

# THE BULLETIN

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

**Vol 23 No 3. 'No price is too great for the privilege of owning yourself' November 2006**  
*Rudyard Kipling*

## **SHIRLEY NOLAN RALLY** **Tuesday 14<sup>th</sup> Nov, 12 noon – 2pm Parliament House steps**

### **PLEASE COME AND SHOW YOUR SUPPORT** **SHOW THAT YOU CARE**

In commemoration of Shirley Nolan OBE and all hopelessly ill people who have been forced to take their own lives in face of unbearable suffering.

Members of parliament as speakers, including:

<b>Hon Steph Key MHA</b>	<b>Labor</b>
<b>Hon Sandra Kanck MLC</b>	<b>Democrats</b>
<b>Hon Dr Bob Such MHA</b>	<b>Independent</b>
<b>Dr Duncan McFetridge MHA</b>	<b>Liberal</b>

On July 15<sup>th</sup> 2002 Shirley succeeded in her second attempt to take her own life – one that had become a nightmare existence over 25 years with Parkinson's Disease.

It is a source of deep shame that our present law prohibiting choice for voluntary euthanasia effectively forced Shirley to take her own life as the only means of escape from her intolerable suffering.

**What a cruel and tragic irony that the law perpetuated Shirley's suffering when she had devoted more than 25 years to alleviate the suffering of thousands of people around the world, as founder of the world's first bone marrow donor register, the Anthony Nolan Trust.**

Shortly before she took her own life Shirley said "It is a life without quality. It is a living hell. I pray for the speedy success of a change to the law to allow people like me to have assistance to die."

A Morgan Poll in 2002 showed 79% support for voluntary euthanasia legislation. This would simply allow choice for a quick and peaceful death in face of unbearable suffering from a hopeless or terminal illness. Surely it is everyone's right to have this legal option of last resort as insurance against a 'living hell'.

Shirley did not have a choice. She had to take her own life pre-emptively, whilst she still had the physical capacity to do so and she died a lonely death, terrified of failing again. Hardly a week goes by without us hearing of other suffering people who have been forced to such desperate action.

***The members of parliament who oppose voluntary euthanasia legislation denying the rational and compassionate argument for law reform are responsible for this cruel suffering. They are responsible for these pre-emptive deaths.***

***They carry a heavy burden of shame and blame.***

Bring a friend – also a chair / cushion if you wish.

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**Challenge to suicide laws**

On August 30<sup>th</sup> in the SA Legislative Council Sandra Kanck MLC gave a speech in which she mentioned several ways by which people seeking to end their lives could do so. Had these comments been transmitted through a telecommunications carrier they could have been interpreted as contravening the *Criminal Code Amendment (Suicide Related Materials Offences)* Act 2005. In making this speech Sandra stated:

*I will be doing two things: I will be placing on record some of the dreadful ways that people use to end their lives and what might be more acceptable alternatives for those who are denied the opportunity to access legal voluntary euthanasia...and I will be challenging federal law.*

The following day the Legislative Council removed her speech from the online version of Hansard prompting public concerns over freedom of speech, including the claim:

*Without a full Hansard record of its debates, the parliament is little more than an exclusive legislative club, available only to those who have the location and the leisure to attend. However Hansard itself occupies a special place in our form of government because it is trustworthy...readers can be confident that the contents of Hansard are a full reflection of the course of debate. They cannot have this confidence about any other form of parliamentary reporting...(1)*

There is a valid counter argument that responsibility comes with parliamentary privilege, and there is allowance for objections if they are taken immediately, and ruled on immediately by the presiding officer (Legislative Council Standing Order 207). This did not happen. A worrying precedent now been set:

*What subject will be blacklisted for debate next? What is to stop a dominant government from excising speeches which are contrary to its political interests? (2)*

Ms Kanck made her intentions clear:

*...I am not advocating suicide, but I am advocating the right of people to end their life should they find themselves suffering intolerably...People looking for simple ways to end their lives by accessing this speech will not find them.*

She strongly encouraged people to complete anticipatory directions and 'not leave it to their loved ones to guess their intentions'.

