

THE BULLETIN

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

Vol 21 No 3 'No price is too great for the privilege of owning yourself' **March 2005**
Rudyard Kipling

PLEASE HELP!

Nominations are called for committee members. A minutes secretary is especially sought. Please contact SAVES if you can assist.

'Christian Support for Voluntary Euthanasia'

This was the title of a talk given at the Kent Town Wesley Uniting Church on October 31st by Rev Dr Francis Macnab, Executive Director of the Cairnmiller Institute and Uniting Church Minister in Melbourne. SAVES President, Frances Coombe chaired the afternoon and welcomed Dr Macnab, thanking him for giving his time most generously. Frances also welcomed the Hon Sandra Kanck MLC, 'our tower of strength', and thanked the Uniting Church's Rev Mac Macdonald and Rev Nairn Kerr (in absentia) for facilitating arrangements for the joint venture. She described the occasion as a 'milestone' in bringing together the Uniting Church and SAVES to promote the principles of compassion and social justice. SAVES members and members of Uniting and other churches were among the audience.

When agreeing to host the visit, Rev Kerr had stated 'this is the church that deals with the big issues', and Frances spoke of other positive associations with the Uniting Church. For instance the Rev Andrew Dutney, Associate Professor of Theology at Flinders University and Principal of Parkin Wesley College, had earlier agreed to SAVES using a paper published in the Monash Bioethics Review (1) as a basis for the pamphlet 'Christian Support for Voluntary Euthanasia'. Frances told the audience that Christian support for voluntary euthanasia has

always been high, as many see it to be consistent with a God of love and compassion.

She said that it is unfortunate and disturbing to see the rise of fundamentalism and the increasing influence of absolutist religious dogma in the political realm. It is a worrying trend as it seeks to undermine social reforms relating to personal decision-making at the edges of life.

Dr Macnab began his talk on voluntary euthanasia by stating 'When it comes to establishing general principles and a legal structure...the specific and personal position becomes scrambled in legal, theological and psychological obfuscations.' His own professional life involves him in the daily in-depth work of psychoanalytic practice and teaching, as well as developing a 'new theological idiom that can be practically sustained.' His talk specifically addressed the psychological and theological concerns around voluntary euthanasia.

Among psychological issues are those such as the fear that drives us to seek security and take no risks, thereby 'holding us in our various immaturities'. People also run into the impasse of their own perceptions and beliefs, guilt and shame. We may have "a conscience (which is) under the subtle but strong domination of a parent, or a self-scrutinising inner object or power that tells you that you 'did not see it through to the end'." People also hold psychological concerns over what is considered an appropriate death, and:

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‘For some the decision to bring life to an end requires a sense of inner resolution and sense of self determination, yet others are not up to active decision making and succumb to the overwhelming pain. However both of these decisions involve ‘surrendering life’s attachments, and a time of mourning...’

In discussing a range of theological concerns Dr Macnab reminded the audience that behind much of human behaviour there is an historical theological influence:

‘It may be overtly articulated and argued. It may be dormant and diffuse. It may be a fall-back influence or a regression to some residual packet of beliefs. There are the theologians and the clergy who can be highly dangerous because we do not know by what authority they speak. Some quote the scriptures and theological argument. Some take up positions on a range of moral questions such as homosexuality, gambling, abortion, euthanasia...and become self-attributed consciences of the community. They have no more right to that attribution than anyone else in the community.’

Dr Macnab maintains that theologically speaking, there are six groups ranging from fundamentalists and scriptural literalists through to ‘those who select and emphasise the major overwhelmingly positive themes of the scriptures, and encourage adherence to them’. He gave an interesting discussion and critique of the bases of these six positions and ended his talk by arguing:

Psychologically, we are constantly engaged in helping people find their own feet, their own resources, their own decision-making capacities....So long as people can be entrapped in primitive authoritarian religion and its residues, they will be subject to continuing fear and control. But the more they are affected by a liberating humanitarian theology, and a growth and liberating psychology, they will be more ready to be mature decision-makers on matters of their own dying and death.’

