

THE BULLETIN

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

Vol 24 No 1. 'No price is too great for the privilege of owning yourself' March 2007
Rudyard Kipling

Debate must not be stifled

Advocating choice for voluntary euthanasia, and promoting palliative care, are often viewed as divergent causes. This easily overlooks commonly held values including respect for human agency, reducing futile suffering, acknowledging that death is not the worst thing that can happen, and that there is such a thing as the 'good death'. However one important difference between these two positions is around views on whether any kind of suffering can ever justify choice for voluntary euthanasia (1). Other points of disagreement focus on claims of erosion of trust in doctors, 'slippery slope' arguments, and whether there would be less compassion shown to the severely ill.

Those who advocate for the right to choose will argue that a person's own view about their life as 'worth not living' (implying choice to act on this view), may be correct and should be respected. Palliative care providers are less likely to give credence to this view, claiming that appropriate care would always improve quality of life (2). Both positions agree about the importance of patient autonomy, but disagree over whether autonomy can ever include choice for assisted death, the degree of decision-making capacity of patients who request voluntary euthanasia, and whether or not legalization of voluntary euthanasia will erode choice through coercion of patients to follow that path.

When it comes to the 'good death', palliative care organizations often oppose a view that this may include voluntary euthanasia, and focus on a 'natural' life span, underpinned by views of the sanctity of life. The worst 'evil' for both is poor quality of life. For those who support choice, this is being forced to go on living, whereas for palliative care it is the curtailment of enjoying life's remainder (3).

Need these differences be irreconcilable for publicly funded palliative care services in a liberal democracy? A 'shared reflection' has been called for in a 2003 position statement of the European Association of Palliative Care ethics task force calling for open dialogue between palliative care and those who promote choice. This is seen as important because:

URGENT, URGENT: An appeal for the position of administrative secretary and general committee members.

As members are no doubt aware SAVES committee is a small one, and is in urgent need of assistance. Computer literacy is essential.

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- “it is dangerous to ignore each other’s experience and expertise
- refusing to engage in debate only leads to avoidance of difficult questions arising from ones own position
- addressing remaining questions may involve agreement with the other side
- there is a shared interest in fostering public discussion as, paradoxically, each side may need each other to keep ‘the important nuances of quality terminal care on the public agenda” (4).

It is important therefore to consider the views expressed by Palliative Care Australia (PCA) in a recent media release in response to the death of Dr John Elliott by assisted suicide at the Dignitas clinic in Zurich (5). PCA rightly highlighted that the focus of media attention may have created the impression of a ‘one issue’ debate at the end of life.

Palliative Care Australia President, Professor Margaret O’Connor, stated that there are equally important considerations:

...the rights to have access to expertise when and where it is required, the right to choose treatment or not, the right to be cared for in the place of choice, be that at home or an institution’.

Professor O’Connor was also correct to point out that Australia needs adequate systems in place and funding to promote

the best possible ‘end to life’, allowing a broad picture of how we ensure care; including ‘psychological, emotional, spiritual and cultural needs of all involved’. Inadequate funding is, of course, a key barrier to care.

The argument was made by PCA that it is not uncommon for requests for a hastened death being the sign of psychosocial distress or just a ‘passing comment’. This could be valid comment. However rational requests for a hastened death are acknowledged in the PCA Position Statement on Euthanasia:

Palliative Care Australia states that palliative care practice does not include deliberate ending of life (euthanasia), even if this is requested by the patient.

Acknowledges that while pain and other symptoms can be helped, complete relief of suffering is not always possible, even with optimal palliative care.

Recognises and respects the fact that some people rationally and consistently request deliberate ending of life (6).

Petition! Petition! - please help us collect signatures.

If you are able to help with this, even in a small way, please contact our secretary on 8379 3421.

