



VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INCORPORATED)

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NEWSLETTER

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DOCTORS FOR AMA NEUTRALITY

The Australian Medical Association's view on euthanasia is 'out of step', according to a group of doctors lobbying for the decriminalisation of VE. The group of 29 medical practitioners from around Australia is called Doctors for AMA Neutrality and the group's spokesman, Professor Arnold Gillespie, said that the AMA was against the idea of a doctor being involved in assisting VE or even prescribing a drug that would end a patient's life – 'policy which does not best represent or protect doctors or patients'. Another member of the group, Adelaide GP Dr David Tye, said the group doesn't believe the AMA can take part in euthanasia debate when it has a position 'on one side of the fence'. *Source: Janet Grist, AMA euthanasia view 'out of step', Australian Doctor, 12 September 2007.* In its February issue, the article, referred to two GPs now involved in federal politics who have drawn on their own medical experience to further the cause of legalised euthanasia in the wake of one doctor's public journey to end his life. GP and Federal Liberal MP Dr Mal Washer agreed euthanasia laws were long overdue, but called for 'death with dignity' laws at state government level that would allow doctors to assist terminally ill patients with non-relievable pain who were in palliative care to die.

'I don't want people vulnerable to legal injustice for alleviating pain and suffering when there's no hope for survival,' Dr Washer told *Australian Doctor*.

PROTEST RALLY IN GOSFORD

Angry voluntary euthanasia advocates marched on Robertson Federal Liberal MP Jim Lloyd's Gosford office on Friday. About 30 protesters converged on Mr Lloyd's Mann St electoral office to present a petition to show their disgust at the Federal Government's decision to ban a book by controversial euthanasia campaigner Philip Nitschke. *The Peaceful Pill Handbook*, which Dr Nitschke co-authored with fellow campaigner Fiona Stewart, details different methods terminally ill people can use to end their lives.

In February, The Office of Film and Literature Classification decreed the book instructed people how to manufacture illegal drugs and subsequently banned it from sale and import. It has also been banned in New Zealand but is still available in the US. NSW VES Central Coast convener, Romaine Rutnam, said the ban was an attack on freedom of speech.

'We are responsible for our own lives and I think we're responsible for our own deaths as well,' she said. 'Euthanasia has this negative connotation. But it's from the Greek meaning 'good death'. 'There are those who have lived full lives and are just getting tired, they've done all they wanted to do, why can't they have a little help?'

Dr Rutnam said voluntary euthanasia was legal in Switzerland, The Netherlands, Belgium and the US state of Oregon. The Federal Government has maintained a tough stance against voluntary euthanasia. In 1997, it overturned Northern Territory Government legislation which let people legally end their lives in the Top End. Mr Lloyd, who was in Canberra at the time of the protest, said he would forward the petition to the 'appropriate people' for consideration.

Source: Central Coast Express Advocate, 21/8/2007

MORAL MEDICINE - POSTGRADUATE STUDY -

New Health Courses Reflect Evolving Ethical, Technological and Legal Needs

The University of Sydney has new courses that straddle both the Faculty of Arts and the Faculty of Medicine. These are the graduate certificates and graduate diplomas in medical humanities and bioethics. This is a relatively new field covering areas as diverse as stem cell research and egg donation, to the links between music and medicine.

'Medical humanities looks at the way arts, music, philosophy and history all interact to influence and shape medicine,' says Associate Professor Ian Kerridge, director of the Centre for Values, Ethics and Law in Medicine at the University of Sydney.

'Bioethics looks at ethics and social and legal issues in relation to new technologies associated with genetics and stem cells,' Kerridge says, 'and also touches on a whole range of topics like euthanasia,

the relationship between the health provider and the patient, illnesses and how to respond to advances in sciences.'

The development of new programs is being driven by a number of factors. 'But generally it is a recognition that areas like medical health are not purely scientific - those days are well and truly over.'

According to Kerridge, the way the bioethics program is taught is innovative. 'One week we'll look at sex and drugs from a historical perspective - from the viewpoint of a female abortionist,' he says. 'And the next week we might look at it from a religious perspective - from the view of the Pope and the Vatican.'

