



VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INCORPORATED)

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BMA DROPS OPPOSITION

British doctors have voted to drop their opposition to changes to the law which would allow terminally ill patients to be helped to die. The British Medical Association conference said it should end its current stance against euthanasia and physician-assisted suicide.

When the BMA discussed the issue, doctors spoke powerfully for and against change. But delegates backed a neutral position when it came to the vote.

'There will be people who say we shouldn't have changed, and there will be people who say we should have gone further,' said Dr Vivienne Nathanson, the British Medical Association's head of science and ethics. 'They agreed that the question of the criminal law in relation to assisted dying was 'primarily a matter for society and for Parliament'.

continued p2

WHAT MORE CAN I DO?

You've read the papers, seen the TV news, you've joined the VES and you pay your annual subscription. 'What more can I do?' you probably ask yourself from time to time...

You can help to keep everyone thinking about voluntary euthanasia when it's in the news:

Call up radio announcers

Write to newspapers and politicians

Discuss VE with family, friends and clubs of which you're a member

Ask your doctor if he would vote for the AMA to drop its opposition to VE

Doctors backed a motion stating: 'The BMA should not oppose legislation which alters the criminal law but should press for robust safeguards both for patients and for doctors who not wish to be involved in such procedures.'

The BMA now neither opposes nor backs campaigns for assisted dying.

Dr Nathanson said any change in the law should include a 'conscientious objection clause' so that doctors opposed to helping patients die could abide by their principles.

She accepted some BMA members would not support the move to a neutral position.

Liberal Democrat MP, and BMA member, Dr Evan Harris, said, 'The role of the medical profession is to press for the necessary safeguards, not to oppose an overdue move towards recognising the need for patients to have more autonomy at the end of their lives.'

Julia Millington of the ProLife Alliance said: 'When the Royal College of General Practitioners took a neutral position in giving evidence on the Assisted Dying for the Terminally Ill Bill it provoked a storm of angry reaction from their members. As a result the RCGP Council voted in favour of reinstating their opposition to euthanasia last Saturday.'

The BMA result does not reflect the strong opposition of doctors to a change in the law.'

But Deborah Annetts, chief executive of the Voluntary Euthanasia Society, said: 'The BMA has recognised a need for reform and that both doctors and patients interests can be better protected than they are now. The medical profession is telling Parliament that this is a matter for society to determine.'

The BMA conference was debating the issue after Lord Joffe put forward a Bill proposing a lifting of the UK right to die ban to 'enable a competent adult who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his/her own considered and persistent request'.

His Bill ran out of time during the last parliament, but he has promised to reintroduce it.

Source: *BBC News*, 30/6/05

Editor: However...

When the votes were taken on the last day of the British Medical Association's annual meeting (ARM), nearly 40% of those who had attended the earlier days had already left: the actual number voting in favour of a neutral position was only 93 in favour and 82 against. Thus, the 2006 ARM can easily reverse this decision.

FAYE GIRSH TO ADDRESS MEETING

Our members' meeting on Thursday morning, 27th October, at the Dougherty Centre, Chatswood, will feature Faye Girsh, who will be in Australia to take part in the Exit International Conference and is kindly making time for us in her busy schedule.

Faye Girsh was the President of the Hemlock Society USA from 1996-2002 and then the Senior Vice President of End-of-Life Choices from 2002-2004. In 2003, she was awarded Hemlock's Lifetime Achievement Award. Currently she is Senior Advisor to the Final Exit Network and editor of the Newsletter from the World Federation of Right to Die Societies. She serves on the boards of ERGO and Americans

for Death with Dignity.

Dr Girsh received her doctorate in Human Development from Harvard University and taught Psychology at Morehouse College and the University of Chicago. For 18 years she practiced as a clinical and forensic psychologist in San Diego.

In that capacity in 1983, she became involved in a California case of a quadriplegic woman who wanted to die by refusing food and hydration. Through that exposure she developed an interest in the right-to-die movement, started a chapter in San Diego which she headed for nine years, served on the national board of The Hemlock Society, and

published more than 30 articles in this area.

