



VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INCORPORATED)

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NEWSLETTER

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FORUM ON AGEING 2004

In the lead-up to the Forum on Ageing 2004, the VES of NSW made the following submission to DADHC, the Office for Ageing.

“The Voluntary Euthanasia Society of NSW (VES) campaigns for changes to increase the autonomy of people at the end of their lives. The VES maintains a large paid up membership of people whose average age is above 70.

The primary goal of the VES of NSW is to change current law to permit voluntary, doctor-assisted suicide in NSW with adequate safeguards to prevent misuse. This goal is strongly supported by 78% of people in NSW and by an even higher proportion of people aged over 70. However we will not spend time in this submission arguing for our primary goal while it currently lies outside NSW law.

Our submission draws attention to the following important points that concern our members:

1. The high rate of painful suicides and botched suicides among older people because of the lack of quality information about painless methods that are effective.

2. The lack of skills and training among doctors and palliative care staff to engage in open discussion of older patients' thoughts on rational suicide.

3. The legal uncertainty that surrounds the position of relatives and friends who are present at the suicide of an older person (whether their presence may constitute a criminal offence of “assisting a suicide”).

4. The inadequate public education to inform older people

about:

- a. Advance Health Care Directives
 - b. Enduring Guardianship
 - c. Power of Attorney
5. The lack of awareness among the medical profession and aged care providers of procedures for ascertaining and recording older patients' preferences in relation to medical treatment decisions at the end of life.
6. The lack of any guardian of last resort to be appointed by older people to make substitute decisions about medical treatment at the end of life.
7. The lack of certainty among medical practitioners about complying with older patients' wishes to refuse life-sustaining medical

treatment.

8. The delay by the NSW Health Department in releasing the new "*Dying with Dignity. Revised Guidelines for Clinical Decision Making at the End of Life*".

9. The prevalent concerns among older people about developing dementia. Many older people would like to ensure that they die before they become severely demented but do not want to suicide early while they are mildly demented. This results in some older people suiciding before they really want to and others leaving it until too late when they have lost the ability to suicide without assistance.

We look forward to participating in the Forum on Ageing on 28 September 2004.👉

FORUM REPORT

The NSW Forum on Ageing 2004 was held at Parliament House and our Vice President, Judy Wedderburn attended representing our Society.

Titled *Leadership in Ageing, Celebrating the Wisdom, Wit and Inspiration of Older People*, the forum was jointly chaired by The Hon Ian Sinclair and The Hon Joan Kirner. It was opened by The Hon Carmel Tebbutt MLC, the Minister for Ageing, and the keynote speaker being Professor Donald Horne. At the Minister's dinner held in the evening, The Governor Her Excellency Professor Marie Bashir was guest speaker.

Approximately 150 invitees representing members of the community, key interest groups and experts attended as registered delegates. Unfortunately, although VESNSW had delegate status the subject of VE was NOT on the agenda. With over 75% support for the introduction of VE legislation, it is curious that there was no discussion about any end of life decisions despite

the excellent submission made by Dr Giles Yates for VESNSW (above).

Judy was invited to attend a workshop called Community Participation. The subjects addressed were volunteering, transportation, insurance issues (problems with escalating costs) and social activities.

The Government made a commitment to hold a forum to discuss how to enhance the role of older people in the community and for them to inform Government on issues relating to the ageing of the population. Forum Working Groups looked at current strategies and programs to consider what works and what does not and to make recommendations to the task forces working on the development of the 'Healthy Ageing Framework 2004-2009'.

Governments of both major parties agree that health issues are of major concern to all Australians and in particular older people.