Ms Kanck has responded to requests by hundreds of people for mailed copies of her speech; a mode of communication not affected by the recent law. Her comments attracted both negative commentary from sections of the media and general public, as well as overwhelming expressions of support; and SAVES President Frances Coombe sent the following letter to the editor of The Sunday Mail:

*Dear Editor,  
I thank Kym Wheatley for highlighting the cruelties of our current law prohibiting voluntary euthanasia (Sunday Mail October 1st). However I disagree with her condemning of Sandra Kanck's speech in parliament. Ms Kanck acted honourably and courageously with a dual purpose; challenging the absurd Federal law that prohibits suicide related information via electronic means when that same information can be readily accessed through books, post and via face to face, and highlighting the disturbing fact that the lack of voluntary euthanasia legislation effectively forces some people to pre-emptive and covert suicide often by violent or unreliable means.*

*Any shame and blame rests squarely with the majority of our lawmakers who oppose such legislation.*

Further to this issue of challenging the ‘suicide act’, the following quotation taken from an emailing list raises an interesting point in need of clarification:

*I really would like to know if this act is legal, as I see on reading the "Universal Declaration of Human Rights" set up by the General Assembly of the United Nations in December 1948; Article 19 says (quote) "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers". Surely what has happened here in Australia is going against the United Nations and the Government should be called to answer to it.*

(1,2) Dr Anthony Marinac ‘Shaking the foundations of parliamentary privilege’, reported in Online Opinion 18<sup>th</sup> September 2006.

## **President’s report July meeting**

Over 40 members and guests were welcomed to the July meeting by Frances Coombe who spoke about a most important aspect of the voluntary euthanasia debate, and one often overlooked; that of Christian support of choice for voluntary euthanasia. Despite common misconceptions and misrepresentations there is majority support by nominal Christians, and more support than opposition from active church members.

This is despite strong opposition by many church hierarchies, especially fundamentalist churches. Two Family First (Assemblies of God) MPs have been elected in the Upper House of the SA parliament, and this greatly hinders the chances of a voluntary euthanasia bill being passed. Overall it’s a minority of Christians opposing legislation, hiding behind secular arguments, making unsubstantiated statements to the effect that it’s not possible to enact sound voluntary euthanasia legislation.

One common tactic is embarking on a ‘fear and smear’ campaign against jurisdictions where assisted dying is a legal possibility. Religious obstructionism was highly visible in the

religious lobbying for the recent Lord Joffe assisted suicide bill in the UK. A British Humanist Association paper ‘In Bad Faith’, reported on in the last *VE Bulletin*, details the sway of the religious lobby and the extent to which they will go to stymie legislative change. It also discussed how the churches are ideally geared to garner support.

Frances stated how important it is that Christians who support choice for voluntary euthanasia get active, write letters to the newspapers, visit or write to their MPs, engage in talkback radio; stating their convictions, and openly state that their faith supports choice for voluntary euthanasia out of care and compassion for the suffering. This has always been claimed to be a hallmark of the Christian faith. ‘Liberal’ Christians can make an important contribution to law reform by stating that church hierarchies do not speak for them on this issue, if that is their conviction.

Christians have always been active in the modern voluntary euthanasia lobby, including the founders of the American Euthanasia Society in 1945 including Henry Sloans Coffin, President of the Union Seminary, and Harry Emerson Fosdick of the Baptist Riverside Church.

