

THE BULLETIN

ISSN 1321-0599

NEWSLETTER OF THE SOUTH AUSTRALIAN VOLUNTARY EUTHANASIA SOCIETY INC. (SAVES)

Vol 21 No 2 'No price is too great for the privilege of owning yourself' July 2004
Rudyard Kipling

SAVES MEDIA RELEASE 3RD JUNE 2004

LET DOWN, AGAIN, BY SOME OUT OF TOUCH AND IRRESPONSIBLE MEMBERS OF PARLIAMENT

The *Dignity in Dying* Bill has been railroaded and rejected by the Legislative Council.

The majority of members are shamefully neglecting their duty, as lawmakers, to balance the harm and the good of this bill and provide the citizens with actual evidence of any perceived harm. Once again this has not been done.

It is an irrefutable fact that some doctors are breaking the law, assisting their suffering patients to die by acceding to requests for voluntary euthanasia and by giving large doses of medication with the explicit intention of ending the patients' lives.

It is outrageous that doctors are being forced to become criminals – risking their personal and professional lives by responding compassionately to their patients' intolerable suffering.

It is outrageous that suffering continues to be forced upon those with a hopeless illness for whom even the best of medical care does not provide relief.

The *Dignity in Dying* Bill would have given:

- compassion
- control
- honesty
- transparency
- regulation
- accountability

The present law against choice provides none of this.

The present law is both cruel and dangerously inadequate.

How members of the Legislative Council voted on the *Dignity in Dying* Bill:

FOR (8)	AGAINST (13)
Kanck, S (AD)	Evans, A (Fam. First)
Gazzola J (ALP)	Cameron, T (Ind)
Reynolds, K (AD)	Stefani, J (Lib)
Dawkins J (Lib)	Lucas, R (Lib)
Roberts, T (ALP)	Zollo, C (ALP)
Gago, G (ALP)	Lawson, R (Lib)
Sneath, R (ALP)	Lensink, M (Lib)
Ridgway, D (Lib)	Stephens, T (Lib)
	Xenophon, N (No Pokies)
	Holloway, P (ALP)
	Redford, A (Lib)
	Schaeffer, C (Lib)
	Gilfillan, I (AD)

Nursing policy supports choice for voluntary euthanasia

Elizabeth Dabars addressed the Shirley Nolan Rally on behalf of Lee Thomas, Branch Secretary of the Australian Nursing Federation (South Australian Branch), and reiterated the federation's official policy supporting choice for voluntary euthanasia. The transcript of her speech to the media and those attending the rally follows:

The Australian Nursing Federation (ANF) SA Branch is an organisation that represents and supports Registered and Enrolled Nurses, Midwives and Personal Care Assistants in South Australia.

The ANF (SA Branch) works on democratic principles. In order to reflect the views expressed by South Australian ANF members, in 1997 the ANF (SA Branch) adopted a policy on euthanasia¹. This policy recognises the horror of unrelenting suffering and recognises the fundamental right to self-determination. It also seeks to protect and preserve the legitimate right of nurses, who, for their own reasons, choose to conscientiously object.

In addition to this policy, at our 2001 Annual Delegates Conference, South Australian ANF members passed a resolution. That resolution directed the ANF (SA Branch) to lobby the government to change the law to decriminalise euthanasia. Through my discussions with ANF members, the intent of that resolution was to legalise and regulate voluntary euthanasia in South Australia.

It is because of the strong beliefs of ANF (SA Branch) members that the ANF is speaking out in favour of the *Dignity in Dying* Bill today.

Through my own experiences as a nurse over the last 8-9 years, and from what I have gleaned through conversations with other nurses, the primary concern of a nurse working with a hopelessly ill person is to ensure quality of care, dignity and to alleviate suffering.

Nurses are intricately involved with the care of the patient. Strong bonds frequently develop between patient, nurse and family. In fact, a nurse can often feel as though they are part of that family, or at least a dear and trusted friend.