FOR YOUR DIARY

Meetings

- Note a change of day, time and format for our next Members' Meeting: **Wednesday 24 November, 10am to 12 noon at the Dougherty Centre, 7 Victor Street, Chatswood.** This will be an open forum for sharing of ideas and questions, with initial focus on the Advance Care Directive and the high value of discussing it with your GP, family and close friends. Effective communication with politicians, and members' other concerns can be discussed.
- The following meeting, our **AGM on Sunday 27 March 2005**, will also be extremely interesting. **Julie Letts**, Senior Analyst with the Quality & Clinical Policy Branch of the NSW Department of Health will talk about where we stand with Advance Care Directives and the Guidelines for Decision Making at the End of Life.
- **Canberra members** of VESNSW are invited to an informal gathering on **Sunday 23 January 2005** at 2.30pm at the home of Barbara Mummery, 167 Atherton St, Downer (two doors from May St), phone 6241 2483
- **Central Coast Branch** - Change of date for the last meeting in 2004 to **FRIDAY 3 December** at 10am at the **Gosford Senior Citizens Centre, 217 Albany Street, Gosford.** Screening of video "Time to say goodbye?". Please advise Romaine Rutnam, before 1 December if you would like to stay on for lunch at a nearby restaurant, or for help with transport.
- **Illawarra Branch** (Support Group) - For information please contact VES Illawarra Branch, PO Box 8, Keiraville NSW 2500, or phone 02 4229 2789. (Please note change of postal address.)
- **Northern Rivers Branch** - For information about future meetings, contact Bryan Milner on 02 6680 1961.
- Confidentiality: VESNSW does not provide information about individual members or give the membership list to any person or organisation under any circumstances.
- 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
- EXIT International - have a new website, www.exitinternational.net
- For details about their Introduction and Construction Workshops, please either ring Michael Griffith on 9559 7142, send an email to exit@euthanasia.net, or phone Kerry Dennis on 0500-83 1929.
- Visit the VESNSW web site at www.vesnsw.org.au

AGED CARE SERVICES

At our July meeting **Anthea Johnson**, senior social worker in aged care, talked on how aged care services can help the elderly retain their independence as long as possible.

Home and Community Care (HACC) had a budget just on \$1billion last financial year; its funding is 60% federal and 40% state.

In 1985, 79% of the budget was spent on nursing homes and by 1999 this had reduced to 59%, so there are now more services which enable people to remain at home longer.

90% of the elderly who receive community services receive less than 14 hours of services per month. 20% of people over 70 receive some community services and 7.3% are in residential care.

When thinking about community services there are four factors which must be considered: information, access, assessment and cost.

There are several organisations which provide help: Commonwealth CareLink Centres, Alzheimer's Association, Department of Ageing and Health, Home and Community Care, Carers NSW, National Dementia Behaviour Advisory Service and most local councils have an aged care section which provides transport, social activities and carer education and support groups.

Every area has an Aged Care Assessment Team (ACAT). Not every service requires input from an ACAT but admission to residential care and access to Community Aged Care packages do require an assessment.

The Community Aged Care (CAC) package is designed for people who would be hostel level care but who choose to stay at home.

Because of the very high demand for service like Home Care, full pensioners are serviced first. For non full pensioners Carelink is a good place to start.

There are Carers' Respite Centres which provide information on 'in home' respite, day care centres

and residential respite either in a hostel or nursing home. These services require an Aged Care Assessment.

There is a new State Government initiative called COMPACT. This service provides home service for 6 weeks after discharge from hospital. If longer support is required they negotiate ongoing care from other services. There are also services provided which look after the person left at home if a carer

Useful Telephone Numbers:

Commonwealth Carelink Centres – 1800 052 222

Aged and Community Care Information Line - 1800 500 853

Aged Care Complaints Resolution Line – 1800 550 552

Commonwealth Carer Respite Centres – 1800 059 059

Commonwealth Carer Resources Centres – 1800 242 636

Useful Internet information: Useful links

Ageing and Aged Care Division

<http://www.ageing.health.gov.au>

Alzheimer's Association

<http://www.alzheimers.org.au/>

The Commonwealth Regional Information Line

<http://www.cota.org.au/>

CRS Rehab

www.crsrehab.gov.au

Department of Health and Ageing

www.health.gov.au

Home and Community Care (HACC)

<http://www.ageing.health.gov.au/hacc/>

requires hospitalisation.

