeared in the *New York Times* 29.01.08



Swimming in a Sea of Death:
A Son's Memoir by David Rieff
Publisher: Simon & Schuster Trade
ISBN -13: 9780743299466

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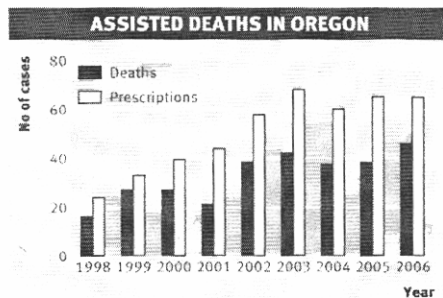


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these out to people with disabilities throughout New South Wales. There are currently over 1,200 clients, about half of whom live in regional NSW. Volunteers refurbish computers and peripherals, install software and assist in installing computers in client's homes (service only available in Sydney). Ongoing technical support is provided during work hours. A low cost internet service is available from TADAust Connect from \$5.50/month.

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Physician assisted deaths: no “slippery slope” in the Netherlands and Oregon



Adapted from *N Engl J Med* 2007;356:1911-3

Rates of euthanasia and physician assisted suicide have fallen slightly since they were legalised in the Netherlands in 2002. In 2005, euthanasia accounted for 1.7% of deaths in the Netherlands, down from 2.6% in 2001 ($P < 0.05$), according to a nationwide survey of doctors. Physician assisted suicides accounted for 0.1% of deaths, down from 0.2% in 2001 ($P < 0.05$). Of the 9965 deceased patients studied, 8.2% were continuously and deeply sedated before death.

Doctors—most often general practitioners—chose neuromuscular relaxants as the lethal agent in almost two thirds of cases of euthanasia in 2005, opioids in about a fifth, and barbiturates in a 10th. Respondents reported 80.1% of all cases to the authorities in 2005, up from 54% in 2001. The survey had a response of 77.8% (5342/6860).

Physician assisted deaths are clearly not on a “slippery slope” in the Netherlands, writes one commentator from the US (pp 1911-3). The situation is similarly stable in the US state of Oregon where one in 1000 deaths is now officially physician assisted. Oregon is the only state to allow doctors to help patients end their own lives, though euthanasia remains illegal.

N Engl J Med 2007;356:1957-65, 1911-3

The Rights of the Terminally Ill Bill

Coming up again for consideration is Senator Bob Brown's private member's bill, *Rights of the Terminally Ill Bill 2008*. His bill will restore the legitimacy of the Northern Territory legislation allowing voluntary euthanasia for terminally ill patients after rigorous conditions have been applied - legislation that was over-ruled by the Commonwealth government in 1997. The bill will also support the ACT to legislate for voluntary euthanasia.

VESNSW urges you to contact Prime Minister Kevin Rudd and Leader of the Opposition Dr Brendan Nelson (and your local member) to encourage them to allow their members a conscience vote on this important issue. It's best to write to politicians rather than email. The general consensus is that people who really care will take the time to write a letter (in their own words).

What can you do?

WRITE!!!

Things to say:

“I am writing to express support for The *Rights of the Terminally Ill Bill 2008*. I wish to record in the strongest possible terms my support for legalising voluntary euthanasia.”

✍ I am writing to express support for *The Rights of the Terminally Ill Bill 2008*.

✍ I wish to record in the strongest possible terms my support for legalising voluntary euthanasia.

✍ Please accept

this submission in support of legalising voluntary euthanasia.

✍ Voluntary euthanasia is an act of caring; it is wrong to describe it as killing, as opponents of voluntary euthanasia do.

✍ Legalising voluntary euthanasia, as an option of last resort in medical practice, will encourage greater research into cures.

✍ It is not only the possibility of pain, though that is bad enough, if it cannot be relieved. What concerns me is lingering on, when all hope of a reasonable quality of life is gone.

✍ I am now (insert age) years old. I want the peace of mind that the legal option of voluntary euthanasia would give me if my dying process became too awful. It would be such a relief.

