

# THE BULLETIN

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

**Vol 24 No 2. 'No price is too great for the privilege of owning yourself' July 2007**

*Rudyard Kipling*

## **Voluntary Euthanasia Bill 2007 introduced**

The Hon Dr Bob Such introduced the *Voluntary Euthanasia Bill 2007* into the lower house of state parliament on May 31<sup>st</sup>. SAVES subsequently issued a media release clarifying the society's function and role, as there are different ways of advocating choice-in-dying.

SAVES president, Frances Coombe, stated:

'SAVES is a law reform society working for the legal choice of voluntary euthanasia. Dr Philip Nitschke, Director of Exit International, is working on the development of a peaceful pill and no longer supports the medico-legal approach to voluntary euthanasia.'

'While people understandably consider self-deliverance in the face of interminable suffering under unjust laws, SAVES' mandate is to pursue law reform which will protect and respect everyone's right to choose. We cannot support development of a peaceful pill which has no formal safeguards and effectively sidelines the medical profession and the law.'

'It must be remembered that the federal government is responsible for both the explosive development and desperate use of self-deliverance devices, as it revoked the Northern Territory's *Rights of the Terminally Ill Act* in 1997. The state governments are also complicit, as a majority of their members refuse to enact voluntary euthanasia legislation, denying the urgent need for equitable and compassionate law, and denying the 80 per cent Australian support for such a law'.

Frances noted that the *Voluntary Euthanasia Bill 2007* has strong safeguards and guidelines. 'It requires 14 steps to be followed before a person would be able to access an assisted death, and seven more steps under which the law would be accountable in parliament'. These steps include

forming a monitoring committee comprising up to eight community representatives to oversee the Act and to support the integrity of the legislation. The Bill also specifies the Objects (objectives) of the Act to better clarify its meaning and purpose. Ms Coombe stated 'The *Voluntary Euthanasia Bill 2007* respects everyone's choice, and enables compassion, control, honesty, regulation, transparency, and accountability. In defeating the four voluntary euthanasia bills presented here since 1995, a majority of our members of parliament have effectively imposed suffering on us all.

### **Reminder**

***The 2007 Shirley Nolan Rally will be held on the steps of Parliament House on November 14<sup>th</sup>. Several speakers will address the rally between 12.00 noon and 2.00 pm.***

***Your attendance and support is vital. See you there!***

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Don't let those MPs who are ideologically opposed to voluntary euthanasia legislation tell you how you should die. It should be your legal right to choose'.

## **Overturning the 'ROTI Act': 10 years on**

On the 26<sup>th</sup> March 2007 SAVES issued the following media release:

'The 27<sup>th</sup> March 2007 marks the tenth anniversary of the overturning of the world's first voluntary euthanasia law – the *Rights of the Terminally Ill* Act (ROTI) in the Northern Territory. Former Northern Territory Chief Minister Marshall Perron, architect of ROTI, asks all members of parliament to reflect on the misery caused by the overturning of that compassionate legislation. Marshall said:

'In the 10 years since the Territory Act was overturned, well over 100 terminally ill people have been forced to endure a tortuous, lingering death.'

Denied choice for voluntary euthanasia, we also are forced to suffer or forced to suicide in face of unrelievable suffering.

### **BACKGROUND**

Voluntary euthanasia legislation passed the NT Legislative Assembly on 25th May 1995. The world's first law gave competent terminally ill adults the right to medical assistance to die in face of severe pain or suffering. Sponsored by a religious lobby, Kevin Andrew's private members bill to overturn the Territory Act (*Euthanasia Laws Act*) narrowly passed the Senate on the 25th March 1997. Had an Australian state passed voluntary euthanasia legislation, the Federal Parliament could not have exercised a veto.

The *Euthanasia Laws Act* also prevents the Northern Territory, the Australian Capital Territory (ACT) and Norfolk Island ever passing voluntary euthanasia legislation.

During the nine months that the Northern Territory's voluntary euthanasia law was in place, four people used its provisions to end their suffering by dying comfortably, quickly, at a time of their choosing in the presence of loved ones.