During the last 20 years she has appeared in debates and delivered speeches all over the US and has been on national TV and radio, including *Court TV*, *Good Morning America*, and *Nightline*. Dr Girsh has spoken in Switzerland, England and Canada. She was a speaker at the World Federation Conference in Melbourne in 1996 and at the

Broken Hill Conference in 2001.

Dr Girsh will talk about 'The Right to Die Movement in the States' which will include the current challenge to the Oregon law, developments in that state and others, the rise and fall of the Hemlock Society, Jack Kervorkian, the Final Exit Network – and activities of the World Federation of Right to Die Societies.

FOR YOUR DIARY

Meetings

- MEMBERS' Meeting, **Thursday 27th October, 10am to 12 noon**, at the Dougherty Centre, Victor Street, Chatswood. Hear Faye Girsh speak on "WHAT IS HAPPENING IN THE U.S."
- **ACT Branch** – enquiries on 6242 0066
- **Central Coast Branch** – A meeting will be held on the **third Friday in December** (16th), from 10am in Meeting Room 3 at the **Gosford Senior Citizens' Centre, 217 Albany Street**, North Gosford (opposite William Street). Members who wish to could stay on for lunch at the food hall at the top of Gosford Town Centre (opposite to Coles – free parking up to 3 hrs with a receipt from the 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, Tuesday 22 November, 10am, at the CWA hall, next to Ballina RSL. Contact: Bryan Milner, 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** – website, <http://www.exitinternational.net>
- For details about EXIT Introduction and Construction Workshops, please send an email to info@exitinternational.net, fax to 08 8983 2949 or phone Kerri Dennis on 0500 831929.
- Visit the VESNSW web site at www.vesnsw.org.au

A STEP TO THE RIGHT...

Uncompromising religious convictions inspire members of the Catholic organisation Opus Dei, writes **Kate Mannix**.

Miranda Devine last week claimed Opus Dei is a 'mainstream' Catholic movement. So why is it so secretive? David Clarke, MLC, admits he is a member of Opus Dei. He says it 'informs' his views and decisions in the NSW Parliament.

The deputy director of public prosecutions, Greg Smith, SC, is also a member of Opus Dei. He's a former president of the NSW Right to Life Association. His son, Nat Smith, is now on the association's board.

I don't know whether John McCarthy, QC, is a member of Opus Dei, but his son, Anthony, is. McCarthy snr is a close friend of Cardinal George Pell and an equally close friend of the former NSW premier Bob Carr. He is also a mentor to Malcolm Turnbull, MP, a Catholic convert who regularly speaks at Opus Dei's Warrane College at the University of NSW.

John McCarthy is also a member of the senate at Sydney University. Anthony McCarthy is a chaplain there, and also an organiser for the Opus Dei event called Carnivale Christi.

It is not unreasonable that the Smiths and McCarthys will, like Clarke, be 'informed' by their religious associations.

What is unreasonable is the lack of candour shown by those with such associations. This crosses denominational boundaries in 'holy alliances'. Their memberships, connections and intentions are rarely discussed. Their 'values' are repackaged and stamped 'PG' for family consumption.

They will talk mildly about 'values' and 'the traditional family'. They will point away from themselves and make judicious references to being 'mainstream' and reflecting a wider societal 'return to values'. But there is little evidence of broad-based support, and little awareness of their real values.

This band of brothers has the same goal as the late B.A. Santamaria: to impose a conservative, Christian-influenced set of principles into the legal

system and into government policy.

They will not talk about branch stacking in the Liberal Party nor the funnelling of tax dollars into the myriad 'pregnancy counselling services' that are essentially fronts for right-wing proselytising.

Take health. Catholics are pretty good at running hospitals. But in an Opus Deified world, what would a more strictly 'Catholic' hospital look like? It could not offer abortions, sterilisations, in-vitro fertilisation or certain plastic surgery, or look the other way when someone, desperately, just wants to die.

Rape victims would not be offered emergency contraception. None of this is allowable under Catholic ethical guidelines. Just ask Dr Amin Abboud, doctor and assistant lecturer in medical ethics and health law at the University of NSW and director of Australasian Bioethics Information. He is also a former information officer for Opus Dei Australia.