Frances expressed appreciation for Dr Macnab’s inspiring address which so eloquently illustrated the common sense and compassion of the argument for assisted dying legislation. Many positive comments were received from the audience. Dr Macnab’s views were given prime print and photographic coverage in *The Advertiser’s Articles of Faith* section on Monday 1st November under the heading ‘ Stop the pain, says minister’.

(1) Dutney, A ‘Christian Support for voluntary euthanasia’, *Monash Bioethics Review*, Vol 16 No 2 April 1997

Julia Anaf

Viewpoint: ‘Thoughts on Dr Macnab’s visit’

Dr Macnab presented a most thoughtful discussion on the issue of voluntary euthanasia. So did Sandra Kanck who also spoke briefly on the topic and answered one of the more interesting and important questions from the audience. This was “If euthanasia was legalised, would we then see persons intent on suicide; in particular teenagers, trying to access it?” Sandra’s reply was that under her *Dignity in Dying Bill*, sadly defeated in the Upper House, people wishing to access voluntary euthanasia would have to consult two doctors. Depressed patients would most likely be identified, allowing early intervention and treatment, thus *preventing* irrational suicides. This and other safeguards do not currently exist in the practice of voluntary euthanasia while it remains illegal.

Due to advances in medical science we live longer, but being alive is more than just breathing or assisted breathing. Despite medical and palliative care, comfort and dignity are not always possible at the end of life. Also human beings seem to have an aversion towards thinking about death and the possibility of suffering in dying. However Dr Macnab stated in his talk “a mature society would see that euthanasia is a rational and sensible proposition”.

There are many who believe that euthanasia is contrary to God’s laws found in the Old Testament, citing “You shall not murder” (Exodus 20:13) as an

injunction even against assisted dying. (Of course murder is quite different from merciful release.) However if human life is so precious, then why is it that the death penalty is still imposed and so many humans die in wars and famine? Ironically, executions and wars are in abundance in both Testaments of the Bible. Perhaps they don't qualify as murder?

There are several psychological concerns about death, the first being fear of the unknown. Then there is fear of pain, both physical and mental. Dr Macnab recalled a woman he had counselled, who suffered continual pain, and who stated that 'psychologically and socially her world is dead'. However society's cultural beliefs and laws around death see her destined to further years of suffering. Then there is guilt or shame about death, whether it is a sin to wish to die or to help someone to die.

Dr Macnab was correct in saying that nowhere in the Bible does it say that suicide is a sin. Instead he quoted "I have come that they may have life, and have it in abundance ("in all it's fullness" John 10:10). Jesus' message was about compassion, and the relief of suffering. If suffering is redemptive, or is a form of punishment for sin, why then did Jesus seek to heal people? The only possible argument that I can see against knowingly hastening a person's death is that Jesus himself knew of his imminent crucifixion and suffering, yet chose to die rather than to escape. "O My Father, if it is possible, let this cup pass from Me; nevertheless, not as I will, but as You will." (Matthew 26:39).

However the Christian message is that through His suffering, death and resurrection, Jesus has paid that sacrifice (for our sins) on our behalf. "For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life. For God did not send His Son into the world to condemn the world, but that the world through Him might be saved"(John 3: 16-17).

Ultimately we must all face our own death. If death is inevitable, and Jesus has already 'paid the price for our sin', then surely God would not oppose a chosen and peaceful death and impose one that is drawn out and excruciating?

Leonie Moore.

World Federation Conference Tokyo 2004

From September 30th to October 3rd 2004, I attended the 15th conference of the World Federation of Right to Die Societies in Tokyo. There are currently forty member groups in the World Federation, including three new organizations added at the conference – 'Libera Uscita' of Rome Italy, Final Exit Network of Atlanta USA and SAVES of Durban South Africa (re-admitted after lapsed membership). Such strength of membership shows there is no doubt about the eventual success for gaining legal assistance to die around the world; a triumph for common sense and compassion.