Medical assistance to die is a legal possibility in the Netherlands, Belgium, Oregon and Switzerland but moral busybodies block legislation here in Australia with fear and smear accusations against these countries.'

## **President's report: March meeting**

Approximately 40 people attended the SAVES 2007 Annual General Meeting on 29<sup>th</sup> March. The election of office bearers endorsed Frances Coombe as president, Julia Anaf and Mary Gallnor as vice presidents, Hamish Claxton as honorary treasurer, Anne Hirsch as honorary secretary, Leonie Moore as minutes secretary, and Gerry Kelly as a new member.

Frances Coombe spoke about the increasing pace of activity around law reform. She thanked the many people who help the society in so many ways. She discussed the noticeable change in public attitude; and an anger and impatience that is expressed during information and awareness days in Rundle Mall and on the steps of Parliament House.

The tide is changing and people no longer simply state that they support law reform. They now come with ideas for pushing the agenda. The debate has moved on to considering specific points of legislation. Frances spoke of the number of media releases that have been issued since the last *VE Bulletin*, reported on elsewhere in this edition. There is continued lobbying or ongoing dialogue with members of parliament, the Australian Medical Association, and Palliative Care Australia to continue the significant progress in South Australia.

In NSW, Greens MLC, Ian Cohen, plans to reintroduce the *Rights of the Terminally Ill* Bill 2001 that confirms the right of a terminally ill person to request assistance for an assisted death from a medically qualified person. Australian Greens leader Bob Brown has introduced a private members bill to legalise voluntary euthanasia in Australian National Territories. The *Rights of the Terminally Ill* Bill, similar to the Northern Territory law overturned by the federal government in 1997, would provide strong safeguards and require three doctors to oversee the process, including the patient's general practitioner

and a psychiatrist. The bill will apply to Australian external territories; Ashmore and Cartier Islands, Aust. Antarctic Territory, Christmas Islands, Cocos Islands, Coral Sea Islands, Heard and McDonald Islands. Although voluntary euthanasia is a state issue, Senator Brown hopes to renew the political debate that he claims is growing through public support. In 2006 the government and opposition joined forces to vote down a right-to-die motion introduced by Senators Bob Brown and Lyn Allison.

Frances then moved on to the international scene and advised the audience that the Federation Council in **Moscow** is drafting a bill to permit voluntary euthanasia in Russia. In **France** over 2000 doctors and nurses have issued a joint call for voluntary euthanasia to be legalized, as 'mercy killings' are widely practiced by the medical profession. In **Japan** guidelines are being compiled on when it is considered acceptable to end treatment that prolongs the lives of terminally ill patients.

The USA has experienced wide-ranging activity. In **Wisconsin** a bill has been drafted to allow terminally ill patients, expected to die within six months, the right to request life-ending medicines. In **San Francisco** similar draft legislation has been approved by Assembly Committee, as supporters made a fourth attempt to get the proposal to the governor's desk; having approved essentially the same bill on three occasions since 1999.

In **California**, the *Compassionate Choices Act*, allowing terminally ill adults access to life-ending drugs, has won support of the largest physicians organization, the California Association of Physician Groups, which represents thousands of doctors in more than 150 organised medical associations. A representative of the group said members take very seriously their principal duty to heal and comfort patients and prevent avoidable suffering. When physicians can no longer cure the disease or alleviate symptoms, terminally ill patients are seen to have the right to control the circumstances of their death.

The **Vermont** house voted down the *Patient Directed Dying Bill*, and in **Boston**, the House Human Services Committee has voted 7-4 in favour of legislation; spending a week hearing from witnesses.

Following discussions of national and international initiatives, Frances reminded the audience that SAVES T shirts and carry bags are available for purchase. She also confirmed that the 2007 Shirley Nolan Rally will be held on Wednesday Nov 14<sup>th</sup>, and that 'awareness days' are held each month on the steps of Parliament House.