In education, Opus Dei is aiming for the 'high end'. The private Catholic (publicly funded) University of Notre Dame is interested in training doctors and lawyers who will move into public life and apply the values they have been taught.

So here are some values to watch out for: that the church alone is the repository of absolute truth; conscience must be subordinate to the teachings of the church; the 'traditional family' should enjoy legal and financial privileges over other families; abortion is always wrong (though killing in war is sometimes right); men are almost always the disadvantaged party in family disputes due to 'extreme feminism' rampant in today's society; IVF is a capitalist plot; there is no obligation for the church to be transparent and accountable; labour is best hired on the basis of correct religious convictions; foreign aid is a misuse of public money; Catholic social teaching embraces market forces; economic prosperity and morality go hand in hand; homosexuals are 'intrinsically disordered'; global warming is exaggerated; social welfare is best undertaken by the church.

Those who hold these values have a mission to

correct all those who are “in error”. They do not believe in your right to conscientiously hold an opinion they do not share. They have little sympathy for your pluralism. They have no commitment to your rights, or democracy. Pell said last year: ‘Democracy is not a good in itself. Its value is instrumental and depends on the vision it serves.’

The irony in all this is that according to church teaching from as early as the fifth century, direct action which seeks to interfere with the rightful autonomy of the state is wrong (the Gelasian Doctrine).

Less than 50 years ago, Vatican II confirmed that all have the freedom to exercise their conscientiously held beliefs - even if, from a rigidly Catholic point of view, such beliefs are ‘wrong’.

Hang on to those two thoughts: because that’s Catholic.

(Kate Mannix was the founding editor of the independent e-zine Online Catholics.)

Source: *SMH, Kate Mannix, 13/9/05*

DO YOU HAVE YOUR SAY?

When you read a letter to the editor of your newspaper that voices a negative view of voluntary euthanasia, or a positive view with which you heartily agree, do you have your say? Why not sit down at once and pen your response, as did the writer of the following letter which appeared in the Courier Mail recently:

‘The complex issues of prevention of suicide and voluntary euthanasia cannot be resolved with the sort of black and white logic presented by Ruth Limkin (Perspectives, Sept 9).

Whether she likes to acknowledge it or not, there is a big difference between someone in extreme but temporary distress making an irrational decision and someone with a terminal illness and in constant pain making a well-considered decision.

I have been in the former situation and thankfully got through it.

I hope I never find myself in the latter. If I do, I sincerely hope the likes of Limkin and fellow travellers have the decency not to try to interfere in my life (or death) with their simplistic dogma dressed up as pseudo-rational argument.’

T. Longland, Morningside

BOOK REVIEW

God Under Howard – the rise of the religious right in Australian politics by Marion Maddox (Allen & Unwin \$29.95)

In her new book, which highlights the ideological similarities between conservative fundamentalist churches and the Howard government, Marion Maddox, an academic with doctorates in theology and social philosophy, warns of a serious assault on Australia’s democratic egalitarian culture based on ‘She’ll be right pragmatism’.

Maddox writes that to stay in power, Howard has harnessed a conservative social agenda and market-based ideology which, like many Pentecostal churches, celebrates wealth as God’s blessing. She traces Howard’s path in transforming our society, redefining family values along the narrower lines of his own personal and sexual morality.

As a result, she asserts, democracy under Howard is in danger of decaying in the same way it has in America.

Maddox asserts in *God Under Howard* that the new political climate has become one of selfishness and racism and, at its most extreme, uses God to undermine democratic traditions while justifying hatreds such as ‘vilification of homosexuals, punishing the unemployed, cruel border protection and an illegal war’.

It is an issue which the mass of religiously-indifferent Australians need to recognise, lest the path lead to an American-style Moral Majority stealthily working its way into the central councils of government.

Source: *VESQ Newsletter*

NEW STUDY ON DUTCH EUTHANASIA DECISIONS

A study released in August sheds new light on euthanasia in the Netherlands, the first country to legalize it for terminally ill people, finding that nearly one in eight adult patients who requested mercy killings decided not to go through with it. Nearly half of the euthanasia requests were carried out.

