



Vol 25 No 2. 'No price is too great for the privilege of owning yourself' July 2008

Rudyard Kipling

A milestone for Victoria

Since 1995 South Australian parliamentarians have been asked to consider five bills addressing the case for law reform to allow competent adults the choice for voluntary euthanasia in strictly defined circumstances. The *Medical Treatment (Physician Assisted Dying) Bill 2008* is now before the Victorian parliament. The Bill is sponsored in the lower house (Legislative Assembly) by the Hon. Ken Smith (Liberal, Bass) and in the upper house (Legislative Council) by Ms Colleen Hartland (Greens, Western Metropolitan).

An introductory flyer, flow chart, and briefing paper clearly detail the stringent safeguards included in the bill. The flyer states that the bill does not allow assistance to minors, non-voluntary or in-voluntary euthanasia for any reason, or assistance to people of 'unsound mind'. The bill does not apply in situations in which there is not full consent, multiple medical opinions, and a 'cooling off' period.

Assistance to die is not allowed by injection, and health providers are given the choice of whether or not they will be involved. The bill states that no-one will be 'prosecuted, disciplined or censured on their decision to participate or not participate in providing assistance'. Also there will be no prosecution of anyone who is merely present in attending the death.

Anyone who signs or witnesses assisting documents, provides assistance, or unduly influences the request for assistance, may not benefit financially or otherwise, whether directly or indirectly, from an assisted death. The bill provides for heavy penalties for anyone who unduly influences a sufferer to make a request for physician-assisted dying. This is a fine of up to \$250,000 and/or fourteen years imprisonment. Mr Marshall Perron, former Chief Minister of the Northern Territory, and 'architect' of the *Rights of the*

Terminally Ill Act, passed by the Northern Territory Legislative Assembly in 1995, made an address in support of the Victorian Bill at the Steve Guest Rally on 16th April this year. A key part of his address was a reflection on the Northern Territory Act in which he stated:

'For a brief period of nine months we had such a law. In that time, four people used it to seek relief from intolerable suffering through death. Our opponents predicted disaster—the very fabric of society would crumble. To describe if the *Rights of the Terminally Ill Act* was responsible legislation I quote to you the words of a man who voted against it being adopted. The Hon. Denis Burke, a catholic, who had the job of administering the *Rights of the Terminally ill Act* while it was in operation said after the law was vetoed by the Federal Parliament:-

'As Attorney General and Minister for Health the duty fell to me more than any other member of this house, to defend what I believed to be truly democratic legislation. It was a pleasant duty.

I was well able to put aside my personal opinions and debate, on a number of occasions, with commentators who sought to question the merits of the legislation and attempted to find weaknesses in it. While it was in operation, I can say honestly that I thought that it was good legislation in that, once passed by this House it survived every attack by academics and theologians.

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When it was finally overridden, one would have to say is all honesty that the legislation needed not one word of amendment in terms of its workability in delivering the intent of the legislature.'

Those are the words of a man who originally opposed the law, had the job of overseeing its implementation, and who later became the Chief Minister of the NT.'

Professor David Kelly, one of Victoria's most experienced legislative minds and former Chairman of the Victorian Law Reform Commission also supports the current bill, and he too addressed the Steve Guest Rally. His view is:

'At present, the area is not specifically regulated. In fact, the existing law gives a corrupt doctor and greedy relatives a much greater opportunity to dispose of a patient without his or her consent, or to pressure a patient to ask for assistance in dying, than they would have under the stringent protections offered by the proposed Bill.

At present, there is no audit trail that can be followed to ensure that everything that has been done is above board. The Bill will create that audit trail. It will set stringent conditions for offering assistance in dying; and it would make doctors accountable for their actions in doing so...

The proposed legislation will cure all these deficiencies in the law. It will override the murky, less than coherent, existing law; and it will replace it with a set of rules intelligently designed specifically to deal with one issue: under what circumstances and in what ways should a doctor be entitled to assist a terminally or incurably ill person, who is suffering intolerably, to end his or her life...