Indeed, within the close relationship developed between nurse and patient, just as is the case with other nurses, people suffering from terminal illnesses have asked me to help them die. In addition to specific requests, I can recall many occasions where a hopelessly ill person has expressed "why can't I just die" or "why won't they just let

me die". This is not an easy situation to deal with, but it is made more complicated by the absence of options, support, information and regulations for the benefit of both the nurse and the hopelessly ill person.

It is an accepted fact that some nurses have actively engaged in illegal acts of euthanasia. Such activity is currently facilitated by judicious use of the *Consent to Medical Treatment & Palliative Care Act 1995* which enables a doctor to prescribe sufficient quantities of pain relief so as to relieve the consenting patient's pain, even if the known consequence is to hasten death.

Of course, it is generally the nursing staff who are charged with administering this medication. That is not to say that nurses are agents of death, rather, they are intent on offering care and dignity in dying'. In my experience, nurses use such avenues for the purpose of alleviating suffering with the absolute consent and blessing of the patient. Still by virtue of the law, they could technically be seen to be engaging in an illegal act of euthanasia.

Nurses struggle with this terrible dichotomy. On the one hand, the nurse feels ethically and morally justified in alleviating suffering at the request of the patient, and the nurse is in fact permitted to use such medication with the intention of alleviating pain.

On the other hand, the current law hinges on the underlying intention of why the medication is being administered, and so it is possible that the nurse could be seen to be performing an illegal act. Nurses can suffer terribly with this dichotomy, fearful of retribution and shamed into resorting to covert activity.

At times this struggle leads to a reluctance to use the medication prescribed to its intended potential, and as a consequence, the patient may be exposed to an

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SAVES primary aims, committee, editorial policy

¹ It is to be read in conjunction with Federal ANF policies including Conscientious Objection, Assuring Quality of Care for those who are Dying and Nursing Care of the Person who is Dying.

inconsistent pattern of relief, swinging between peace and pain. In addition, a hopelessly ill person may not actually be suffering from physical pain, and so, the *Consent to Medical Treatment & Palliative Care Act* has no relevance to them at all. This ethical and legal disparity, which exists due to a gap in the law must be bridged. Indeed that gap may be bridged by the passing of the *Dignity in Dying Bill*.

It is the opinion of the Australian Nursing Federation (SA Branch) that voluntary euthanasia is not incompatible with good quality care, rather it should be an option for the hopelessly ill person where no alternatives acceptable to that person exist. This option need not be taken up, and nurses will continue to be there to support and care for both people who do chose to utilise the voluntary euthanasia option and those who do not.

Nurses, as they have done through the ages, will continue to offer support, comfort and care to those in vulnerable situations and the Australian Nursing Federation will continue to strive and advocate for adequate resources to provide such high quality care.

Nurses want what is best for the patient and, truly, the only person who can make the decision of 'what is best' for them, is the individual in question. The only proviso to this blanket suggestion, is that the person is well informed, through consulting with their medical team, and is legally competent to make such a decision. Further, medical, family and psychological factors need to be considered, and this requires medical and family support.

At present, medical professionals and families are unable to offer support in this manner, and the individual may feel alone, abandoned, fearful of a painful death, and in fact seek death pre-emptively, for fear of not being able to carry their actions out at a later date.

Failure to engage in open discussion regarding these matters may also result in poor decisions and errors stemming from clouded perception. These are issues that could be avoided with the legalisation of voluntary euthanasia.

The *Dignity in Dying Bill* is balanced, and takes into account many concerns and issues including confining applicability of voluntary euthanasia only to those who are hopelessly ill, the absolute requirement for full and valid consent and provision for conscientious objection.

To be passed, however, this bill requires strong, ethically minded politicians who are prepared to ride through knee-jerk reactions to achieve legal recognition for something that is already a reality. Making voluntary euthanasia legal would simply ensure proper restrictions and limitations are in place.

The *Dignity in Dying Bill* has the support of the Australian Nursing Federation (South Australian Branch). We look forward to a time when patients and families can discuss

their wishes with nursing staff, and that those wishes are legally recognised and facilitated in an open and inclusive manner, for the benefit of the hopelessly ill person.

