

THE BULLETIN

ISSN 1321-0599

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

Vol 23 No 2 'No price is too great for the privilege of owning yourself' July 2006
Rudyard Kipling

World spotlight on the UK

The right-to-die reform movement is international, so that legislative activity in one jurisdiction impacts on many others in a range of ways. It may be by attempts to emulate successful legislation, or by heightened consciousness-raising, increasing resolve from the anger of injustice, gaining heart, or even becoming despondent about the progress of reforms overwhelmingly embraced across the western world. Rising momentum also attracts and entrenches reactionary responses from powerful vested interests who oppose any change to the status quo. The world has most recently been watching these dynamics play out in the UK. Spurred on by the widespread public anger at the fate of Dianne Pretty four years ago, as well as the increasing number of people travelling from the UK to Switzerland for assistance to die, a human rights lawyer, Lord Joffe, introduced a bill in 2004 to legalise voluntary euthanasia and assisted suicide for the terminally ill.

The bill was debated, but not voted on in the House of Lords, and was replaced by a narrower bill focusing on assisted suicide alone. This bill mirrored the successful Oregon legislation, but was voted down 140 votes to 100 in the House of Lords on 12th May, following seven hours of debate.

Opposition to the bill included a petition of 100,000 signatures delivered to No 10 Downing St, and a rally outside Westminster Palace. There

was strong opposition by Dr Rowan Williams, Archbishop of Canterbury, and Cardinal Cormac Murphy-O'Connor of the Catholic Church who argued that a right to die would become a 'duty to die'; an argument which was central to the Anglican and Catholic churches' submissions to the bill. Other religious opposition was based upon the 'value of suffering', the claim that legislation would extend to children, and that the elderly will be at risk of economic arguments to deny them treatment.

Shirley Nolan Day: 14th November 2006

This event commemorates the life and death of Shirley Nolan OBE, and all people who have endured unrelieved suffering due to the existing law.

Please show your support by participating in this event which will be held on the steps of Parliament House between 12.00 noon – 2pm. Speakers to be advised.

Further information will be available in the next edition of the VE Bulletin.

Inside

President's report: AGM	2
AGM Guest Speaker.....	3
Rights of the Terminally Ill Act-10 years on.....	6
World News.....	7
EXIT International activities	8
World Federation Conference Toronto.....	10
Notice of general meeting.....	11
Membership	11
SAVES' Primary Aim and Committee	12

Baroness Warnock a supporter of the Joffe bill and member of the House of Lords claimed that the major objection was based on the 'sanctity of human life' argument. A further argument was that legalisation would distract attention from the need for palliative care funding, even though the Oregon experience does not bear this out. On the contrary, palliative care is better and more widely available in Oregon than almost anywhere in the US.

Lord Joffe argued

As a caring society we cannot sit back and complacently accept that terminally ill patients suffering unbearably should just continue to suffer for the good of society as a whole. We must find a solution to the unbearable suffering of patients whose needs cannot be met by palliative care.

Dr Helga Kuhse (Centre for Bioethics at Monash University) made a submission to the original Joffe bill in 2004 in which she proposed one such solution by arguing for a single regulatory framework for all medical end-of-life decisions for competent patients. This framework would not rely on the 'unworkable notion of intention' but on the substantive notion of respect for patient autonomy, expressed by informed consent. Under such a framework the patient and their doctor would be free to jointly decide on a mode of dying which would best meet the needs of the patient. As journalist Camilla Cavendish argued just prior to the vote

If the bill fails, it turns us all into potential Dianne Prettys. Let that be on the conscience of all those who so loudly proclaim that their opposition is based on conscience.

Lord Joffe has vowed to continue to press forward with legislation which he will reintroduce in 2007.

References:

- Graeme Wilson, The Daily Telegraph 'Britain's Peers split as assisted dying Bill is derailed', Political Correspondent, 13/05/2006

- Camilla Cavendish, 'I'd like to die with dignity. And I don't want the medieval brigade interfering', The Times 11/05/06
- British Humanist Association, 'In Bad Faith: The Facts About How Religious Groups Are Campaigning on Assisted Dying', May 2006

Julia Anaf

President's report: 2006 Annual General Meeting

Frances Coombe welcomed over 40 members and guests to the 2006 SAVES Annual General Meeting. It was pleasing that Emeritus Professor Jim Richardson, SAVES founding president and current patron, was able to attend. Office bearers remain unchanged from last year, with the exception of Marika McKerral, who is currently interstate.