The conference was most generously hosted by the Japan Society for Dying with Dignity, being the third time that this biennial meeting has been hosted in Japan. I am sure all members would agree that the Japan Society has paved the way with distinction, facilitating challenging and informative discourse while encouraging respect and solidarity.

The major topic for this conference was the 'living will', also known as an advance directive or anticipatory direction; a document that allows individuals to state the type of medical care they would prefer if they become no longer mentally competent to direct this. A survey of living wills in the World Federation member areas was compiled and reported by Michio Arakawa, the Executive Director of the Japan Society, and I was pleased to help by co-ordinating the Australian responses. Not all countries have living will legislation, but in South Australia there are two acts under which a will can be made; the *Consent to Medical Treatment and Palliative Care Act 1995* and the *Guardianship and Administration Act 1993*.

As with the past conferences, many speakers unfolded a wealth of information and inspiration. To name but a few, Rob Jonquiere, CEO of Right to Die Netherlands (NVVE), reported on the Life Cycle of Living Wills in the Netherlands, and presented the general reports from member societies. Michael Irwin, outgoing President of the World Federation, talked about Pro-Choice

Living Wills and gave a gracious closing address of special note. Richard MacDonald, Medical Director of the Hemlock Foundation and End of Life Choices, Canada, spoke on 'A hastened death – who makes the choice?' Hidaya Sakurai, Vice President of the Japan Medical Association, spoke about the attitudes of that association towards terminal care. Derek Humphry, President of ERGO, who was named as an honorary World Federation Board member in recognition of his twenty five years service to the Federation, directed our thoughts towards 'The Future of the Right to Die Movement'.

The George Saba Medal was awarded to the Japan Society, in grateful recognition of its contribution to the World Federation, and the first Marilynne Seguin Award was given to Beatriz Gomez, founding member and long-time President of Fundacion Pro Derecho A Morir Dignamente (DMD) of Columbia. Richard MacDonald presented Beatriz with her award, saying that she, like Marilynne in her many years of leading Canada's Dying With Dignity Society, 'displayed compassion and caring as well as dedication to the goal of bringing legal changes that might permit control and choice for patients as death approached'.

Jacob Kohnstamm (chairman of NVVE) was elected President of the World Federation, with Jacqueline Herremans (President of the Association for the Right to Die With Dignity in Brussels) as Vice President. Libby Drake who is a member of our SAVES committee (in absentia), was duly elected as Secretary, a position she has filled with dedication and expertise for six years now. (A full list of Board members, plus more information about the conference, can be seen at the website of the World Federation, www.worldrtd.net. It is fitting to mention at this point, the generosity of NVVE in administering the World Federation website for the next two years and providing valuable financial support through covering travel and clerical expenses for the President. The following statement was issued at the conference in the form of the Tokyo Declaration:

'Health professionals attending the 15th World conference of the World Federation of Right to Die Societies, in Tokyo in October 2004, declare their support for all patients having living wills and other

advance directives, documenting their treatment preferences when near the end of life. Also we believe that physicians, nurses and others caring for patients must acknowledge and follow the directives provided in these documents, even when the choices made by the patient lead to what may be an unintentionally induced hastened death.'

Decisions made at the conference included:

- a working group to develop uniformity on end of life terminology and definitions, to report at the 2006 conference;
- new maximum annual membership fees US\$1000 and minimum US\$50;
- a new category of Associate Membership for organizations which support the World Federation but are mainly active in related fields such as human rights;
- the enabling of emergency motions to be presented by a member society at the biennial meeting if it has the support of the Board Executive and its debate has the support of at least two thirds of the members present;
- provision for urgent decisions affecting Federation by-laws.

Sidney Rosoff, the first World Federation President, gave a stirring speech about the origins of the Federation in 1980. He reminded us that it was the Japan Society for Dying with Dignity which led the way when it invited five countries to meet in Tokyo for the first international conference in 1976. Sidney said:

"Just think! One man, Dr Tenei Ota, changed the history of this social movement, moving it from one of isolated national concern to an international one, thereby strengthening and broadening the impact of our insistence that individual end-of-life choices become a matter of individual choice, in every country, world-wide!"