✍ It is my life and I should have the right to say when I have had enough.

✍ It would give me confidence in my doctor to know that he/she would be willing, in the last resort, to help me to die at my request.

✍ I do not believe that a loving God would want us to endure unnecessary suffering at the end of life.

✍ When we are suffering with no reasonable prospect of a cure, we should be able to say we have had enough.

✍ We should all have the choice of asking for help to die if we are terminally ill and suffering intolerably. A doctor should be allowed to help me without fear of breaking the law.

✍ The current situation places doctors in a terrible position. They dare not discuss the subject because it is illegal. The patients are in a worse position for the same reason.

✍ I do not fear the pain but loss of control over vital faculties and total dependence on others is a real concern to me.

✍ We all know that doctors help many people die, and they do not always get their consent. This is because it cannot be discussed. It will be much better to have voluntary euthanasia regulated so that it can be brought into the open.

CONTACT DETAILS:

For Members of the House of Representatives:
PO Box 6022, House of Representatives.
Parliament House, Canberra ACT 2600

John Stuart Mill argued in *On Liberty* that the sole purpose for which the state can rightly exercise power over an individual is to prevent harm to others. "His own good, either physical or moral," Mill wrote, "is not a sufficient warrant." A century and a half later, although many people think a limited amount of state paternalism is reasonable – for example, to require people to wear seat belts when in a car and motorcycle helmets when riding a motorbike – we tend to agree that the state should not seek to impose its own conception of what is morally right on individuals who are not harming others. One of the implications of this principle is that the state should not prevent people who are terminally or incurably ill from ending their lives when they see fit, as long as they have reached a considered decision about this. Who else can make a better judgment about when life is worth living than the person whose life it is?



Vale June Burns

June Burns died at her home at Warwick, west of Brisbane, after using a quantity of the lethal drug Nembutal, which she had kept since the late 1990s. June's husband Bob said that his wife had "fought on courageously knowing that when the end was in sight she could make her own decision and end her life peacefully and with dignity."



In 1999 The Voluntary Euthanasia Society of NSW screened a television ad featuring June expressing her wish to commit suicide. Speaking from her hospital bed she said she wanted to die before her pain became unbearable.

Anti-euthanasia groups tried to get the commercial banned before it could be aired and a controversy ensued after June's cancer went into remission. But the Federation of Australian Commercial Television Stations (Facts) gave approval for the commercial to be screened in NSW. Facts gave the advert a parental guidance classification meaning it could only be screened after 7.30pm.

Six months later June's cancer was in remission. She'd put on weight and gone was the great visible pain she showed in the ad. She still suffered from pain but not like before. But the change was such that the anti-euthanasia lobby tried to adopt June to their cause.



June Burns stated that she wanted the right to be able to choose the timing of her death. Despite the disappointment of the Right to Life she did NOT suicide at the end of the ad, but waited until the time was right for her. That is, when she decided that "she had suffered enough, not when someone else decided that she had suffered enough."

The fact that there was a delay of eight years between the making of the advertisement and June's death supports her statement and research from Oregon (USA). For those who have availed themselves of the Death with Dignity Act – which allows terminally-ill Oregonians to end their lives through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose – the statistics show that when a person has the means or the right to determine the timing of their death, they live much longer than they would have otherwise because of the certainty and peace of mind that this brings.

Visit our website: www.vesnsw.org.au for more history/facts on *Death with Dignity Act* or <http://www.deathwithdignity.org/historyfacts/>



This page is for members to share stories, views and letter writing tips with each other. Any correspondence can be included including 'Letter to the Editors' as such the following excellent letter sent to *The Australian* on April 13, 2007. All publication will be at the discretion of the editor/s of this newsletter.

Dear Editor

I am nearly eighty. Like many of my contemporaries, I think about my future, and hope for the advent of an Act of Parliament to sanction legal suicide in time to free me from a miserable end, should that be my lot. Having just read Tim Flannery's book, *We Are the Weather Makers*, I find real justification for my hopes.