As has been stated elsewhere:

There is a very obvious inconsistency in these statements which creates a serious dilemma. It is exactly those patients whose pain and other symptoms are not completely relieved and who rationally and consistently request deliberate ending of life whom

Voluntary Euthanasia Societies aim to help by establishing legislation. Palliative care says it respects their views but denies them assistance. Presumably it would continue to do so if voluntary euthanasia were legalised because its objection is not based on legality. It does not state what its objection is but I presume it is based on religious dogma since the hospice movement was founded by Christian idealists who wished to improve the very poor care provided to the terminally ill in the 1960s. They should be applauded for that, but as palliative care becomes the mainstream government supported model for the dying, religious dogma should no longer underlie its fundamental principles (7).

PCA also states that they:

welcome open and frank discussion within the community and the health professions about all aspects of death and dying, but recognise that an informed discussion about euthanasia cannot be heard until quality palliative care is available for all who require it.

It is a valid point that rational choice can only be made when one has all the facts about available options. Without the ability to then gain access to these options a person's choices are less than optimal. This is why SAVES consistently supports increased funding for palliative care and promotes it in public meetings or events. However as SAVES has argued in a joint media release, with the West Australia Voluntary Euthanasia Society, Dying with Dignity Tasmania, Voluntary Euthanasia Society of Queensland, Voluntary Euthanasia Society of New South Wales, Dying with Dignity Victoria, and Northern Territory Voluntary Euthanasia Society, in response to the comments made by PCA, establishing the legality of voluntary

euthanasia should not be contingent on the resolution of funding difficulties around palliative care (8). The two issues should run in parallel, as both hold equal merit. People must be free to make informed choices from available options, while also advocating for better services and funding. PCA calls for curtailing discussion on voluntary euthanasia could be construed as a gag on democracy. Importantly they also ignore the plight of those suffering here and now under even optimal palliative care.

It is of concern to SAVES that the earlier inclusive approach to open and frank discussion by Palliative Care Australia appears to have been abandoned, especially in light of their official neutral position on voluntary euthanasia. In 1990 SAVES display was welcomed at the first Australian Conference on Hospice and Palliative Care. Subsequent approaches by SAVES have been refused and this points to a position of opposition rather than neutrality.

In Oregon, where there is the right to choose an assisted death, the Oregonian Hospice Association acknowledges the social benefits (9):

The Oregon Hospice Association, and Oregon's hospice community respect Oregonians' right to choose. Oregonians need to know, however what their choices are. In public debates over physician assisted suicide, opposing alternatives are often offered. "Suffer or die", "Hospice or physician-assisted suicide". But no dying Oregonian must suffer, and no dying Oregonian must choose between hospice and physician-assisted suicide. A dying Oregonian can choose both from among the options on the end-of-life continuum of care... Oregon's hospices support patient choice.

Further, on 14th February 2007 the nation's leading organization of hospice physicians dropped its opposition to doctor-assisted

suicide (10). The American Academy of Hospice and Palliative Medicine has now adopted a neutral position on the issue, acknowledging that even with state-of-the-art pain management which can ease most suffering at the end of life, unacceptable suffering sometimes persists. Board member and Medical Director at the Community Hospice of Maryland, Dr. Nancy Hutton, stated doctor-assisted death is not the antithesis of palliative care:

I think it's taken as a way of providing comfort for unrelieved suffering. And so in that respect, it would be consistent with a palliative care approach (11).

In 2003, in arguing a case for such studied neutrality by professional organizations, Quill and Cassel argued:

The question 'Would you rather have excellent palliative care or access to physician-assisted suicide?' offers a false dichotomy. A better question might be something like 'If you have access to excellent palliative care, and your suffering becomes intolerable, what options should you be able to pursue with your physician?' Or, from a policy point of view, 'Is it better to have an open, legally regulated response, or an underground, more idiosyncratic, passively prohibited process?' As our multicultural society seeks to recognise and strengthen respect for different religious and cultural views, patients and physicians will sometimes have diverse opinions on this subject (12).

It is SAVES' intention to continue to promote the excellent work of palliative care associations while at the same time reiterating the above view and working towards its realisation.