In my view, then, the proposed Bill achieves a good balance between the need to protect a patient's right to make rational choices and the need to protect society against abuse. It recognises that the right to die with dignity is an essential flow-on from the ideals of a liberal, democratic society'.

Mr Peter Hammond also addressed the Steve Guest Rally in support of the Bill from what he called a 'terminal perspective'. Arguably

his view as a person living with end-stage motor neurone disease, and speaking from direct experience, should be one to warrant particular reflection. His wife Mieke spoke on his behalf due to his deteriorating speech as part of his progressive illness. Mr Hammond stated:

'My circumstances are almost intolerable...I have no prospect but to deteriorate further. At some stage, my conditions will become quite intolerable. I have sought and obtained medical and palliative care advice. I have thought very carefully through the options and have discussed the issues with my loved ones. My decision on that basis for myself is that I would feel incredibly relieved to have the option of a physician assisted peaceful death at some stage, though I am not at that stage yet.

Whether or not you believe that all or some roads lead to Mecca and you're deeply influenced by that, the fact remains that to release anyone from a state of extreme pain, suffering and complete disability, the choice of physician assisted dying surely is an act of significant release, blessing and healing.'

These three commentators speak for the efficacy of the legislation. *The VE Bulletin* will provide updates to members on the progress of this important Victorian Bill. SAVES congratulates *Dying With Dignity Victoria Inc* on this important milestone towards legislation that addresses great human need and catches up with public opinion.

(See SAVES media release page 9.)

Julia Anaf

Resources: www.dwdv.org.au

President's report: March 2008

AGM

SAVES president Frances Coombe welcomed approximately 40 members to the March 2008 annual general meeting during which the previous minutes were confirmed and office bearers elected for the current year. The treasurer's and president's reports were also delivered. Frances stated in her report:

'This will be my seventh year as president. Looking at the facts, the main opposition to legislative reform is religious fundamentalism.

We are in the most unfortunate position of having a majority of opposing MPs in the Upper House; most of them opposing for religious reasons, neglecting their duty to examine proposed laws rationally and their duty to represent their electorate. Our work continues despite this. It becomes a war of attrition; we fight with reason and always the best of manners so that we remain credible and respectable, and we are respected by our opposition.

Eventually we will get a law passed; hopefully at the next election South Australians will not vote for religious fundamentalists. Fundamentalists of any religion are dangerous. But this is not a day of doom and gloom! Happily, a few dedicated liberal Christian SAVES members are working to expose the cruelty of opposing choice. We must always affirm the MPs who face the facts and courageously work for law reform.'

Frances advised that SAVES had been bequeathed \$22,000 which was gratefully accepted and will be used wisely to promote the society's primary aim. Also reported on was the Queensland bequest of \$5000,000 to be distributed by executors to a range of organizations who advocate for law reform enabling the right to choose voluntary euthanasia. (More information in this edition). Frances gave a report on political lobbying activities, 'awareness days' on the steps of Parliament House, the Shirley Nolan Rally, and petitions presented to parliament. She discussed a report from Oregon (reported on later in this edition), a 'round up' of international activities, an overview of the federal election campaign, and of the Steve Guest Rally in Victoria.

Frances also spoke of her role as part of a panel in the ongoing review of advance directives, and about the renewal of SAVES website to present an update and a more 'contemporary face' for key information pages.

There have been 1001 written submissions to the Senate inquiry on Greens Senator Dr Bob Brown's *Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008*. This is a Bill to overturn the *Euthanasia Laws Act* that overturned the Northern Territory voluntary euthanasia law over a decade ago. (SAVES submission to the Senate inquiry follows further in this bulletin).

Frances also advised that a submission opposing the Bill was received from a doctors' group called *Medicine with Morality*, who are united in their opposition to any law that permits voluntary euthanasia in Australia. In part of their submission they denied there was any need for such a law, stating:

'Although we have compassion for those who are dying and who want euthanasia, compassion does not mean simple acquiescence to any patient demand. Proper medical and compassionate care will help them get past that desire. The option of very good palliative care in this country makes euthanasia unnecessary. Relief from pain and distress is increasingly achievable and obtainable. Killing should never be seen as a solution for misery.'