The study comes at a time of heightened scrutiny of euthanasia - especially in the Netherlands, where officials acknowledged last year that they had carried out mercy killings of terminally ill newborns.

Belgium has since enacted a euthanasia law similar to the Netherlands. In the United States, Oregon is alone in allowing physician-assisted suicide, but its law is expected to be argued before the US Supreme Court this fall.

The study consists of a survey completed by 3,614 Dutch general practitioners who were asked to describe the most recent request for euthanasia they received during the previous year. More than half of the doctors had not received a request. Out of 2,658 requests, 44 percent resulted in euthanasia. In 13 percent of the cases, the request was granted but the patient died before the act; in another 13 percent the patient died before the decision-making process was completed. In 12 percent, the physician refused the request. In another 13 percent, patients changed their minds. In the remaining cases, the decision was still ongoing at the time of the survey, or the doctor did not detail the reason euthanasia was not performed.

Project leader Bregje Onwuteaka-Philipsen said she was surprised that 'the most important reasons for doing the request are not strictly medical.' The survey asked physicians the reasons that patients sought help in ending their own lives, with the most frequent being pointless suffering, loss of dignity and weakness.

In cases in which doctors denied the requests, the most common reasons were not wanting to be a burden on their family, tired of living and depression.

The 13 percent of patients who decided ultimately not to pursue euthanasia demonstrates 'it is really very important to keep asking the patient (until the moment of the actual administration) whether this is

what he or she wants,' Onwuteaka-Philipsen wrote in an e-mail.

The study does not mention the proposed guidelines for mercy killings of terminally ill newborns designed by officials at Groningen Academic Hospital. In November, officials there revealed they had already begun carrying out such procedures, euthanizing four severely ill newborns in 2003.

A Dutch government proposal on guidelines involving infants is expected to be released this fall.

The Netherlands has a long history on the issue, where for decades euthanasia was outlawed but widely practiced and rarely prosecuted.

Under a law that took effect in 2002, euthanasia is restricted to terminal patients suffering unbearable pain with no hope of improvement, and who request to die when they are of sound mind. Each case is reviewed by a panel of medical experts.

The study was conducted by researchers at the VU University Medical Centre in Amsterdam. Based on their study, the researchers concluded that physicians are reporting compliance with the official requirements for euthanasia in the Netherlands.

But in a critical accompanying editorial, University of Minnesota law professor Susan Wolf said the important question is whether mercy killings are taking place that do not follow the strict guidelines the Dutch have put in place. The study could not determine that, she said, because doctors self-reported on whether their efforts complied with Dutch rules, among other reasons. 'The ultimate question remains - if you permit physicians to take life deliberately by assisting suicide or performing euthanasia, can you control the practice? Can you keep it within agreed boundaries? ... We do not yet know the answers,' wrote Wolf, also a professor of medicine at the University of Minnesota Law School.

The head of a group that opposes euthanasia agreed. 'Human nature being what it is, we tend to say we're following all the guidelines when in reality we're not,' said Rita Marker, the executive director of the International Task Force on Euthanasia and Assisted Suicide.

She said she fears the legalization of euthanasia gives a 'stamp of approval' even in places where it is not legal and could eventually be suggested by insurance companies as another medical treatment option.

The number of euthanasia cases in the Netherlands rose last year to 1,886 from 1,815, according to the Health Ministry.

Source: *Associated Press*, 8/8/05

Tara Burghart, Chicago

Editor's note: This study was funded by the Royal Dutch Medical Association (Utrecht) and the Dutch Ministry of Health, Welfare, and Sports (The Hague).

YORKSHIRE WIFE CHARGED

From the UK earlier this year, came this cautionary tale:

A wife who did not intervene when her ailing husband took a deliberate overdose has gone on trial, charged with his manslaughter.

A jury in Leeds Crown Court heard that a 999 call from Jill Anderson, 49, could have saved the life of her husband Paul, 43, a translator, whose life was made agony by chronic fatigue syndrome. But instead, she sat with him as he slipped in and out of consciousness, cleaned up their cottage near Ripon, North Yorkshire, and finally called a doctor when he was dead.