References:

- (1) Hurst, S.A. & Mauron, A. (2006) 'The ethics of palliative care and euthanasia: exploring common values', *Palliative Medicine*, 20 107-112.
- (2) McMahon, J. (2002) cited op cit.
- (3) Hurst & Mauron op cit.
- (4) ibid.
- (5) <http://www.pallcare.org.au/>

(6) <http://www.pallcare.org.au/Default.aspx?tabid=1145>

(7) Dr Rodney Syme, quoted in *The VE Bulletin*, Vol 16 No 3, November 99

(8) <http://www.saves.asn.au/media>

(9) <http://www.oregonhospice.org/>

(10)

<http://www.aahpm.org/positions/suicide.html>

(11) Goldberg, K 'Leading Hospice Organisation Drops Opposition to Doctor-Assisted Suicide', KPBS News, 28th February 2007.

(12) Quill, T. E. & Cassel, K. (2003) 'Professional Organisations' Policy Statements on Physician-Assisted Suicide: A Case for Studied Neutrality', *Annals of Internal Medicine*, 138 208-211.

Julia Anaf

Sandra's welcome to new SAVES members

On Monday Feb.12th Hon Sandra Kanck hosted an afternoon tea at Parliament House to welcome new SAVES members. After Sandra's speech in parliament last year, highlighting the suffering caused by our present law prohibiting choice for voluntary euthanasia and challenging the Federal law censoring suicide related information transmitted by electronic means, SAVES membership increased rapidly and this continues above the norm. I take this opportunity to once again affirm Sandra's strong and courageous commitment to South Australian law reform.

Thank you most sincerely Sandra – this was a stimulating and delightful occasion.

Frances Coombe

Australian seeks assistance to die in Switzerland

Marshall Perron, former chief minister of the Northern Territory and architect of the ROTI Act has spoken out following Dr Elliott' death in the Dignitas Clinic in Zurich, and 'blamed hardline Christians for forcing politicians to be out of step

with broad public support for such laws' (Sydney Morning Herald 29th Jan. 2007). He argued that according to the ABS three people over the age of seventy five years commit suicide every week, often by

gruesome means. Following the decision of Dr John Elliott to seek this assistance, SAVES released the following media statement on 27th January 2007:

South Australian Voluntary Euthanasia Society Inc. (SAVES)

Patrons:

Emeritus Professor JA Richardson

Emeritus Professor Graham Nerlich

Internet: <http://www.saves.asn.au>

MEDIA RELEASE 27/1/07

FREEDOM TO DIE IN SWITZERLAND, FORCED TO LIVE IN AUSTRALIA

Another Australian forced to travel to Switzerland for legal assistance to die.

Dr John Elliott, medical doctor from Sydney, was suffering grievously from multiple myeloma, and on January 24th he died quickly and peacefully with the assistance of Dignitas in Zurich. He said "I have made this trip halfway around the world to try to achieve control of my passing. My disease has dictated that I will soon die and I will die in pain. Worse than this, though, I will have no dignity in death".

Desperate Australians, including some South Australians, will keep going to Switzerland for an assisted Death, and many more who cannot do this will be forced to attempt suicide or forced to suffer until the bitter end of their horrendous suffering.

A majority of our Members of Parliament in South Australia, our lawmakers, are responsible for this shameful state of affairs, because they refuse to enact voluntary euthanasia legislation. They have ignored, wrecked or railroaded the past 5 voluntary euthanasia bills presented here since 1995 – against the wishes of 76 -79% of South Australians, including majority support by Christians; against the facts.

Where is their compassion? Where is their common sense? What is their real agenda?

SHAME! SHAME! When will our lawmakers face the facts?

FACT: Voluntary euthanasia legislation respects everyone's choice and it enables:

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

Safeguards and guidelines make sound legislation achievable. The *Voluntary Euthanasia Bill 2006*, soon to be introduced into the Lower House by Hon. Dr Bob Such, requires 14 steps before a person could access an assisted death and 7 more steps under which the law would be accountable in parliament, plus Objects of the Act and a monitoring committee comprised of up to 8 community representatives.

When will we be allowed the freedom to escape intractable suffering?

Medical assistance to die is a legal possibility in the Netherlands, Belgium, Oregon and Switzerland. Why not here?