Frances reported that one of the United Kingdom’s leading medical ethicists, Emeritus Professor Len Doyal, has called for the legalisation of voluntary and non-voluntary euthanasia in Britain, saying assisted deaths are taking place on a regular and recurring basis in the UK, and they should be better regulated. When doctors withdraw life-sustaining treatment such as feeding tubes from non-competent patients, it should be recognised for what it is - euthanasia where death is foreseen with certainty. Doctors may not want to admit this and couch their decision in terms such as the alleviation of suffering. Professor Doyal stated that withdrawal of life sustaining treatment from non-competent patients is morally equivalent to active euthanasia. He asked if doctors can already choose to not keep uncomprehending patients alive because they believe that life is of no further benefit, why should their dying be needlessly prolonged? Withdrawing feeding tubes, ventilators or

antibiotics from non-competent patients may result in a slow, painful and incomprehensible death that could be avoided through the legalisation of non-voluntary active euthanasia. Professor Doyal argued that proponents of voluntary euthanasia should support non-voluntary euthanasia under appropriate circumstances and with proper regulation. If doctors are now allowed control over the deaths of these patients, why should competent patients not be able to control the circumstances of their own deaths if this is what they wish?

On the international scene Michigan's Governor Granholm has ordered an independent medical evaluation of assisted suicide crusader Jack Kevorkian who, as reported on in the last *VE Bulletin*, is in failing health in prison. Kevorkian, 78, is serving a 10 to 25-year prison sentence for second-degree murder in the 1998 death of Thomas Youk, who had Lou Gehrig's disease and had asked for Kevorkian's assistance to die. Kevorkian did so, televised his action, and challenged the authorities to prosecute him which indeed they did. Kevorkian, convicted in 1999, is not eligible for parole until June 2007.

Turning to the state scene, SAVES' recent media opportunities included a full page interview with Mary Gallnor and a large 'opinion piece' in *The Advertiser*. Frances read out a letter from SAVES' Task Force member Arnold Gillespie who responded to comments by parliamentary members Martin Hamilton-Smith and Nick Xenophon who both oppose law reform. Professor Gillespie made the point that neither member had witnessed the appalling ravages of gynaecological cancer that he had during his professional life that has led him to speak out in favour of choice for voluntary euthanasia.

Frances also had a letter published in the *Sunday Mail* in response to Margaret Tighe, President of Right to Life Australia, who was denouncing the fact that people are now travelling to Switzerland for assistance to die. Frances agreed with Ms Tighe that it is tragic, but also firmly stated 'not only that; it is shameful and cruel that our law forces people to such action by prohibiting choice for a quick and peaceful death through voluntary

euthanasia'...Our right to life is not an obligation to live with horrendous suffering. Pressure has been mounting for the practice to be more tightly controlled, partly because Switzerland has gained a reputation for "death tourism" with increasing numbers of foreigners coming to the country specifically to die with the help of Dignitas. Frances told the audience that the Swiss government has recently ruled that laws governing assisted suicide in Switzerland are not in need of reform. It is legal in that country to help someone to die provided the person providing assistance has no selfish motives. Interestingly, the cabinet stated that monitoring the activities of Exit and Dignitas would lead to too much bureaucracy and would have the effect of legitimising such groups. The only measure the cabinet would consider was whether to make it more difficult to obtain drugs used in assisted suicide. It will consider whether to revise the law in this regard by the end of the year.

Frances advised the audience that she will be a SAVES delegate to the *World Federation of Right to Die Societies* Conference in Toronto during September. She expressed her appreciation of a personal donation from Sandra Kanck towards expenses. Frances also stated support for Sandra, affirming her integrity, honour and deep commitment to working for sensible governance. There is no doubt at all that Sandra's introduction of bills in parliament has progressed the debate and understanding of VE to a level unmatched in Australia.

SAVES has proposed a motion for the conference - "The South Australian Voluntary Euthanasia Society (SAVES) proposes that the accommodation, venue, meals and social events for the World Federation conferences be as inexpensive as possible." As Frances pointed out, this is not a criticism of past conferences which have been thoroughly enjoyed by SAVES delegates. Our sincere thanks and appreciation go to past hosts. The importance of conferences lies in the learning and networking that takes place. Many member societies work on tight budgets and find it difficult to finance delegates' attendance. Societies that would like to host a conference are similarly constrained. In order to attract both attendance and offers to host conferences, costs need to be minimised.