Guest speaker, the Hon Dr Bob Such, was then invited to give his talk on the *Voluntary Euthanasia Bill 2007*. Dr Such explained the differences between this and earlier legislation. The current bill does not allow for decision making to be made through advance directives, and is restricted to terminally (not hopelessly) ill patients. In his view, 'tightening' the legislation is necessary to attract more support from politicians; an argument that was robustly debated from the floor.

SAVES supports and thanks Dr Such for his ongoing efforts towards legislative choice for voluntary euthanasia, and for addressing SAVES AGM to discuss his initiative.

**Urgent, urgent!**

**An appeal for the position of administrative secretary:**

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

**Computer literacy is essential.**

**SA state government reviews advance directives**

SAVES has welcomed the opportunity to make a submission to the recent comprehensive review of advance directives in South Australia. The state government sought public input around these legal documents in which people state their wishes should they become incapable of making informed decisions in the future. At present there are four advance directives covering health, finance and lifestyle decisions; this is complicated and confusing.

This review was undertaken to facilitate clarification of advance directives through greater public awareness, greater utilization of these documents and more streamlined public policies. The public was invited to make comment on up to 75 questions that were published on the SA Dept Health website. SAVES commented on 48 of these, and commended the government on this very important initiative.

The advance directive review does not broach the issue of voluntary euthanasia, confining its scope to the existing *Consent to Medical Treatment and Palliative Care Act 1995*, the *Guardianship and Administration Act 1993* and the *Powers of Attorney Act 1994*.

**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 two different methods is available from the SAVES secretary, and website at [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/>**

SAVES president Frances Coombe has been invited to be on the expert advisory panel for the review, in recognition of her expertise in this area, and her understanding of 'grass roots' attitudes towards advance directives, through SAVES' ongoing promotion of these important legal documents.

**Welcome to committee, Gerry**

Gerry Kelly is welcomed as SAVES' latest committee member. He was born and grew up in Niagara Falls, Canada. At the age of 17 he entered a Roman Catholic seminary and remained in the monastery for five years while preparing to become a priest. Towards the end of that period he began to have grave doubts about his decision and left the seminary. He then undertook university studies, graduating in Latin and Greek, and teaching Latin in an Anglican boarding school in Quebec.

Gerry worked in Germany for almost five years, during which time he met his wife Jan who was from Adelaide. They married and have lived in Adelaide since 1975; with Gerry spending most of his time in SA as a German teacher in state schools.

He has always been a dog lover and has experienced several of his pets die in his arms with veterinarian assistance when they had been suffering at the end of their lives. Gerry says that it 'began to prey upon his mind that we are not as kind to each other as we are to our pets'.

Within the last few years Gerry's mother and three of his siblings have died after experiencing 'pointless suffering'. From his many conversations outside Parliament House, in Rundle Mall, and with his own friends, Gerry has noted a groundswell of public opinion supporting choice for voluntary euthanasia. He hopes that through his involvement with SAVES he can 'play a small part in promoting voluntary euthanasia legislation in SA'.

**Shameful deaths**

In his book *A Social History of Dying*, sociology professor Allan Kellehear from the University of Bath has stated that one in five people will die a 'shameful death', alone, ravaged by dementia and lacking dignity. He argues that this would be the type of death considered shameful by previous generations, and it reveals that death is becoming increasingly 'tragic and anti-social'.

'Most people think only fleetingly about how they will die and usually it surrounds some romantic notion of dying in our sleep at home,' which is generally not the case. People are more likely to

face a protracted death in a nursing home or hospital, preceded by multiple organ failure, pneumonia or dementia.

Professor Kellehear claims that the way that developed countries treat the dying is 'shameful', leading to an increasing number of elderly people considering suicide in order to manage their own deaths. He is urging governments worldwide to reassess how the act of dying is treated, as it will become a 'major crisis' if not tackled head on.

Professor Kellehear stated that this may involve introducing more liberal policies that enable people to better manage their dying, a closer examination of medical ethics, and better training for those who care for the elderly. He concedes that this is not a popular issue for politicians; but if they do not address it, there will be 'no escape from the tragedy that will befall many of us when we die.'