There is a growth industry in private information services which provide you with options of government and private services and can assist you with brokering.

If we wish to retain our independence in our own environment we need to ask ourselves some questions such as:

'What would I like to have at home?'

'What would I tolerate?'

'What would suit me?'

'What control do I have over these services?'

QUESTIONS AND ANSWERS

Q: Overall, do you need to have a medical certificate?

A. No, there are a lot of services you can approach directly such as Meals on Wheels and Home Care.

When you are referred for an ACAT it is good practice to inquire if you visit your doctor regularly and to request permission to obtain information from your doctor.

Q. There is an organisation called Better Home Care.

A. Yes, it is a private organisation.

Q. You said that some councils are better than others in providing services for the over 70's. We live in an area which is predominantly occupied by young people; how do we access services when so few are available?

A. I suggest ringing Care Link. They can then

focus on what services are available in your area and they can also tell you about the ACAT in your area.

Q. If I feel the services in my area are inadequate can I access services from another area?

A. You would need to talk to your own area people about that. You need to lobby your council to make sure that they make submissions for the increasing available funding so that they can provide adequate services.

Q. How do you access a service?

A. Do you mean community options? There is a central number you can ring to find out about services in your area or you can ring your ACAT which is often located at your local hospital or your local council.

DEPARTMENT OF HEALTH BOOKLET ON ADVANCE CARE DIRECTIVES

by Giles Yates

In June 2004 the NSW Department of Health published Using Advance Care Directives (NSW). The stated purpose of this new booklet is to provide advice to health professionals on the best practice use of advance care directives within an advance care planning process. The Voluntary Euthanasia Society views the booklet as a positive step towards educating health professionals about the rights of patients to make our own decisions about medical treatment.

The booklet does not attempt to explain in detail how to make an advance care directive but it does discuss the important principles involved in their use. The VES and a number of other organisations provide templates for people to make their own advance care directives.

Unfortunately there is still no central register of advance care directives in NSW so we still need to make our own arrangements to ensure that an advance directive is available if and when it is needed.

VES members will be happy to find that this booklet states that a proper advance care directive is legally binding in NSW and a health professional who fails to comply with it may be prosecuted and/or sued. The booklet is useful ammunition if you want to discuss an advance directive with your doctor and you have found him/her unreceptive.

The booklet reinforces that it is important to appoint an Enduring Guardian under the Guardianship Act. An Enduring Guardian has legal authority to make substitute decisions on your behalf if you are no longer able to make your own decisions. Together, a properly appointed enduring guardian and a properly written advance care directive provide the best insurance to ensure that your wishes will be respected.

Unfortunately we cannot use an advance care directive to instruct anyone to deliberately end our lives under any circumstances. But we can use one to ensure that we will not receive unwanted medical treatment to keep us alive.

The 20 page booklet can be downloaded from the internet at: www.health.nsw.gov.au/publications

CHECK ON YOUR ADVANCE CARE DIRECTIVE

Have you discussed the contents of your Advance Care Directive with your family and doctor? It is important that they have a clear understanding of your wishes, to avoid confusion in case of a medical emergency.

If you have given your GP a copy of your Advance Directive to be kept in your medical file, it would be wise to ask every year or so whether the form is still in your current file. If, over the years, it has been transferred to an 'archival' folder it will not be available for urgent inspection.

DEATH OF BILL SHAW

The Voluntary Euthanasia Society of NSW lost one of its most staunch supporters when Bill Shaw died on 16th August at the age of 90. Bill had been a member of the Humanist Society before becoming a founding member of the VES 30 years ago. Always a committee member until ill health prevented this in recent years, Bill's solid presence, good judgement and never-failing tact and humour were a great asset for the society. Bill will be remembered with fondness and respect by all who came into contact with him.

Since his death, we received a monetary gift from Bill's family, acknowledging the importance Bill always placed on the Society and the concept of VE.



Bill Shaw

BRITON CHOOSES DIGNITAS

British police have opened an inquiry into the death of a British pensioner who was given help to take his own life at a Swiss clinic that carries out 'assisted suicides'.