In a move to further publicise our cause shopping bags carrying the SAVES logo will be available for a small charge. Further information will be available in a later bulletin. T shirts are still selling well and are available for \$25.00 (postage paid). Offers of general assistance are still sought for SAVES activities, including re-stocking of pamphlets in doctors' waiting rooms and help with 'awareness' days on steps of parliament.

SAVES' range of activities has been acknowledged by Marshall Perron, who stated recently:

*SAVES activities, as revealed in the latest newsletter are commendable. I applaud your initiatives and determination. In my humble opinion SA is still the state most likely to succeed if SAVES outstanding energy level can be maintained...regards to all who contribute.*

His positive comments were very much appreciated. Frances then invited guest speaker Dr Rosemary Jones to address the audience, stating that she is 'one of our strong supporters who along with Dr Roger Hunt, publicly and courageously stated support for choice for voluntary euthanasia over 10 years ago'.

### **Guest speaker: Dr Rosemary Jones**

By way of introduction Frances read a brief outline of the life and work of Dr Jones, who in her own words, was 'born a boy in England, educated in Dorset, took a medical degree at Bristol University, moved to South Africa and then to New John Radcliffe Hospital in Oxford before migrating to Australia'.

Dr Jones practiced in New South Wales and in 1979 took up positions as a Senior Visiting Specialist at the Queen Elizabeth and Queen Victoria Hospitals while starting a private practice. Dr Jones was happy to finally acknowledge his true nature in commencing full time living as a woman in March of this year, and now takes pleasure in being addressed as 'she', considering it a 'special honour'.

Dr Jones spoke of the 20 year campaign to persuade the Australian Medical Association

(AMA) to adopt a policy of neutrality on voluntary euthanasia, arguing that they reached a position of neutrality on therapeutic abortion, so why not voluntary euthanasia? Although the AMA is the official representative body for medical practitioners, it represents only a minority of doctors. In 1992 a survey of 1000 doctors, found that 57% supported the first voluntary euthanasia bill brought before the South Australian parliament. What was also revealed was that 25 per cent of doctors had acceded to requests for voluntary euthanasia. Seven Australian surveys since 1985 show ample evidence of a diversity of opinion within the medical profession, also doctors' practice of illegal assisted dying. Over the last two decades hundreds of letters have been sent to federal and state branches of the AMA on the issue of neutrality. A group known as 'Doctors for AMA Neutrality on Voluntary Euthanasia' has been corresponding with the federal AMA over the past four years.

Dr Jones speculated on why there is opposition in the medical field, because it is important to understand the objections in order to address the issue. Her view is that perceived interference in professional autonomy, additional paperwork and legislation may lead doctors to feel pressured. Also some doctors may want to intervene immediately to assist patients in severe distress, rather than wait the mandatory 24 or 48 hours as designated by legislation. She also considers that some doctors may feel coerced or face negative feedback in the same way as 'abortion doctors' did when laws were changed around termination of pregnancy.

Particular interpretations of the Hippocratic Oath and the World Medical Association's opposition to voluntary euthanasia 'also have statements that doctors can hide behind', according to Dr Jones, and all are reasons why some doctors may prefer to maintain the status quo, even with all its failings. However she considers change to be inevitable.

Dr Jones stated that it was her early training that had formed her attitudes and deepened her compassion. She maintains that, as is the case with doctors who assist women facing difficult reproductive choices, those who respond to patients' pleas at the end of life must have a

strong sense of identity, ethical framework, strength of conviction and compassion.