Frances thanked everyone for all their support in a range of activities, including Margaret Rainbow Web who folded over 1,500 pamphlets. After conclusion of business Frances invited the Hon Mark Parnell, Greens member of the Legislative Council in South Australia to address the audience on the initiatives of the Greens towards law reform to allow choice for voluntary euthanasia. We thank Mr Parnell for giving SAVES members this overview. Discussion and refreshments followed.

SAVES Senate Submission: Rights of the Terminally Ill Bill 2008

As noted in the above report SAVES sent the following submission in support of the *Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008*:

'The Macquarie Dictionary defines democracy as 'Government by the people; a form of government in which the supreme power is vested in the people and exercised by them or by their elected agents under a free electoral system'.

In 1995 the agents of the people of the Northern Territory (the Northern Territory Legislative Assembly), who were elected under a free electoral system, passed a humane law (*Rights of the Terminally Ill Act 1995*) which, under carefully defined circumstances, allowed people in the terminal phase of an incurable illness to decide to end their lives, at

a time of their choosing and in the presence of their loved ones, if they so wished.

The Northern Territory Legislative Assembly consists of twenty five members, all of whom are elected by the people of the Northern Territory. The House of Representatives of the Australian Government consists of one hundred and fifty members, of whom only two are elected by the people of the Northern Territory. The Senate of the Australian Government consists of seventy-six members; again only two are elected by the people of the Northern Territory. Thus there are only four members of Federal Parliament from the Northern Territory in a total number of two hundred and twenty six members. Clearly the will of the people of the Northern Territory is represented to a far greater extent in their Legislative Assembly than in the Federal Houses of Parliament.

Democracy demands that "...the supreme power is vested [in] ... their elected agents under a free electoral system." It follows that the overturning of the *Rights of the Terminally Ill Act 1995* by the Federal Parliament, which has minimal representation from the Northern Territory, was an anathema to the spirit of democracy and a contravention of the democratic rights of the people of the Northern Territory.

The will of Territorians, which had been decided by their representative agents, who were elected under a free electoral system, was denied by federal groups in which they were minimally represented.

The Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008 provides an opportunity for Federal Parliament to restore the democratic process to the people of the Northern Territory. The Bill is not about the issue of euthanasia and this should not be considered as its basis.

The question to be asked is "Is there true democracy in Australia where the supreme power is vested in the people and exercised by them or by their elected agents under a free electoral system? If so the *Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008* must be passed to reaffirm this."

Advance Health Directives

If you have not already completed an Advance Directive please do so to ensure that your end-of-life wishes are respected. Information about the 2 different methods is available from the SAVES secretary and website www.saves.asn.au

Forms are available from the following website for completing an *Anticipatory Direction* under the *Consent to Medical Treatment and Palliative Care Act* (or ring Service SA, 13 2324)

OR

There is a link to the Office of the Public Advocate on that site to complete an *Enduring Power of Guardianship* under the *Guardianship and Administration Act* (freecall on 1800 066 969).

<http://www.dh.sa.gov.au/consent/>

Welcome Jan Seaman and Pat Macaskill to SAVES committee

Saves is delighted to welcome Jan Seaman and Pat Macaskill as committee members. Jan has become an active member, through amongst other activities, distributing SAVES information pamphlets to doctors' surgeries, canvassing libraries to host SAVES' display, and assisting in public information days.

Pat has a wealth of information about political processes, has strong administrative skills, is highly enthusiastic and will be an invaluable member of SAVES team. We asked them to each write a brief article about themselves so that members might get to know a little about them.

This is what Jan had to say:

65 and NOT OUT

'Not yet anyway, say I! My recent 65th birthday was a milestone to a good friend of mine, probably because a few of her friends never reached theirs. For me, it's on my way to 70, which makes it all the more important to me that law reform in South Australia occurs sooner rather than later.