The prosecution said Mrs Anderson, 49, owed her husband the same duty of care that would lead an individual to rescue an endangered child or a doctor to look after a patient. 'This case is not about the right to die [or] ... euthanasia, it is about the criminal law. Any person who attempts to commit suicide in a moment of weakness is deserving of our pity but is also equally deserving of the protection provided by our law. Although [Mr Anderson] was ill, he was not dying. He was not suffering from a terminal illness.'

Mrs Anderson denies manslaughter, but said during interviews that, with the benefit of hindsight, she should have called an ambulance.

The case continues.

Source: *The Independent (UK)*

NORTHERN RIVERS NEWS

From Bryan Milner

The 18 July meeting was attended by over 60 people.

John Edge, Gold Coast convenor, gave an entertaining talk demonstrating his 'rope of life' and discussing the history of various self deliverance devices.

Bryan Milner led a discussion on enduring powers of attorney, enduring guardianships and living wills. Bryan has now given about a dozen talks on this subject to various groups, also including coverage of the case for VE.

The meeting made various decisions concerning the future conduct of operations. Due to travelling distances and petrol price factors and given the excellent coverage of current affairs provided by the VES Newsletter, it was agreed that two meetings a year is adequate. The Goonellabah location is not well served by public transport and it was decided that future meetings will be held in Ballina or Lismore. A most economical locale has been found for Ballina.

Bryan Milner was confirmed as convenor and several committee members were appointed.

Several members are interested in car pooling or assistance with transport both to the Exit International Conference in Brisbane in November and to local meetings. If you can assist, please contact Bryan on 66801961.

The next meeting will be held at the CWA hall, next to the Ballina RSL on Tuesday 22 Nov at 10am. The main topic will be a report and discussion on the Exit conference. Any member who would like to make a 5-10 minute contribution on any relevant topic is welcome to do so. (Contact Bryan beforehand)

SEMINAR ON ADVANCE DIRECTIVES

Dr Giles Yates conducted a seminar on Advance Directives for members on 31 July 2005. There has always been a strong interest among VES members in using advance directives as a way to avoid unwanted medical treatment that prolongs life. The following is a summary of some of the main points made by Dr Yates.

To give yourself the greatest chance of ensuring that your wishes will be respected it is important to:

1. Make an advance directive that describes your wishes.
2. Appoint an enduring guardian to have the legal authority to make substitute decisions on your behalf.
3. Help your enduring guardian to understand their role if and when the time comes to make substitute decisions.

Making an Advance Directive

There are a large variety of off-the-shelf forms which you can fill in to make your advance directive. Unfortunately many of these forms are oversimplified and relate to future scenarios where the patient has a very poor quality of life with no chance of recovery. Such advance directives are unfortunate because often substitute decisions are required where the future predicted quality of life is in a grey area between acceptable and unacceptable.

Dr Yates encourages people to make an advance directive which defines as clearly as possible the personal boundary line you wish to draw between an acceptable quality of life and an unacceptable quality of life. It is important to use actual examples in your advance directive, for example *...if I could not recognise my children ...if I became incontinent ...if I could not play the piano any longer.*

Dr Yates recommends the following core declaration for limiting unwanted medical treatment

If I should lose a **meaningful quality of life**, and if I do not have a **reasonable chance of regaining a meaningful quality of life**, then I refuse **medical treatment that will have the effect of prolonging my life**.

This core declaration must be followed with your personal definition of the three underlined elements:

1. Meaningful quality of life

2. Reasonable chance of regaining a meaningful quality of life

3. The particular medical treatments you wish to refuse

Appointing an Enduring Guardian

You can appoint someone you trust to have the legal power to refuse unwanted medical treatment on your behalf. Forms and information to appoint an enduring guardian can be obtained free from the Guardianship Tribunal. You should talk to your enduring guardian about the quality of life that you would find so unacceptable that you would rather die than have your life prolonged. You should give your signed advance directive to your enduring guardian to look after.