Gordon Hurst, 76, who suffered from Parkinson's disease and moved into a nursing home two months before, died in April within minutes of taking a lethal overdose of barbiturates at the Dignitas clinic in Zurich.

It is understood that the father of three, who went to Switzerland after watching a television documentary on the clinic, was only in Zurich for 24 hours before he died.

Assisted suicides are illegal in Britain and details of Mr Hurst's death have horrified some members of his family, most of whom had no idea what he was planning to do.

Lesley Miller, who was married to Mr Hurst's late son, Trevor, said last week that she had asked the police to investigate his death. 'I want to know how someone in Gordon's position can just get on a plane and fly to his death,' she said. 'Gordon had been

suffering increasing problems with his health and had spoken about doing this in the past but we thought we had talked him out of it. We had told him that no matter how bad things got, we were always here for him and that there were still things to live for.'

Mrs Miller, 44, called on the British Government to lobby the Swiss to close down Dignitas or to introduce strict rules. At the very least, she said, the Swiss government should act on a promise made earlier this year to introduce legislation requiring people to spend time in the country being assessed before they could be helped to commit suicide.

'I don't see why a country like Switzerland should want to be Europe's suicide capital,' she said.

Most of Mr Hurst's family found out what had happened only after receiving specially-prepared cards and goodbye notes, which were sent from his nursing home after his death. In a letter to his 17-year-old grandson, Mrs Miller's son, he rejoices at the prospect of being reunited with his wife, who died three years ago. 'Be happy for me because now

I am free of pain, reunited with my beloved Jean who I never stopped loving and missing.'

A spokesman for Hertfordshire police confirmed that they had received a complaint from Mrs Miller and were looking into her father-in-law's death. However, their inquiries had not uncovered any evidence of an offence under British law.

Mr Hurst is believed to be the 21st Briton to undergo an assisted suicide with Dignitas. More than 500 Britons are registered with the service, which marks its sixth anniversary this year and whose slogan is "live with dignity, die with dignity".

Under Swiss law, helping someone to commit suicide is legal so long as the motives are deemed altruistic.

Dignitas, one of a number of such clinics, describes itself as a non-profit-making service. Members pay a registration fee of 100 Swiss francs and then an annual charge of 50 francs. Those opting for suicide have to provide their medical records, which are passed to a Swiss doctor, who has to prescribe the drugs.

The service's growing popularity - 280 people have used it - has alarmed some Swiss officials. In March, Andreas Brunner, Zurich's public prosecutor, suggested it was time to introduce stricter rules. "People are only here for one day before they die. We know nothing about them and we can't say if it was a long-term desire to end their lives," he said.

The family of another Briton who ended his life at Dignitas last night defended the service. Lesley Close, who was with her brother John (who had motor neurone disease) when he died in Switzerland last year, said, "He went to Zurich in the morning and took his own life in the Dignitas apartment that afternoon. People may think that's indecent but the indecent bit is that he had to travel to Switzerland to do it."

Ludwig Minelli, 71, the founder of Dignitas, said that he would not discuss the details of a particular case. He did, however, confirm that Dignitas was happy to help anyone, irrespective of medical condition. He said, "It does not matter what people are suffering from, we do not refuse anyone. Ideally we would like people to see a doctor and then fly back to think about the matter further. But often people are in a lot of pain and it is inhumane to ask them to wait around."

Source: *The Telegraph, London*

You can read the DIGNITAS, Switzerland, web site in English by going to this page:

<http://translate.google.com/translate?hl=en&sl=de&u=http://www.dignitas.ch/>

The whole URL above may need to be copied and pasted into the URL box.

Or go to Google and search for 'dignitas.ch' and hit 'translate this page'.

CRICK CASE DECISION

Just as our last newsletter was being printed, a decision was finally announced regarding the people who were with Nancy Crick as she was dying. There will be no charges laid.

Marshall Perron responded to this news with the following statement:

'Sanity prevailed and brave Nancy Crick succeeded in clarifying that we can be present to comfort a loved one taking their own life.