Anne Hirsch was presented with a floral tribute as thanks for her 20 years as honorary secretary, as well as her counseling role in supporting distressed callers; a role that now also includes attending to many 'distress emails'. Frances thanked the committee for their hard work and stated the **urgent need for additional committee members** to undertake a growing workload.

A vote of thanks was also given to task force member Eric Gargett, who was a committee member from 1988-1992 and president from 1990-1993. Although no longer a committee member, Gerry Versteeg kindly continues to manage the membership database and *VE Bulletin* dispatch.

Frances gave news of what is happening at the local level. The 'Respecting Patients' Choices Program, a trial promoting advance directives, and based at the Queen Elizabeth Hospital has had funding extended. Thanks goes to Sandra Kanck for her advocacy role in this matter. During 2005 SAVES made two submissions

The VE Bulletin - July 2006

against the *Criminal Code Amendment (Suicide Related Material Offences Act) 2005* which has now been enacted.

SAVES achievements and activities throughout the year include:

- Frances and Mary attending the Eighth National Palliative Care Conference held in Sydney, with the financial support of VES NSW,
- SAVES represented at the 2005 EXIT International Conference in Brisbane,
- SAVES' new mobile display launched in September at the Adelaide Circulating Library by patron Emeritus Professor Graham Nerlich,
- A major review of SAVES' website completed thanks to Brenda Aynsley. This now includes a more appropriate listing of SAVES resources and a Media Release listing. (Work is currently in hand to also include on the site the large number of letters sent to members of parliament over the years....ed),
- 'Awareness Days' continued to be held regularly on Parliament House steps with a distribution of 100-200 pamphlets on each occasion. This allows for excellent exposure and the opportunity for discussion with the public,
- Media releases and interviews relating to relevant issues, and provision of speakers to community groups on the issue of voluntary euthanasia,
- SAVES presence for a full day (9.00am-9.00pm) in Rundle Mall in 2005 has two days scheduled for 2006,
- T Shirts designed and now available in red and blue for \$15 (plus \$5 postage), incorporating SAVES' logo and the words 'Voluntary Euthanasia My life, My choice',

- continual hosting of SAVES' mobile displays within libraries and
- ongoing strategic political lobbying.

Following an appeal for funds in the March 2006 *VE Bulletin* over \$4500 was donated. This will be invaluable in assisting with the considerable expenses involved in public liability, officials and associations, and voluntary workers insurance, and a range of other expenses.

Frances advised that a new group comprising eleven medical practitioners has been formed entitled 'Doctors for Australian Medical Association (AMA) Neutrality on Voluntary Euthanasia'. Dialogue is continuing between SAVES and the federal and state branches of the AMA, the Palliative Care Council and Palliative Care Australia.

Shirley Nolan Day is held each year but its timing is always dependent on parliamentary sitting days. This year it is scheduled for 14th November. The day commemorates not only Shirley Nolan OBE, who so strongly advocated a change to the law, but all people who have been forced to endure needless suffering in the face of hopeless or terminal illness. Frances asked those in the audience to show their support by attending if possible.

A trend has been noted towards voluntary euthanasia societies adopting alternative names. For instance the Victorian society is now known as Dignity in Dying Victoria. SAVES has decided against changing its name which is now well known to the public. The society also prefers to maintain clarity in expressing its primary aim.

Sandra Kanck has advised that she will read into Hansard the most common suicide methods, despite this possibly being in breach of the *Criminal Code Amendment (Suicide Related Material Offences Act)*. Senator Lyn Allison's bill to repeal the *Euthanasia Laws Act* is still in federal parliament.

Frances spoke of the death of Terri Schiavo in March 2005 and advised that her husband, Michael Schiavo, has written a book 'Terri: The Truth', which is also being made into a film.

On the international scene India now has guidelines for withdrawing treatment, Korea has had calls for ceasing inappropriate treatment, and China is also exploring issues around death and dying. In the USA a survey has revealed that people do not believe that trust in doctors is undermined by the practice of voluntary euthanasia with appropriate safeguards.

Germany is considering similar legislation to the Australian *Criminal Code Amendment (Suicide Related Material Offences Act)* in an effort to close down the recently opened Dignitate clinic in Hanover.

