



VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INCORPORATED)

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NEWSLETTER

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Remembering ROTI Conference

Bob Dent Day 2006 saw the Remembering ROTI Conference at the Dougherty Centre. Hosted by the VE Society of New South Wales and Dr Philip Nitschke's Exit International, the one day



conference attracted around 200 delegates of whom almost half were Society members.

Despite some minor technical problems, the conference was a stimulating feast of past and current debate about Voluntary Euthanasia in Australia. It was a fine way to remember the passing of Bob Dent – the first person in the world to receive a legal, lethal voluntary injection under the Rights of the Terminally Ill Act on 22 September 1996.

The morning session of the conference was given over mainly to politicians past and present. The first presentation was by former NT Chief Minister Marshall Perron who gave personal insights into why he wanted a right to die bill in the Northern

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Territory, and how his Private Members Bill came to pass.

Marshall was followed by a video presentation by Dr Marion Maddox. Author of *God Under Howard*, Dr Maddox spoke about the 'Euthanasia No' campaign—a quiet yet bipartisan political campaign which led to the over turning of the Territory's law. The Euthanasia No campaign was led by Minister Kevin Andrews (then a backbencher) and Shadow Minister Tony Burke (then an ALP staffer).

Just prior to morning tea, Dr Philip Nitschke took to the stage speaking of his time as a doctor under the ROTI Act and his work now with Exit. At morning tea, visiting South Australian MP Sandra Kanck launched Dr Nitschke's new *Peaceful Pill Handbook*. Despite a case of these books being seized by Australian Customs two days before the conference, several inspection copies were available on the day and orders were taken.

There were several true highlights of the conference, not least the panel of politicians who attended or who gave presentations on DVD. Senator Amanda Vanstone for instance spoke of the honour associated with breaking a bad law. Greens Senator Bob Brown spoke of the moral importance of allowing people to choose how it is that they might die. Senator Lyn Allison spoke of how parliamentarians with religious convictions now tend to be very well organised and how this affects government policy. Finally, Dr Carmen Lawrence spoke passionately and with conviction of the recent deaths of her mother and a close friend and the impact of those experiences upon her willingness to take up the VE issue.

For many who attended the conference, the highlight of the day was the lunch time street march through Chatswood. To the chanting of 'What do we want?' 'Choice in Dying'. 'When do we want it?' 'Now!' almost all conference delegates took up placards with pro-choice messages and donned

Exit's purple and white 'My Life My Choice' sashes to take their message public and get their voices heard. Led by Exit rabble-rouser Dr Fiona Stewart, two laps of the block was barely enough for some keen folk. The march was featured on the ABC's PM program that night. The conference was featured on the ABC and other news as well.

In the afternoon the main session heard from the ordinary voices of people whose family members used the ROTI Act. A copy of the moving and incredibly eloquent speech by Sydney man 'Ray' about his mother Valerie was reproduced in Exit's special conference-edition October newsletter. Free copies can be obtained by calling the Exit office on 1300 10 EXIT (3948).

The day was rounded off by the Hon Sandra



Dorothy Simons, founding member and former president took part in the protest march.

Kanck from South Australia who talked about the new Suicide Related Materials Act and noted the irony that while she could mail her recent parliamentary speech about VE to interested people, she could not discuss it on the phone or send it by email.

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The day was brought to a close with the distribution of Condolence Books. These books will gather signatures from people in the community who want to see a VE law. The Condolence Books will be taken to Canberra on the National Day of Shame on 26 March 2007 and presented to Kevin Andrews and Tony Burke. **You will have received a page for the Condolence Books** with this newsletter

and we hope that you will return this page, completed with up to three signatures and messages, to VESNSW, PO Box 25, Broadway NSW 2007 as soon as possible for inclusion in the Sydney book. Your family and friends are welcome to sign if they wish – this is not restricted to VE or Exit members! If you would like further copies of the condolence page, please photocopy your sheet or contact the office on (02) 9212 4782.

