

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' November 2004

Rudyard Kipling

SAVES' joint venture with Wesley Uniting Church

SAVES is pleased to announce this special event. Dr Francis Macnab, Melbourne Uniting Church Minister, will be giving an address entitled:

"Voluntary Euthanasia: a Christian Choice"

- Wesley Uniting Church, Fullarton Rd, Kent Town
- 2.00 pm Sunday October 31st.

Dr Macnab is a psychotherapist, clinical psychologist and group therapist. He is the founder and Executive Director of The Cairnmillar Institute (1961 to present) and Co-founder and Chairman of the Australian Foundation for Aftermath Reactions (AFAR) to Trauma. Dr Macnab is also the author of twenty four books. He supports the right of hopelessly ill people to choose voluntary euthanasia and has stated

The mature society, or the evolving and educated society, will come to see that euthanasia in its various expressions is a rational and sensitive proposition and practice.

This address will be most informative, and will help dispel the widely held myth that there is little Christian support for voluntary euthanasia.

It is important that SAVES is well represented. Please join us and bring your friends - all are welcome. Please also display the enclosed flyer at your library, shopping centre or other community venue.

November meeting cancelled

Please note that the general meeting scheduled for 14th November has been cancelled. This has been replaced by the SAVES and Wesley Uniting Church event on October 31st.

President's report July 2004 general meeting

Frances Coombe welcomed guests Phillip Beddall and Sandra Kanck, members and visitors to the July meeting. She was pleased to relate that SAVES had recently received a bequest of \$3000.00 which was most gratefully received, and will be used to further the society's aims.

The society's activities are continuing, with regularly scheduled Parliament House steps 'awareness action' days. These are effective ways of engaging with the public and providing information on the society's aims.

There continues to be ongoing dialogue with the Australian Medical Association (AMA) to secure a change of policy from a negative stance on voluntary euthanasia to one of neutrality. This would better reflect the known diversity of views held by AMA members.

Frances also advised that the Department of Human Services has reviewed aspects of the *Consent to Medical Treatment and Palliative Care Act* in respect of advance directives. There are currently two methods of completing an advance directive in SA, under either the above act or under the *Guardianship Act*. There are plans to amalgamate these acts but this will take several years. In the meantime brochures, forms and pamphlets relating to advance

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directives have been updated and more information is provided later in this bulletin.

A request was again made for legally qualified members of SAVES to offer occasional assistance of opinion or advice on relevant matters. General, as well as committee support is urgently needed as the committee is understaffed. Members are advised that future issues of the *VE Bulletin* may be sent by email if requested. Frances also reminded members that SAVES has a small library of books available to members.

The *Dignity in Dying* Bill has been rejected in the upper house but is still to be debated in the lower house. It is hoped that a vote will be taken this year to gauge support for the bill. Sandra Kanck has been pleased to receive 'thank you' letters from constituents acknowledging her strong and courageous support for legislative reform. Members were again reminded to write to their members of parliament to encourage their support for the bill.

In the federal arena Democrat Lyn Allison's bill to repeal the *Euthanasia Laws Act*, commonly called the Andrews Bill, has been tabled in the Senate and awaits debate. *The Euthanasia Laws Act* overturned the NT *Rights of the Terminally Ill Act* and prevents any Australian territory from passing voluntary euthanasia legislation. Unfortunately only a brief period each sitting Thursday is set aside for 'general business' and, on average, the Democrats may have bills debated every seventh Thursday. Therefore it does not seem likely that a vote will be taken this year. However Lyn Allison is considering referring the bill to a Senate Committee of Enquiry which would involve a call for public submissions and at least a day of hearings. SAVES has offered support in any way it can.

Electronic Frontiers Australia is a voluntary group working to ensure freedom of information in the electronic media, including the internet. This organisation has advised that submissions made in

respect of the *Crimes Legislation Amendment (Telecommunications Offences and Other Measures)* Bill 2004 may have had some impact, as the bill tabled in parliament is considered an improvement on the exposure draft.