**Reference:** 'One in five face 'shameful death' *The Australian* 4<sup>th</sup> April 2007

## Greens MP's support for SAVES

On 29<sup>th</sup> March 2007 during the debate on voluntary euthanasia, Greens MP, the Hon Mark Parnell, made the following statements in support of SAVES:

'On the topic of voluntary euthanasia, one of the organizations I was pleased to join last year, in my capacity as a newly elected member of parliament, was the South Australian Voluntary Euthanasia Society; and I am encouraged, when I see the members of that society one Friday a month on the steps of Parliament House, that they are reminding us that the issue is not going away.

I am also conscious that a large number of members of both this and the other place have been working on this issue for many years and that I am very much a Johnny-come-lately, but I am encouraged that there are enough members in both houses with a conviction to ensure that this issue does not disappear. I look forward to working with those members over the remainder of my time here to ensure that we do eventually get legislation in this place that provides for death with dignity'.

SAVES shares Mr Parnell's views and looks forward to a successful working relationship with him.

**Reference:** Hansard 1880

## Private members bills

South Australia has always been very active in law reform initiatives through the legislative vehicle of Private Members Bills (PMBs). According to information provided by Marshall Perron, architect of the *Rights of the Terminally Ill* Act in the NT, between 2000 and 2007 there were 320 PMBs introduced in SA, with 45.7% being passed. This compares with New South Wales 135 (19.2% passed), Western Australia 80 (11.4% passed), Tasmania 69 (9.8% passed), Queensland 51 (7.2% passed) and Victoria 10 (1.4% passed).

The Hon Sandra Kanck MLC who has initiated PMBs in support of voluntary euthanasia legislation claims:

"There's some history that drives it. Firstly, there's the whole idea of SA being a 'paradise of dissent', having been established by free-thinkers. A lot of the bills are upper house bills, and it is a very gentle house in terms of the bullpits that exist in some places.

The consequence is that when an MP seeks leave to introduce a bill, it is never denied. In other states it is. And all it takes is one voice to say 'no' to the question the President/Speaker puts 'Is leave granted?' and the bill cannot be introduced. Because the Democrats have had MPs in both the NSW and WA parliaments, I'm aware of this device being used against them.'

Ms Kanck explained that this expression of the democratic process is supported in the South Australian Legislative Council, as Wednesdays are specifically set aside for Private Members' business, and 'we can take all afternoon and evening on this if that is our wont'.

**Reference:** Personal communication Marshall Perron and Sandra Kanck.

## SAVES members write to their MPs

One important way in which SAVES members can support law reform is to write to their local members of parliament stating their views on choice for voluntary euthanasia and urging support for the *Voluntary Euthanasia* Bill 2007. SAVES has been advised by two of its members that they have targeted their own local MPs, and have also

sent letters to all state parliamentarians. In one instance a 'follow up' letter was also sent to one MP who expressed concerns over the possibility of a bill ever incorporating sufficient safeguards. This member's letter is reproduced in part below to illustrate the opportunity SAVES members have for advocacy:

*...The putting into place of competent legislation and then complying with it certainly is an issue. Our belief is that the guidelines set out in the proposed Bill seem very well thought out and comprehensive, and there are severe penalties for those who do not keep to the guidelines. I attach a "Flow Chart" which sets out the strict guidelines and procedures outlined in the proposed Bill, which would need to be followed prior to voluntary euthanasia taking place.*

*The enacting of the legislation would bring into the open and make legally reportable instances of euthanasia that are already occurring in the community, sometimes under the "guise" of the "double effect" when death is foreseen but claimed to be the "unintended" consequence of treatment to relieve pain.*

*Enacting the legislation would remove the need for law-abiding Australians to travel to Mexico to buy products normally used to euthanase animals, or set up clandestine laboratories in Australia to make pentobarbitone.*

Another member has forwarded a very personal letter to all state parliamentarians supporting the *Voluntary Euthanasia Bill 2007*, by explaining the impact of the recent death of a family member who was suffering in the terminal stages of cancer. The letter stated:

*I understand that the Hon. Bob Such is to introduce a bill into Parliament in South Australia favouring euthanasia. Last Monday (May 28<sup>th</sup>) my sister-in-law died of leukaemia in a hospital in Melbourne. She was diagnosed in November last and told then that there was no cure for the type of leukaemia she had. Since November she has suffered much pain and distress. This distress has compounded as the disease took a stronger hold.*

*She would, in the last stages, liked to have died peacefully after saying farewells to her family but*

*she lingered on till finally she died last week. It has brought home to me the necessity in this state (or, indeed, anywhere) of humane laws regarding the final stages of a disease like leukaemia and the ability of a suffering person to say "enough" and be given a peaceful end.*

*We allow dogs and cats to die peacefully when they are sick rather than leave them to suffer to the end but for some reason we deny this to our fellow humans. I know some religious people are opposed to euthanasia and that is their right. Bob Such's bill calls for voluntary euthanasia and it seems to me that such a request in the extreme ending of life should not be denied those, like me, who do not share the religious view. I urge you to support the bill. I am 75 years of age, and do not relish the thought of suffering like my sister in law to satisfy other people's religious views.*

SAVES commends these very important initiatives, and urges as many members as possible to make representations to their local state MP. **A copy of the flow chart depicting the steps involved in accessing and monitoring the proposed law is provided on page 10 of this bulletin.**

### **'Humanitarian approach to Christianity'**

The above description is that ascribed to the veteran right-to-die campaigner, Rev Bill Wright, by Herald (Washington) newspaper writer, Julie Muhlstein, when reporting on his death on March 14<sup>th</sup> aged 81 years. Rev Wright, a pastor of the First Congregational United Church of Christ, and more recently United Church of Christ was deeply involved in his community, 'serving churches, government and cultural groups'.

Hilde Benson-Wright said her late husband was committed to letting people choose if they wanted to end their lives due to terminal illness, and was ahead of his time in thinking about this issue, although he often "kept his thoughts to himself." In the 1980s, he was a board member of the Hemlock Society, and following the 1991 defeat of Washington's Initiative 119, which would have allowed patients the right to request medical aid in dying, Wright was one of about a dozen Hemlock Society members who started the organisation Compassion in Dying. (This later combined with

the former Hemlock Society to become Compassion and Choices).

## From the journals The Netherlands

Approximately every five years, the *New England Journal of Medicine* publishes an update on the practice of voluntary euthanasia and physician-assisted suicide in the Netherlands. The latest update covers 2005, which for the first time covers the now legal practices which were previously accepted, although illegal, in that country. The study had an impressive 78 per cent response rate to the mailed requests sent to physicians attending 6860 deaths. Major findings were the absence of a 'slippery slope', less evidence of hastened death without explicit request, and the fact that opioids are not the medication of choice (with greater use of neuromuscular relaxants).

In 2005 voluntary euthanasia accounted for 1.7 per cent of all deaths, and physician-assisted suicide 0.1 per cent, which were significantly lower than earlier studies.

**Reference:** Agnes van der Heide, M.D., Ph.D., Bregje D. Onwuteaka-Philipsen, Ph.D., et al 'End-of-Life Practices in the Netherlands under the Euthanasia Act', *NEJM* Vol 356 (19) 1957-1965 May 10<sup>th</sup> 2007.

In another study in the Netherlands involving retrospective interviews with 87 relatives of patients who died by euthanasia or physician-assisted suicide, it was revealed that 85 per cent suffered from cancer. Prior to making an explicit request for assistance to die, 79 per cent of patients had discussed their wishes concerning end-of-life decision making. It was hopeless suffering, loss of dignity, and no prospect of recovery that were the main reasons for requests. Relatives reported that for 92 per cent of patients, voluntary euthanasia or assisted suicide contributed positively to the quality of the end of life by preventing or ending suffering.