President's report November meeting

Frances firstly conveyed that she was thrilled at the turnout for the Shirley Nolan Day Rally, and expressed her gratitude to Cathi Tucker, research liaison officer for Hon Sandra Kanck, for her wonderful help, as well as to the many others who assisted in so many ways. There was radio, TV and newspaper publicity due to the number of people who attended. Frances said that it is vital to maintain and build on this as it is the one focus day of the year.

Frances also called for donations to the society to help defray the costs of holding the two Awareness Days in Rundle Mall each year. The importance of completing advance directives was also reinforced, as was the need to write to local MPs. Ongoing correspondence with the AMA, Palliative Care Australia and the SA Palliative Care Council were also discussed, as was the AMA national forum in which 16 doctors had been signatories to a letter supporting a neutral position by the AMA on voluntary euthanasia.

Frances advised the audience that, on the international scene, a landmark High Court ruling in Britain guaranteed that a husband would not face criminal charges related to escorting his terminally ill wife to Switzerland for an assisted death. In Oregon a terminally ill patient who ends his or her life under the Oregon *Death with Dignity* Act will have this act referred to as 'physician-assisted death' instead of suicide. The one word change had been sought by advocates of the landmark state law that allows dying patients to ask their doctors to provide medication for self-administration. The act as spelled out in Oregon law 'shall not, for any purpose, constitute suicide, mercy-killing or homicide under the law'.

The Netherlands voluntary euthanasia society NVVE has clarified that people do not have access to euthanasia as a right, but they are entitled to make a request. The society has also designed a medal that people can wear around their necks to state that they do not want to be resuscitated. (Legal clarification as to this possibility in SA has established that it would not be considered...ed.). In Kyodo Japan guidelines have been drafted setting rules for medical facilities to stop treatment of patients who are in the terminal stage of a terminal illness or have no chance of recovery from serious diseases such as cancer. Active voluntary euthanasia is still banned.

Frances also advised that Colombia is the only country in Latin America where voluntary euthanasia is not outlawed. It became permissible in 1997 when the country's highest judicial body, the Constitutional Court, ruled that a person might choose to end their life and that doctors could not be prosecuted for helping.

The meeting concluded with a viewing of a Netherlands video "*Live and let die*".

Greens to introduce private members bill

Australian Greens leader Dr Bob Brown has introduced a private members bill to legalise voluntary euthanasia in Australian National Territories. Entitled the 'Rights of the Terminally Ill Bill 2007', it is similar to the ROTI Act overturned by the Howard government in 1996, and will incorporate strong safeguards and the oversight of three doctors, including the patient's GP and a psychiatrist. The bill will apply to Australian external territories (such as Norfolk Island and Christmas Island), but not to the Northern Territory or ACT.

Reference:

‘Bob Brown introduces euthanasia Bill’,
The Age 8th Feb 2007

Anticipatory Directions

If you have not already completed an Anticipatory Direction please do so to ensure that your end-of-life issues are respected. Here in SA there are two different ways you can do this.

1. Forms are available from the website below for completing an Anticipatory Direction under the Consent to Medical Treatment and Palliative Care Act (or ring Service SA Tel 132324).

2. There is a link to the Office of the Public Advocate on that site for completing an Anticipatory Direction under the Guardian and Administration Act (freecall on 1800 066 969).

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

Voluntary euthanasia activist denied humanitarian award

Lee Davis, a veteran campaigner for voluntary euthanasia law reform, and a member of a voluntary euthanasia society, was denied the Maroochydore Shire’s Humanitarian of the Year award for her work in advocating for choice-in-dying. Mayor Natoli, who opposes voluntary euthanasia on religious grounds, intervened to veto Ms Davis’ nomination by a panel including the deputy mayor, Zrinka Johnston, Sunshine Coast Daily assistant editor Bill Hoffmann, University of the Sunshine Coast vice chancellor, Paul Thomas, and academic Karen Brooks.

The panel was unaware of Mr Natoli’s veto powers and expressed extreme disappointment at the devaluation of the contribution made by a person ‘who had shown courage, foresight, dignity and authority on an issue once thought taboo’.