Remembering Shirley Nolan

Jim Oakey, brother of the late Shirley Nolan, made the following address to the Shirley Nolan Day rally:

"As next of kin, and on behalf of the family thank you for coming today.

Those that knew Shirley well would have known that she was a battler, in the true sense of the word. She would never take 'no' for an answer, she was tenacious in her quest for what is right when confronted by bureaucrats throughout her life.

When Anthony Nolan was born with a rare bone marrow disease and given only hours to live, Shirley refuted the doctors and kept him alive up to his 9th birthday. In those nine years Shirley flitted between Australia and England forming the multi-million dollar Anthony Nolan Bone Marrow Trust, which over the years has saved thousands of lives worldwide. Even though a donor was never found for Anthony she never ceased her work for the Trust, right to the end.

When Shirley was diagnosed with Parkinson's Disease in the early 1980s she refused to accept the doctor's pragmatic diagnosis, researched the disease herself and developed a personalised regime of treatment which gave her the quality of life she strived for.

At the end her mind was clear and razor sharp, her intellect was vibrant and alive. But the pain and suffering that Parkinson's had inflicted upon Shirley over two decades became too much for her to bear.

Shirley took up a new fight. A fight for the right to die with dignity, this was her final battle that she won and, in doing so, she wanted to help others, and this is why we are all here today.

As a family we were denied the comfort of being by Shirley's side at the end. We had to remain at a distance, knowing of her intention to commit suicide, to avoid being implicated by the law. We knew that she was going to suicide but not when. Shirley died courageously alone in her home, the family being informed of her death by telephone.

I believe, as Shirley believed, that we are individuals making up a complex society with basic human rights to choose, this includes the right to choose when to die when the pain and suffering caused by disease becomes so great that life becomes intolerable.

Shirley's last words to me were "If I was horse in my condition they would shoot me!"

Draft federal legislation outlaws suicide information

SAVES has sent a submission relating to the exposure draft of crimes legislation aimed at outlawing a range of information on the internet, including 'suicide promotion material'.

The relevant subsections of the federal Attorney General's "Crimes Legislation Amendment (Telecommunications Offences and Other Measures) Bill 2004" are:

474.27 'Using a carriage service for suicide promotion material'

Briefly, under this subsection, if a person uses a carriage service to access material, causes material to be transmitted to another, transmits material, makes material available, or publishes or otherwise distributes material considered 'suicide promotion' material they are guilty of an offence under certain circumstances.

These are that they intend to use the material to promote, counsel or incite suicide, or intend that the material be used by another person to promote, counsel or incite suicide, or intend the material be used by a person to commit suicide.

474.28 'Possessing, controlling, producing, supplying or obtaining suicide promotion material for use through a carriage service'

Under this subsection a person is guilty of an offence if they have possession or control of material, or they produce, supply or obtain 'suicide promotion material' material with the intention that the material be used by themselves or another in committing an offence against section 474.27 mentioned above.

There is concern that the legislation may have an impact on voluntary euthanasia groups throughout Australia and the Australian Democrats will be seeking amendments to the proposed legislation so that these groups will not be captured within the broad scope of the bill.

SAVES President Frances Coombe sent the following response to the exposure draft on 12th April 2004 expressing her deep concerns.

"Dear Senator the Hon. Chris Ellison,

Re: Crimes Legislation Amendment (Telecommunications Offences and Other Measures) Bill (2004)

As President of the South Australian Voluntary Euthanasia Society (SAVES), I write to express our deep concern at the proposed legislation.

We are firmly committed to law reform that allows a willing doctor to accede to the informed and persistent request of a hopelessly ill patient for help to die, subject to safeguards including parliamentary supervision. SAVES is one of 37 members of the World Federation of Right to Die Societies and we engage in ongoing dialogue with church, medical, education and legal bodies.