I don't know how I shall die. Quickly? Slowly? If quickly, good. If slowly, I shall probably suffer the indignities and the dependency resulting from stroke, dementia or other arterial failures evident in my family history. To keep myself in such a state until I am dead I will spend most of my life's savings in care and nursing.

If I could know now that I would have the choice of self-determination - as declared formally beforehand and with all due legal cautions - I could contribute considerably to helping reduce Australia's carbon emissions. I would not have to hoard my money against the day I may need to go into a nursing home.

I have a daughter and son-in-law with four children and an income which falls short of solar panels, hybrid fuel cars, new efficient refrigeration, house insulation etc. If I don't have to save my money against the possibility of slow death, I could spend a few thousands modernising their home, starting straight away - which is the kind of start needed I would keep enough on which to live comfortably, but would have no need for the thousands which might keep me in relative comfort in my last empty years. If it is acceptable in our society for a young soldier to give his life for his country, why should it not be equally acceptable for an elderly invalid to take her life for the same reason? Of course, it would be easier for an old invalid than for a young soldier: the young want to live; many of the old want to die.

Anyone who doubts the rationale of my argument should read Flannery's book: it will seriously unnerve you, but it will also give you a lot of hope.

Yours sincerely, (Mrs. B. J. Revill)



The meeting held in Gosford on 21 December was attended by 20 members and 10 guests. We met in celebratory mood, to reflect on the good media coverage that our protest outside the office of our (now former) local Federal MP received. This protest was about the treatment the Howard government had given voluntary euthanasia over the previous decade (see previous reports on the CC Branch website).

<http://www.vesnsw.org.au/pages/branch.php>.

At this meeting 27 members/guests approved and co-signed letters to the new Prime Minister and Attorney-General, asking that, early in the first Parliamentary Sitting starting in February 2008, they both give permission for a debate on the *Australian Territories Rights of the Terminally Ill Bill 2007*, moved by Senator Bob Brown and given its first reading in the Senate on 8 February 2007.

The text of our letter to the PM and AG, and a reply on behalf of the Attorney-General from the Minister for Home Affairs, the Hon Bob Debus (formerly NSW Attorney-General) which was received on 25 February 2008, will be added to the VESNSW website.

This reply will be used as a basis for letters to the newly-elected ALP federal members for CC electorates, Belinda Neal (Robertson) and Craig Thomson (Dobell), asking what it would take for them to represent our views in Federal Parliament. I think we should be seeking:

- Government funding of a joint Parliamentary Committee review of the public need and desire for euthanasia law reform in all jurisdictions, before the end of 2008;
- The review should request submissions from the public over a period of two months; and
- An open parliamentary debate on the pros and cons of such law reform, culminating in a conscience vote.

I will try to see if one or both of them will be willing to come to our first meeting for 2008, on 18 April at the usual venue, Gosford Senior Citizens' Centre, to listen to our views as a basis for their representing them in Parliament.



Where to from here?

Nearly four years ago, I organised a public meeting focussed on voluntary euthanasia at Ballina. Kep Enderby and Marshall Perron addressed a gathering of some 120 people and from that meeting, it was resolved to establish the Northern Rivers branch of VES NSW. Since then, we have been conducting meetings and have listened to some excellent speakers, including Dr Joanne Doran, NSW Director of Palliative Care, Prof. Colleen Cartwright, professor of Ageing Services, Southern Cross University, Coff's Harbour and Philip Nitschke. I gave a dozen or so talks to Rotary, U3A etc and we participated in two Seniors Expos.

My hope was that the branch would grow organically and that someone more able and polished than myself would eventually take over the role of convenor. I have to say that despite the regular support of a small number of dedicated souls, the interest in the branch as evidenced by the numbers attending meetings has, over time, declined to the point that I consider that there is not enough interest to warrant continuation as a branch.