Source: Joan-Maree Hargreaves, Sydney Morning Herald, 1/9/2007

A warning from the Right-to-Die Newsletter:

A customer of the ERGO Bookstore reports:

Thought you might like to know that I ordered the *Final Exit* DVD from *Amazon.com*. Not directly

from Amazon, but one of their market place sellers. I received a Christian evangelist DVD... Next time, I'll know not to try to save a couple of dollars...

WEB PAGE OF INTEREST

The American Academy of Hospice and Palliative Medicine (AAHPM) board of directors approved an updated “physician assisted death” policy statement on Feb.14, 2007.

Excerpt:

‘The AAHPM takes a position of ‘studied neutrality’ on the subject of whether PAD (physician assisted death) should be legally regulated or prohibited,

believing its members should instead continue to strive to find the proper response to those patients whose suffering becomes intolerable despite the best possible palliative care.’

Full statement at <http://www.aahpm.org/positions/suicide.html>

We can only hope that the AMA will take a similar stance in the not-too-distant future.

FOR YOUR DIARY

Meetings

- **General Members’ Meeting, 2.30pm Sunday 25 November** at the **Dougherty Centre, Victor St Chatswood**. Please note the later-than-usual time of 2.30pm! As this is our final meeting for 2007 and the beginning of the festive season, you are invited to partake of a little Christmas cheer while we hash over the results of the federal election and ponder what the future will bring for our cause.
- **ACT Branch** – contact Jeanne Arthur by Email: jeanne_arthur@yahoo.com.au
- **Central Coast Branch** – The last meeting for 2007 will be on Friday 21 December from 10 to 11.30am at the **Senior Citizens Centre, 217 Albany Street North in Gosford** and members and guests are invited to bring a plate or bottle of Christmas cheer to share. The meetings in 2008 will be held on the third Friday in April (18th), August (15th) and December (19th), from 10am at the same venue. 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.
- **Illawarra Branch (Support Group)** – For information please contact VES Illawarra Branch, PO Box 8, Keiraville NSW 2500, or phone 4229 2789.
- **Northern Rivers Branch** – Next meeting 10am Monday 12 November in the CWA Hall, River Street, Ballina (next to RSL). Contact: Bryan Milner, 6680 1961.
- **Email:** Readers of this Newsletter are asked to help to get as many VE supporters as possible to send in their email addresses. Email is the quickest and cheapest means VESNSW has of keeping members informed. If you or your friends would like to be contacted by email please send us your email address to: mail@vesnsw.org.au
- **Confidentiality:** VESNSW does not provide information about individual members or give the membership list to any person or organisation under any circumstances.
- **Visit the VESNSW website** at www.vesnsw.org.au
- **EXIT International** – website, www.exitinternational.net

NEW COORDINATOR FOR VES NSW

Those members who have visited our office in person or by phone will, we are certain, join with the Committee Members in wishing Carmel Marjenberg a very happy retirement. Carmel has given the Society over ten years of committed service in the office and now wants to spend more time with her three growing grand-daughters. A busy social life and a love of reading will help to fill in her 'spare' time.

Our new Coordinator is Annemaree Adams, who brings a wealth of administrative experience as well as a keen interest in human rights issues including voluntary euthanasia. She is a former Administrator of the Poets Union, and in 2000 her first solo collection of poetry *The Dogs* was published by Five Islands Press in the New Poets Series 7. Annemaree has three children aged 26–32 and one brand new grandchild and lives in the inner west of Sydney.

CAREN JENNING TO STAND TRIAL

Following the events reported in our last newsletter and an exceptionally heartening response to Kep Enderby's appeal on Caren's behalf, Kep attended the Supreme Court in Sydney on Friday 5th October, 2007 when Caren Jennings and Shirley Justins were formally indicted with charges of murder and in the alternative, aid or abet suicide. To each they pleaded not guilty. Their bail was continued as before. The case has been listed for 5 May 2008.

Caren wishes to stress her continuing gratitude to donors for their support of the trust fund.

NEW-LOOK WEBSITE

We are very pleased to announce that our newly designed website, www.vesnsw.org.au, is now brimming with interesting information and helpful links. New items are being added all the time, to keep you up to date, so why not make a point of checking it out regularly?