Our aims are supported by nearly 80% of Australian citizens. We do not advocate suicide or self-deliverance. Nevertheless the proposed amendments could be used to inhibit or put an end to our legitimate activities. Competent adults have a right to end their own lives. It is most important that those who see this as a possibility should have access to advice to ensure that they do not act irrationally or by inappropriate means. Under a voluntary euthanasia law such as we are working towards, people are afforded protection through extensive advice about treatment options. EXIT Australia, as a separate organisation, also provides advice through its workshops.

Advice can lead to a change of mind or at least prevention of a disastrous attempt at self-deliverance. It is a possibility that, under the proposed amendments, both our work and that of EXIT could be falsely interpreted as intending to promote suicide.

We urge you to introduce changes that will resolve these concerns. It is particularly unfortunate that the proposed amendments link the controversial and ill-defined issue of the promotion of suicide to the distribution of child pornography, which is universally abhorrent. The presentation of these disparate issues as a package deal has the potential to distort debate and to bias the outcome.

We strongly urge you in the interests of free and fair discussion to present the issues in separate bills.

*Yours Sincerely,
Frances Coombe "*

Copies of this submission were sent to all federal members of parliament. In addition, further copies, together with relevant information, were sent to all state members of parliament, selected community organisations and interested parties. A media release was also issued.

SAVES will be monitoring the progress of this legislation which may stifle legitimate debate on a social reform supported by almost 80% of Australians.

President's report- 2004 AGM

In her 2004 President's Report Frances Coombe stated that it is only a matter of time before legislation is enacted allowing choice for voluntary euthanasia, and therefore the debate should move on from why choice is needed to

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the practicalities of legislation, which are safeguards, guidelines and accountability.

The highlight of each year since 1995 has surely been the fact of voluntary euthanasia bills have continuously been in state parliament. The 1995 bill introduced by John Quirke was dismissed without debate. The subsequent bill introduced by Anne Levy was considered by the Social Development Committee, and now *the Dignity in Dying* Bill, introduced by Sandra Kanck is being debated, clause by clause, in both houses. Frances thanked Sandra for her determined and seemingly tireless devotion to the cause. The Hon Bob Such, who introduced the bill into the lower house, is also to be commended.

Frances reminded the audience that many members of parliament are determined to maintain the legal status quo, thus perpetuating suffering. They have a lot to answer for and will be judged by history. However there are also many elected members who are supporters of choice and they need to understand that this is an important issue for voters. 'Contact your MP and ask their views on voluntary euthanasia legislation' was Frances' advice.

Another highlight of the past year was SAVES' attendance at the May 2003 Sydney EXIT Australia Conference. The conference facilitated valuable networking and learning in a stimulating and friendly environment. We work very hard towards solidarity and strength with EXIT Australia.

Despite different approaches, we are fellow travellers on the road to successful reform and positive relations are essential if we are to survive this long journey.

Frances reminded the audience that SAVES has always actively worked towards supporting palliative care and that she and Julia Anaf attended the National Palliative Care Conference in September. This was both an expression of support for palliative care and the opportunity to continue positive dialogue with the Palliative Care Council and Palliative Care Australia.

However it is a reality that palliative care cannot alleviate the need for voluntary euthanasia and that any strong ideological division between palliative care and voluntary euthanasia will only perpetuate suffering. It is a fact that, where assisted dying has been enacted, palliative care services have increased significantly. It is most important that the Palliative Care Council, all groups who care for hopelessly ill people, and all who have shared interests take an active interest in working towards the best possible legislation that enables a range of choices at the end of life.

Frances discussed the many ways that SAVES seeks to promote their aims, and thanked Membership Officer, Marika McKerral, for successfully placing our pamphlets in twelve doctors' surgeries.

Within Australia and around the world there are constant challenges to the law and different initiatives for law reform. Here in Australia bills are 'waiting in the wings' of the WA and NSW Parliaments and other voluntary euthanasia societies have bills ready for consideration.