'Those who criticised Nancy for her public stance should now ponder the awful plight of the 300 Australians aged 75 or older who have taken their own lives in the two years since Nancy started her

campaign. They did not have friends to comfort them or the means to die peacefully in the way Nancy did.

'Most hanged themselves, many used firearms and other violent methods because they had no other options. Most of them lied to family or carers about their intentions so they could take their own lives without interference or legal complications. No opportunity to say goodbye, for hugs and tears, maybe just a hand-written farewell note.

'Nancy showed there is a better way because, after all, dying is surely something you should do with someone you love.'

GENESIS OF A BRANCH

from Bryan Milner

When John Edge of the Gold Coast VESQ approached me late last year to see if I would consider attempting to establish a new branch of VES NSW, I thought hard and long. Firstly, I was enjoying my retirement vegetation and my futile struggle to improve my golf game. Also, having an accountancy background, public relations was not exactly my forte. However, I decided that the worst thing that could happen would be that I would make a fool of myself but if I did, it would be in a very good cause.

The Northern Rivers covers approximately 200km along the coast from Yamba to the Queensland border and inland to major towns such as Casino and Lismore. This presents a number of problems. Each major town has its own free newspaper delivered to the door of most of its citizens. Consequently, they had to be the first line of the publicity effort. There are about ten local publications that I have discovered so far plus the mass circulation commercial Northern Star. Plus, there is a similar number of local radio stations, regional ABC and two TV stations which cover local news.

Out with the Yellow Pages and a direct approach was initially made to most of them seeking publicity for our first meeting in June. To my surprise, not only did I not experience any hostility, but a number of journalists expressed support for our cause and I had excellent publicity. Indeed, I experienced my 10 minutes of fame.

Some of the results were-

- the entire front page of an issue of the Northern Star occupied by my picture with accompanying article and very favourable street survey.

- 'Local call for death by choice' was the Star daily news poster that day.

- articles in all the local papers giving publicity to the meeting.

- I had a number of letters to the editor published.

- several 5 minute radio clips.

- I was the feature speaker on a 45 minute Byron Bay radio programme.

- the meeting was covered by one of the local TV channels.

With such a large number of publicity outlets, it would be difficult to manage without the internet. I was forced to acquire new skills and now have established a media group which means I can send out a media statement to some 15 outlets in one hit.

A few other publicity approaches were attempted, such as writing to a number of sporting and social clubs and notices on community notice boards.

These were not effective. The first community notice I put up was removed within the hour, no doubt by some godly person and the club response was not encouraging. I had permission from the manager of my own golf club to have the meeting notice displayed but waged a continual battle with some person who saw it as their duty to remove it.

A number of factors helped with publicity. Reporters like to have a personal story to tell. Unfortunately, I qualified in this respect as my step-daughter is nearing the end of a cruel battle with MS and I have cancer (not currently a problem since I had my spleen removed two years ago).

Also, Kep Enderby very generously agreed to be a guest speaker at the first meeting at Ballina and I was extremely fortunate to make it a double bill with Marshall Perron as the other speaker. They both spoke brilliantly and I am sure I would have been struggling to attract the publicity I did without these well known names.

The meeting was attended by some 120 people although the numbers were boosted by John Edge and about 15 VESQ supporters from the Gold Coast, Sunshine Coast and Brisbane. My thanks also to Judy Wedderburn and Dorothy Simons for making the trip from Sydney to attend.

Our second meeting in September featured Philip Nitschke at Goonellabah (near Lismore) and was attended by a similar number of people. Although this meeting was covered by NBN TV and both Philip and I had TV appearances, publicity was harder this time, no doubt because of the elections, but the novelty factor also is diminishing. I think future publicity will be confined to the 'community events' columns of the local papers. We will have to do our own recruiting and publicity in future. One member in Iluka was successful in having meeting

notices displayed in just about every Iluka shop window and another member has been achieving similar publicity on the other side of the Clarence at Maclean/Yamba.