A review of William H. Colby's book *Unplugged: Reclaiming Our Right to Die in America*. (American Management Association, 2006).

Many books have been written about right-to-die issues, but this one stands out for its reasoned, accessible approach. The lawyer for the landmark right-to-die case of Nancy Cruzan, Colby (*Long Goodbye: The Deaths of Nancy Cruzan*) describes medical and legal concerns carefully and without bias; he discusses the Karen Ann Quinlan, Cruzan, and Terri Schiavo cases, using the issues raised by these tragedies to help readers think about what they would want done should they ever face similar decisions. Colby covers living wills, the health care power of attorney, feeding tubes, the rights of the



disabled, hospice, and euthanasia. He also addresses the concept of institutional glide; that is, when processes become standardized and move through the system by default if a health advocate doesn't feel empowered to step in and examine the decisions more carefully. New issues arise constantly because of the rapid advance of medical technology, and serious discussions need to continue at both the individual and the societal levels. Essential reading for anyone who wants to leave loved ones with the ability to make informed right-to-die decisions. *Source: Tina Neville in the Library Journal, June 2006. Eds Note: There is a nine-page excerpt from the book at <http://www.authorviews.com/authors/colby/obd.htm>*

A FIRST FOR IRISH RADIO

On 27 September 2007, Dublin radio station 98FM wrote a new page in the history of Irish broadcasting. The hosts interviewed Derek Humphry, distinguished journalist, founder of The Hemlock Society, and an international spokesman for the right-to-die movement. This episode of the call-in talk show *The Inbox* was the first major radio program ever devoted to the topic of assisted suicide in Ireland. Of the numerous listeners who called in or sent a text message to voice their opinions, all of them supported Humphry, whose wife had asked him to obtain lethal drugs for her when she was in her last painful days, dying of cancer.

This subject became Irish front-page news in 2002 when Harvard-trained American clergyman, the Reverend George Exoo, travelled to Ireland to provide compassionate companionship and pray with Rosemary Toole as she took her own life in a Donnybrook townhouse near Dublin. Toole was suffering from Cushing's Syndrome, an extremely painful disease, and years of profound depression. The Irish government demanded that the US extradite Exoo for 'assisting a suicide', which is a felony in Ireland but not under US Federal law. On 25 June 2007, Exoo was arrested, to be held while it was determined whether the US-Irish extradition treaty applies to Exoo's case.

STOP PRESS: US District Magistrate Judge Clarke VanDervort has denied a request by the US Attorney's Office to extradite Exoo to Ireland for his alleged role in the suicide. He ordered Exoo immediately released for the first time since his arrest by federal authorities.

AN OPPORTUNITY TO PUT VE ON THE AGENDA!

You may be interested in an item on page 3 of *The Senior* August 2007 newspaper, giving us an opportunity to highlight the issue of voluntary euthanasia law reform.

The item is 'Join our online survey'.

'With speculation mounting on the date of this year's federal election, *The Senior* wants to know which issues matter most to you.

'Our first-ever web survey will pinpoint the major national issues, and who you feel is best able to

THE HERETIC

George E. Delury, jailed for 6 months in 1995 for his assistance in his wife's suicide, has himself suicided at his home in California. In a book of his 91 poems that he self-published shortly before he died, was the following:

Being a heretic, I am not afraid to die
I could go out contentedly on a blazing stake
or vanish like a ball of dust, idly swept by

It is the tortures before death I fear:
the rack that tears the joints,
the hot poker in the gut,
the shame of returned infancy,
of dirty clothes and crying, helplessness.

Above all, the sack over the head,
full of confusion and nightmares,
the not-understanding, the forgetting,
and the screaming silence.....

But I am a heretic.
I can be my own fiery stake,
I can be a dust mop.

address those issues. By taking part, you'll be helping us send the message to politicians of all political persuasions that seniors deserve to be heard.'

The survey is being conducted in conjunction with Melbourne-based corporate advisory firm Dench Mclean Carlson, which also conducted the Ageing Attitudes Study for Australian Senior Publications in 2005.