Helping Your Enduring Guardian to Understand Their Role

It is important that your enduring guardian understands how to play their role, if and when the time comes. Whether your wishes will be respected will often depend on the confidence and assertiveness of your enduring guardian. Your enduring guardian needs to feel confident to do the following things:

- To come forward and identify him/herself to the doctor when you lose the capacity to make your own decisions.

- To assert that medical treatment must not be given without consent of the enduring guardian.

- To ask about all the medical treatments being given and being proposed.

- To ask for an explanation of each treatment including the risks and benefits.

- To explain to other friends and family that the enduring guardian is the one who has the legal right to make substitute decisions.

- To refuse consent for proposed medical treatment, even if others disagree.

Dr Giles Yates is a consultant on advance directives, Director of the Australian Register of Advance Directives, a medical ethicist, a registered psychologist and a member of the Executive Committee of the VES of NSW. He offers a private consultancy service helping people to write their own personalised advance directives and advising health care providers on substitute consent.

Tel. 0434 146 203

Resources

The following is a list of useful resources for anyone interested in obtaining more information about advance directives:

NSW Department of Health

Using Advance Care Directives (NSW)

http://www.health.nsw.gov.au/pubs/2004/adcare_directives.html

Guidelines for end-of-life care and decision-making

<http://www.health.nsw.gov.au/pubs/2005/endlifecare.html>

NSW Guardianship Tribunal, 02 9555 8500

To obtain forms to appoint an enduring guardian

For information about substitute consent to medical treatment and enduring guardianship

The Tribunal has jurisdiction to resolve disputes about consent to medical treatment

<http://www.gt.nsw.gov.au/plan/index.cfm>

Office of the Public Guardian

To obtain the booklet, Enduring Guardianship – Your Way to Plan Ahead

http://www.lawlink.nsw.gov.au/lawlink/opg/ll_opg.nsf/pages/OPG_publications

Private Guardian Support Unit in the Office of the Public Guardian 02 9265 1443

For advice about how to go about making substitute decisions on behalf of someone else

Australian Organ Donor Register: 1800 777 203

For information about registering as an organ donor:

www.hic.gov.au

Exit International

Dr Philip Nitschke's organisation

http://www.exitinternational.net/living_wills.htm

Private Guardian Support Unit 02 9265 1443

Advice about how to go about making substitute decisions on behalf of someone else.

Advance Care Directive Association Inc. 0423 157 003

Book and template: *My Health, My Future, My Choice: An Advance Care Directive for New South Wales*
\$12 +pp

http://www.bensoc.asn.au/ageing/myhealth_acda.html

Living Will and Values History Project

VES of Scotland

<http://www.euthanasia.cc/lwvh.html>

Australian Do-it-Yourself-Wills

http://www.do-it-yourself-wills.com.au/index.htm?aaueaGn007Eliving_will \$19.95

STEVE GUEST 'SELF-MEDICATES'

A terminally ill Victorian man who inspired radio listeners in July with an impassioned plea for his right to die, took his own life on July 27.

Point Lonsdale resident Steve Guest, who had incurable throat cancer, died at home with his brothers, John and Andrew, at his side.

The 58-year-old former Cain government media adviser made a statement to 774 ABC presenter Jon Faine a few days earlier, declaring that he would 'self-medicate in my own bed'.

'I hope I've made a difference . . . kicked a few politicians in the goolies, made them sit up and notice and realise that people care. I want to apologise to the God-botherers. I've barked at them - sorry if I was rude, but that was only after politely asking them to go away.'

Mr Guest's plight gained media attention when he rang Mr Faine's program on July 11 with a moving account of his suffering and his desire to die. He also attacked the 'hypocrisy' of politicians who cited Christianity in the debate against euthanasia and abortion. Living in constant pain, with limited movement and unable to consume anything but sips of iced water, Mr Guest said he was annoyed he could not end his life as quickly and as painlessly as his beloved terrier, which was put down. 'These bastards who call themselves Christians, they won't let me have that death . . . and that's all I want now.'

Mr Guest had vowed to die on his terms with his favourite music playing. 'It will be Ry Cooder or Leo Kottke, although they might be too much of a foot-tapper,' he said.