In the UK the Church of England and the Catholic Church have joined forces to mount the biggest campaign ever against the right to an assisted death, with the distribution of many thousands of leaflets and DVDs directed against Lord Joffe's bill. However in Australia and around the world the challenges to inhumane laws are increasing.

Frances invited Mary Gallnor to provide a report on the changes to the South Australian political landscape since the March election. Mary advised that it is proposed to test the views of the lower house by having the *Dignity in Dying* Bill reintroduced as soon as possible. The bill had been adjourned in late 2005 by Hon Dr Bob Such, pending the state election. Mary outlined the known viewpoints of some members, with a pleasing number in support.

Guest speaker, Associate Professor Arnold Gillespie, was then welcomed by Frances, and invited to present his talk 'Voluntary Euthanasia: One Doctor's Personal View', which is discussed below.

AGM Guest Speaker: Assoc Prof Arnold Gillespie



Guest speaker at the 2006 SAVES AGM was Associate Professor Arnold Gillespie (retired) who gave a talk entitled *Voluntary Euthanasia: One Doctor's Personal View*. He discussed the inconsistencies revealed in the way society values human life. The notion that life is 'sacred' is now embedded in the fabric of society, even though this is generally only in respect of human life.

Arnold discussed his work in the field of obstetrics and gynaecology over several decades. During the course of his career fetal viability was extended from 32 to 22 weeks gestation. Newborns weighing 750-1000 grams now have an 84 per cent chance of surviving, albeit with a significant number experiencing neurological, intellectual, respiratory or behavioral problems. While the value of these premature infants' lives is best understood as the intrinsic value to their parents and families, there is of course a much broader social value, including that which is expressed monetarily.

An average of \$250,000 is expended in high level neonatal care in the first weeks of life for each of these very premature infants. However while heroic measures are undertaken to save the lives of newborns, generally within the same hospital therapeutic abortions are carried out

for women facing a range of complex social and/or medical problems. The normal course of human gestation also results in 25 per cent of pregnancies ending in miscarriage, or what could be understood as the 'natural thwarting' of human life.

Arnold reminded the audience that while the value of human life may be couched in terms such as 'sacred', 23 per cent of the world's population live in absolute poverty, in which life expectancy is severely curtailed, nutritional levels are unacceptable, children's brains are unable to develop and mortality is high. However Australia is 20th on the list of OECD countries in its level of international aid; often in the form of 'tied grants' favouring Australia's own economic outcomes. Notwithstanding private donations by many Australian citizens, this public gesture invites serious reflection on the expressed value of human life.

If we clearly accept deaths that are both avoidable and non-voluntary, why is it that death is denied when it is at the enduring request of an incurably ill person? In reflecting on this question Arnold spoke of his role in gynaecological oncology within women's health, and of various forms of malignancy. He explained that cancer can be understood as spanning four stages, covering that which is confined to the lining of organs through to distant metastasis. If diagnosed early, between 75 and 80 per cent of vaginal, cervical and uterine cancers can be cured. A lower success rate is still the reality for ovarian cancer. However, when one is unable to be cured, why does society insist that human life, now in a wretched state, must be preserved? Why does society permit non-voluntary, but not voluntary death?

Professor Gillespie shared his personal view on valuing human life within the context of his professional role. This was one that saw him actively promote early diagnosis, aggressive treatment, rigorous follow-up and the expectation

of a cure. However for the small minority for whom a cure was unattainable, and palliative care ineffective, under a more compassionate legislative framework his scope of practice would have included acceding to an enduring request for assistance to die in the face of suffering without hope of recovery. This would have been both a merciful act of clinical care and a final act of human kindness.

In response to Arnold's informative discussion, and for answering the many questions from the floor, Dr Eric Gargett gave a vote of thanks in which he reminded the audience that it is important to 'cross the divide' between patient and doctor when it comes to voluntary euthanasia. While we might talk about having the 'right to choose', the reality is that when voluntary euthanasia legislation is eventually enacted what we will really have is the 'right to make a request' to a medical professional. Hopefully this would be someone with the same insight and compassion as Professor Gillespie.

An earlier reflection...