Lyn Allison, federal senator and Deputy Leader of the Democrats, has introduced a bill to repeal the *Euthanasia Laws Act* (often referred to as the Andrew's Bill). This revoked the NT *Rights of the Terminally Ill Act*, making it impossible for any of Australia's territories to enact voluntary euthanasia legislation.

In discussing the then impending trial of Lesley Martin, NZ voluntary euthanasia campaigner, who was facing a murder charge in relation to the death of her mother, Frances asked 'how much longer are lawmakers going to hide their heads in the sand, pretending that the whole issue of assisted dying doesn't need serious and rational resolution?' Since 1999 three people in New Zealand have been sentenced to jail terms of up to three years for voluntary euthanasia of close relatives. This tragic scene is replicated around the world.

Lesley Martin's words give cause for reflection – 'This is not just my trial. This is the trial of everyone who's ever made a promise that they would help someone die gently if necessary, and the trial of every doctor who has helped and remained silent. This is not just my trial. It's ours.'

SAVES made a donation to Lesley's legal defense fund in May last year and has sent expressions of support which have also been forthcoming from Europe and the USA.

Wherever there has been injustice in the world good people rally to challenge it. Yet the 21 people who sat with Nancy Crick over two years ago are still awaiting a decision on whether or not they will be prosecuted. Meanwhile these courageous people become heroes and certainly contribute to achieving choice for an assisted death.

Dr Jack Kervorkian became a 'willing martyr' for the cause of assisted dying law reform, and has been imprisoned for the last five years. Media access has been denied but legal action is being taken to overturn this. Kervorkian's popular support will probably increase with the release of his new book and a biography due out in the coming months. There's also a movie on his life on the horizon. In 2002 Jack Kervorkian was nominated for the Nobel Peace Prize. In April 2000 he was awarded The Gleitsman Citizen Activist of the Year Award by The Gleitsman Foundation and received \$50,000 for his legal defense trust fund.

Again on the international front the Oregon *Death With Dignity* legislation's sixth year report (10 March 2004) states that 42 patients used legal physician-assisted suicide in 2003, compared with 38 in 2002. Overall, about one

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seventh of one percent of Oregonians die from taking legally prescribed medication. The major reasons patients chose physician-assisted suicide were concerns about losing autonomy, a decreasing ability to participate in activities that make life enjoyable, and loss of dignity. Rates of death by lethal medication were highest among patients suffering from amyotrophic lateral sclerosis (Lou Gehrig's Disease), HIV/AIDS, and cancer.

The Department of Human Services closely monitors the legislation and reports annually.

SAVES – recent activities

Over the last few months SAVES has been 'out and about' raising the community's awareness of the society's aims. The Shirley Nolan Rally and Rundle Mall Information Day were held in March. SAVES also provided a speaker to an Adelaide Hills community group that has an interest in contemporary social affairs.

In April another information day was held at the Modbury Triangle Shopping Centre with members 'staffing' the mobile display and providing information leaflets to passing shoppers. Frances Coombe also gave a series of radio interviews as a result of a media release concerning the draft legislation (discussed above) which could have an impact on the society.

Also in April *The Advertiser* published a large feature article, in the 'Looking Forward' section, 'Barriers fall in end-of-life choices' with information provided by Frances Coombe. This article explored a range of issues and discussed the ways in which barriers to choice for voluntary euthanasia are being challenged throughout the world and the successes in The Netherlands, Belgium and Oregon USA.

An article 'The good life and the good death' by vice-president Julia Anaf was also published in *Blaze*, (the fortnightly newspaper of the gay, lesbian, bi-sexual and transgender community). This sought support for the *Dignity in Dying* Bill from their readership, who was also reminded of the historical significance of the issue of voluntary euthanasia to the gay community. Relevant recent publications of particular interest concerning this issue were also highlighted (1).

In May SAVES committee members attended a public forum entitled 'Caring for someone with a terminal illness' - exploring the issues faced by carers. SAVES also attended a debate entitled 'Euthanasia' at the College of Divinity Centre for Theology, Science and Culture, with speakers Dr Ian Hunt (Flinders Philosophy) supporting the right to choose and Ms Lorna Hallahan (Flinders Theology) opposing it. The evening provided an informative and friendly interchange of ideas.