Senator Ellison has made a statement to the effect that the bill is not designed to censor or inhibit advocacy or debate on the internet concerning law reform for assisted suicide or voluntary euthanasia. The offences in their revised form will relate to counselling or inciting suicide, or promoting or providing information on a particular method of committing suicide. SAVES has made a submission expressing concerns about this new draft bill.

On the interstate front the Reverend Fred Nile will be standing for the Christian Democrats at the federal election, with at least \$300,000 in funding for the senate campaign. This will include television advertisements. The Christian Democrats will be seeking to 'neutralise' the Greens whose policies include support for voluntary euthanasia.

In Tasmania the release of a major report into palliative care has highlighted that it is underfunded, bringing calls for the government to address the issue. Also in Tasmania John Godfrey, an internationally recognised scientist, recently walked free from a Tasmanian court after having been convicted of assisting the suicide of his 88 year old incapacitated and pain-ridden mother, Elizabeth, in December 2002. The former CSIRO oceanographer was found to have acted solely from love and compassion. Justice Peter Underwood gave Mr Godfrey a suspended jail sentence, stating that the law seemed to discriminate against people who wanted to end their lives, but were physically unable to do so.

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This judicial decision is in stark contrast to the case of the twenty one people who sat with Nancy Crick when she chose to end her life. It took two years for them to be notified that there was insufficient evidence to lay charges. In passing judgment the statement was made that 'being present when someone takes their life does not in itself constitute an offence'.

However seventy one year old Mr Fred Thompson from NSW has been charged with aiding and abetting a person to commit suicide. He helped his wife, Katerina, who was suffering from multiple sclerosis to end her life.

Frances also advised that in New Zealand Lesley Martin, who was convicted of giving her terminally ill mother an overdose of morphine, asked that her sentence be served by home detention. However the Parole Board has rejected her request, claiming that Ms Martin posed an 'undue risk' to the community as she was able to influence the thoughts and actions of others. Her application would only be reconsidered if she acknowledged that she had improperly broken the law and refrained from all public and media activity until her statutory release date. There seems little doubt that Lesley is being 'called to account'.

Overseas the Bush administration has asked a federal appeals court to reconsider a May decision upholding Oregon's assisted suicide law prohibiting federal charges against doctors who prescribe overdoses of medication. Thirteen of the circuit's twenty five full-time judges must agree to a rehearing, but these are rarely granted. In May the three-judge panel ruled that Attorney General John Ashcroft could not hold Oregon doctors criminally liable for prescribing overdoses. Judge Richard Tallman stated the appeals court opinion that Ashcroft's 'unilateral attempt to regulate medical practices historically entrusted to state lawmakers interferes with the democratic debate about physician-assisted suicide and far exceeds the

scope of his authority under the federal law.' Also in the US, a new organisation is to be formed by unifying Compassion in *Dying and End of Life Choices*. This is expected to provide a more effective and powerful national voice for compassionate care and choices at the end of life.

The Spanish Parliament has rejected a bill to legalise voluntary euthanasia. The Minister of Health claimed that one of the reasons was that society 'was not focused on the topic' and debate would be postponed for a year. We await further developments.

Frances then advised the audience that the veteran English broadcaster Sir Ludovic Kennedy has resigned as president of the Voluntary Euthanasia Society amid a bitter row over the leadership and direction of Britain's largest right-to-die organisation. Sir Ludovic, a lifelong supporter of voluntary euthanasia, resigned after the board voted to expel its former chairman Michael Irwin, who admitted helping terminally ill patients to contact Dignitas, the assisted suicide clinic in Switzerland.

Dr Irwin has challenged the Crown Prosecutor, and is willing to face a fourteen year jail term in order to test the law on voluntary euthanasia in Britain. He said 'we have a law against aiding and abetting suicide, and yet people who have travelled with their relatives to Dignitas and helped them to die are not being questioned or prosecuted. I would like to see the law tested on cases where a person is travelling abroad for assisted suicide'.

Frances stated that Dr Irwin has taken a courageous stance, as challenging the law causes tremendous stress, as was seen with the twenty one people who sat with Nancy Crick. Nancy claimed that 'it is these heroes who push the boundaries, raise consciousness and stimulate action'.