"Milestones" by Miles Davis is a favourite musical jazz piece of mine as well as the classical piece "Four Seasons" by Vivaldi.

When a child in New York my father introduced me to both jazz and classical music whereas “Rock Around The Clock” by Bill Haley was only played when my Mother and I were home (not Dad!).

My husband, Al, and I are now looking forward to another milestone in 2009 – forty-five years of marriage. Now, both retired from the paid workforce, Al wholeheartedly supports my involvement on the committee of SAVES. He presents jazz music on community radio (99.9 FM) and he is not keen on Rock Around the Clock either – some things for me don’t change!

In the meantime I suppose I should start preparing myself for the future musical tastes of grandchildren Oliver (now 4) and Abby (now 2). As a dual citizen of Australia and the USA, the events of law reform regarding voluntary euthanasia in Australia are very important to me: I hope the overwhelming desire of the majority of Australians polled see law reform well before my grandchildren become adults.

Let’s hope the law does change regarding meeting a patient’s request to die in a way that protects all individuals involved when a person wishes to exercise choice in their final earthly milestone.

Pat told us that:

‘In retrospect I know the dominant element in my life has been change. Straight from a convent school education I worked in radio, then as ancillary staff at the University of Adelaide and then managed private Obstetric and Gynaecology practices before becoming a political staffer for the Australian Democrats in the Legislative Council of the South Australian Parliament. All challenging and vastly different.

I am now a complete political junkie because I believe politics plays a part in every facet of our lives; now politicians insist on controlling our exit from that life and I have a real problem with that. My interest in VE was nurtured in my Parliament House days and I decided to become an active member of SAVES when I retired.

It continues to amaze me that religion should play such a big role in politics; that should have stopped with Cardinal Richelieu who did nothing whatsoever to improve the life of the average Frenchman/woman.

I have recently resigned as inaugural chairman of the board of the Whale and Dolphin Conservation Society of Australasia, but still retain my membership. Believing that you can serve only one master at any one time I decided to make SAVES the focus of my energy.

It is an honour to serve on the SAVES committee with such devoted and motivated people.

Apart from politics and its by-products I have a passion for movies, music of all kinds and socialising with friends and partaking of good food and wine.’

SAVES is delighted to welcome both Jan and Pat. We look forward to a long, happy, and productive relationship.

From the journals

Physicians’ attitudes and life stances

The *Journal of Medical Ethics* (1) reports on international research conducted within six countries to determine how physicians’ life stances influence their attitudes to end-of-life decision making, and in practice. Practising physicians from a range of specialties involved in end-of-life care in Belgium, Denmark, The Netherlands, Sweden, Switzerland and Australia received structured questionnaires which included questions about their life stances. (The questionnaire included scenarios of two hypothetical patients.)

The results showed that there were only very small differences in participants’ life stances and general attitudes and their intended and actual behavior. There were a range of findings around end- of- life decision making. One was that there was much less acceptance of administration of drugs to intentionally assist patient death among physicians with stated religious affiliations than those with none. The overall results suggested that religious teachings influence end-of-life decision-making to some extent, but these are

certainly not blindly accepted by physicians, especially when dealing with real patients and circumstances. The effect of doctrinal teachings is somewhat clearer when it comes to general attitudes. However, they 'tend to have less effect in more realistic cases and specific circumstances'. The research highlighted the incongruence between official doctrinal views about end-of-life decision making and actual stances of the followers of those doctrines when faced with real life situations. The researchers concluded that those physicians who embrace theistic beliefs may do so in non-imperative ways. This allows them to adapt to specific situations, 'for instance, the needs and wishes of the dying, and to considerations of humaneness'.