To have your say, go to www.thesenior.com.au <<http://www.thesenior.com.au>> and click on August Online Survey (it's on the right hand side of the page)

NET BLOCK PLAN SLAMMED

Internet industry experts say the Federal Government's bill requiring service providers to block access to overseas sites blacklisted by the federal police commissioner could inadvertently block access to popular sites such as *Facebook* and slow internet speeds to a snail's pace.

The proposed legislation, introduced without notice into parliament last week, also gives the commissioner powers to order take-downs of Australian sites related to terrorism or cyber-crime. The amendment allows federal police to notify the Australian Communications and Media Authority of banned websites, and the authority must then notify service providers. It anticipates ISPs will block access to offshore sites with filters and other technical means. Industry insiders say the only way a service provider could prevent users accessing banned material is by blocking the internet protocol address on the host server.

'Australia is only one tiny fraction of the global internet and there are numerous places where constitutional protections ensuring free speech mean all sorts of objectionable stuff can be hosted, and at present there's no regime here actually requiring ISPs to block access to such sites,' Internode carriage manager John Lindsay said. 'If such a request were made, the most fine-grained way we could actually do it would be to block access to the IP address. That's the Chinese approach. They basically block by IP address. Now, if that IP address happened to be *MySpace*, or *Facebook*, that would have the effect of blocking everything from those sites.'

According to an Ovum report to the communications department, many hosting services carry thousands of domains on a single published IP address. 'Filtering based on IP address may result in overblocking of content that is not prohibited, but is located on the same address,' Ovum said.

Telstra, Optus, the Australian Mobile Telecommunications Association, the Internet Industry Association and others are currently reviewing the legislation, which caught them by surprise. Electronic Frontiers Australia chair, Dale Clapperton, said the proposal had nothing to do with terrorism. 'These laws will be open to massive abuses by the police,' he said. 'They could, for example, be

used to prevent access to websites organising protest marches or rallies against the government, or advocating the legalisation of euthanasia. To the extent that it allows police to ban access to material discussing political matters, it is probably unconstitutional.'

ISP-based filtering was 'a blunt instrument' that gave users no control over what material had been censored, Mr Clapperton said.

A requirement to provide filtered services would impose serious costs on local ISPs, while also exposing them to liability when 'the filters inevitably fail' to block banned material, he said. Filtering was also likely to cause a reduction in internet speed. Microsoft internet safety regional director, Julie Inman-Grant, said the company was concerned to ensure it could provide its content services to consumers on substantially the same terms globally. 'Content such as videos or our social networking site, Live Spaces, will be sitting on a server in the US that users from around the world can access,' she said. 'We're concerned that there may be a website link to a service that is indeed hosted in Australia that we would have no knowledge of. It would be very difficult to have the capacity to check every single link that is posted on a user's individual webpage.'

Internode's John Lindsay said ISPs fully supported the government's efforts to remove violence and child pornography, race hate and other objectionable material from local sites, and would be happy to extend that to sites promoting terrorism. 'It's completely reasonable to require that sort of stuff to be taken down from web servers hosted and administered within Australian,' he said. 'That's something ISPs actually have some control over, and that has worked very well. Once you start building up enormous lists of things you want to block, the list gets endlessly larger even though the original content has gone.' This would have the ultimate effect of slowing down internet performance. 'You might have fast broadband, but you won't get any speed from it because there's a whole room of servers between you and the internet that are picking over everything to make sure you don't see anything objectionable,' he said. 'That would be a ludicrous joke.'

Source: Karen Dearne, The Australian, 25/9/2007

SPREADING THE WORD

In the hope that you will assist in spreading the word about voluntary euthanasia, perhaps by talking with friends and family, or writing to newspapers, talking with local politicians, etc., we include here two pages that will help you get your message across.