## **Senator Vanstone calls for voluntary euthanasia laws**

Senator Amanda Vanstone has used the 10th anniversary of Australia's first legal voluntary euthanasia death under the *Rights of the Terminally Ill* Act to call for the practice to be sanctioned across the country. In September 1996, Mr Bob Dent was the first person to use the Northern Territory law that was overturned only six months later by federal parliament. Senator Vanstone argues that people close to death should be able to 'choose how they go', stating on ABC Radio:

*I think someone who's facing the end of their life should have the choice as to how that proceeds...I think people should have the choice to take the final step of their life - that is to die - with some dignity and grace...we need euthanasia laws.*

She made a cautionary note about people being shielded from 'greedy relatives', and 'from people who think they know better, whose perhaps religious or ideological position is different'. Senator Vanstone sent a prepared speech on her views to the *Remembering ROTI: Looking Forward Looking Back Conference* held in Sydney.

Reference: AAP September 22nd 2006

## **World Federation of Right to Die Societies conference Toronto 2006**

I attended this 16<sup>th</sup> biennial conference from September 7<sup>th</sup> to 10<sup>th</sup> as the SAVES delegate. Entitled *Challenge in Choice*, and generously hosted by Dignity in Dying Canada, the conference included many 'cutting edge' topics and facilitated useful discussion of ideas and strategies. There is so much to be learned and gained in the dynamics of such a forum. There are now 45 member societies from 23 countries, including new members from Venezuela, Denmark, Canada, New Zealand and USA. Individual society mandates for law reform vary from advance directives to voluntary euthanasia and physician assisted suicide.

Two motions were open for discussion, and these were passed, one being the SAVES motion, as advised in the above President's report. The other motion put forward by Right to Die Netherlands and Dignity in Dying UK suggested a working committee be established to explore a reorganisation of the World Federation that could better help member societies achieve their aims; with professional management a possibility. I am a member of this committee, co-ordinating responses of the Australian and New Zealand World Federation member Societies.

The conference topics included "The truth behind the rhetoric – what is working and why", "Nudging the law – how to move legalised aid-in-dying forward", "Engaging the disability community", "Life and death decisions – who decides", "Aid-in-dying and faith", and "Australia – effect of censorship".

Dr Rodney Syme, President of Dying With Dignity Victoria, and Dr Philip Nitschke, director of Exit International, spoke in the latter session and other speakers included Lord Joel Joffe, member of the British House of Lords who sponsored a recent physician aid-in-dying bill in the UK, Deborah Annetts, Chief Executive of Dignity in Dying UK, George Felos, the attorney for Michael Schiavo (husband of the late Terri Schiavo), and Dr Robert Buckman, medical oncologist at the Toronto-Sunnybrook Regional Cancer Centre.

Other speakers were a world expert on interpersonal communication, and humourist, Jocelyn Downie, who is Canada Research Chair in Health and Law, and author of *Dying Justice*, Lesley Martin, founder of Dignity New Zealand Trust, and Paul Spiers, Forensic Neuropsychologist, Chairman of the USA disabilities advocacy group Autonomy (one of the new member societies).

We hear of disability groups opposing medically assisted dying legislation, and it is therefore especially important that Autonomy has joined us in advocating for choice in dying. Choice and control are especially important issues for many aspects of life for those living with disabilities, and this surely must include end of life options.

Barbara Coombs-Lee, President of Compassion and Choices USA gave in-depth information about Oregon's physician assisted suicide law and identified seven essential factors for achieving aid-in-dying legislation. These are to:

- constantly correct any misinformation
- remind ourselves of our successes
- publicise high profile cases
- network legal and medical supporters
- seek neutrality from medical associations
- recruit suitable staff for campaigning, and
- establish financial resources

I maintain that it is also important to network Christian supporters. At present a minority, often church hierarchies, and vocal, conservative religious right groups 'ride roughshod' over majority Christian support for assisted dying legislation (Morgan Poll 2002).