Reference:

(1) *J Med Ethics* 2008;34:247 Downloaded from jme.bmj.com on 30 May 2008 Consortium: Canova, B Onwuteaka-Philipsen, J Bilsen and on behalf of the Eureld J Cohen, J van Delden, F Mortier, R Löfmark, M Norup, C Cartwright, K Faisst, C decision-making in six countries to end-of-life decisions and actual end-of-life Influence of physicians' life stances on attitudes.

Co-operation and respect in Belgium

A recent article in the *British Medical Journal* (1) points out that debate around voluntary euthanasia is often polarizing, but that 'two camps' often assumed to be mutually antagonistic have evolved side by side in Belgium, and to their mutual benefit. The European Association for Palliative Care had voiced concerns over a 'slippery slope' towards harm to vulnerable patients and impediments to palliative care if voluntary euthanasia was legalized. However data from the Netherlands and Belgium, where euthanasia is legal, has not provided any evidence of a slippery slope.

Palliative care began in Belgium in the 1980s, coinciding with growing international calls for law reform to allow choice for voluntary euthanasia. The authors claim that the debate was intense but not acrimonious, and those who advocated for choice also supported palliative care and did not present voluntary euthanasia as an alternative to it. Opponents of voluntary euthanasia conceded that there are circumstances under which it may be an ethical action, with some arguing that regulation is a 'lesser evil than clandestine life termination or palliative futility'.

In turn there were concessions granted by advocates for voluntary euthanasia law reform because of the strict restrictions and safeguards that were included in the law. There has therefore been 'cautious acceptance' of the legislation, and it is argued by the authors that this is because both movements developed in tandem; both with the benefit of the involvement of a medical oncologist, an anthropologist, palliative care specialists, and a health scientist. An article in *The Age* newspaper (2) covering the research quoted the researchers as saying "The process of legalisation of euthanasia was ethically, professionally, politically, and financially linked to the development of palliative care....The societal debates made clear that most values of palliative care workers and advocates of euthanasia are shared. If Belgium's experience applies elsewhere, advocates of the legalisation of euthanasia have every reason to promote palliative care, and activists for palliative care need not oppose the legalisation of euthanasia."

The Age reported that support for palliative care is expressed in the voluntary euthanasia law that was passed in Belgium. The law mandates that patients who seek voluntary euthanasia must be informed about the potential of palliative care, and at the same time the law was passed, a second Act was passed that doubled public funding for palliative care and guaranteed the right to palliative care in every hospital, nursing home, and even at home.

References:

(1) Jan L Bernheim, Reginald Deschepper, Wim Distelmans, Arsène Mullie, Johan Bilsen *Development of Palliative Care and Legalisation of Euthanasia: antagonism or synergy?* *British Medical Journal* 2008: 336, 864-867

Medical specialists' differing views on end-of-life decision making

A recent article (1) on an international research project has provided valuable information about attitudes and practices of Australian medical practitioners to decision making at the end-of-life according to their particular medical specialty. It examined practitioners 'willingness to comply with requests from patients and/or their relatives for symptom relief which may hasten death; provision of

terminal sedation and euthanasia, or willingness to provide these on their own initiative’.

Results showed that requests for symptom relief which may hasten death would be more easily complied with than providing terminal sedation. A small number would intentionally hasten death. An interesting finding was that there were marked differences in responses based on medical specialty, with oncologists, geriatricians and palliative care physicians less likely to actively hasten death than anaesthetists, obstetricians and gynaecologists.

This raised the issue of ways in which medical culture may influence different practitioners’ attitudes, and how this had implications for inter-professional communication, medical education, and community dialogue.

An article in *The Age* newspaper (2) also discussed these findings. It reported that the study found that 4% of doctors surveyed would hasten death by drugs without consent, in some circumstances. Associate Professor of Medical Ethics at the University of Queensland and author of the study, Malcolm Parker, stated that he was concerned about the statistics due to the illegality of these actions and because patient consent is very important in medicine.