FOR YOUR DIARY

Meetings

- **Xmas Lunch** VES members are invited to join Exit members for a Bring-A-Plate lunch at 12.30pm on Thursday 14th December at the Dougherty Centre, Chatswood.
- **General Meeting** There will be no further VESNSW meetings until early 2007. The AGM date will be advised in the next newsletter. Set aside **25-27 March, 2007 for the National Day of Shame** trip to Canberra.
- **ACT Branch** is organising a Forum on **'End of Life Options for Older People'** on Wednesday, **29th November 2006**, 6-8 pm at the Law Lecture Theatre ANU. Contact George Buckfield on 6282 0022.
- **Central Coast Branch** – The last meeting for 2006 will be held on Friday 15 December, starting at 10am in **Meeting Room 3 at the Gosford Senior Citizens' Centre, 217 Albany Street North, Gosford**. Please RSVP to Romaine Rutnam, by noon on Wednesday 13 December if you intend to come, with either a plate of finger food or bottle of Christmas cheer to share. At this stage, three meetings are planned for 2007, on Friday 20 April, 17 August and 21 December.
- **Illawarra Branch (Support Group)** – For information please contact VES Illawarra Branch, PO Box 8, Keiraville NSW 2500, or phone 4229 2789.
- **Northern Rivers Branch** – Contact: Bryan Milner, 6680 1961.
- **Email:** Readers of this Newsletter are asked to help to get as many VE supporters as possible to send in their email addresses. Email is the quickest and cheapest means VESNSW has of keeping members informed. If you or your friends would like to be contacted by email please send us your email address to: mail@vesnsw.org.au
- **Confidentiality:** VESNSW does not provide information about individual members or give the membership list to any person or organisation under any circumstances.
- **EXIT International** – Ph. 1300 10 3948 or visit their website, <http://www.exitinternational.net>
- Visit the VESNSW web site at www.vesnsw.org.au

FROM ITALY

Editor: The following open letter from Piergiorgio Welby (co-President of the Luca Coscioni Association) to the President of the Italian Republic, Giorgio Napolitano, contains many important arguments that we can use here in Australia in favour of VE and is quoted in its entirety.

Mr President,

I am writing to you, and through you I am addressing also those citizens that will have the opportunity to listen to these words, to this cry of mine, which is not one of desperation, but one full of human and civil hope for our country.

Until two and a half months ago, my life may have been marked by rather serious difficulties, but I was able, at any time of the day, to use my computer and write, read, do research and chat with my friends on the internet. Today, I seem to have fallen into an abyss from which there is no exit.

The day starts with the alarm of the lung ventilator device, while humidifying filter and the mouth catheter is changed, the day continues with the radio in the background, between frequent aspirations of tracheal secretions, the monitoring of oximetric parameters, personal cleaning, medication and Pulmocare beverages. I used to get up at ten at the latest, and start writing on my PC. Today, my pathology, muscular dystrophy, is in such advanced state that I cannot make any movements, and my physical balance has become extremely precarious. I get up at noon with the help of my wife and an assistant, but more and more frequently I find myself sitting without opening my computer because I feel dead tired. I force myself on the chair to assume, for at least an hour, a position other than lying in bed. When I go back to bed, at times I fall asleep but wake up in a fright, perspiring and more tired than before. I turn on the radio, but listen to it without paying much attention. I cannot concentrate because I am constantly thinking on how to put an end to this life. Around six I make another effort to sit, with the help of my wife Mina and my nephew Simone. Every day I get worse, weaker and more tired. After about an hour they take me back to bed. I watch TV waiting for the Tavor tablet so that I can fall asleep and not feel anything, hoping that I will not wake in the morning.

I love life, Mr President. Life is the woman who loves you, the wind through your hair, the sun on your

face, an evening stroll with a friend. Life is also a woman who leaves you, a rainy day, a friend who deceives you. I am neither melancholic nor manic depressive. I find the idea of dying horrible, but what is left to me is no longer a life. It is only a stubborn and senseless obstinacy of keeping active the biological functions. My body is no longer mine. It is there, spread before doctors, assistants and relatives. Montanelli would understand me. If I were Swiss, Belgian or Dutch, I could escape from this utter outrage, but I am Italian and there is no pity in Italy.