I have now a number of other demands on my time which will be added to considerably when my wife shortly undergoes a hip replacement operation. Consequently, I am standing down as convenor and unless another person is prepared to put their hand up, it is likely the branch will cease to operate. I would very much like to see it continue and still hope that some one might come forward at the last minute. However, I think that is unlikely and so I am assuming that this is the end of our little group.

Whilst there were local factors at work in Northern Rivers, particularly the travel factor, I reflect on just what it is that VES members want from their organisation. It may well be that most members are satisfied to receive our excellent newsletter, visit our revamped website and feel satisfaction in being part of a world wide movement that has such a worthwhile and humane objective. Personally, I am not a keen meeting attender and would probably prefer to stay at home unless there is an outstanding speaker or development to consider.

Indeed, it is perhaps time to reflect on how VESNSW should be operating. Are our meetings the way to go or is there another way? It is no doubt puzzling to all of us that 80% of the population says they are in favour of VE but so few are prepared to get behind the movement. I believe we are missing the key to motivating the general population to consider the issue seriously, in their own interests, even if not for the general good.

I think we need to face the fact that meetings, demonstrations, sponsoring bills in the parliament etc., are not getting us anywhere. We are all well meaning but we are all amateur communicators up against not only the entrenched forces of right wing conservatism but, perhaps more importantly, the innate sense of human optimism which blocks out any thought of death.

Hence, I suggest we should try something different viz. retain some experts in the field of motivation and human behaviour to see how we can make more of an impact. Of course, this costs money but VESNSW at present has considerable funds available, enough to make a start in this direction

Another aspect which should be considered is our role vis a vis Exit. Almost every one of the people who rang me over the years, essentially wanted Exit type knowledge. Whilst they obviously would like to see VE legalised, their immediate priority was to get practical information. Whilst I don't agree with some of Exit's tactics, there is no doubt they are filling a much needed role in this area. Where do we fit in?

I hope after four years effort, I will be forgiven this ramble. Perhaps other members will contribute their thoughts by way of letter to the editor. Finally, I would like to sincerely thank all those loyal stalwarts such as the lovely Isobel who came to all or most of our meetings, Juanita and Sue for their assistance at meetings and finally my good wife Marie, who so ably conducted the front of house and treasury functions. (Speaking of treasury, there will be a surplus of branch funds which will be returned to VESNSW HQ once I have disposed of our sound system)

Best wishes to all.

act branch news

Beryl Rawson reports

The ACT Branch is watching closely developments following the introduction of Senator Bob Brown's Private Member's Bill, the Rights of the Terminally Ill Bill 2008. This would not only restore the legitimacy of the Northern Territory legislation which was overruled (by the Andrews Bill) in 1997, but would have implications for the ACT's ability to introduce such legislation. Various of our members have written to politicians asking them to support Senator Brown's request for a conscience vote on his bill.

This situation is posing a dilemma for some ACT politicians. Both the Chief Minister, Jon Stanhope (ALP), and Senator Gary Humphries (Liberal) have stated their opposition to Commonwealth over-ruling of Territory legislation. But each has stated his personal opposition to the availability of voluntary euthanasia (even with the rigorous conditions in Senator Brown's bill).

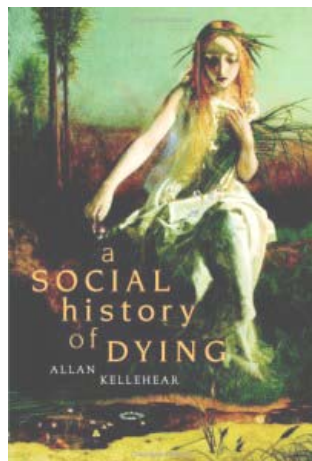
The ACT Committee has discussed the desirability of having such legislation introduced in the ACT and how to promote this. For the moment, however, we are watching developments in the proposed ACT legislation for ceremonies for gay unions and the expressed disapproval of this by the Prime Minister and the Commonwealth Attorney General. It is an election year in the ACT, so this will be an interesting test for the ALP government.