Jacob wisely advises us all to work together – 'unity in variety'. The conferences give us a unique opportunity to learn, to network and thereby meet the challenges of our quests. I will next see my friends and colleagues at the 16th conference in Toronto Canada, 2005

Frances Coombe

Dignitas

Members may be interested in the work of the charitable association, Dignitas, supporting people to 'live with dignity and die with dignity'. Formed in Zurich on 17th May 1998, it has over 1700 members, with 1000 living overseas. It allows those who are in unbearable suffering from incurable illness the possibility of a quick and peaceful death. There is a small fee to join the organisation, and people must pay for the doctor's time and drugs, but no profit is derived from the service.

Dignitas is not forced into covert activity, as Switzerland has allowed physician-assisted suicide either at home or hospital since 1937. It was at that time that legislation was passed to allow assistance in dying, according to specified criteria, and as long as no financial reward was involved. Staff are medically trained volunteers who assist patients who are suffering mainly from cancer and motor neurone disease. The organisation has strict guidelines, and extensive checks are carried out after they have received the requisite letter from the patient's own medical practitioner confirming the diagnosis and prognosis.

Once in Switzerland the patient completes a questionnaire and is interviewed by a consultant to ensure there is no outside coercion, and to allow for clarification of the procedure. Patients are advised that they may change their mind at any time. Dignitas also ensures that the patient has the mental competence to make the decision. Upon death police and external doctors monitor the practice to determine that Dignitas has complied with the law. Of course such transparency and accountability occurs only in jurisdictions which have legislation in place, such as the Netherlands, Belgium and Oregon USA.

Due to the fact that people have the peace of mind that comes from knowing they will be helped to die when their condition is unbearable, approximately 80% experience a 'natural death'. SAVES has pointed out on many occasions that if people have the reassurance that comes from knowing legislation is in place, many would live longer and happier lives. They would be freed from the fear and urgency that drive them into premature suicide while still physically able, alone, and fearful of failing. What is left of their lives can

be devoted to living, instead of planning their dying.

Dignitas was invited to make a submission to Britain's House of Lords which is considering a private member's bill, the *Assisted Dying for the Terminally Ill Bill*, introduced by Lord Joffe, and currently before a House of Lords Select Committee. This bill has been introduced to cover such tragic situations as the well-known case of Dianne Pretty. Ms Pretty who was suffering from motor neurone disease was forced to die the death she had feared. Being physically unable to take her own life, she had asked for legal exemption so that her husband could help her without prosecution and a lengthy imprisonment. This was denied her.

Ludwig Minelli, human rights lawyer and founder of Dignitas, has said he would prefer not to be put in the situation of needing to assist foreign nationals. However, until there is legal reform in other jurisdictions, the society cannot ignore the plight of the many people who will be forced to travel to Switzerland, searching for release from suffering through the freedom to die. SAVES has no affiliation with Dignitas, so any enquiries should be directed to:

Dignitas, Postfach 9, CH 8127, Forch
Switzerland. (email: dignitas@dignitas.ch)
Website: www.dignitas.ch)

References:

- www.dignitas.ch
- Martin J 'How the charity helps people to die' *The Guardian* (London) Sep 2nd 2004, World News

World news

United Kingdom

One of the final barriers to legalising voluntary euthanasia in Britain was overcome when a poll determined that four-fifths of people with disabilities want the law changed so they can be helped to die if they become terminally ill.

The finding suggests there has been a huge change in British attitudes, because disability rights groups have often strongly resisted

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any move to legalise voluntary euthanasia due to fears of possible abuse.

The poll of 2,000 people with disabilities by research firm YouGov found that eighty per cent would support a bill allowing a rational person living with disability to be allowed assistance to die if diagnosed with a terminal illness.

The poll follows a High Court judge's decision to refuse to intervene to stop the husband of a woman with a degenerative brain disease from taking her to a clinic in Switzerland for an assisted death. This is despite the fact that the man's actions could be interpreted, in law, as a crime. The 46-year-old woman elected suicide by medication at the Dignitas clinic in Zurich.