Twenty one years ago Sir Mark Oliphant, SAVES founding patron and former South Australian Governor, gave an address at the (1985) AGM entitled 'The Sanctity of Life'? A few excerpts follow:

Despite religion and mysticism which have pervaded human existence from our most primitive ancestors to the present, human beings do kill other human beings.

Abortion is legalized as an inalienable right of women.

Today throughout the world some 15 million people die each year of starvation, malnutrition and poverty.

The tobacco industry kills large numbers of people for profit, through cancer, emphysema, and other diseases induced by smoking.

We kill people on the roads, the speeding vehicle taking precedence over the lives of all within it, and of others on the road.

Above all, people are killed in civil wars within nations, and within wars within nations... Warships and bombers were blessed by priests of a variety of faiths, reaffirming that the killing of human beings was not only legal, but condoned by God.

The hypocrisy of opposition to voluntary euthanasia is made clear by the examples I have given... Where, oh where, is this mystical sacredness of human life?

Reference: *The VE Bulletin* May 1985

The Rights of the Terminally Ill Act ten years on...

The Northern Territory *Rights of the Terminally Ill (ROTI)* Act made history when it entered into law on 1st July 1996 as the first voluntary euthanasia legislation in the world. Bob Dent was the first person to access the legislation. With his wife Judy by his side he used the laptop computer, effectively a 'suicide machine', devised and provided by Dr Philip Nitschke, to bring about his chosen death on 28th July.

It was the NT Chief Minister, Marshall Perron, who was the architect of the legislation in the early 1990s, putting up a private member's bill, which was passed 13 votes to 12 on 25th May 1995. Four people elected to utilize the law before it was overturned in 1997 by the federal *Euthanasia Laws Act*, or the Andrews' Bill as it became known, after Victorian liberal Kevin Andrews who introduced it (passed 38 votes to 33). He did so while secretary of the ultraconservative Christian group the Lyons Forum. Arguably, as in the Joffe Bill in the UK, debate on the NT legislation was largely confined to religious and medical opinion masquerading as community values.

As reported in the *Medical Journal of Australia* (1997:166, p 173) the intent and provisions

of the *Rights of the Terminally Ill Act* were supported by the Doctors' Reform Society, the voluntary euthanasia societies and the AIDS Council of NSW. Opposition was expressed by the Australian Medical Association, Australian Association for Hospice and Palliative Care, mainstream religions, Right to Life Australia, aged and disabilities advocates, and Dr Djiniyinni Gondarra, an Indigenous Uniting Church Minister. However it was the Indigenous MP Wesley Lanuphuy (now deceased) who supported the bill and cast what has been seen as a deciding vote. This was despite many Aboriginal people believing the campaign of misinformation which stated that old people who went to hospital would be killed.

In response to the challenge posed to the Act by the Andrews Bill, but also notification by ACT Minister Michael Moore that he would introduce voluntary euthanasia legislation in 1997, the Human Rights and Equal Opportunity Commission (HREOC) requested a report into the application of international human rights law to voluntary euthanasia, and in particular to any implications arising for the *International Covenant on Civil and Political Rights (ICCPR)*. George Zdenkowski, Associate Professor of Law and Director of the Human Rights Centre of the University of New South Wales, wrote an Occasional Paper commissioned by HREOC (December 1996) stating that the legislation did not appear to violate the ICCPR, or any of its other provisions, 'given its very limited scope and extensive statutory safeguards'. The statement was also made that there was 'no coercive element involved.'

However the point was also made that 'each specific law must be carefully assessed both as to its formal provisions and its material operation' and that 'the final political and moral judgment must be one for the legislature'. Although the ROTI Act was overturned the legislation remains 'on the books' and can be reintroduced if and when the Northern Territory gains statehood.

However the High Court challenge to the territory's right to pass legislation also endures.

Ten years on from the enactment of the NT legislation it is timely to reflect on its potential for an important social reform bolstered by safeguards as acknowledged in the HREOC report. Given the current challenge to ACT domestic law on other matters, it is also timely to reflect on the territory rights issues raised by the overturning of the ROTI Act. Not only does the *Euthanasia Laws Act* prohibit the Australian Territories from passing voluntary euthanasia laws, but its reach is much broader. It also prohibits legislation similar to the SA *Consent to Medical Treatment and Palliative Care Act* which protects doctors who provide sufficient levels of pain control under the doctrine of 'double effect'. Arguably people in the territories face arbitrary discrimination and poorer quality pain management.