Frances told the audience that SAVES has long been seeking dialogue with people who are living with disabilities, especially since past president Mary Gallnor faced the protest group 'Not Dead Yet' outside the World Federation Conference in Boston in 2000. SAVES recognises that there are concerns and special interests that must be acknowledged and addressed in any voluntary euthanasia legislation. In the *Dignity in Dying* Bill a disability advocacy group could be one of the eight organisations comprising the monitoring committee. Frances was very pleased when Phillip Beddall, chairperson of Disability Action, agreed to speak at our meeting.

Guest speaker: Phillip Beddall

Phillip Beddall, chairperson of Disability Action, spoke to SAVES in a personal capacity on 'Disability and the right to choose'. He talked of the diversity of views on voluntary euthanasia within the disability sector and the fact that the issue is a sensitive one. For some, there is fear about legislation to allow choice.

Phillip considers that in law people have the right to commit suicide and therefore there should be effective legislation, incorporating safeguards, which would allow choice for voluntary euthanasia. While he supports voluntary euthanasia for the terminally ill he also has qualified support for those people with severe disabilities who earnestly seek assistance to die. While this is not a choice that he may ever make for himself, he respects the right for others. Assisted suicide is happening already for people with disabilities but it is covert and puts carers under stress.

SAVES thanks Phillip for addressing the July meeting and for presenting his personal views on one's right to choose voluntary euthanasia. We are especially

pleased that we are able to consult Phillip about the concerns of people who are living with disabilities, in respect of future legislative measures.

Palliative care and end of life surveys

In the debate on voluntary euthanasia it is common to hear the argument that 'modern palliative care makes voluntary euthanasia unnecessary', or 'palliative care has all the answers'. In response to these assertions the question has been raised 'what other specialty can claim a 100% success rate?' 'No discipline is perfect, and it follows that there will be some whom palliative care cannot help. Perhaps, for them, euthanasia does need to be an option.' ⁽¹⁾

Readers of *The VE Bulletin* over the years, and individuals and educational bodies accessing SAVES Fact Sheets, will be well aware of a range of surveys on end of life decision making ^(2, 3, 4). However none of these surveys included research on the availability and/or efficacy of palliative care in the context of these decisions.

Quite recently the questionnaire used in earlier surveys in the Netherlands, and replicated in Australia and Belgium (Flanders) was utilised for a survey of 2602 New Zealand medical practitioners. This survey, returning 1255 usable responses, is different from the earlier ones in that it reported on the instances of physician assisted death in conjunction with access to palliative care services ⁽⁵⁾.

It was found that in 1116 (89%) of respondents' cases there was access to an interdisciplinary palliative care team. Yet in 39 (5.6%) cases death occurred by 'actions consistent with euthanasia or physician assisted suicide'. Another important finding was that in seventeen of these cases the patient was not consulted. This is a finding consistent with earlier research. In thirty four (87%) of these decisions palliative care services

were available. The research also found that there were another 226 cases in which there was either partial or explicit intention to hasten death, even though palliative care services were available. This begs the question as to whether the decisions were made because optimal palliative care was unavailable, or whether even that level of care was unable to palliate the range of symptoms endured by those facing imminent death.

There are therefore inconsistencies between statements suggesting the universal efficacy of palliative care and the research findings, leading to concerns over how such claims can really be justified.

As has been argued on other occasions in *The VE Bulletin*, the 1999 *Palliative Care Australia Position Statement on Euthanasia* contains statements leading to a serious dilemma:

1. 'palliative care practice does not include deliberate ending of life, even if this is requested by the patient.'
2. 'Acknowledges that while pain and other symptoms can be helped, complete relief is not always possible, even with optimal palliative care', and
3. 'Recognises and respects the fact that some people rationally and consistently request deliberate ending of life.'⁽⁶⁾

The dilemma arises for patients who are unable to have their suffering relieved. Where does this leave them? Such concerns are reiterated in the findings of the New Zealand research that concluded that 'New Zealand requires greater commitment to the provision of quality palliative care or a re-examination of the legal framework that surrounds decision making at the end of life, or both'.