VOLUNTARY EUTHANASIA – COMMONLY ASKED QUESTIONS AND ANSWERS

1. **Q. *What about abuse if voluntary euthanasia is made legal?***
A. Laws must be framed very carefully to avoid abuse. There is greater possibility of abuse because of the lack of a law, as many doctors help patients to die now and there are no controls at all.
2. **Q. *Aren't doctors playing God by interfering with nature and ending lives?***
A. Every time a doctor treats a patient he is interfering with nature and therefore playing God.
3. **Q. *Why is it NOT against the law to take your own life, but it is illegal to counsel or assist someone to take their life?***
A. Under the present law, there are no safeguards, so counselling or assisting could lead to abuse.
4. **Q. *How does a doctor know that someone asking for VE is not temporarily or treatably depressed?***
A. A doctor must assess the patient well before considering assisting them to die. The doctor will assess whether the depression is of a temporary and/or clinical nature or whether the depression is a reasonable response to a distressing and incurable condition - a quite normal reaction.
5. **Q. *What if there is a cure just around the corner?***
A. There is no cure for extreme old age. There are no cures in sight for advanced cancer and the degenerative diseases of the nervous system. Cures take years to develop.
6. **Q. *Aren't doctors trained to cure people, not kill them?***
A. Of course, but also to care for and have compassion for their patients. If the time comes when the doctor can do nothing more for the patient, the patient should be able to ask for and expect help to end their suffering.
7. **Q. *What if the doctor has a moral objection to VE?***
A. They would not be obliged to participate. Another doctor would have to be found.
8. **Q. *Doesn't palliative care cater for all dying patients?***
A. Palliative and hospice care is excellent for people whose pain and symptoms can be controlled and who want this option. But for those in which relief is not possible (there are about 5% of people at the end of life in this situation) and if they want another option, a hospice is not appropriate.
9. **Q. *Would people with dementia be eligible for euthanasia?***
A. Any legislation must make assurances that euthanasia is a **voluntary** decision by the patient after consultation with their health carers. It must be a rational decision made by someone of sound mind. But we can all sign an Advance Directive while of sound mind, stating that we don't want to be kept alive by artificial means if we become incompetent. We would also like to be able to make an advance request for voluntary euthanasia in certain circumstances.

TEN TIPS FOR TALKING ABOUT VOLUNTARY EUTHANASIA

From an article by Colin Gavaghan, VES Scotland

Whether you are speaking to the media, to your MP or to a friend or relative, there are a few concise phrases and arguments which you may wish to have at your disposal – and a few you'd be well advised to avoid.

1. **Don't** talk about other people being 'burdens on society'. VESNSW believes in giving people control over their lives, and their deaths. VE and assisted suicide are not solutions to problems of overpopulation, an ageing population or government funding, and any suggestion that they could be used for these purposes is likely to terrify or appal a great many people.
2. **Do** make it clear that, for VESNSW, what matters in end-of-life decisions are the wishes of the individual, and his freedom to choose the timing and manner of his death.
3. **Don't** attack the religious beliefs of others. Research has consistently shown that most of those who describe themselves as religious, like the population as a whole, support right-to-die reforms. We have nothing to gain and a lot to lose by forcing them to choose between their church and their personal beliefs.
4. **Do** show respect for the beliefs of others, or at least their right to hold those beliefs, while stressing our opposition to the use the law to impose their beliefs on everyone else.
5. **Don't** talk about p.v.s. (permanent vegetative state) patients as being 'just vegetables.' Expressions like this can be offensive to some, and can be used by our opponents to suggest that VE supporters have no respect for human life.
6. **Do** stress that the dignity and previous wishes of the unconscious or p.v.s. patient are absolutely central to our concerns.
7. **Don't** link the case for VE to that in favour of, for example, abortion. While some arguments are common to both debates, there are substantial differences. And abortion is, on the whole, a much more divisive issue.
8. **Do** emphasize our support for greater choice in end of life decisions generally. VE cannot be said to be choice in the true sense if there are no other options open to the incurable patient, and high quality palliative care must be available for those who wish to fight on to the very last.
9. **Don't** ridicule or play down serious concerns about VE. Many sensible and tolerant people have genuine reservations about some of the consequences of legalisation, and it is important to distinguish them from the fanatics whose only concern is the universal imposition of a minority morality.
10. **Do** recognise that carefully established checks and safeguards would absolutely have to accompany any change in the law. We at VESNSW are every bit as horrified by the prospect of legalised VE being abused as are the 'pro-Lifers', but firmly believe that sensible discussion and forward planning would avoid this.