Summing up, we have achieved excellent publicity and the exercise was well worth doing for that reason alone. Although local membership numbers have increased from about 45 to 105 now, I must say I would have liked to have done better. The challenge is to keep up the interest. It is apparent that distance is a big factor. It was noticeable that the first meeting at Ballina had a preponderance of Ballina attendees, with a similar high Lismore attendance at the Goonellabah meeting. It is quite costly in terms of travelling time and petrol for many people to attend and I admire the loyal band of people who travel over 100km to attend a meeting. An option that may be worth exploring could be a 'travelling circus' with meetings in major country towns maybe once a year or even as a one-off exercise. It has been demonstrated that good publicity can be had, given a well known speaker and a bit of organisational effort.

Finally, on the personal side, notwithstanding my initial trepidation, this has been a rewarding experience. Apart from gaining some satisfaction from the publicity garnered for such a worthy cause, I have been levered out of my mental couch potato status. My hope is that in some tiny way, I may have contributed to the inevitable change in the attitude of society to the cruel and unnecessary suffering so many are forced to endure in their final days on earth.

DID WE MAKE A DIFFERENCE?

Following a call from Ian Cohen, a last minute attempt to influence the result of the marginal Richmond electorate where the National Party minister Larry Anthony was attempting to hold on to his seat against Labor's Justine Elliot, the Greens and a host of others was made.

On the Friday week before polling day, I issued a media release headed 'Richmond Voluntary Euthanasia Policy Vacuum' and in a fax, requested Anthony and Elliot to put their positions on the record.

Predictably, neither candidate responded but my media release was picked up by 2LM

Lismore who had me on air on the Tuesday morning. The announcer, Neil Marks, who has been supportive

in the past, said he would quiz the candidates on the next morning's program. Whilst Elliot was personally in favour of our cause, Anthony was firmly against.

On polling day, having got the OK from VESNSW headquarters and with the assistance of John Edge, I ran a full page advertisement in the Tweed Daily News and a smaller but prominent ad. in the Northern Star highlighting Anthony's hard line attitude compared to the other candidates.

John Edge printed copies of the ad. as flyers and organised a VE stand at one of the main polling booths at Tweed Heads. They were there all day and received a generally favourable reception. Anthony arrived on the scene and was given a copy of the flyer.

At the time of writing, it looks like Anthony will be the only National to suffer a swing against him and is unlikely to retain his seat. Doubtless there were a number of factors in this electorate, but it does beg the question, if we had thought of this strategy earlier, we could have had more exposure and the Greens would have handed out our flyers at all the polling booths.

Perhaps we should become more active next time especially in the marginal seats where we possibly could make a difference. After all, if Family First with 2% of the vote look like electing a senator, who knows what we could do?

BEQUEST RECEIVED

When preparing his will, Bruce E. Bruwell included a bequest to the Voluntary Euthanasia Society of NSW. Since his death early this year, we have received from Mr Bruwell's estate a generous boost to Society funds. This most practical gesture is greatly appreciated.

IN THE NEXT ISSUE

From the UK, survey results, progress of Lord Joffe's Assisted Dying for the Terminally Ill Bill, and an examination of the bitter split within the VES (UK) and its ramifications for the future.

CRIMINAL CODE ADMENDMENT SHELVED

The announcement of the Federal election on 9 October led to a last minute cancelling of the Public hearings into the new suicide Bill.

The Criminal Code Amendment (Suicide Related Material Offences) Bill 2004 had been introduced by the Howard Government and passed its second reading in Federal parliament. The public hearings had been scheduled for 30th August.

Just hours before Exit Director Dr Philip Nitschke

was to board a flight from Darwin to Canberra the news that the hearings were to be cancelled came through. Jocelyn Head, VEST President who was also to present at the hearings, had already travelled to Canberra.

This piece of legislation, seemingly designed to frustrate the new Exit constructional workshop program now lapses, and will need to be reintroduced.