In Tasmania a specialist physician in palliative care has left because the service was poorly funded and she was not paid as a specialist. The Palliative Care Service director, Dr Paul Dunne, said that specialists were not yet recognised by the Australian Health Commission and therefore paid accordingly.⁽⁷⁾

SAVES is always supportive of palliative care but recognises that it has limitations. The following letter has been sent to members of the House of Assembly, providing them with information on the range of intractable symptoms that are difficult, or impossible, to manage with even the best palliative care:

To all members of the House of Assembly

Do you think that palliative care has all the answers, and the Consent to Medical Treatment and Palliative Care Act is all we need?

It is an irrefutable fact that even the best palliative care cannot alleviate all suffering.

Dear Member,

This fact is widely acknowledged, including by Palliative Care Australia. Despite optimal palliative care, between 5-10% of people continue to experience intolerable suffering and rationally request assistance to die. This figure represents thousands of Australians. Death is the only way in which a minority of suffering people can gain final relief and, without choice for voluntary euthanasia, the law effectively perpetuates their suffering.

For your information I enclose a paper entitled "A synopsis of disease and symptoms which are at best difficult, at worst impossible to control with modern palliative and medical care" (available on SAVES' website).

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Without choice for voluntary euthanasia, our cruel law forces some people to either endure their intractable suffering to the bitter end or desperately seek to end their lives.

If their unbearable suffering forces them into the latter drastic action they are then forced to:

- act prematurely, while they are still physically able
- research their own death
- often resort to gruesome means of self deliverance
- face the very real and horrific prospect of failing
- do all this alone, while suffering most cruelly, without the comfort and support of loved ones.

Can you imagine yourself or your loved ones being one of those 5-10%? For the love of humanity, please support the Dignity in Dying Bill.

References:

- (1) Kirk, E P, O'Regan S J (2003) 'No discipline is perfect', *British Medical Journal*, www.bmj.com/cgi/eletters/327/7408/202#34846
- (2) Van der Maas PJ, van Delden JJM, Pijnenborg L, (1992:22 special issue) 'Euthanasia and other medical decisions concerning the end of life', *Health Policy* <http://image.thelancet.com/extras/03art3297web.pdf> "Euthanasia and other end-of-life decisions in the Netherlands in 1990, 1995, and 2001"
- (3) Kuhse H, Singer P, Baume P, Clark M, Rickard M, *End-of-life decisions in Australian medical practice*. *Med Journal of Aust* 1997; 166: 191-6.
- (4) Luc Deliens, Freddy Mortier, Johan Bilsen, et al. *End-of-life decisions in medical practice in Belgium, Flanders*. *The Lancet* 2000; 356: 1806-11. Comment by Kuhse H on the latter article was published in the Belgium journal *Ethiek & Maatschappij*, le trimester 2001, Jahrgang 4, Nr. 1, April, pp. 98-106.
- (5) Mitchell K and Owens G, (2003) 'National Survey of medical decisions at end of life made by New Zealand general practitioners', *British*

Medical Journal 327: 202-203

(6) Palliative Care Australia Position *Statement on Euthanasia*, March 1999

(7) "Palliative Care Underfunded", Margaretta Pos, *The Mercury*, 23rd July 2004

Julia Anaf

Submission to the Criminal Code Amendment (Suicide Related Material Offences) Bill 2004

The July 2004 VE Bulletin included SAVES' submission on the Crimes Legislation Amendment (Telecommunications Offences and Other Measures Bill 2004). Suicide related offences are now separately addressed under the *Suicide Related Material Offences* Bill 2004. SAVES' submission on this new bill stated:

It is appropriate that the above bill is now separate from the Crimes Legislation Amendment (*Telecommunications Offences and Other Measures Bill 2004*).

The Explanatory Memorandum of this new proposed legislation states that Internet material advocating or debating law reform on euthanasia and/or suicide related issues is not to be an offence. This is sensible, acknowledging both the importance of debate to our democracy and the approximately 80% Australian support for assisted dying legislation.