References:

- (1) Julia Medew, ‘Specialists split on euthanasia’ *The Age*, April 22, 2008
- (2) *Impact of specialty on attitudes of Australian medical practitioners to end-of-life decisions* Malcolm H Parker, Colleen M Cartwright and Gail M Williams, *MJA* 2008; 188 (8): 450-456

World News

United Kingdom

The Scotsman newspaper reported on 29th May that 92 Britons have now elected to receive assisted suicide at the Swiss clinic Dignitas that has nearly 700 members in the United Kingdom. The chief executive of the pro-euthanasia charity *Dignity in Dying*, Sarah Wootton is quoted as saying ‘The steady increase in British citizens travelling to Dignitas is further proof that the law in the UK is not working. Until there is a law allowing terminally ill, mentally competent adults the right to choose a medically assisted death, many more will make this tragic pilgrimage.’

Oregon

The tenth report on the operation of the Oregon *Death with Dignity* Act was released in March this year. This Act provides for physician-assisted suicide in defined circumstances. The report showed that during 2007, 85 prescriptions for lethal medications were written under the provisions of the Act, compared to 65 during 2006. Of these, 46 patients took the medications, 26 died of their underlying disease, and 13 were alive at the end of 2007.

In addition, three patients with earlier prescriptions died from taking the medications, resulting in a total of 49 deaths during 2007; 26 males and 23 females. This corresponds to an estimated 15.6 people per 10,000 total deaths. Forty-five different physicians wrote the 85 prescriptions.

Since the Act was passed in 1997, 341 patients have died under the terms of the law. As in earlier years, most participants were between 55 and 84 years of age (80%), were white (98%), well educated (69% had some college), and had terminal cancer (86%). Patients who died in 2007 were younger (median age 65 years) than in previous years (median age 70 years). All patients had some form of health insurance: 65% had private insurance, and 35% had Medicare or Medicaid.

As in previous years, the most frequently mentioned end-of-life concerns were loss of autonomy (100%), decreasing ability to participate in activities that made life enjoyable (86%), and loss of dignity (86%). During 2007, more participants were concerned about inadequate pain control (33%) than in previous years (26%).

Most patients died at home (90%) and were enrolled in hospice care (88%). Complications were reported in three patients during 2007 (they all regurgitated some of the medication and one person lived for 3½ days). During 2007, no physician referrals were made to the Oregon Medical Board.

References: World Federation of Right to Die Societies website — www.worldrtd.net/news/world/?id=846, Oregon Dept Human Services — <http://www.oregon.gov/DHS/ph/pas/ar-index.shtml>

Washington

Washington State is working towards a humane legislative response for terminally ill adults. A broad coalition of hospice patients, physicians, nurses, family members and concerned residents are forming a committee to launch the *Washington State Death with Dignity* initiative to grant peace of mind for terminally ill people facing prolonged deaths. This mirrors the Oregon legislation and will be addressed in a 2008 ballot. The initiative includes stringent safeguards against abuse.

Reference: Washington Death with Dignity <http://www.yeson1000.org/default.aspx?ID=3>

Bequest: Queensland Lord Mayor

The Australian newspaper (1) has reported that Brisbane's longest-serving lord mayor, Mr Clem Jones who was 89 died in December. The details of his will confirmed a \$5000,000 dollar donation by bequest towards furthering the aims of the voluntary euthanasia law reform movement in Australia. This was one of several sizeable bequests to other organisations and charities. Commenting on the bequest, Queensland Premier Anna Bligh, ruled out any review of the state's voluntary euthanasia laws stating that she had 'very conservative views on euthanasia'.

In his will, Mr Jones wrote that the pro-euthanasia bequest was inspired by the suffering his late wife Sylvia endured in a painful battle with illness prior to her death in 1999 at the age of 89 years. The article quoted Mr Jones as stating:

"I saw Sylvia suffer the most dreadful agony from disease and illness that destroyed her physically and mentally and caused her to suffer, day after day, not only the pain but also the indignity of being something that could not truly be described as a human being," the will said. ... "I do not, of course, criticise the splendid endeavours that the medical fraternity make to preserve the quality of human life, but when that quality falls to a level where life is one of pain and suffering - or when one's mind can no longer function - those self-same medical practitioners should have the right and the responsibility of releasing persons from

that torture, misery and indignity." The trustees of the estate have discretion over the distribution of Mr Jones' bequest.