During the conference three awards were given in recognition of outstanding contributions. Canadian Evelyn Martens, who was cleared of two charges of aiding and abetting suicides, received the Marilynne Seguin Award for the person who has made a major contribution in their own country. It was with sadness that we heard of the recent death of Beatriz Gomez, the first recipient of this award in 2004. The Tenrei Ohta Award, for the individual (or society) who has been a major international influence benefiting the global right-to-die movement was awarded to Dr Richard MacDonald, past President of the World Federation, in recognition of his leading role with the Caring Friends programme and outstanding decades of commitment to legalized physician aid-in-dying.

The Health Professional award was awarded to Dr Peter Admirral of the Netherlands, in recognition of his success in establishing a helpful precedent in the global right-to-die movement. Dr Admirral is a leading, medical voice in the Netherlands where his euthanasia protocol is considered to be the gold standard.

Jacqueline Herremans (President of the Right to Die with Dignity in Brussels) assumed the World Federation presidency, with Dr Juan Mendoza-Vega as Vice President, Cynthia St John as Secretary, and Ted Goodwin as

Treasurer. A full list of Board members plus more information about the conference will be available at the World Federation website [www.worldtrtd.net](http://www.worldtrtd.net).

Our conference host society was highly successful in achieving its stated aim, to establish and strengthen international networks; also for delegates to learn about the successes, and the battles – locally, nationally, and internationally. I thank them sincerely for their warm hospitality and look forward to the 17<sup>th</sup> conference in Colombia in 2008.

**Frances Coombe**

### **Advance Health Directives**

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

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

**OR**

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

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

### **Charges may be laid**

Police will consider reopening their investigation into the death of Gold Coast euthanasia crusader Nancy Crick after the publication of a new book detailing how she died. In *Telling It Straight*, John Edge has admitted to disposing of evidence that could have been used to charge him and 20 mainly anonymous fellow supporters present at her suicide. Mr Edge has also admitted to helping the great-grandmother obtain and hide the drugs she used to take her life on May 22nd 2002.

After a two-year investigation no charges were laid against any of the 21 'Nancy's Friends', some of whom had admitted they were present when she died. Mr Edge said he had ignored legal advice and published *Telling It Straight* himself stating that he

was 'well aware of the legal implications, and if I am charged, I'll wear that as a badge of honour in the long struggle for voluntary euthanasia legislation'.

John refers in his book to two conservative voluntary euthanasia societies actively engaged in a bid to scuttle Dr Nitschke's election to the World Federation board. At the time SAVES was condemned publicly, and wrongly so. We took no steps to campaign against Philip. We always have, and always will work hard towards maintaining a harmonious relationship with Dr Nitschke.

**Reference:** Greg Stolz *Courier Mail* 'Charges may follow Crick Death Book', September 19th

**'Storyline Australia': SBS TV  
Circe Films Pty Ltd present  
'Do not resuscitate'**

**Episode 1: 23<sup>rd</sup> November at 8.30 pm  
Episode 2: 30<sup>th</sup> November at 8.30 pm.**

**DO NOT RESUSCITATE is a film about three very different people who are facing their own mortality. Borne out of extreme suffering, they want the right to determine when, and how to die. But in Australia assisting them to die is illegal and carries a 14 year jail sentence.**

**This series is a profound exploration of how they and their loved ones deal with the stark reality of their pending death and the obstacles they face. As these three people challenge the status quo, the laws governing euthanasia in Australia are put to the test.**

## **From the journals Oregon statistics**

The journal *Psychiatric News* (1) states 'in a remarkable medical and psychosocial experiment' 246 people have used prescribed medication in Oregon to hasten their death over the last eight years. This represents 12 per 10,000 deaths. During 2005 ninety five per cent of patients died at home, but all had private health insurance and ninety per cent were enrolled in hospice care. Most of those who join the program eventually die of natural causes, but do so with the 'psychological insurance that brings peace of mind'.