Euthanasia activists Dr Philip Nitschke and Dr Rodney Syme visited him in his last days.

His brother John said Mr Guest had been delighted by the public's response to his comments on euthanasia. 'I believe it gave him a week of additional life,' he said.

Faine said, 'The point Steve was trying to make is there is something wrong when you can't end your own suffering the way you want to and instead you are almost compelled to go through that horrible decline. He made his point. He made it brilliantly.'

Source: *The Age, Melbourne* 28/7/05

DOCTOR ADMITS SUICIDE ADVICE

Voluntary euthanasia activist Rodney Syme revealed he had supplied information to Steve Guest, visiting him in his home.

'It is absolutely appalling, this death by degrees, and giving him the advice he is seeking is good medicine,' Dr Syme said. 'It relieves the extremes of psychological and existential distress ... This is the best palliative care anyone in his position could have.'

Historically the courts have not imposed penalties on those found guilty of assisting suicide and euthanasia activists are keen to embolden general practitioners who want to counsel terminally ill patients about the options.

'When you give patients appropriate information and medication then you improve their quality of life and the length of their life, because this knowledge gives them security and prevents disastrous violent and shocking suicides that occur when these people have no one to turn to,' Dr Syme said.

Source: *The Australian, Kate Legge, 22/7/05*

Editor: Dr Syme is President of VES Victoria. VES NSW applauds Dr Syme's humanity and courage in speaking out.

WRONG ROOM

David Hinchliffe was running late for a One Book One Brisbane morning tea at the Central City Library. The Deputy Mayor burst into the library theatre where he found 50 people seated.

'Is this The Kingdom Where Nobody Dies?' he asked, referring to the title of this year's book.

'No,' came the reply. 'This is the monthly meeting of the Voluntary Euthanasia Society. The Kingdom Where Nobody Dies is next door.'

True story.

Source: *Courier Mail, Brisbane* 1/8/05

THE SANCTITY OF LIFE

By Peter Singer

September/October 2005

During the next 35 years, the traditional view of the sanctity of human life will collapse under pressure from scientific, technological, and demographic developments. By 2040, it may be that only a rump of hard-core, know-nothing religious fundamentalists will defend the view that every human life, from conception to death, is sacrosanct.

In retrospect, 2005 may be seen as the year in which that position became untenable. American conservatives have for several years been in the awkward position of defending a federal funding ban on creating new embryos for research that prevents U.S. scientists from leading an area of biomedical research that could revolutionize the treatment of many common diseases.

When they are honest, conservatives acknowledge that giving up some medical advances is simply the price to be paid for doing the right thing.

This year, however, that view became much more uncomfortable. South Korean researchers showed that human stem cells can be cloned by replacing the nucleus of an unfertilized human egg with the nucleus of an ordinary cell.

The South Korean breakthrough poses a stark challenge to the conservative position. The possibility of cloning from the nucleus of an ordinary cell undermines the idea that embryos are precious because they have the potential to become human beings. Once it becomes clear that every human cell contains the genetic information to create a new human being, the old arguments for preserving 'unique' human embryos fade away.

The year 2005 is also significant, at least in the United States, for ratcheting up the debate about the care of patients in a persistent vegetative state. The long legal battle over the removal of Terri Schiavo's feeding tube led President George W. Bush and the US Congress to intervene, both seeking to keep her alive. Yet the American public surprised many pundits by refusing to support this intervention, and the case produced a surge in the number of people declaring they did not wish to be kept alive in a situation such as Schiavo's.

Technology will drive this debate. As the sophistication of techniques for producing images of

soft tissue increases, we will be able to determine with a high degree of certainty that some living, breathing human beings have suffered such severe brain damage that they will never regain consciousness.

In these cases, with the hope of recovery gone, families and loved ones will usually understand that even if the human organism is still alive, the person they loved has ceased to exist. Hence, a decision to remove the feeding tube will be less controversial, for it will be a decision to end the life of a human body, but not of a person.