‘HOW THE STRUGGLE FOR ASSISTED VOLUNTARY EUTHANASIA WAS WON’

—VES (NSW) Newsletter 2021 Report on the Civil Disobedience Campaign—

(The views in this article should not be attributed to VES NSW; it is included in the hope that it will generate letters to the editor.)

It began with Nancy’s Friends, Lisette Nigot and the Peanut Project.

In 2002, when Nancy Crick ended her life there were 21 of her friends present to support and farewell her. The Queensland Office of Public Prosecutions, after two years, decided not to prosecute those 21 supporters on a charge of ‘aiding and abetting’ a suicide.

Lisette Nigot was almost 80 when she fulfilled her intention, formed many years before, to end her life before the likely debilities of age set in. Her rational suicide was recorded, pre- and posthumously, as a documentary that detailed her attitude and courage.

And in the first five years of this century Dr Philip Nitschke’s Peaceful Pill Project got under way – the secret manufacture of Nembital by a group of people determined to acquire the wherewithal to end their own lives at the time of their own choosing. As this was an arduous task that could not be carried out on a large scale or a short timeframe, it was supplemented by well-attended workshops around Australia in preparation of the helium deliverance option.

As all this was going on it was becoming increasingly clear that governments were not going to legislate to make end-of-life options more rational. The voluntary euthanasia movement in Australia became convinced that politicians felt unable to act on the basis of public opinion (80% of the community in support of assisted voluntary euthanasia). Despite more sophisticated lobbying as the result of expertly conducted workshops on moving the political process in the desired direction, religious and conservative influences prevented governments from passing bills that had been carefully constructed and fully supported by euthanasia advocates.

In 2015 there was a new phase in the struggle.

Influenced by all that has been described above, a euthanasia advocate called Mick Zerkersky, diagnosed with a terminal illness but determined to die before it became too debilitating, invited friends and acquaintances to attend his ‘farewell party’. Significantly, in addition to the 50 people who attended, the media were invited. A smattering of reporters and photographers showed up, along with one television crew. The host had chosen to use helium and an exit bag to end his life. At the host’s urging the assembled supporters chanted at the appropriate times ‘now fit the bag to your head’, ‘now turn on the helium cylinder’, ‘now pull the bag down over your head and breath deeply’ and ‘goodbye Mick and good on you’.

The subsequent media exposure sent both the federal and state governments into an apoplexy of indignation and rage. All 50 supporters were arrested. Questions were raised as to whether the media people should also be arrested as ‘aiding and abetting’. But before legal proceedings could get under way, a second campaigner announced her intention of repeating the first event, although in a secret location and by invitation only. This time there were over 100 supporters and a large number of invited media. The police tried to intervene, but were thwarted by a cunning diversion that had been worked out beforehand. Several arrests were made, while other supporters requested they be arrested, some of them through the media. It soon was obvious that legal suppression was not going to work.

Over the next few years these ‘farewell parties’ continued, fuelling a crisis in government and politics that eventually resulted in sensible legislation in the states and the enlightened situation we have today.

By Ian Macindoe

VES member Renée Goossens, who has lived with chronic pain for 40 years, has written a survivor’s tale called *Pain Management: Learning to Live*

with Pain. (ISBN 9781921295096) Her book costs \$27.95 from Rockpool Publishing – (02) 9327 7150 or from bookshops such as Dymocks.

CENTRAL COAST NEWS

The meeting held in Gosford on 17 August was the best attended ever, (32 including five guests), with several apologies.

The main reason for the good attendance and apologies was the support shown by members for the proposed protest to the local Federal MP regarding the treatment the Howard government had given voluntary euthanasia over the previous decade.

At the end of the meeting several members walked to the MP's office and presented the letter to his senior adviser, the protest well covered by the local press and the NSW/ACT *Senior* newspaper. A video of the protest was made and put up on Youtube at <http://www.youtube.com/watch?v=Th2Hgdrrja1o> and has been viewed 148 times to date.

NORTH COAST NEWS

There have been no meetings since the last newsletter. The next meeting will be on 12th November.