Mr Hoffman has resigned from the committee in protest.

In a similar vein, SAVES had been a participant in the annual Australia Day Grand Parade, but has now been barred, without proper explanation. This of course raises questions about the spirit of democracy which is at the heart of what it means to be an Australian citizen, and expressed through these examples of democracy in action.

Reference:

Carolyn Tucker, ‘Mayor vetoes award choice’, *Sunshine Coast Daily*, 29th January 2007.

The death of Italian campaigner

On December 21st 2006 an Italian doctor, Mario Riccio, disconnected a respirator that was keeping Mr Piergiorgio Welby alive. Mr Welby who had been suffering from muscular dystrophy had been seeking the right to die from Italian courts and this had generated heated debate. There were calls for murder charges to be laid against Dr Riccio, but Reuters Newsagency has reported (1) that Dr Riccio was cleared of any charges by a committee of doctors in Cremona who voted unanimously that he had not violated any medical ethics. Mr Welby, 60, who had been ‘an eloquent advocate of euthanasia’, was denied a Catholic funeral because he had asked to die, and following Pope Benedict’s intervention in the debate by saying life was sacred until its ‘natural sunset’.

In an article in the Guardian Newspaper (2) Professor Peter Singer claimed ‘Welby’s death raises two questions - whether a person has a right to refuse life-sustaining medical treatment; and whether voluntary euthanasia is ethically defensible’.

He argued that a patient’s informed consent should be a prerequisite for all medical treatment, as long as the patient is competent to make a decision. Forcing

medical treatment on a patient who does not want it is equivalent to assault, and this is a decision reflected in law in most countries. Even the Roman Catholic Church holds a position that there is no obligation to use 'extraordinary' or 'disproportionate' means to prolong life. In challenging the distinction between voluntary euthanasia and withdrawing treatment Professor Singer argued:

This distinction is dubious. Patients [in both situations] knowingly choose a course of action that will lead to death, rather than to a longer but burdensome life. By focusing on the intention to refuse burdensome treatment, rather than the broader implications of the choice, the church avoids the inhumane implication that patients must accept life-prolonging treatment, no matter how painful or costly it may be. But it does so at the cost of rendering incoherent its own vigorous opposition to assisted suicide and voluntary euthanasia.

References:

- (1) 'Euthanasia doctor cleared by Italian medical panel' Reuters Newsagency 2nd February 2007.
- (2) Singer, P. 'A dubious distinction', *Guardian newspaper* London, January 17, 2007.

Censorship – again

Federal government censorship around voluntary euthanasia and assisted suicide does not stop at the passage of the *Criminal Code Amendment (Suicide Related Material Offences)* Law 2005 which curtails freedom of speech on 'electronic carriage services' including emails, faxes and telephone. In December 2006 the Classification Board approved the Australian printed edition of 'The Peaceful Pill Handbook' written by Dr Philip Nitschke and Dr Fiona Stewart. This sealed edition could be sold to people over 18 years of age. In September 2006 customs had prohibited an overseas

edition, and due to pressure by the NSW Right to Life Association, Attorney General Philip Ruddock called for a 'review' of the Australian Classification Board, a board which he himself had appointed. On the 24th February 2007 the book was banned from sale.

In a letter published in *The Australian* newspaper on 26th February, SAVES task force member Associate Professor Arnold Gillespie made the pertinent comments:

Dear Editor

*Once again we are the laughing stock of the democratic world. A year ago our government made it illegal for even consenting adults to discuss suicide and related matters by telephone or email. Two months ago the Classification Review Board gave the book *The Peaceful Pill Handbook*, by Drs Nitschke and Stewart, a Restricted Classification. The contents of the book have not changed since then but after a complaint by the Attorney General and the NSW Right to Life Association, the Board has banned the book. Australia is the only country in the world in which the book is banned. You may not agree with anything that the book details but surely you want to live in a society that allows you to determine that for yourself. Or are you happy for a government with a strong Christian Right component and a state fringe group of Right to Lifers to do that for you?*

Arnold Gillespie

World News

United Kingdom

Reports on the British Social Attitudes Survey reveal that 80 per cent of British people support voluntary euthanasia in prescribed circumstances. Support is strongly determined by issues including levels of suffering and a patient being terminally ill. Voluntary euthanasia has greater support than assisted suicide. The report also notes the heightened public awareness of the issue following wide-

ranging publicity around end-of-life issues.