Source: *EXITnews*, 30/8/04

SUBMISSIONS

Making interesting reading, even though the Bill has lapsed, all submissions received by the Committee of Inquiry into the Provisions of the Criminal Code Amendment (Suicide Related Material Offences) Bill 2004 are available on the Internet at:

http://www.aph.gov.au/senate/committee/legcon_ctte/suicide/submissions/sublist.htm

Judy Wedderburn made the following submission for VES NSW:

‘The aim of the Voluntary Euthanasia Society of NSW is to promote legislation which, with the proper safeguards, entitles any person suffering severe pain or distress, with no reasonable prospect of recovery, to a painless, medically assisted and dignified death in accordance with his or her expressed direction.

‘Over decades our Society has shown itself to

be an example of responsible and informed debate on this increasingly important issue for the Australian community.

‘We believe that an informed debate about suicide results in harm minimisation. A person aware of all their options will often extend their life by not acting prematurely. Unsuccessful suicide attempts often lead to unintended physical or mental harm.

‘In a democracy censorship of the free distribution of information restricts rational debate.

‘We respectfully ask that members of the committee satisfy themselves that the Criminal Code Amendment (Suicide Related Offences) Bill 2004 does not prevent (intentionally or otherwise) the ongoing debate.

Judy Wedderburn’

KUBLER-ROSS DIES AT 78

Elisabeth Kubler-Ross, internationally known expert on death and dying who became a pioneer for hospice care, and pressed doctors to listen to the needs of terminally ill patients, died of natural causes at the age of 78.

Kubler-Ross’ 1969 ground-breaking book *On Death and Dying* became a pop-culture phenomenon with her theory that the dying go through five stages of grief - denial, anger, bargaining, depression and acceptance. In recent years, she suffered a series of strokes and infections and in 2002 she welcomed death and called God a ‘damned procrastinator’ for

not letting her die. She finally got her wish in her own bed, surrounded by family and friends.

Feisty, charismatic and empathetic, the Swiss-born psychiatrist took hold of the subject of death in the 1960s and never let go. She rallied for doctors and nurses to treat the dying with dignity, addressing their questions, fears and anxieties. But also their pain.

Millions of her books have been sold, translated into several languages. In 1999, *Time* named her as one of the ‘100 Most Important Thinkers’ of the past century.

Source: *The Arizona Republic*, 26/8/04

GROWING SUPPORT FOR OREGON MEASURE

Assisted-suicide law has brought surprises, as studies show that support has grown since 1997 as fears have proven unfounded.

The state's law allows adults with terminal diseases who are likely to die within six months to get lethal doses of drugs from their doctors.

In the six years since it went into effect, surprises have been common, including the small number of people who have sought lethal drugs under the law and the even smaller number of people who have actually used them. In surveys and conversations with counsellors, many patients say what they want most is a choice about how their lives will end - a finger on the remote control, as it were.

While there is still strong opposition around the country to laws like Oregon's, support within the state has grown over the years. Oregon voters passed the law in two separate referendums. Even some former opponents say the widespread abuses predicted by some have not emerged; and studies are helping researchers and policy-makers understand how it really works in practice.

Perhaps the most surprising thing to emerge from Oregon is how rarely the law has actually been used.

"We estimate that one out of a hundred individuals who begin the process of asking about assisted suicide will carry it out," said Ann Jackson, executive director of the Oregon Hospice Association.

Since 1997, 171 patients with terminal illnesses have legally taken their own lives using lethal medication, compared with 53,544 Oregonians with the same diseases who died from other causes during that time, according to figures released by the Oregon Department of Health Services in March.

More than 100 people begin the process of requesting the drugs in a typical year. Doctors wrote 67 prescriptions for the drugs in 2003, up from 24 in 1998. Forty-two patients died under the law in 2003, compared with 16 in 1998.

Many patients say they want to have the option to end their lives while still thinking clearly, if the pain becomes unbearable or if they are sliding into incompetence.

A second surprise has been the kind of people who use the law. They are not so much depressed as

determined, said Linda Ganzini, a professor of psychiatry at Oregon Health Sciences University. She led a recent survey of 35 doctors who had received requests for suicide drugs. The doctors described the patients as 'feisty' and 'unwavering'.