(1) Lieberman, J (2006) 'Letter to the editor – Death with Dignity', *Psychiatric News*, 41 (15) 29.

## **Experience of dying: patient and carer concerns**

Recent research has been conducted involving 36 patients admitted to a hospice, and 18 carers of now deceased patients of a palliative care service who participated in focus groups on end-of-life issues (1).

The research revealed that areas of greatest patient concern were privacy and autonomy, and lack of information about physical changes and medication which could be anticipated as death approached. Patients were also worried about the possibility of 'bizarre or undignified behaviour and of unsightly physical change that may distress their families' during the last moments of their lives. The desire to shorten life was expressed in different ways by all patients in the research. The patients' privacy concerns were from the risk of families usurping decision-making, and some patients were concerned about 'the forced intimacy that some hospice staff appeared to promote and which the patients found distasteful'. Some patients confirmed that the hospice model of 'the family as unit of care' created tension about information sharing.

Patient carers recounted problems in accessing services and support, felt they did not have sufficient information about the patients' illnesses, and were insistent that this should be provided even against patient wishes.

Of particular note in this research was that all interviewed patients expressed thoughts which included the desire to shorten life. These ranged from *fleeting thoughts that life was not worth living, or had gone on long enough, through an expressed wish that they were dead, or an isolating preoccupation with death, to communicating a plan or well-reasoned course of action for suicide.*

Other patients expressed reasons why they should not take their lives. While some gave religious reasons against suicide, the most frequently stated reason for any reticence to act was the uncertainty of how to do so without increasing their suffering or implicating others. Other reasons for not acting were concerns over the reactions of others, rather than justifiability in their own minds. The research findings were that two problematic issues had been revealed. These were the 'family centred model of palliative care', and the differences between patient views on the psychosocial aspects of dying and those of Palliative Care. The research concluded:

*...it was important that the commonest reasons patients gave for not acting on their desire to shorten their lives were practical, and that concerns about the morality of suicide were infrequently expressed.*

**Reference:** Terry, W; Olson, G; Wilss, L and Boulton-Lewis (2006), G "Experience of dying: concerns of dying patients and of carers", *Internal Medicine Journal*, 36 338-346.

## World News

### Israel

Under legislation designed not to offend Jewish law forbidding taking human life, machines will be utilised for withdrawal of treatment for terminally ill patients. A timer fitted to a patient's respirator will sound an alarm twelve hours before switching it off. If stringent conditions are met carers do not have to override this automatic device and the patient is allowed to die. A 58 member panel of 'religious, medical and philosophical experts' came to a view that 'a man [sic] would not be able to shorten human life but a machine can'. Advance directives will be the medium for accessing the law and stipulating patient choice where a terminally ill person is dependent on a respirator.

**Reference:** *The West Australian* 9<sup>th</sup> December 2005

### United Kingdom

Eight hundred British people are now registered with Dignitas, the Swiss clinic that helps the hopelessly ill end their lives; one hundred more than this since January this year. Four more Britons have recently carried out assisted suicides at the Zurich clinic. Dignity in Dying's chief executive Deborah Annetts predicted that British membership of Dignitas could top 1000 by the end of the year. She stated that she was 'shocked and saddened' by the latest deaths but each case demonstrated the need for a change in British law. The most recent assisted suicides bring to 54 the number of Britons who have travelled to Zurich to end their lives.

**Reference:** 'More Britons in assisted suicides' Sunday, 17 September 2006 BBC News.

#### A CALL FOR DONATIONS PLEASE

**SAVES acknowledges the generosity of donations by members over many years. These have been used strategically to further SAVES' primary aim. The next major funding focus is for payment of proportionate costs towards conducting the next Morgan Poll into public opinion on voluntary euthanasia. The last poll was conducted in 2002. It is anticipated that the next poll may be conducted at the end of 2006. We would greatly appreciate members' financial support for this important social inquiry.**

#### SAVES 'T' SHIRTS

**Members are reminded that SAVES 'T' shirts are available in red and dark blue in 'sizes S, M, L, XL, by sending \$25.00 (postage included) to SAVES Hon. Secretary.**

#### Correction

The July 2006 *VE Bulletin* wrongly stated that Bob Dent died on 28<sup>th</sup> July 1996. The correct date is 22<sup>nd</sup> September. Apologies go to Bob's widow Judy.