The researchers conclude:

The disjuncture between the current law on assisted dying and majority public opinion thus seems unlikely to simply disappear. Pressure to mount further attempts to change the law in some ways at least looks set to continue.

Reference:

Lucy Ward and John Carvel, 'Four out of five want to give doctors right to end life of terminally ill patients in pain', *Guardian*, January 24th 2007

United States

Sacramento Assembly Speaker Fabian Nuñez has announced that he will support a

bill to allow terminally ill people to hasten their deaths with lethal prescriptions. This bill would be similar to 'death with dignity' legislation which has been previously defeated due to opposition by medical practitioners and the Catholic Church. Nuñez has stated he is "ready to buck my church".

Proponents have argued that the proposal, modeled on the Oregon law, is not about suicide but about 'how people are going to live the last days of their lives'. Nunez stated that those who would qualify for the drugs are going to die, so the question is really about how much suffering is involved, and 'how much of that person's dignity is taken away from him or her.' A March 2006 survey of Californians (Field Poll) found that 70% supported the right of the terminally ill to have access to life-ending medication. Support was not contingent on race, gender, or religious background.

Reference:

Nancy Vogel, Times Staff Writer *The Los Angeles Times*, reported 15 February 2007

Oregon

The Oregon *Death with Dignity Act* has been operational for nine years and provides a rarely used option. The Dept Human Resources ninth report shows that 46 people elected to use the Act under strict conditions in 2006. The law is involved in approximately one in every thousand deaths. Many more have the comfort of merely knowing it is available.

Those most likely to avail themselves of the act are aged in their seventies and have terminal cancer.

Reference:

Register Guard Editorial 'A rarely used option' 11th March 2007.

As many of SAVES' members have previously paid their membership contributions for more than one year in advance, I have included a membership renewal form for only those members whose contributions fell due on 1st March 2007.

**Gerry Versteeg
Membership Officer**

Shirley Nolan Day Rally Photos

The following page displays photos taken at the Shirley Nolan Day Rally which had cross party support of the Labor, Liberal, Democrat and Green parties' MPs. The photos are as follows:

(1) SAVES patron Emeritus Professor Graham Nerlich addressing the crowd, together with SAVES president Frances Coombe.





(2) State members of parliament who all addressed the rally. From L-R: Dr Duncan Mc Fetridge MP (Lib), Hon Dr Bob Such (Independent), Hon Mark Parnell MP (Greens), Hon Sandra Kanck (Democrats), Frances Bedford MP (Labor), Michael Pengilly MP (Lib) at the microphone, and Hon Stephanie Key (Labor).

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 April 29th 2007

Guest speaker will be Hon. Dr Bob Such on the Voluntary Euthanasia Bill 2006

Business will include 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 nominating and nominated persons should be received by Monday 23rd April 2007.

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

Bring your friends. All welcome.

Other public meetings for 2007 will be held on July 29th and November 25th.

****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	New member () Renewal () Date _____ Membership Fees \$ _____ Donation towards the work of SAVES \$ _____ Dr/ Mr/ Mrs /Ms /Miss/ Other _____ Total \$ _____	
Concession Annual Single \$10 Double \$14	Given name or initial _____ Surname _____ Address _____ _____ Postcode _____ Ph (h) _____ (w) _____	
Life Membership Single \$170 Double \$280	Please make cheque or money order payable to SAVES and send to Treasure SAVES, PO Box 2151, Kent Town SA 5071.	
Annual fees fall due 28 th February.	SAVES' members support the society's primary objective which is a change 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.	
	* 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.



Committee:

President

Vice Presidents

Hon. Secretary

Hon. Treasurer

Members

Patrons

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Internet

Frances Coombe

Julia Anaf

Mary Gallnor

Anne Hirsch

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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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