However I forward this submission to express deep concerns about points of the new proposed legislation. If a person uses a carriage service for suicide related material that "counsels or incites suicide" the person is to be guilty of an offence. This phrase is ambiguous and could be taken to mean "counselling" which is a legitimate activity of voluntary euthanasia societies and of EXIT

International. Competent adults have a right to end their own lives. It is most important that those who see this as a possibility should have access to counselling to ensure that they do not act irrationally or by inappropriate means. Counselling can lead to a change of mind or at least prevention of a disastrous attempt at self deliverance. I strongly recommend that the phrase be changed to read "promotes or incites suicide". This would capture Internet chat rooms for example that have been known to intentionally promote and incite people to suicide, devoid of compassion and without regard for rational thinking.

The bill also seeks to censor information on suicide related material. EXIT International provides a range of information, including that of palliative care. It does not promote a particular method of committing suicide or intend the material to be used by another person to commit suicide. People have a right to information. To censor information on suicide related material it would be necessary to also preclude a carriage service from being used for the producing of books about self deliverance. People have a right to choose their reading material.

Finally, I have a concern with the term "directly or indirectly". The provision of information by EXIT International workshops or by voluntary euthanasia societies is clearly not intended to promote suicide, or incite people to commit it. It can and has had the reverse effect. It would be regrettable for this useful service to be hampered by allegations that indirect effects were intended.

I strongly urge you to alter the bill's terminology so that only those who intentionally incite or promote suicide are guilty of an offence.

Frances Coombe
President - South Australian Voluntary Euthanasia Society

Anticipatory Direction guidelines

The SA Dept of Health has issued a new guide for completing an advance directive, also known as an Anticipatory Direction under the *Consent to Treatment and Palliative Care Act 1995*. The regulations governing the act since 1996 have been revoked by the *2004 Regulations*.

This does not change the provisions of the act or require anyone who has previously completed an advance directive to complete another. The guide, which includes relevant forms, is designed to make the task of setting out one's wishes easier by providing a wider range of relevant information and clearer guidelines.

It is now also easier to complete a *Medical Power of Attorney*, as those who are nominated, and choose to accept the role of a Medical Power of Attorney, are not required to have their signatures witnessed concurrently. This resolves a major problem for those wishing to nominate several people who may be separated by distance.

There are three separate guides:

1. ***'An explanation of a Medical Power of Attorney and An Anticipatory Direction'*** is a leaflet providing background information on the provisions of the act, appointment of a Medical Agent and completion of an Anticipatory Direction. It also outlines completion of an Enduring Power of Guardianship under the *Guardianship and Administration Act 1993*.

This act covers similar aspects of life and allows the appointment of an Enduring Guardian to make important health and lifestyle decisions, including where you may choose to live when you are legally considered unable to do so. An Enduring Guardian may potentially make a broader range of decisions

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than a Medical Agent, but in those cases where a person has both a medical agent and an appointed guardian, the medical agent is the one to make the necessary decisions around any medical and dental decisions.

The leaflet also advises on making a Good *Palliative Care Plan*. This is not a legal document but a guide written by a doctor in consultation with legally appointed agents and/or family members. It covers forms of treatment in the terminal stage of a terminal illness, and records discussions between the patient, their family and medical practitioner.

2. **'A Guide for Those Completing an Anticipatory Direction'** includes the form and a check-list for completing an Anticipatory Direction.

3. **'An explanation of the key provisions of the Consent to Medical Treatment and Palliative Care Act 1995 Guide for Health Professionals'** is designed to assist health professionals with issues which may arise under the *Consent to Medical Treatment and Palliative Care Act 1995*. It provides a summary of key provisions, an explanation of provisions including the duties of the medical practitioner. These include explaining the nature, consequences and risks of proposed medical treatment, the likely consequences of not undertaking treatment, and any alternative treatments.

This guide also covers obtaining informed consent of the patient, emergency treatment, treatment of children, protection from criminal and civil liability, *Medical Powers of Attorney and Anticipatory Directions*.