While the Northern Territory's legislation was short lived, there is no doubt that for as long as medical-aid-in-dying remains a covert and illegal practice it will return to the legislative agenda and remain under review until finally resolved, regardless of the jurisdiction.

Julia Anaf

Prominent QC calls for voluntary euthanasia law review

The ABC News (online 20th May 2006) advised that a prominent Perth barrister, Tom Percy QC, has told the ABC TV's *Stateline* program that he advocates a wholesale review of criminal laws governing voluntary euthanasia, which currently attract a charge of murder. Mr Percy stated *euthanasia is a sad fact of life and in some case it may well be justified*. He also stated that if it is to remain a criminal offence it falls into the same category as that recognised for infanticide which attracts a lesser penalty than that of wilful murder.

World News

United Kingdom

Members may be interested in two recent polls in the UK which reveal mixed views on assisted dying. For instance a survey by Communicate Research for the *Care NOT Killing Alliance*, an organisation opposed to assisted dying, showed that 62 per cent of respondents believed that there is a link between the poor quality of care at the end of life, and calls for voluntary euthanasia. However in another study by YouGov for *Dignity in Dying*, 59 per cent of respondents stated that while they believe that people in the latter stages of terminal diseases can receive excellent treatment, 76 per cent still supported law reform to allow assisted suicide.

In response to the question *Some suggest a link between the poor quality of social care towards the end of life, and the attractiveness to some elderly people of euthanasia or doctor-assisted suicide. Do you tend to agree or disagree?* 62 per cent agreed, 29 per cent disagreed and 10 per cent were not sure.

Seventy five per cent agreed with the statement that people with treatable illnesses such as depression might opt prematurely for suicide, and 72 per cent agreed with the statement that doctors and other health care workers with ethical objections to suicide might feel under pressure to comply.

In response to the question *Do you agree or disagree with the statement: These days people in the latter stages of terminal illnesses such as cancer (for example, people diagnosed as having 6 months left to live) can receive excellent palliative and hospice care to manage their symptoms; allowing them a useful and peaceful conclusion to their life*, 59 per cent agreed, 19 per cent were neutral, 14 per cent disagreed and 8 per cent did not know.

In response to the question *Do you think the law should be changed to allow such patients*

to receive a prescription from their doctor to end their suffering, subject to a range of safeguards?, 76 per cent said 'yes', 13 per cent 'no' and 11 per cent 'don't know'.

Reference: Angus Reid Global Scan: Polls & Research May 13 2006 'Mixed Views on Euthanasia in Britain'.

United States

Oregon bill defended

The March 2006 *VE Bulletin* discussed the possibility of a further challenge to the Oregon legislation following its upholding in January. On 25th May Oregon Senator Ron Wyden defended his state's law at the first Senate hearing since January. The hearing was called by an opponent of the legislation, Republican Senator Sam Brownback, an aspirant for the presidency, who is concerned that the decision to adopt the law undermines what he calls 'the culture of life'. However he stated that he was unlikely to introduce legislation this year.

Wyden, a Democrat, who also personally opposes assisted suicide and twice voted against it in state ballot argued *While I do not know how I would vote if the issue were to appear on the Oregon ballot once more, I believe it is time for me to acknowledge that my fears concerning the poor elderly were, thankfully, never realized. The law has not been abused.* He reiterated his vow to block any attempt to overturn the legislation.

Only 246 terminally ill patients have used the law to end their lives since the measure took effect in 1998 - an average of just 31 per year. According to the Oregon Department of Human Services the total number of deaths under the law reflects a minute portion of the state's average 31,000 annual deaths.

Reference:

'U S Senate looks at assisted suicide law' Matthew Daly, Associated Press, May 26, 2006

Oregon's Death with Dignity Act: Eighth Annual Report

On March 9th 2006 the Oregon Dept of Human Services released the Eighth Annual Report on the *Death with Dignity Act* (DWDA). This revealed that although the number of prescriptions written and/or used varies annually, they remain relatively stable over time. There were no significant differences between 2005 and previous years. In 2005 approximately one in 800 deaths resulted from physician assisted suicide.