According to the poll, seventy seven per cent of people with disabilities consider the law on suicide to be discriminatory. This is because they may be physically incapable of exercising the choice to end their own lives.

Dr Hazel Biggs, Director of Medical Law at the University of Kent and author of *Euthanasia: Death with Dignity and the Law*, calculates that at least 18,000 people a year are assisted to die by doctors who are treating them for terminal illnesses. Biggs, who has submitted evidence to the House of Lords select committee, which is examining Lord Joffe's private member's bill *Assisted Dying for the Terminally Ill*, makes the following claim in an article submitted to the *European Journal for Health Law*.

'If you extrapolate from countries that have published data, you're looking at quite a large number of patients who may have had their end hastened, not necessarily with their consent,' she said. 'What this says to me is that we know these practices are going on, but they are completely unregulated...and maybe, because of that, the law ought to be changed so that people can give voluntary consent, which will give them more protection.'

Successive surveys reveal about 80 per cent of people support the move. A survey by the society

also found that 47 per cent of people said they were prepared to help a loved one to die, even if it meant breaking the law.

Deborah Annetts of Britain's Voluntary Euthanasia Society stated 'This survey has removed the last objection to changing the law in this country, and it explodes the myth that the elderly and the disabled cannot speak for themselves. The people of Britain are demanding that the law gives them more choice.'

References:

Adam Sage, The Times (UK), November 27th 2004 and 'Disabled people want the right to die' by Jamie Doward and Jo Revill Sunday Dec 5, 2004 The Observer.

France

Terminally ill patients in France may now demand an end to treatment, including artificial feeding, under a new law which came into effect after eight months of consultations by thirty one members of parliament.

At a patient's request, doctors will now be able to switch off life-support machines which artificially extend life. The French government, the opposition, the Roman Catholic Church and part of the medical establishment support the proposal that followed a national debate over the plight of a 22 year old man who suffered severe and multiple disabilities in a car accident. The background of this case has been covered in earlier editions of the *VE Bulletin*.

His doctor eventually disconnected the life support system but now faces criminal proceedings which would have been avoided under the recent legislation. Philippe Douste-Blazy, the Health Minister, states that the legislation will clarify existing medical practice in French hospitals. 'In 2004, 100,000 life-support machines will be switched off in France although there is no legal framework to say how it should be done,' he said.

However, many argue that the bill is not comprehensive enough and seek similar legislation to the Netherlands and Belgium, that allows for voluntary euthanasia; or Switzerland, where doctors can help the terminally ill by prescribing appropriate medication.

Reported by Jamie Doward, social affairs editor The Observer newspaper, London September 19, 2004

United States

The Associated Press reported on the 10th November that the Bush administration has asked the Supreme Court to block the Oregon law allowing physician assisted death on the request of terminally ill patients. Attorney-General John Ashcroft had been expected to appeal a lower court ruling that the federal government could not punish Oregon doctors who prescribed lethal doses of federally controlled drugs.

The Bush administration has argued that assisted suicide is not a 'legitimate medical purpose'. The issue is a significant one for conservative Christians, who helped President George W Bush win a second electoral term. Paul Clement, acting Solicitor General, argues that the law conflicts with the federal government's powers.

The Supreme Court will likely decide early next year whether it will hear the case. Justices determined in 1997 that while there is no constitutional right to assisted suicide, states may decide the issue for themselves without federal interference.

Also in the USA, a poll in Vermont has found strong support for physician- assisted suicide with nearly 80% of respondents supporting a bill that would allow a 'mentally competent adult dying of a terminal disease the choice to request and receive medication from a physician to peacefully end suffering and hasten death'.

The exceptions were people who described themselves as 'very conservative' and those who attended church once a week or more.

'Poll finds many back ending life of very ill', AAP January 7 2005

Canada

A jury has found that British Columbian woman, Evelyn Martens, not guilty of assisting the suicides of former nun Monique Charest and Vancouver teacher Leyanne Burchell. Martens, a member of the Canadian Right to Die Society had visited both women before they died. The Crown was unable to prove Martens was physically implicated in the women's deaths.