In May, together with the Gold Coast group, we ran a stand at the Murwillumbah Seniors Expo. This is a popular annual event in northern NSW and attracts a crowd of up to 2000 seniors. Special signage highlighting the 80% general public support for voluntary euthanasia and the necessity for advance medical planning was produced.

The stand attracted an excellent level of attention. The handout literature was largely gone by 11am, indicating a significantly greater level of interest than

ACT BRANCH NEWS

The AGM was held on 25 October. The guest speaker was Annette Ellis, Member for Canberra in the House of Representatives, who spoke on 'Voluntary Euthanasia: a private viewpoint and that of politics'. A lively discussion ensued. Ms Ellis fielded questions about the possible stance of a federal Labor government on VE and on intervening in Territory legislation (as has happened with the present federal government against Northern Territory legislation on VE, and against ACT proposed legislation on same-sex 'marriage').

A submission was made to the ACT Government on behalf of the Branch on their discussion paper, 'Consenting to Treatment', which deals with providing,

The meeting's main discussion however focused on the report back from the Sydney meeting of 5 August, which allowed debate and reactions to the previous Central Coast proposal on the need for a name change for the VES NSW. Members were disappointed by the straw poll in Sydney, which voted to retain the existing name. We hope the committee will follow up the proposal to undertake a special "census" of members canvassing their skills as well as their views on the positive results experienced in Victoria after their name change to Dying with Dignity.

Members and their guests are invited to bring a plate or bottle of Christmas cheer to share at the last meeting for 2007 on Friday 21 December from 10 to 11.30am at the Senior Citizens Centre, 217 Albany Street North in Gosford.

from Romaine Rutnam

last year. It was particularly encouraging to see interest from nurses and other carers. Also from a young teacher whose class has discussed voluntary euthanasia.



Next year, we hope to have a greater supply of material to hand out. It would be particularly helpful if the Society had a

compact flyer selling the case for VE.

From Bryan Milner

withholding or withdrawing medical treatment, especially to a person incompetent (temporarily or permanently) to act on his or her own behalf. The discussion paper canvassed the persons who might be involved in such decisions. The ACT Branch emphasized the importance of personal autonomy in these matters, and has urged members to ensure that they have made Health Directions (advance medical directives) and arrangements for Enduring Power of Attorney. Our submission also urged the ACT Government to take a lead in trying to achieve reciprocal recognition by other States and Territories of ACT residents' Health Directions and Power of Attorney declarations. The ACT already recognizes such documents from interstate visitors.

FEDERAL GOVERNMENT FOCUS ON NITSCHKE

Dr Philip Nitschke says the federal government is 'unfairly targeting' his euthanasia workshops.

Dr Nitschke says the Attorney-General has notified Victoria Police about his coming workshop in Melbourne, alleging the material he uses is in possible breach of classification laws.

His book promoting euthanasia was banned earlier this year, but he says he does not sell or use it in his workshops.

'We've received a letter, from the Attorney-General's department, telling us that the workshops that we run were likely to come under very close scrutiny,' he said.

Dr Nitschke says he has also been accused of screening an alleged illegal video that he says is freely available on the internet. 'We have been showing it at the workshop, I mean it's simply online and we simply show it to the people that assemble, through a projector,' he said. 'So anyone can go home and do it themselves with their own computer but we do it in a group at the workshop.'

Earlier in October Dr Nitschke announced plans to run against federal Immigration Minister Kevin Andrews in the Victorian seat of Menzies for the federal election. (Andrews led the Commonwealth push to override the Northern Territory voluntary

euthanasia law 10 years ago.)

Dr Nitschke believes it has only been since he made that announcement that the Government have voiced their concerns over his workshops.

'There's a fair chance that the Minister for Immigration could well lose his seat. It just seems to me to be a little coincidental,' he said. 'I suppose that we're finding ourselves subject to this scrutiny. These workshops after all have run for several years with no difficulty.'

However, Federal Attorney-General Philip Ruddock said any monitoring of euthanasia workshops run by Dr Philip Nitschke is an issue for his department, and rejected suggestions by the euthanasia campaigner that his workshops are being unfairly targeted because he is challenging the Melbourne seat of the Immigration Minister, Kevin Andrews.