A third lesson is that for most of those who seek assisted suicide, the greatest concern appears not to be fear of pain but fear of losing autonomy, which is cited by 87 percent of the people who have taken their lives with the drugs. Only 22 percent of the patients listed fear of inadequate pain control as an end-of-life concern, perhaps a sign that pain management has improved over the years.

The surveys show that standard health care for the terminally ill might not be what these patients seek, Ganzini said. The standard version of care says, 'We're going to take care of you,' she said. 'But for them, the real problem is other people taking care of you.'

Some who initially opposed the law say they have learned to live with it. Michael Bailey, for example, took out a loan in 1994 to fight the Death With Dignity Act. His daughter has Down syndrome, and he said that at the time he could see a straight line between voluntary assisted suicide and forced euthanasia for the handicapped. Now Bailey says he has not seen any abuses. 'I don't see that there's ever been a scandal,' he said, 'and the numbers are not huge.' Still, he does not support the law. 'If it was up to me, I'd say no, but I don't think there's any great human rights crisis here,' he said.

Source: New York Times

'The Oregon law ... forces us to examine the question of what is special about human life. The answer, I think, is the autonomy and dignity inherent in our individuality - in making hard decisions for ourselves and determining our own destinies. Oregon honours that vision of what is sacred about life.'

George Eighmey, *Exec. Director of Compassion in Dying, Oregon*

FRED THOMPSON IN LOCAL COURT

Toukley man Fred Thompson, aged 71, has been charged with aiding and abetting his wife Katerina to commit suicide in August 2002.

Mr Thompson gave his wife sleeping tablets and then held a pillow over her face after his wife begged him to help her end her life.

Katerina Thompson's body had been ravaged by 36 years of multiple sclerosis and she had lost all

functions apart from her hearing. Her husband was her carer for the last 10 years.

'I'm not a murderer. This was an act of love,' Mr Thompson said. He has called for the introduction of euthanasia laws in NSW.

No plea has been entered. The case is due for further mention in the Wyong Local Court on 3rd November.

FROM OTHER STATES

In the South Australian State Parliament, Sandra Kanck of the Australian Democrats was 'bitterly disappointed' when her Dignity in Dying Bill was defeated 13 votes to 8 in the upper house. Ian Gilfillan, Australian Democrats MLC, crossed the floor to vote against his own party.

Ms Kanck's Dignity in Dying Bill is yet to be debated in the lower house.

In Tasmania, an attempt was made by VEST to have the Tasmanian Law Reform Institute re-open discussion on pro-euthanasia legislation, but this has proved unsuccessful.

The South Australian society, SAVES, has organised a joint venture with the Rev. Dr. Francis Macnab of the Wesley Uniting Church, who will address a public meeting entitled 'Voluntary Euthanasia - A Christian Choice'.

In the federal arena, Democrat Lyn Allison's bill to repeal the Euthanasia Laws Act, commonly called the Andrews Bill, was tabled in the Senate prior to the October elections. As with the Criminal Code Amendment, it is presently unclear if or when this bill will be re-introduced.

STRENGTH IN UNITY

The VES, Wellington and the VES (Auckland) Inc. have announced that they are to merge, with the new name of Voluntary Euthanasia Society of New Zealand Inc.

The major priority will be to set up branches throughout New Zealand, and to increase their influence on public opinion and Members of Parliament.

NEW ZEALAND SURVEY

Nearly 700 doctors have admitted hastening the deaths of terminally ill patients despite legal constraints, a study in the New Zealand Medical Journal has shown. The study revealed 693 general practitioners who had responded anonymously to a national survey had participated in a physician-assisted death over a 12-month period.

'Legal or not, physician-assisted death is an international reality and New Zealand is no exception with such actions occurring in an apparently palliative rich environment,' said the survey's authors, doctors Kay Mitchell of the Department of Psychology of Auckland University and British Clinical Psychology Professor Glynn Owens.

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.