There has been revived publicity for Voluntary Euthanasia here, and several of our members have been on local ABC radio and in local newspapers presenting our arguments.

Thelma Hunter reports that one way or another VES ACT had a fairly public face in 2007. Thelma, a retired ANU academic talked at many of U3A *Current Affairs* sessions and at a number of groups around Canberra. She was invited to talk at one of U3A public forums along with a local palliative care specialist. Canberra ABC produced a programme about voluntary euthanasia and Thelma and David Swanton were interviewed. More talks are arranged for 2008

A Social History of Dying

by Allan Kellehear
La Trobe
University, Victoria.
ISBN-13:
9780521694292

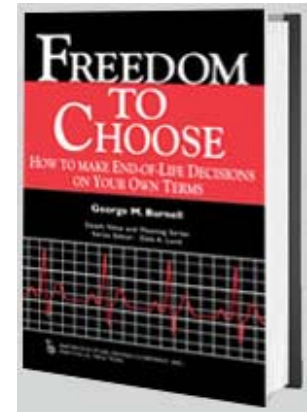


Our experiences of dying have been shaped by ancient ideas about death and social responsibility at the end of life. From Stone Age ideas about dying as otherworld journey to the contemporary Cosmopolitan Age of dying in nursing homes, Allan Kellehear takes the reader on a two million year journey of discovery that covers the major challenges we will all eventually face: anticipating, preparing, taming and timing for our eventual deaths. This is a major review of the human and clinical sciences literature about human dying conduct. The historical approach of this book places our recent images of cancer dying and medical care in broader historical, epidemiological and global context. Professor Kellehear argues that we are witnessing a rise in shameful forms of dying. It is not cancer, heart disease or medical science that presents modern dying conduct with its greatest moral tests, but rather poverty, ageing and social exclusion.

A bequest is one way to 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.

Freedom to Choose: How to Make End-of-Life Decisions on Your Own Terms

by Dr George Burnell
Baywood Books
ISBN: 978-0-89503-340-6



Young persons, baby boomers, and "senior citizens" alike will find the information they need to make intelligent, informed, and well-planned decisions about end-of-life care, and to clearly state their wishes based on personal, cultural, religious, and family values. In direct and simple language, Dr. Burnell describes how to prepare for a smooth transition to end-of-life care and what to do to prevent family conflicts, overcome death fears and anxiety, and achieve peace of mind for our loved ones and ourselves. The book gives practical advice on how to make decisions about end-of-life care and how to prepare a living will and durable power of attorney for health care. Dr. Burnell provides guidelines at the end of each chapter on what to consider before preparing these important documents: how to preserve one's rights as a patient; how to choose the right doctor; the best place to be when critically ill; and the best alternatives for end-of-life care, such as good pain control and assisted dying (where this is legal). *Freedom to Choose* provides a user-friendly approach to facing these difficult decisions. It includes a glossary necessary for understanding the issues at hand. As this book makes clear, preparing an advance directive and knowing all the available options at the end of life are the most important steps for achieving peace of mind.

Late breaking news

Kep Enderby, long standing President for the Voluntary Euthanasia Society of NSW has resigned from the committee due to ill health.



We wish Kep all the best and thank him for his contribution to the Society.

for your diary

Annual General Meeting

2pm Sunday 13 APRIL 2008 at the Sydney Mechanics' School of Arts.