SAVES will no longer be providing copies of advance directives but will be still providing wallet cards and the Life Values Statement. The latter is not a legal document, but SAVES strongly recommends it be included with your advance directive available from:

- Service SA, 101 Grenfell St Adelaide (Telephone 13 23 24)

Copies of Anticipatory Directions and Medical Power of Attorney forms may be downloaded from the website of Service SA. www.service.sa.gov.au

For application forms and information relating to the Guardianship Act contact:

GUARDIANSHIP BOARD

Level 8, ABC Building

85 North East Rd, Collinswood 5081

Tel (08) 8368 5600

Free Call 1800 800 501

Fax (08) 8368 5699

Office hours: 8.45am - 5pm, Mon - Fri

For general information and advice contact the Office of the Public Advocate

Freecall 1800 066969

Phone 8269 7575 and Fax 8269 7490

World News

Oregon

The Oregon Health and Science University has recently completed a study of people who are known to have considered assisted suicide. (1) It was based on a random sample of eight percent of death certificates lodged between 2000 and 2002, and involved interviewing 1384 willing family caregivers about the views of the deceased family member. It was found that one in six had contemplated assisted suicide but far fewer died in that way. Paradoxically it was found that the legalisation of assisted suicide might have led to a decrease in numbers of people requesting it.

The rate of legally assisted suicide in Oregon is approximately one in 1000, whereas a study of terminally ill patients in six states where assistance is still illegal showed that the rate was approximately one in 250.

Possible explanations are more referrals to hospice, the unwillingness of doctors to now act outside the law in Oregon, and the possibility that access

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criteria means that many patients do not 'make it over hurdles'. Commenting on the research Drs Linda Ganzini and Steven Dobscha claimed that there was no indication of a 'slippery slope' to increases in hastened death.

Of note in the study was that no dying African Americans had considered assisted suicide whereas 20% of white patients had. Also only half the number of those with a Protestant or Roman Catholic background had considered assisted suicide compared with those with no religious affiliation.

Forty eight percent of those surveyed also reported having their family member die in 'severe or moderate pain or distress' (2) compared with 30.8% of people surveyed in a survey in 1996-1997. Author of the latest study, Erik Fromme, Director of Palliative Care Research at the Oregon Health and Science University School of Medicine at Portland, suggested that the debate on end-of-life care may have built up expectations that that there would be no suffering in the dying process. He speculated that rather than people experiencing more pain, there appears to be a changed perception of levels of suffering. There has also been an increase in demand for hospice services.

Oregon's *Death with Dignity Act* was a citizens' initiative that was introduced in November 1997. The Department of Human Services is legally required to collect information regarding compliance with the Act and to make the information available on a yearly basis. The legal right to assisted suicide has been challenged by the Bush administration, however on August 11th 2004, the Ninth Circuit Court of Appeals denied Attorney General John Ashcroft's petition for a rehearing of the case *Oregon v. Ashcroft*. He now has until September 29th 2004, to petition the United States Supreme Court.

"It is a swift and certain denial of Ashcroft's petitions for rehearing", said Eli D. Stutsman, Portland Attorney and President of the Death with Dignity National Center (DDNC) which represents physicians and pharmacists in this important litigation. ⁽³⁾

References:

- (1) " Study revisits assisted suicide", Don Colburn, *The Oregonian*, 20th August 2004
- (2) Fromme EK, Tilden VP, Drach LL and Tolle SW (2004) 'Increased Damily Reports of Pain or Distress in Dying Oregonians' *Journal of Palliative Medicine*, Vol 7 No 3 pp 431-442
- (3) ERGO distribution list 16th August 2004 <http://www.finalexit.org/>

Scotland

Liam Mc Dougall a health correspondent for the Sunday Herald has reported that a bill based on the law in Oregon is to be drafted by Scottish Liberal Democrat Jeremy Purvis. It will be seen as a 'natural progression' from the existing right to refuse or withdraw treatment. The move was welcomed by pro-choice groups and some parliamentarians but condemned by the Catholic Church as "a licence for the legalised killing of people, possibly against their will".