What has emerged over time is that males and females are equally likely to access the legislation, and that divorced and never married persons were more likely to take advantage of the provisions. A higher level of education is also strongly associated with the use of physician assisted suicide. The ratio of DWDA deaths to all deaths was highest for three conditions: amyotrophic lateral sclerosis (ALS) (269.5 per 10,000), HIV AIDS (218.3) and malignant neoplasms (39.9). During 2005 36 patients died in their own homes and two in residential care. All had health insurance and 92% were enrolled in hospice care.

For further information refer to the website of the Oregon Dept of Human Services www.oregon.gov/DHS/ph/pas/

Dr Kevorkian's health failing

The Oakland Press reported on 28th May that Dr Jack Kevorkian's health is failing. For the fourth year lawyers are seeking a pardon or commutation of sentence for the assisted suicide advocate. The journalist who interviewed Kevorkian in 1998 in reference to the assisted suicide of Thomas Youk, referred to him as a 'decent and compassionate man who tried to help people get out of the suffering of their lives'. Dr Kevorkian, 78, is serving a 10-25 year prison sentence and is eligible for parole in 2007. He is living with Hepatitis C and other medical conditions.

New Zealand

The ABC News (online) 2nd June reported that Dr Philip Nitschke will now conduct his workshops in New Zealand. The Medical Council had issued a complaint that Dr Nitschke was 'practicing medicine' without a licence. However the New Zealand Ministry of Health stated that there was insufficient evidence to support a prosecution.

Also in New Zealand the Health Practitioners Disciplinary Tribunal has rejected a Nursing Council application to have voluntary euthanasia campaigner, Lesley Martin, struck off the nursing register. However according to tribunal chairman David Collins QC, her criminal conviction adversely affects her ability to practice by imposing a range of conditions.

Nevertheless Ms Martin was pleased with the ruling, as registration is important to her, even though she is unable to work as a nurse due to a back injury. Lesley Martin served a seven and a half month prison term in 2004 for attempted murder following administration of a large dose of morphine to her dying mother.

Ms Martin is now committed to supporting the voluntary euthanasia movement through her work with Dignity NZ.

Reference: Dominion Post 7th June 2006

Exit International activities: 10th Anniversary of the ROTI Act

Dr Philip Nitschke advises that to celebrate the 10th anniversary of the *Rights of the Terminally Ill* Act, Exit International will be holding a one day *Remembering ROTI* conference in Sydney on 22nd September 2006. Speakers include federal politicians Minister Amanda Vanstone (Liberal), Senator Lyn Allison (Democrats), the

Hon Dr Carmen Lawrence (ALP), and Ms Tanya Plibersek MP. In addition SA MLC Hon Sandra Kanck, Dr Marion Maddox (author of the book *God Under Howard*) and Mr Marshall Perron, former NT Chief Minister will all participate.

The conference is entitled *Remembering ROTI - Looking Forward, Looking Back*, and we are asking politicians who are attending to reflect on why the political process has such difficulty reflecting the views of the people on voluntary euthanasia. Sandra Kanck will specifically address the issue of the 2006 federal *Suicide Related Materials* Act which she plans to challenge in the SA parliament in the days immediately prior to the conference.

Another major purpose of the conference will be the launch and presentation of Condolence Books in every state. In the coming months, the Condolence Books will be taken to every corner of the country and filled with messages and signatures, reminding the politicians of the passions of the people. SAVES member (and SA Exit Chapter Leader) Bill Lawson will be the coordinator of the SA Book which everyone will be welcomed to sign.

On 26 March 2007, these books will be taken to Canberra for the National Day of Shame with buses converging on the capital from all over Australia. It is hoped that Sandra Kanck will lead the South Australian bus on this Older Persons Freedom Ride with the Condolence Books to be presented to Kevin Andrews (Liberal) and Tony Burke (ALP). The *Remembering ROTI* Conference is now open. Registration forms can be obtained by calling Beverley at Exit on 1300 10 EXIT (3948). Interest in participating in the National Day of Shame can be registered the same way. Everyone is welcome.