You are probably thinking, Mr President, that I am appealing for a 'dignified death' for myself. But no; that is not it. And I am not talking only about my death.

Death cannot be 'dignified'; it is life that should be dignified or decent, especially when it is growing weak because of old age or incurable illness. Death is something else. To define death as 'dignified' euthanasia is to deny the tragic dimension of dying. It is tantamount to continuing to conceal and to distort death that, driven from home, hidden by a screen in hospitals, neglected in the loneliness of the homes for the aged, seems to be something that it is not. For what is death? Death is an indispensable condition for life. Aeschylus has written, 'It's hard to struggle. Decay is setting in, like a swelling flood. A blind ocean, a cesspool of pain surrounds me without even a glimmer of hope. There is no landing place. There is no landfall.'

And yet there is a landfall, but euthanasia is not a 'dignified death' but an appropriate death, in the words of a man of faith, Jacques Pohier. Appropriate is that which 'carries the port'; for Plutarch, the death of young people is a shipwreck, that of old people a landing at a port; and Leopardi defines it as the only 'place' where rest, not bound but secure, is possible.

In Italy, euthanasia is a crime, but this does not mean it does not 'exist': there are calls for euthanasia which are not heeded because the doctors are afraid of being criminally prosecuted, and conversely, acts of euthanasia may be practised without the informed consent of patients who are conscious. To grant a request for euthanasia, certain European countries, such as the Netherlands and Belgium, have introduced procedures that enable a 'terminally ill' patient to plan, with the doctor, the course for 'landing' at an appropriate death.

A law on euthanasia is not the incomprehensible request of a few eccentrics either. Even in Italy, there were four or five bills already introduced in the last

legislature. The association of anaesthetists, with great circumspection, has asked for a clearer law; the recent decision of the lapsed (and not yet renewed) national bioethics committee on the advance directives for healthcare revealed that it was impossible to exclude any eventuality of euthanasia in the event that the doctor adheres to the advance provisions drawn up by the patients. Even in the Church's strict position there are certain openings, albeit within the confines of tradition, that allow for a heavy intervention with palliative cures and do not allow for intervention with disproportionate treatments that do not entail concrete benefits for the patient. Public opinion is always more aware of the inherent risks of leaving every decision about treatment up to the doctor. Many have helped a family member, a friend or a relative during an incurable or highly debilitating illness and have come to the decision, that if they were faced with the same predicament, they would not follow the same path. Others have witnessed the tragedy of a person in a persistent vegetative state.

Hark, is that thunder one hears? Is the world still on its axis?
Can it really be true that euthanasia is being debated at the very
doorstop of the Vatican, the world's guardian of 'natural
death'? Is this the dawn of the New Enlightenment?

By George, if I weren't an atheist I might be inclined to think
that God does indeed work in mysterious ways!

From Bernie Klein, Ann Arbor

When we face issues connected to the end of life, we are not dealing with a dispute as to who is in favour of life and who of death: all patients want to be cured, not to die. Those who share, with love, the course imposed by the illness on the loved one, want that person to recover. Between wishes and hopes, time passes relentlessly, and with the passage of time, hopes grow weaker and the desire to be cured becomes a desire to shorten the course of desperation before reaching that natural end that the reanimation technicians and machines that support or stimulate the vital functions risk posting every forward in time. As to our technical possibilities of keeping people alive, there will come a day when swarms of living dead will come out of reanimation centres, who will wind up vegetating for years. We will probably all have to learn that death is also a learning process, and merely a matter of falling into

a state of unconsciousness.