SAVES' new mobile display

SAVES has a new mobile display. The original display was unveiled in Old Parliament House Adelaide in 1983 by founding SAVES President, Sir Mark Oliphant, and has been in constant use in libraries, meetings and rallies ever since.

The new display has eight panels, a more contemporary presentation, and a lightweight pole and clip design for easy assembly and transportation. The eight panels are entitled:

1. Definition of voluntary euthanasia (and photo of founding patron Sir Mark Oliphant)
2. **The moral case for voluntary euthanasia**
3. What is wrong with the law?
4. Shirley Nolan OBE (including photograph)
5. Public opinion
6. Religious opinion
7. Current Legislation
8. The way ahead in SA: legislative change with safeguards

World Federation is now an NGO for the European Union.

In international law, a non-governmental organisation (NGO) is defined as 'an institution created outside of any intergovernmental agreement, bringing together private or public legal bodies, or natural or legal persons of different nationalities, on a volunteer basis, and not operating for profit.'

There is a wide variety of NGOs, in all fields of activity and they represent their members in dialogue with national and international institutions, with the aim of informing them and influencing their actions.

This provides an opportunity for the *World Federation of Right to Die Societies* to offer their expertise in this particular area of human rights. *Information provided by ERGO news service October 31st 2004*

Gandhi's view

Readers may be interested in the views of Mahatma Gandhi, which were expressed in the Gujarati newspaper *Navjivan* in October 1928. In an excerpt of a lengthy response to criticisms of his direction to kill an ailing calf in his Ashram Gandhi stated

'The animal's suffering was very acute. In the circumstances, I felt that humanity demanded that the agony should be ended, by ending life itself. The matter was placed before the whole Ashram.

Finally, in all humility but with the clearest of convictions I got in my presence a doctor to administer the calf a quietus by means of a poison injection, and the whole thing was over in less than two minutes. Would I apply to human beings the principle that I have enunciated in connection with the calf? Would I like it to be applied in my case? My reply is yes.

Just as a surgeon does not commit himself when he wields his knife on his patient's body for the latter's benefit, similarly one may find it necessary under certain circumstances to go a step further and sever life from the body in the interest of the sufferer'.

(Letter to the editor of The Times of India, 3rd Jan 2005)

Can you help?

SAVES founding patron, Professor Jim Richardson, has asked if any member could offer him a lift to the SAVES AGM on Sunday 6th March, as he is currently unable to drive. He lives on Jetty Rd, Brighton.

Please phone Jim on 8296 1341 if you are able to assist, and advise SAVES' honorary secretary on 8379 3421. Your help will be greatly appreciated.

Committee changes

There has been a recent change to committee membership with Leonie Moore being co-opted as Membership Officer while Marika McKerral takes an extended break. Welcome on board Leonie, and 'happy travels' Marika.

'Nancy's Friends' Network

EXIT Australia has established the *Nancy's Friends* network in the honour of the memory of the late Nancy Crick. It is based loosely on the 'Caring Friends' program of the *End of Life Choices* organisation in America.

Nancy's Friends will be a uniquely Australian and New Zealand network that will provide free home counselling and advice to people who are making end-of-life decisions. The network will be staffed by a dedicated network of volunteers to ensure that people are well informed about end-of-life options and that they do not die alone. It will work to ensure that the person's end of life choices are respected but the means by which a death is hastened remains the responsibility of the person wishing to die.

An expression of interest form and contact details are provided on page 9 of this bulletin.

Have your say!

SAVES encourages members to write letters to the editor of newspapers and engage in radio 'talk back' programs on the issue of voluntary euthanasia. While committee members often write, it is always encouraging to see letters from members, or from the general public.

Whether or not your letter is published, SAVES would be very interested in reading it. Send a copy to the Hon Secretary at PO Box 2151 Kent Town 5071 or by email to info@saves.org.au

A reminder

SAVES membership falls due on the 28th February each year. Please renew your membership promptly to assist with administrative processes.