(1) References:

O'Reilly, J (ed) *The Final Choice-considerations on choosing to die*, Liberty Victoria, The Victorian AIDS Council - Gay Men's Health Centre, 1993.

Magnusson R, *Angels of Death – exploring the euthanasia underground*, Melbourne University Press 2002

World News:

New Zealand- Lesley Martin Trial

Lesley Martin has been sentenced to fifteen months imprisonment for the murder of her mother, Joy Martin, in New Zealand in 1999. A police investigation followed her death but no arrest was made until Lesley published her book 'To Die Like a Dog', in which she described administering morphine to her mother who was dying from rectal cancer.

Ms Martin has elected to carry out her sentence in Arohata Women's Prison rather than under home detention, claiming that she 'would not make her home a prison'.

Martin's lawyer Donald Stevens QC announced his intention to lodge appeals against conviction and sentence. Justice Wild rejected Dr Steven's application for a discharge without conviction, or conviction and discharge without further penalty.

Paul Stannard of Exit NZ, the voluntary euthanasia group Lesley Martin helped form, said he was disappointed at the outcome. 'The polls have been signaling for a long time that there is strong support for voluntary euthanasia.

The politicians have got to vote money for palliative care and they have got to get around to having a serious debate about voluntary euthanasia'.

SAVES has written to Lesley wishing her success in her appeal.

Based on articles in The Southland Times (1st May) and New Zealand Herald (1st May)

Florida

The March 2004 VE Bulletin reported on the case of Terri Schiavo. An update follows:

Pinellas Circuit Court Judge Douglas Baird has ruled unconstitutional the hastily passed law that allowed Florida Governor Jeb Bush and legislators intervene in the court proceedings of Terri Schiavo to keep the severely brain damaged woman alive. Judge Baird said the measure known as "Terris Law" would be unconstitutional no matter

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how it was applied, because it “delegated legislative power to the governor and allowed him to deprive Floridians of their right to privacy in making medical decisions.”

“There can be no question that every ‘patient’ who conceivably falls within the terms of the act possesses a constitutionally guaranteed right to privacy of his or her personal medical decisions”. The act, in every instance ignores the existence of this right and authorizes the governor to act according to his personal discretion.”

An immediate appeal by the governor serves to stop Ms Schiavo’s husband from seeking another court order to remove his wife’s feeding tube to allow her to die.

Ms Schiavo was 26 years of age when she collapsed from a suspected potassium imbalance and went into cardiac arrest more than 14 years ago. She suffered extensive brain damage and has since been kept alive by a feeding tube.

*Based on an article in the Brisbane Herald
May 7th 2004 by Maya Bell, in Orlando*

Switzerland: Policy change on assisted suicide

The Swiss Academy of Medical Sciences has advised doctors that they can help terminally ill patients die under strict conditions and represents a policy change from a position opposing assisted suicide.

The academy, comprising doctors, carers and legal workers, said the Swiss authorities should respect the decisions of doctors who supply lethal drugs to terminally ill patients. It stressed however that it did not support active euthanasia. The academy’s recommendations will now be reviewed by doctors, and a final set of directives drawn up later this year. This should ease the concerns of some doctors who have been convinced they are acting in the best interests of their patient but have been lacking official support.

However strict conditions must be met before such an action is taken:

- the patient must be able to make a considered decision and not be influenced by others
- the doctor must advise the patient of all available treatments
- the patient must administer the lethal drugs themselves
- the doctor must be certain that the patient is close to dying

Dick Marty, a Swiss parliamentarian who has called for a debate on euthanasia in the Council of Europe stated

“these draft directives do not diminish the value of life, in fact they do the opposite. They stress the importance of a patient’s wishes.”