World Federation of Right to Die Societies:

16th Biennial Conference September 7 - 10, 2006, Toronto, Canada 'Challenge in Choice'

Dying With Dignity and the World Federation of Right to Die Societies has announced pre-registration for the September 2006 conference. For World Federation delegates the conference will begin on Thursday, September 7 at noon and run to noon on Sunday, September 10. For non-delegates, the conference begins at 7:30 am, Friday, September 8 and runs to Saturday, September 9 at 6:00 pm (with an option to attend the awards gala Saturday 8:00 - 10:30 pm. The conference is open to all members of the public. Guest speakers include:

- George Felos, lawyer for Michael Schiavo, husband of the late Terri Schiavo.
- Lord Joel Joffe, member of the British House of Lords, and sponsor of a bill allowing assisted suicide currently before the UK Parliament
- Dr Robert Buckman, a medical oncologist at the Toronto-Sunnybrook Regional Cancer Centre and a world-renowned motivational speaker
- Evelyn Martens, recipient of the Humanist of the Year Award from the Humanist Society of Canada
- Jocelyn Downie, Canada Research Chair in Health and Law, Dalhousie University and author of *Dying Justice: A case for Decriminalizing Euthanasia and Assisted Suicide in Canada*
- Dr. Rob Jonquiere, CEO NVVE - Right to Die Society - The Netherlands

- Arthur Schafer, Director of the Centre for Professional and Applied Ethics, at the University of Manitoba. Topics will include:
 - The Truth Behind the Rhetoric - What is Working around the World and Why
 - Nudging the Law - How to Move Legalized Aid-in-Dying Forward
 - Effecting Social Change - Progressive Social Movements, Historical Perspective
 - Engaging the Disability Movement
 - Aid-in-Dying and Faith
 - Right-to-Die Film Festival

For further information contact Don Babey, Executive Director, Dying with Dignity. dbabey@dyingwithdignity.ca

Clarification

A SAVES' life member has pointed out that in the March 2006 *VE Bulletin* readers were asked to contact their local members of parliament to ask if they 'support voluntary euthanasia'. The suggestion was that a more appropriate question is whether they support legislation that allows others to choose for themselves. Choice is the fundamental issue, as shown in the title of SAVES' handbook 'Right to Choose'. It is acknowledged that while implicit, the issue of choice should have been better stressed in the question posed to members of parliament...ed.

NOTICE OF GENERAL MEETING

Of the SA Voluntary Euthanasia Society Inc. (SAVES) at
The Disability Information and Resource Centre (DIRC), 195 Gilles St, Adelaide.

2.15 pm Sunday July 30th 2006

Guest speaker will be

Dr Rosemary Jones on the topic

'The AMA – Neutrality or Nothing'

Tea/coffee and biscuits will be available at the conclusion of the meeting.

Bring your friends. All welcome.

Final public meeting for 2006 will be held on November 19th .

SAVES is not able to help people end their lives

**A Bequest is one way to make a significant gift to further the aim of the society
which is to achieve law reform to allow choice for voluntary euthanasia**

The appropriate wording for the gift of a specific sum is *'I bequeath to the South Australian Voluntary Euthanasia Society the sum of \$.....'*

In the unlikely event that you wish to leave your entire estate to SAVES it would read: *"I give, devise and bequeath the whole of my real and personal estate to the South Australian Voluntary Euthanasia Society Inc"*

Membership Fees	SAVES MEMBERSHIP FORM	Email address if you would like to be advised of special activities
Annual Single \$20 Double \$25 Concession Annual Single \$10 Double \$14 Life Membership Single \$170 Double \$280	New member () Renewal () Date _____ Membership Fees \$ _____ Donation towards the work of SAVES \$ _____ Mr/Mrs/Ms/Miss/Other _____ Total \$ _____ Given name or initial _____ Surname _____ Address _____ _____ Postcode _____ Ph (h) _____ (w) _____	d.o.b. (optional) _____
Annual fees fall due on 28th February.	Please make cheque or money order payable to SAVES and send to Membership Officer, SAVES, PO Box 2151, Kent Town SA 5071. SAVES' members support the society's primary objective, which is a change in the law, 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.	
SAVES IS NOT ABLE TO HELP PEOPLE END THEIR LIVES.		

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.



Committee:

President

Frances Coombe

Vice Presidents

Julia Anaf

Mary Gallnor

Hon. Secretary

Anne Hirsch

Hon Treasurer

Hamish Claxton

Members

Leonie Moore

Maree Day

Libby Drake

Patrons

Emeritus Professor J.A. Richardson

Emeritus Professor Graham Nerlich

Telephone

8379 3421

(prefixes: interstate 08, international +61 8)

Internet

www.saves.asn.au

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