As we approach 2040, the Netherlands and Belgium will have had decades of experience with legalized euthanasia, and other jurisdictions will also have permitted either voluntary euthanasia or physician-assisted suicide for varying lengths of time. This experience will puncture exaggerated fears that the legalization of these practices would be a first step toward a new holocaust. By then, an increasing proportion of the population in developed countries will be more than 75 years old and thinking about how their lives will end. The political pressure for allowing terminally or chronically ill patients to choose when to die will be irresistible.

When the traditional ethic of the sanctity of human life is proven indefensible at both the beginning and end of life, a new ethic will replace it. It will recognize that the concept of a person is distinct from that of a member of the species *Homo sapiens*, and that it is personhood, not species membership, that is most significant in determining when it is wrong to end a life. We will understand that even if the life of a human organism begins at conception, the life of a person—that is, at a minimum, a being with some level of self-awareness—does not begin so early. And we will respect the right of autonomous, competent people to choose when to live and when to die.

* Peter Singer is professor at Princeton University and the University of Melbourne. His books include *Practical Ethics* (New York: Cambridge University Press, 1979) and *Rethinking Life and Death: The Collapse of Our Traditional Ethics* (New York: St. Martin's Press, 1995).

Source: *Foreign Policy journal*
<http://www.foreignpolicy.com>

Adventures in PC* Land

(*PC - Palliative Care)

VESNSW sponsored two of our South Australian colleagues, Frances Coombe and Mary Gallnor, to attend the recent Palliative Care conference in Sydney. This is Frances' report.

Dear friends at NSW ~ The advantages of having a VE presence at these National conferences are significant - many working in PC, especially those at the managerial level, generally like to think either that VE is not necessary, or only in a small number of cases, but that it's dangerous. They therefore try and distance PC from VE. This makes them feel comfortable and in control. A VE presence, general dialogue and specific questions challenges this. It also affirms what some PC workers acknowledge - that even optimal PC can not alleviate all suffering and that PC has a duty of care to all suffering people.

Mary and I registered at 9am and talked with Prof Ian Maddocks who said he thought 'euthanasia' was inevitable. We wore our SAVES nametags. At the last conference in Adelaide we were able to get permission (from the conference organisers who knew little about the politics of PC and VE) to have a box of our Hospice/PC/VE pamphlet displayed on the registration desk but it wasn't possible this time. I therefore left groups of pamphlets on about 10 tables in the main meeting area where the exhibition booths were situated. Conference participants gathered at these tables at morning tea and lunch times. Mary and I attended different concurrent sessions with the aim of asking questions if possible.

Throughout the day we introduced ourselves to whoever we could and engaged people in conversation at every opportunity. At the lunch break all our pamphlets had gone - maybe some were taken for information but it is likely that they were mostly disposed of as undesirable. I distributed more in the early afternoon and some were still there when we

left for the airport.

Mary says she stood at the bottom of the escalators during breaks, pushing her chest out to display her SAVES name tag and she received many looks - quizzical, affirming, disapproving and hostile. (I think some blokes liked the look of her.) These were typical of the responses all day.

I managed to get a question asked at the last plenary session with about 80 people present. I asked - 'I have been very heartened by the commitment of those working in PC and the efficacy of treatments available.' (At this point some people turned around and smiled approvingly but this soon changed to scowling). I continued 'It is widely acknowledged however, including by PCA, that even with optimal PC, not all people's suffering can be alleviated. Between 5 and 10% is the figure. We know that VE is requested by these people as the only means of final relief. Without legal choice for VE what does PC propose for this minority? I ask also, respectfully, why VE hasn't been included as a topic here, with an exhibition booth of information?' The chairman of the session who was from the Tasmanian Association for Hospice and PC replied that VE & PC are separate issues and that 'we don't kill our patients'. There was general applause to this answer but I'm sure there would have been some people present who were discomforted.

As we were leaving the hall soon afterwards a woman turned to me and said I was brave for asking the question. I hope my asking encourages others to ask and to seek change. At our Task Force meeting we will discuss future strategies for the next conference, not knowing of course if we will go again or others from the VES in the host state. I don't know yet which state will host the conference. Thank you once again for your most generous support - see you in Brisbane.
Warm regards, Frances

VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES

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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.