“Friends” Needed

My name is Connie Smythe. I am 70 years old and was diagnosed with Motor Neurone Disease 12 months ago. The disease is progressing rapidly and I am no longer able to speak or swallow. I communicate using a writing board and am fed by a tube directly into my stomach. My legs and arms are becoming weaker and more painful by the day and soon I will be totally dependant on others and unable to communicate. I dread this, and am terrified of being unable to breathe which I know is the final stage of Motor Neurone Disease.

I am seeking information so that I can take some control of this situation. If I decide to end my life prematurely I want to be sure that I will be successful as making a mess of it would only make things worse. Can you please assist me?

This is typical of the counseling requests received by Exit International. It is envisaged that our Nancy’s Friends Network would be able to provide a “Friend” for Connie to ensure that she is well-informed about her end-of-life options.

“Friends” need to be supporters of voluntary euthanasia. They must be compassionate, empathetic, be good listeners, have commonsense and a good understanding of the Law as it relates to the State in which they work.

“Friends” will be trained and will at all times operate within the law. “Friends” are to provide information and support so that individuals like Connie, who find themselves facing difficult end-of-life decisions, can make informed choices. Exit International Director, Dr Philip Nitschke, will provide expert medical advice to patients and will provide extensive support to the volunteers of the Friends program.

Exit International is now accepting expressions of interest from people interested in volunteering as a “Friend”. For further information please contact Lindy Boyd, Nancy’s Friends Co-ordinator, at lindy@exitinternational.net or phone Exit International on 0500 831 929 or complete the “Expression of Interest” form below.



Nancy’s Friends’ Expression of Interest

Name:

Address:

..... Phone No:

I wish to express my interest in becoming a volunteer for Exit International’s Nancy’s Friends Program.

Signed:

Please return to Exit International, PO Box 37781, Darwin, NT 0821

PUBLIC MEETING
**"Voluntary Euthanasia
A Christian Choice"**
SPEAKER - Rev. Dr. Francis Macnab
HERE AT WESLEY UNITING CHURCH
• Sunday October 31st • 2pm - 3.30pm



- 1 Dr Macnab with SAVES committee members (left to right) Frances Coombe, Marika McKerral, Anne Hirsch, Julia Anaf, Mary Gallnor.
- 2 Dr Macnab with Uniting Wesley Minister Rev Mac Macdonald and Hon Sandra Kanck MLC.
- 3 Dr Macnab with visiting USA Unitarian Church Minister Rev Don Beaudreault and Hon Sandra Kanck

NOTICE OF ANNUAL 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 March 6th 2005

Business will include presentation of the President's and Treasurer's reports, and election of office bearers and other committee members for a period of one year. Written nominations for official positions, signed by the nominating and nominated members should be received by the honorary secretary by Friday 25th February 2005. Nominations cannot be accepted from the floor.

Guest speaker will be **Dr Roger Hunt, Medical Director Western Palliative Care** and longest serving palliative care doctor in SA. He will be discussing the *Respecting Patients' Choices Programme* which undertakes training in identifying patients' values in accordance with the *Consent to Medical Treatment and Palliative Care Act*.

**Tea/coffee and biscuits will be available at the conclusion of the meeting.
Bring your friends. All welcome.**

Future 2005 public meeting dates: 31st July, 20th November.

SAVES is not able to help people end their lives

A Bequest is one way to make a significant gift to further the society's aim to achieving law reform- The appropriate wording is:

"I give to the South Australian Voluntary Euthanasia Society the sum of \$..... free of duties."
In the unlikely event that you wish to leave your entire estate to SAVES it would read: "I give, devise and bequest the whole of my estate to the South Australian Voluntary Euthanasia Society"

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

Vice Presidents

Hon. Secretary

Hon. Treasurer

Membership Officer

Frances Coombe

Julia Anaf

Mary Gallnor

Anne Hirsch

Hamish Claxton

Marika McKerral

Leonie Moore

Libby Drake

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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

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