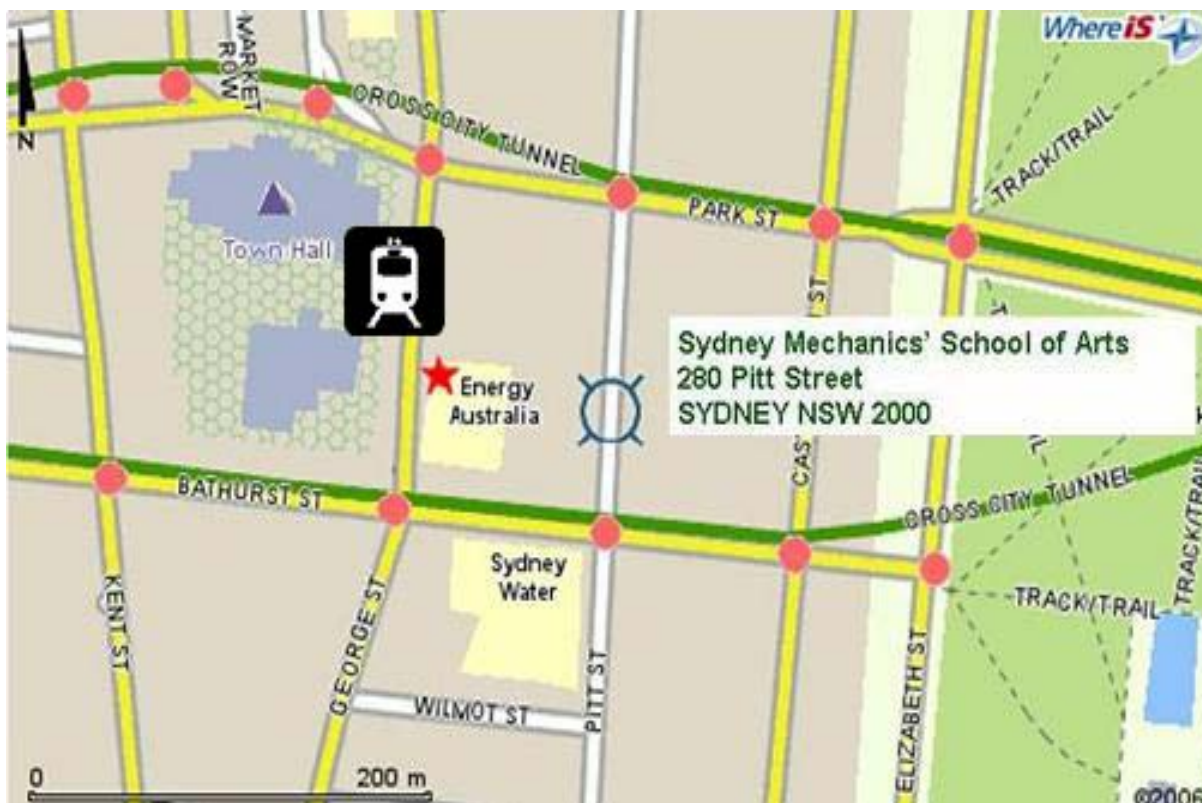
The guest speaker will be the Hon. John Dowd, AO

Among his other achievements John Dowd has been: Justice NSW Supreme Court 1994-2004; former Deputy Chairman NSW Law Reform Commission, Attorney General and Leader Legislative Assembly 1988-91; Leader of the Opposition 1981-83; MLA [Lib.] Lane Cove 1975-91; Barrister, Ireland, PNG, NSW, ACT; President Australian Section International Commission of Jurists [ICJ], and is a recipient of the Centenary Medal 2003. Currently he is Chancellor of Southern Cross University.

The Sydney Mechanics' School of Arts is located at 280 Pitt Street in the heart of Sydney, between Park & Bathurst Streets.

The nearest train station is Town Hall.

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



ACT Branch – contact Jeanne Arthur by email: jeanne_arthur@yahoo.com.au

Central Coast Branch

Three meetings will be held in 2008, on the third Friday in April (18th), August (15th) and December (19th), from 10am, at the **Senior Citizens Centre, 217 Albany Street North in Gosford.**

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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VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES

PO Box 25 BROADWAY 2007

T: (02) 9212 4782 / F: (02) 9211 1498 / E: mail@vesnsw.org.au / W: www.vesnsw.org.au

Editor, Design & Layout: Annemaree Adams

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



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.