**Reference:** Jean-Jacques Georges, Bregje D. Onwuteaka-Philipsen, Martien T. Muller, Gerrit van der Wal, Agnes van der Heide, Paul J. van der Maas. 'Relatives' Perspective on the Terminally Ill Patients Who Died after Euthanasia or Physician-Assisted Suicide: A Retrospective Cross-Sectional Interview Study in the Netherlands', *Death Studies* 31 (1) Jan 2007 1-15.

## Canada

Research in Canada around voluntary euthanasia and physician-assisted suicide has focused on the dying themselves – a cohort often ignored in research. Sixty per cent of the 379 palliative care cancer patients who participated in a survey supported legalization of assisted death. Interviews had been held between 2001 and 2003 in St. John's, N.L., Quebec City, Ottawa, Winnipeg, Saskatoon, Edmonton, Kelowna, B.C., and Vancouver. The survey was funded by the Canadian Institutes of Health Research, and published in the U.S. journal *Health Psychology*. Forty per cent claimed that they would consider a future request if facing a 'worst-case scenario', with ten per cent stating that they would already have requested it, and 5.8 per cent stating that they would have already have elected to access voluntary euthanasia or physician-assisted suicide if they had the option.

**Reference:** Anne Marie Tobin *The Globe and Mail* (Canada) June 6th 2007.

## Dr Jack Kevorkian released from prison

In an article commenting on the recent release from prison of Dr Kevorkian, Dr Sidney Wanzer, a well known commentator on the rights of the hopelessly ill, stated that 'he (Dr Kevorkian) brought this matter (voluntary euthanasia) to the acute attention of the public in a way that no one had done before'.

'There are occasional instances in which comfort care is applied with the greatest skill possible, and yet the patient continues to suffer intolerably in spite of all measures. This happens in the practicing lifetime of a physician only rarely, but it does happen. In my experience, these situations are self-evident. They cry out that physician-aid in dying is the only humane and compassionate thing left in the spectrum of treatment at the end of life. Without fearing abuse, we should permit intolerably suffering patients the right to exert this ultimate autonomy in choosing the manner of their dying. Doctors shouldn't have to go to jail for acting compassionately'.

**Reference:** Wanzer, S. 'Dr. Death' served us all with time in prison', *USA Today*, 6th June 07

## **Please write in support of the Voluntary Euthanasia Bill 2007**

### ***Your support is vital***

#### **Points for letters to MPs in support of the *Voluntary Euthanasia* Bill 2007**

**It is important that members of parliament are made aware of the considerable level of community support for voluntary euthanasia legislation.**

**Please write at least to your own member of parliament in the House of Assembly. Additionally, if you can manage, photocopy your letter and send to all members of the House of Assembly and the Legislative Council, *particularly the latter*. This is not as difficult as it sounds! A list can be obtained from Parliament House or through [www.parliament.sa.gov.au](http://www.parliament.sa.gov.au) - also from the government pages in the telephone book. At the bottom of your letter, which is best kept brief, write 'cc all Members of Parliament' or those to whom you're sending; eg "cc Legislative Council Members". End your letter by asking for a reply. Photocopy the letter, place in envelopes with each member's name on the front, and place these in a large envelope addressed to:**

**Parliament House, North Terrace, Adelaide SA 5000. Post or hand deliver.**

#### **Pertinent points you may wish to include in your letter:**

- I am writing to express support for the *Voluntary Euthanasia* Bill 2007.
- I wish to record in the strongest possible terms my support for legalising voluntary euthanasia.
- Please accept this submission in support of legalizing voluntary euthanasia.
- Voluntary euthanasia is an act of caring; it is wrong to describe it as killing, as opponents of voluntary euthanasia do.
- Legalising voluntary euthanasia, as an option of last resort in medical practice, will encourage greater research into cures.
- It is not only the possibility of pain, though that is bad enough, if it cannot be relieved. What concerns me is lingering on, when all hope of a reasonable quality of life is gone.
- I am now . . . years old. I want the peace of mind that the legal option of voluntary euthanasia would give me if my dying process became too awful. It would be such a relief.
- It is my life and I should have the right to say when I have had enough.
- It would give me confidence in my doctor to know that he/she would be willing, in the last resort, to help me to die at my request.
- I do not believe that a loving God would want us to endure unnecessary suffering at the end of life.
- When we are suffering with no reasonable prospect of a cure, we should be able to say we have had enough.
- We should all have the choice of asking for help to die if we are terminally ill and suffering intolerably.
- A doctor should be allowed to help me without fear of breaking the law.