Reference: Sarah Elks, *The Australian*, April 14, 2008.

Dr Rodney Syme: 'A Good Death—An argument for voluntary euthanasia'

SAVES members may be interested to know that Dr Rodney Syme, past president of *Dying with Dignity Victoria Inc*, and high profile advocate for law reform to allow choice for voluntary euthanasia, has completed his much awaited book *A Good Death*. It is considered 'a must have'. *Dying With Dignity Victoria Inc* has purchased copies for interested parties. If you wish to purchase a copy they have a limited supply, so get in early: \$32.95 including postage (retails for \$45.00).

Review: SAVES President Frances Coombe

This book is written in an engaging and articulate style. It is compelling reading; a personal account of Dr. Syme's wide-ranging experience over 35 years as an urological surgeon, coming to terms with the fact of intense suffering that cannot be alleviated by even the best of medical and palliative care.

Dr Syme confronts the emotional and physical anguish of people suffering unbearably with hopeless and terminal illness. He courageously does not turn away from requests for assistance to die. Instead, at great risk to his life and liberty, he has assisted people, after careful consideration, seeing it as a moral imperative. Further, he documents this in his book, thus challenging the status quo – bravery again. Personal writings in this book are harrowing in their stark reality, exposing the reader to the depths of human suffering.

I am inspired by Dr Syme's deep compassion, his strong resolve and responsible carefulness. Please take the time to read this book and be challenged anew.

SAVES library now holds a copy of this book.

Information provided by Dying with Dignity Victoria Inc, c/- 3/9b Salisbury Ave Blackburn Vic 3130, Tel 03 9877 7677, fax 03 9877 5077, website www.dwdv.org.

SAVES VE Bulletin July 2008

South Australian Voluntary Euthanasia Society Incorporated: Statement of Receipts & Payments for Period

1st March 2007 to 28th February 2008

Opening balance 1st March 2007 **\$8,343.78**

Receipts

Donations received	\$6,926.10	
Interest received	\$825.38	
Sundry income	\$940.20	
Member subscriptions	\$11,190.00	
Bequests	\$5,500.00	
		\$25,381.68

Total \$33,725.46

Payments

Advertising \$870.00		
Bulletin postage	\$622.24	
Bulletin print	\$3,228.80	
Equipment and Asset Purchases	\$1,598.90	
Equipment Hire	\$440.00	
Gifts to Speakers	\$161.00	
Income Tax	\$405.00	
Insurance	\$1,776.83	
Internet Expenses	\$1,366.21	
Motor Vehicle Expenses	\$112.20	
Parking	\$147.00	
Photocopying	\$30.80	
Postage	\$868.55	
Printing and Stationery	\$3,230.56	
Purchases- Promotional Items	\$60.34	
Rent	\$934.50	
Repairs and Maintenance	\$198.00	
Subscriptions	\$405.51	
Transfer to Cash Management Account	\$10,000.00	
Telephone	\$560.00	
		\$27,006.44
Closing Balance 28th Feb 2008		\$6,719.02

CBA Cash Management Trust

Opening Balance 1st March 2007	\$20,604.03
Transfer from working account	\$10,000.00
Interest Received	\$1,676.41
Closing Balance 28th February 2008	\$32,280.44

Arthur Cys Bequest Term Deposit

Opening Balance 1st March 2007	\$15,000.00
Closing Balance 28th February 2008	\$15,000.00

Summary

Working Account	\$6,719.02
Cash Management Account	\$32,280.44
Arthur Cys Term Deposit	\$15,000.00
Total Funds	\$53,999.46

Auditor's Report

SAVES auditor has forwarded the following signed report concerning the above Financial Report:

I have audited the attached statement of Receipts and Payments for the year ended 28th February 2008 of the South Australian Voluntary Euthanasia Society Incorporated. It is not practicable for the South Australian Voluntary Euthanasia Society Incorporated to establish accounting controls over all sources of income. Accordingly it was not practicable for my examination of this area to extend beyond the amounts recorded in the accounting records of the South Australian Voluntary Euthanasia Society Incorporated.