*Based on ‘Medical body breaks euthanasia taboo’
From: Swissinfo.org, CH 5th Feb 2004*

Britain

A woman who has been living with multiple sclerosis for the last 30 years has drawn up an advance directive demanding that her carers do not intervene to save her when she soon succumbs to the choking which often occurs in the advanced stages of her illness. The issue has caused great controversy but is another reminder of the desperation faced by some people suffering greatly from a hopeless illness.

The woman, known as Mrs C, sees the advance directive, recognised by the courts, as the only legal alternative to voluntary euthanasia, and wants to ‘grab the opportunity to die’. The agreement to honour the woman’s wishes was made after threats of legal action against the Durham County Council and sets a precedent which may need to be followed by other authorities. Mrs C claims that:

‘if assisted suicide were legal, and someone was allowed to help me die, then I would prefer to live for as long as bearable. At the moment, however, there is no such merciful law. I feel I have to take what opportunity I can to escape the last part of the disease’.

Mrs C recognises the difficulty in facing such a death. While distressing, this case also confirms that, together with doctors and nurses, social workers and personal carers are also bound by advance directives.

Based on an article ‘Council grants MS sufferer right to choke to death’ by Sarah-Kate Templeton, The Sunday Times May 24th 2004

Israel

A proposed law initiated by Health Minister Dani Naveh states doctors may refrain from providing treatment to dying patients without breaking the law. The Ministerial Committee of Legislative Affairs has approved the proposed bill titled “The patient is about to die”.

According to the proposal, which will be submitted to the Knesset for approval, “passive” euthanasia will be allowed, meaning doctors could refrain from providing treatment to the dying patient without breaking the law. If the Knesset approves the bill terminally ill patients could grant a close friend or relative the power of attorney to end their lives,

should their condition deteriorate. In cases where the patient's desire is unclear, it would be brought before a special ethics committee for a decision. Naveh effectively adopted the recommendations of a public committee headed by Professor Avraham Steinberg. According to the proposed bill, "active" euthanasia would be forbidden. However it allows a person to notify in advance how they would like to be treated when diagnosed with a terminal disease.

The bill states that "a person about to die" is someone who is suffering from a terminal disease and will not live more than six months.

Web site interest

Readers may be interested to know that there are 1 thousands of internet sites relating to voluntary euthanasia. To give an indication of the level of international interest in the issue, SAVES' site alone had nearly 700 'visitors' during March 2004, both national and international.

15th World Federation Conference

The 2004 World Federation of Right to Die Societies Conference will be held in Tokyo between September 30th and October 3rd and has two major roles. These are to exchange information and viewpoints between the members of the federation and to analyse a large number of 'living wills' to assist in a 'prototype' for members, as well as international promotion of the value of advance directives.

Frances Coombe will attend the conference on behalf of SAVES and provide members with a wide range of relevant information to assist in these discussions.

Further information is available from: Mr Michio Arakawa, Executive Director Japan Society for Dying with Dignity 2 - 29 - 1-201, Hongo, Bunkyo-ku Tokyo 113-0033 Japan. /email info@songenshi-kyokai.com

Reverend Dr Francis Macnab of St Michael's Uniting Church Melbourne, supports voluntary euthanasia legislation and will be speaking at the Wesley Uniting Church, Kent Town on Sunday October 31st. His visit will be jointly hosted by the Wesley Uniting Church and SAVES, a venture that is welcomed by us as a valuable means of acknowledging and further informing the majority of Christians who support voluntary euthanasia legislation.

All are welcome. Further details of this very special occasion will be provided in the next *VE Bulletin*. Please mark this date in your diaries and support our work by attending with your friends.

A member reflects

A SAVES member who was given the following passage by her recently deceased mother believes that others living with loss may find comfort from it, just as she did.

'The day will come when my body will lie upon a white sheet neatly tucked under the four corners of a mattress located in a hospital busily occupied with the living and the dying.

At a certain moment a doctor will determine that my brain has ceased to function and that, for all intents and purposes, my life has stopped.

When that happens, do not attempt to instil artificial life into my body by the use of machine, and don't call this my deathbed. Let it be called the Bed of Life, and let my body be taken from it to help others lead fuller lives.