Jenny Saunders, a spokes woman for the Voluntary Euthanasia Society, said "The current law doesn't prevent assisted dying, it simply makes this practice dangerous by forcing it to happen behind closed doors where there are no safeguards. She also claimed "It is vitally important assisted dying is brought into the open, so that parliament can introduce regulation to better protect the terminally ill, medical staff and vulnerable people." Carol Stewart, of the Disability Rights Commission Scotland was also concerned that disabled people needed protection, claiming they may have decisions forced upon them.

Israel

It has been reported that the Tel Aviv District Court has upheld a family's request to remove a comatose man from life support equipment. (1) This was a precedent setting decision in that the family did not have written consent. Judge Uri Goren said that although there was no legal document he believed that the patient would not want his life extended by artificial life support. He also stated that the ruling was not a 'green light for euthanasia', but a decision suited specifically to the circumstances of the case.

Reference:

- (1) Assaf Bergerfreund, Haaretz Correspondent, Haaretz.com, 13/07/2004

France

Following the tragic circumstances surrounding the death of Vincent Humbert, who was left deaf, mute and paralysed from a car accident (reported on in an earlier edition of the *VE Bulletin*), France's Health Minister Philippe Douste-Blazy has said that the terminally ill should have the right to die in dignity. The lower house of parliament will consider legislation that re-defines options for the terminally ill.

The draft law would change the public health code to allow patients, families and doctors to switch off life-support machines when all hope of a cure was lost. Under the present law, such an act is deemed to be murder. However the minister has ruled out legalisation of voluntary euthanasia. While the proposed legislation is a positive step, Marie Humbert, mother of Vincent, said any changes would do little to ease the suffering of people who are 'locked up in their bodies' and are asking to die.

Reference: News 24.com, circulated by ERGO (ergo@efn.org) 27th August 2004

Support SAVES

Please show your support for SAVES by attending the monthly "awareness days" on the steps of Parliament House. The dates for the remainder of this year are October 8th, November 5th and December 3rd between 11am and 2pm. These prove most successful as they allow SAVES' aims to be promoted face to face with passers by. This activity is low-key, including the handing out of flyers to passers by, and talking with anyone who wants to know more. On display are the SAVES banner, a range of posters, and the small information unit. To date two members have assisted, and it is hoped that others will offer their support.

Bulletin by email

The *VE Bulletin* is available by email instead of by post, thus saving SAVES considerable costs. Please contact SAVES if you decide on taking up this option.

No cash in mail please

On occasion SAVES receives cash by post for subscription renewal. Please send all payments by cheque or money order as mail sometimes goes astray.

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SAVES' member Bob Fewsdale, 85 years of age, has made a frame to allow the SAVES banner to be freestanding on Parliament House steps, or other venues, when publicising the society's aims. President Frances Coombe is particularly happy with this great job, as Bob is her father!



NOTICE NOTICE OF A JOINT VENTURE

WITH WESLEY UNITING CHURCH

2.00 pm Sunday October 31st 2004

Guest speaker will be Dr Francis Macnab,

discussing 'Voluntary euthanasia: a Christian choice'

Wesley Uniting Church Fullarton Rd Kent Town
Bring your friends - all welcome

SAVES is not able to help people end their lives

A BEQUEST TO SAVES – a bequest is one way in which you can make a significant gift to further the society's aim of achieving law reform.

Membership Fees Annual Single \$20 Double \$25 Concession Annual Single \$10 Double \$14 Life Membership Single \$170 Double \$280	SAVES MEMBERSHIP FORM 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) _____	Email address if you would like to be advised of special activities _____ _____ d.o.b. (optional) _____
Annual fees fall due on 28th February.	<p>Please make cheque or money order payable to SAVES and send to Membership Officer, SAVES, PO Box 2151, Kent Town SA 5071.</p> <p>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.</p> <p>*SAVES IS NOT ABLE TO HELP PEOPLE END THEIR LIVES*.</p>	

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:

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Vice Presidents

Julia Anaf

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Libby Drake

Patrons

Emeritus Professor J.A. Richardson

Robyn Layton LLB, LLM, QC

Telephone

8379 3421

Fax

8265 2287

(prefixes: interstate 08, international +61 8)

Internet

www.saves.asn.au

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Editor: Julia Anaf

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