#### Auditor's Report

Warwick Koster CPA, SAVES' auditor has presented the report for the period ending 28<sup>th</sup> February 2006. The original signed statement is held by SAVES. A copy is reproduced below:

#### SOUTH AUSTRALIAN VOLUNTARY EUTHANASIA SOCIETY INC.

I have audited the Statement of Receipts and Payments for the year ended 28<sup>th</sup> February 2006 of the South Australian Voluntary Euthanasia Society Incorporated. It is not practicable for the South Australian Voluntary Euthanasia Society Incorporated to establish accounting control over all sources of income. Accordingly it was not practicable for my examination of this area to extend beyond the amounts recorded in the Accounting records of the South Australian Voluntary Euthanasia Society Incorporated.

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

WARWICK JOHN KOSTER, FCPA  
HON. REGISTERED COMPANY AUDITOR  
3/10/2006

*The VE Bulletin -*

**SOUTH AUSTRALIAN VOLUNTARY EUTHANASIA SOCIETY INCORPORATED  
STATEMENT OF RECEIPTS AND PAYMENTS FOR PERIOD 1<sup>ST</sup> MARCH 2005 - 28<sup>TH</sup> FEBRUARY 2006**

Opening Balance – 1 <sup>st</sup> March 2005		\$6112.20
<b><u>Receipts</u></b>		
Donations Received	\$4193.50	
Interest Received	\$1416.57	
Sundry Income	\$ 202.00	
Member Subscriptions	\$6855.00	
Transfer from Cash Management Account	\$4000.00	<u>\$16667.07</u>
		<b>\$22779.27</b>
<b><u>Payments</u></b>		
Advertising	\$1910.55	
Bank Charges	\$ 26.30	
Bulletin Postage	\$ 592.79	
Bulletin Print	\$2793.04	
Conferences and Seminars	\$1055.00	
Equipment and Asset Purchases	\$ 79.00	
Equipment and Hire	\$ 132.00	
Gifts to speakers	\$ 233.40	
Income Tax	\$ 275.00	
Insurance	\$3570.60	
Internet Expenses	\$ 271.05	
Parking	\$ 77.70	
Photocopying	\$ 135.10	
Postage	\$ 493.95	
Printing and Stationery	\$1176.66	
Rent	\$ 323.40	
Repairs and Maintenance	\$ 125.00	
Subscriptions	\$ 212.00	
Sundry Expenses	\$ 271.38	
Telephone	\$1301.37	
Travel Expenses	\$ 63.50	<u>\$15118.79</u>
<b><u>Closing Balance 28<sup>th</sup> February 2006</u></b>		<b>\$7660.48</b>

**CBA Cash Management Trust**

Opening Balance 1 <sup>st</sup> March 2005		<b>\$12568.51</b>
Transfer to Working Account		\$ 4000.00
		<u>\$ 8568.51</u>
Interest Received	\$ 822.07	
Bequest	\$7297.25	<u>\$ 8119.32</u>
Closing Balance		<b>\$16687.83</b>

**Arthur Cys Bequest Term Deposit**

Opening Balance 1 <sup>st</sup> March 2005		\$18269.19
Closing Balance 28 <sup>th</sup> February 2006		<b>\$18269.19</b>

**Summary**

Working Account		\$ 7660.48
Cash Management Trust		\$16687.83
Arthur Cys Term Deposit		\$18269.19
<b>Total Funds</b>		<b>\$42 617.50</b>