Give my sight to the man who has never seen a sunrise. Give my heart to a person whose own heart has caused nothing but endless days of pain. Give my blood to the teenager who was pulled from the wreckage of his car, so that he might live to see his grandchildren play. Give my kidneys to one who depends on a machine to exist from week to week. Take my bones, every muscle, every fibre and nerve in my body and find a way to make a crippled child walk.

Explore every corner of my brain. Take my cells if necessary, and let them grow so that, some day, a speechless boy will shout at the crack of a bat and a deaf girl will hear the sound of rain against her window.

Burn what is left of me and scatter the ashes to the winds to help the flowers grow.

If you must bury something let it be my faults, my weaknesses and all prejudice against my fellow man. Give my sins to the devil. Give my soul to God.

If by chance you wish to remember me, do it with a kind word or deed to someone who needs you. If you do all that I have asked, I will live forever.

Anonymous

If you have not already completed an advance directive, please do so to ensure that your end-of-life choices are respected.

Forms are available from SAVES and on line at www.saves.asn.au for downloading and printing.

SAVES – ‘Out and about’

Top and centre – Australia Day Grand Parade January 1st 2004

Bottom – Jim Oakey (Shirley Nolan’s brother) addresses the Shirley Nolan Day Rally March 2004



South Australian Voluntary Euthanasia Society Incorporated
Statement of Receipts and Payments for period
1st March 2003 to 28th February 2004

Receipts

Opening Balance - 1st March 2003		\$ 6,991.73
Donations Received	1,944.70	
Interest Received	1,049.97	
Sales of Literature	424.20	
Member Subscriptions	6,158.00	
Transfer from Cash Management Account	3,000.00	<u>\$12,576.87</u>
		\$19,568.60

Payments

Advertising	1,046.49	
Bank Charges	38.10	
Bulletin Postage	1,525.02	
Bulletin Print	4,562.70	
Conferences & Seminars	2,320.04	
Equipment & Asset Purchases	675.18	
Equipment & Hire	337.50	
Gifts to speakers	179.82	
Income Tax	172.50	
Insurance	671.55	
Internet Expenses	432.50	
Library Expenses	105.85	
Motor Vehicle Expenses	116.00	
Parking	24.00	
Photocopying	104.95	
Postage	537.70	
Printing & Stationery	1,747.46	
Rent	232.00	
Repairs & Maintenance	453.90	
Subscriptions	528.00	
Sundry Expenses	204.00	
Telephone	1,471.44	
Travel Expenses	82.50	<u>\$17,569.20</u>
Closing Balance 28th February 2004		\$ 1,999.40

C B A Cash Management Trust

Opening Balance - 1st March 2003		\$9,632.98
Transfer to Working Account		<u>3,000.00</u>
		6,632.98
Interest Received		<u>384.68</u>
Closing Balance - 28th February 2004		\$7,017.66

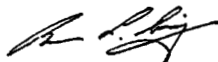
Arthur Cys Bequest Term Deposit

Balance 28th February 2004		\$26,400.23
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Summary

Working Account		1,999.40
Cash Management Trust		7,017.66
Arthur Cys Term Deposit		<u>26,400.23</u>
Total Funds		\$35,417.29

I have examined the books of S.A. Voluntary Euthanasia Society Inc. for the year ended 28th February 2004 and have received all the explanations I required. In my opinion the above Statement of Receipts and Payments is in accordance with those books and explanations.



Bevan L. Craig FCIS
Hon. Auditor
24th April 2004

SAVES' Primary Objective:

A change to the law in South Australia so that in appropriate circumstances, and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgement and conscience of the doctor.



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The VE Bulletin is published three times a year by the SA Voluntary Euthanasia Society Inc. (SAVES). Letters, articles and other material for possible publication are welcome and should be sent to *The VE Bulletin Editor, SAVES, PO Box 2151, Kent Town SA 5071.*

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Editor: Julia Anaf