- I object to the present law prohibiting voluntary euthanasia because it imposes the beliefs of others upon me.
- Legislation is supported by 80% of South Australians (Newspoll 2007).
- It is possible to enact legislation with stringent safeguards against abuse and it is your responsibility as a lawmaker to do so.
- Doctors are in a terrible position. They dare not discuss the subject because it is illegal. The patients are in a worse position for the same reason.
- I do not fear the pain but loss of control over vital faculties and total dependence on others is a real concern to me.
- We know that doctors help many people die, and they do not always get their consent. This is because it cannot be discussed. It will be much better to have it regulated so that it can be brought into the open.

Issued by: South Australian Voluntary Euthanasia Society Inc. (SAVES)  
Postal address: PO Box 2151, Kent Town SA 5071. Internet: [www.saves.asn.au](http://www.saves.asn.au)

## **Seasons and emotions**

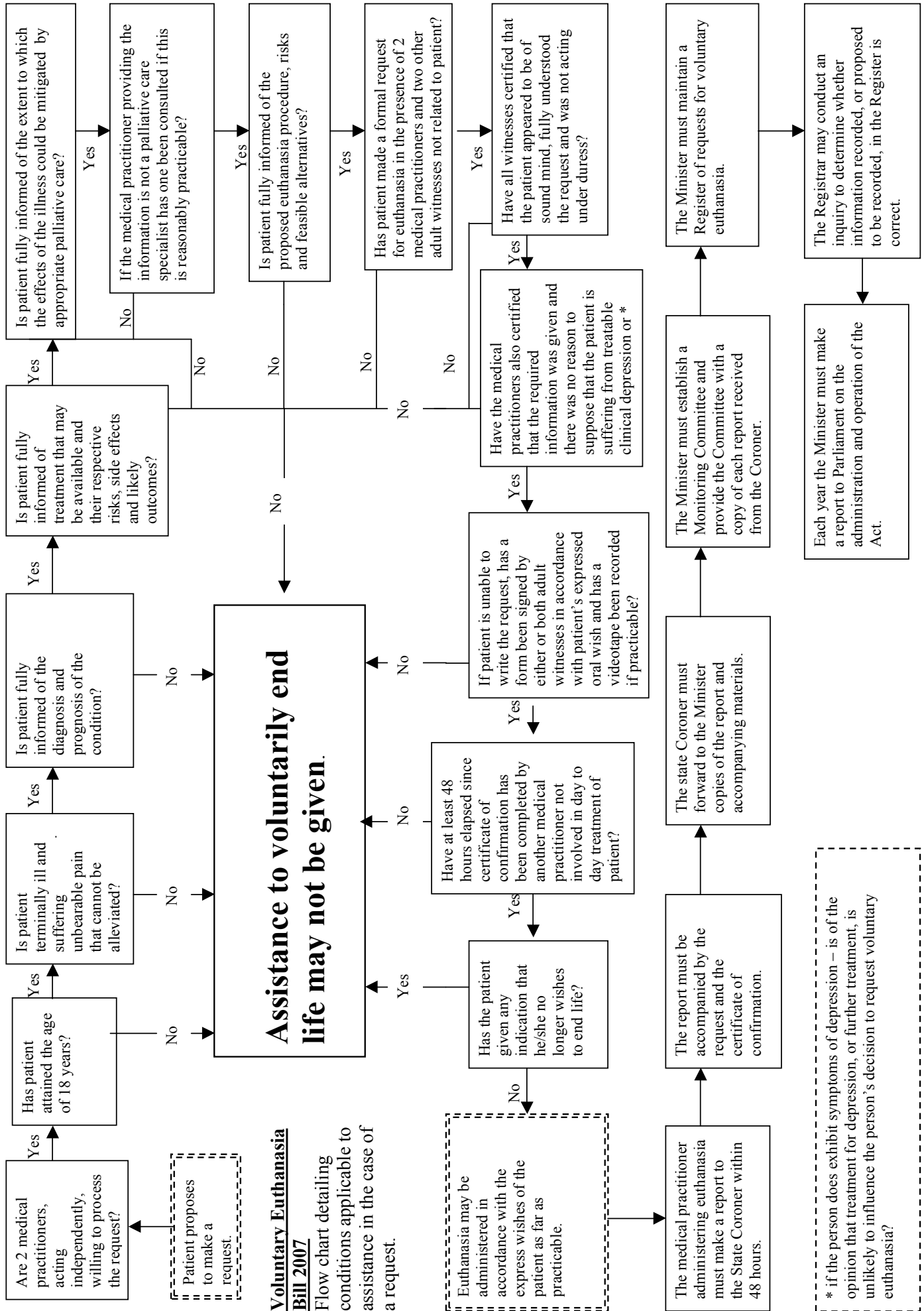
SAVES is pleased to publish a poem written by life member and active supporter, John Nelson Pritchard (1912-).