Subject to this reservation, the financial statements in my opinion present fairly the financial position of the South Australian Voluntary Euthanasia Society Incorporated and are in accordance with book vouchers produced and certify them to be in accordance herewith.

Signed: Warwick John Koster, FCPA
HON. REGISTERED COMPANY AUDITOR

South Australian Voluntary Euthanasia Society Inc.

Patrons:

*Emeritus Professor JA Richardson
Emeritus Professor Graham Nerlich
Internet: <http://www.saves.asn.au>*



MEDIA RELEASE

28/5/08

PHYSICIAN ASSISTED DYING BILL NOW IN THE VICTORIAN PARLIAMENT.

SAVES congratulates its sister organization, Dying with Dignity Victoria, for its work in assisting parliamentary debate of the *Medical Treatment (Physician Assisted Dying) Bill* in the Legislative Council, a first for Victoria.

The courage and compassion of bill co-sponsors Colleen Hartland and Hon. Ken Smith must also be commended.

The Bill recognizes the right of a competent adult person who is suffering intolerably from a terminal or advanced incurable illness who has decided to end his or her life, to request a doctor to provide medical assistance to die peacefully.

South Australia is no longer a lone advocate for compassion and common sense in face of unbearable suffering from a hopeless illness.

BUT WE ARE STILL WAITING FOR A VOLUNTARY EUTHANASIA LAW.

81% of South Australians support choice for voluntary euthanasia (Newspoll 2007).

It's been 15 years since John Quirke introduced the first voluntary euthanasia bill into our parliament in 1995.

Since that time 5 such bills have been debated but we are still waiting.

UNDENIABLE FACTS:

It is an undeniable fact that even the best of medical and palliative care can not alleviate all suffering.

It is an undeniable fact that some people suffer greatly when denied choice for voluntary euthanasia – they have tormented lives and tormented deaths.

It is an undeniable fact that if we treated our pets in this way we could be prosecuted for cruelty.

It is an undeniable fact that lack of legal choice for physician assisted dying or voluntary euthanasia drives desperate people to desperate action such as

- Suicide by violent means such as hanging, shooting and self mutilation.
- Traveling to Mexico to buy and smuggle Nembutal.
- Traveling to Switzerland for a legal assisted death.

WHY ARE WE STILL WAITING FOR LAW REFORM TO GIVE US CHOICE?

Contact SAVES President Frances Coombe

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 20th July 2008

Guest speaker will be DR ROSS PHILPOT OAM
Consultant Physician and Sexual Health Physician

“Some medical perspectives on voluntary euthanasia and not for resuscitation orders”

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

Bring your friends. All welcome.

Last public meeting in 2008 is to be held on 16th November.

South Australian Voluntary Euthanasia Society Inc. (SAVES)

Annual Membership Fees: Single \$ 20.00 (concession \$ 10.00) Double \$ 25.00 (concession \$ 14.00)

Life Membership: Single \$ 170.00, Double \$ 280.00

Annual Fees fall due at the end of February. Payment for two years or more reduces handling and costs.

Mr/Mrs/Ms/Other Date

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Email address if you want to be advised of SAVES activities

Date of birth (optional) **Membership fees for years \$-----**

Make cheque or money order payable to SAVES and send to:

SAVES Membership Officer, PO Box 2151, Kent Town SA 5071 **Donation \$-----**

Or pay by Electronic Funds Transfer (please quote name and type of payment) to: **TOTAL \$-----**

Commonwealth Bank BSB 065 129 account number 00901742

Please send this membership form to the above address when paying by electronic means, to ensure proper identification of your membership.

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 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 judgment 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 2125, Kent Town SA 5071.*

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Editor: Julia Anaf