Mr Ruddock says there has been no political interference. 'If the officers of the department become aware that there are products that have been refused classification that are being used or distributed then they do take action to warn those involved about possible breaches of the law and also law enforcement agencies,' he said.

Source: ABC News, 13,14/10/2007

YOUTUBE SUICIDE VIDEO TESTS LAW

Australians who download a video about euthanasia campaigners making a suicide pill could be breaking internet laws. The five-minute film, *Single Shot*, was made by Exit International, the group formed by Philip Nitschke who became the first doctor in the world to carry out legal voluntary euthanasia 11 years ago when it was briefly sanctioned in the Northern Territory.

The video has been downloaded by more than 100 people a day since it was posted on the *YouTube* internet site three weeks ago. Dr Nitschke said Exit International had been careful to remain within the site's rules so the film would not be removed. But he said the group and anyone who downloaded the

video could risk breaking laws which make it a crime to use the internet to transmit information about ending life. He said: 'In some ways, we would be happy if they (the authorities) wanted to try it on because it would bring up all those questions about access to information.'

The film was shown yesterday at a meeting of about 50 people at Maroochydore on the Sunshine Coast and a rally was held nearby to mark the 11th anniversary of the death of Bob Dent, the world's first legal assisted suicide.

Source: Daryl Passmore, The Sunday Mail (Brisbane), 23/9/2007

SLIPPERY SLOPE OF MIDDLE GROUND: RECONSIDERING EUTHANASIA IN BRITAIN

It is an irony of progress that some of the most powerful technological advances in modern medical care that have made it possible to save the lives of thousands of people have also provided the means to prolong the suffering of others. Overly aggressive treatment in the final stages of terminal illness has exacerbated concerns regarding painfully prolonged deaths. Alongside these developments has appeared an expanding public awareness concerning individual rights under the law and the value of self-determination has gained in importance even in the legal context of healthcare. Although both the law and the medical profession have responded to the challenges of technological progress and social change, the limited

possibilities for people to make decisions about the manner of their death has been insufficient to resolve the situation. There exists lively debate and an increasing number of ongoing wide-ranging research programmes that focus on the controversial issue of end-of-life decisions in modern medical care. This paper supports the view that further legislation might be necessary on the issue and is a critique of those who consider that the contemporary legal framework and medical practice concerning end-of-life issues might be problematic but are not worth changing in light of the possible consequences.

Source: Abstract of an article by Peter Karuk, in HEC Forum, vol 19, issue 2, June 2007-10-22

TERMINAL SEDATION AND EUTHANASIA: A COMPARISON OF CLINICAL PRACTICES

An important issue in the debate about terminal sedation is the extent to which it differs from euthanasia. We studied clinical differences and similarities between both practices in the Netherlands.

Personal interviews were held with a nationwide stratified sample of 410 physicians (response rate, 85%) about the most recent cases in which they used terminal sedation, defined as administering drugs to keep the patient continuously in deep sedation or coma until death without giving artificial nutrition or hydration (n=211), or performed euthanasia, defined as administering a lethal drug at the request of a patient with the explicit intention to hasten death (n=123). We compared characteristics of the patients, the decision-making process, and medical care of both practices.

Terminal sedation and euthanasia both mostly concerned patients with cancer. Patients receiving terminal sedation were more often anxious (37%)

and confused (24%) than patients receiving euthanasia (15% and 2%, respectively). Euthanasia requests were typically related to loss of dignity and a sense of suffering without improving, whereas requesting terminal sedation was more often related to severe pain. Physicians applying terminal sedation estimated that the patient's life had been shortened by more than 1 week in 27% of cases, compared with 73% in euthanasia cases.

Conclusions: Terminal sedation and euthanasia both are often applied to address severe suffering in terminally ill patients. However, terminal sedation is typically used to address severe physical and psychological suffering in dying patients, whereas perceived loss of dignity during the last phase of life is a major problem for patients requesting euthanasia.

Source: JA Rietjens and others, Archives of Internal Medicine, 10 April 2006

VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES

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