### ***Birthday Autumn***

*A Birthday should be Springtime- a season' celebration.  
- a greening – full of young promises- joyful- crowded.  
But, for Everyman a Winter comes- finally- on time!  
So, after late Harvest joys- my season of days declines.*

*As, on an afternoon, autumnal, cool and uneventful  
When clouds lift- like a blessing- the sun glows.  
There comes a breathing warmth of air-  
-summer scented of dried grass, old blossoms-  
-recalling late enjoyments- a quiet breeze-  
-uncommitted- destined seasonably to arrive-  
-and go- without passion or commitment- resolved.*

*Thus would I wish the last of my days to be,  
-as this Autumn breath of air, departing,  
warm with Summer memories, without ceremony,  
without agony, unassuming, cloudless and  
- and - without unloving Winter.*



**Voluntary Euthanasia**

**Bill 2007**

Flow chart detailing conditions applicable to assistance in the case of a request.

Euthanasia may be administered in accordance with the express wishes of the patient as far as practicable.

\* if the person does exhibit symptoms of depression – is of the opinion that treatment for depression, or further treatment, is unlikely to influence the person's decision to request voluntary euthanasia?

## NOTICE OF A 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 July 29<sup>th</sup> 2007**

*Guest speaker will be*

***The Hon Stephanie Key MP, on her support for voluntary euthanasia legislation***

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

**Bring your friends. All welcome.  
The final public meeting for 2007 will be on Sunday 25<sup>th</sup> November**

**\*\*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.'*

<p><b>Membership Fees</b></p> <p>Annual Single        \$20 Double        \$25</p> <p>Concession Annual Single        \$10 Double        \$ 14</p> <p>Life Membership Single        \$170 Double        \$ 280</p> <p>Annual fees fall due 28<sup>th</sup> February.</p>	<p><b>SAVES MEMBERSHIP FORM</b></p> <p>New member ( ) Renewal ( ) Date _____ Membership Fees \$ _____ Donation towards the work of SAVES \$ _____ Dr/ Mr/ Mrs /Ms /Miss/ Other _____ Total \$ _____ Given name or initial _____ Surname _____ Address _____ Postcode _____ Ph (h) _____ (w) _____</p> <p>Please make cheque or money order payable to SAVES and send to Treasure SAVES, PO Box 2151, Kent Town SA 5071.</p> <p><b>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.</b></p> <p><b>* SAVES is not able to help people end their lives.</b></p>	<p>Email address if you would like to be advised of special activities</p> <p>Date of birth - optional _____ _____</p>
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## SAVES' Primary Objective:

A change to the law in South Australia so that in appropriate circumstances, and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgment and conscience of the doctor.



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**8379 3421** (prefixes: interstate 08, international +61 8)

**[www.saves.asn.au](http://www.saves.asn.au)**

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**Editor: Julia Anaf**