His Holiness, Pope Benedict XVI, has said that 'to the claim often put forward that it is necessary to resort to euthanasia in order to eliminate suffering, we must corroborate the inviolable dignity of human life, from conception to its natural end'. But what is 'natural' in a reanimation room? What is natural in a hole in the belly and a pump that fills it with fats and proteins? What is natural about a body kept biologically functional with the help of artificial respirators, artificial feed, artificial hydration, artificial intestinal emptying, of death artificially postponed? I believe that it is possible to play with words for reasons of power or faith, but I do not believe that it is possible to 'play' with the life and pain of someone else for the same reasons.

When a terminally ill patient decides to forego emotions, memories, friendships and life, and asks to put an end to a survival that is cruelly 'biological', I believe that his will should be respected and heeded with the compassion represented by the force and consistency of secular thinking.

I am aware, Mr President, that I have spoken to you, through my sick body, also of politics, and of objectives necessarily to be debated freely in Parliament, that do not call for your intervention or decision as to their merits. What I do take the liberty of recommending to you, however, is the defence of the right of each and

every citizen to be apprised of the proposals, reasons, stories, wills and lives which, like mine, are faced with this conundrum.

Luca Coscioni's dream was to free research and to give a voice – in every sense of the term – to those who are ill. His dream was interrupted and it became known only after it was interrupted. So it is now up to us to dream for him too.

My dream, also in my capacity as co-president of the association that bears Luca's name, my will, my request, that I wish to bring before all authorities, starting with the political and judicial bodies, is today clearer and more precise in my mind than ever before: to be able to obtain euthanasia. So that Italian citizens can have the same opportunity that is granted to Swiss, Belgian and Dutch citizens.

Piergiorgio Welby

VE'S BIG VISIT TO CANBERRA

About the National Day of Shame 2007

On Sunday 25 March 2007, a convoy of coaches will leave Sydney for Canberra. VE supporters from all over the country are expected to descend on Sydney and join this 'Freedom Rider' inspired journey to our nation's capital.

Leaving Sydney at around noon on Sunday and arriving in Canberra late afternoon, Sunday will be a free night. On the Monday morning, participants will stage a street action in Canberra

(along the lines of the Chatswood street march) and deliver the Condolence Books to Parliament House. On Monday evening the ABC's Philip Adams will be guest speaker at a Memorial Dinner at the National Museum. The coaches will then return to Sydney on Tuesday morning.

To register your interest for this exciting 2-day event please call the Exit office on 1300 10 EXIT (3948). Places will be limited.

CENTRAL COAST NEWS

from Romaine Rutnam

This reports on the discussion with guest speaker Bill Donaldson, Intensive Care Paramedic Educator of the NSW Ambulance Service's Northern Sydney/Central Coast region at the meeting of the Central Coast Branch in Gosford on 18 August 2006.

Bill Donaldson introduced himself by telling us first of his 31 years' service with the Ambulance Service, 28 years as a paramedic. He is now responsible for providing in-service training and mentoring for 398 officers, and is part of a large educational team in the 2nd largest ambulance service in the world (after London).

He mentioned that when first approached to speak to this group he had already had a personal interest in the issue of advance directives and was familiar with the format of some of these documents available on the web, including the NSW Health publication *Using Advance Care Directives* (June 2004).

In preparing for this meeting he sought information and advice from his superior officers as well as the Service's Professional Standards and Conduct Unit. It seems that Unit has begun

developmental work on a policy for ambulance staff but it is not likely to be completed in the near future. He knows, though, that all Ambulance educators are aware of Advance Directives. He also discovered that some of the States in the USA encourage/authorise the use of 'No CPR' bracelets and that these are helpful to ambulance staff in those states.

In terms of daily practice of frontline ambulance staff in NSW, all officers who go to a home in an emergency are trained to look for instructions re medications for diabetics, epileptics etc. For example, they often look in the 'frig for insulin and eye drops, since those are essential parts of medication for seriously ill patients whom they have to transport to hospital. His or her first responsibility is to the patient, and no ambulance officer would put someone through any treatment that was unnecessary. They are not however, at this time, legally bound by any 'Not for resuscitation' orders from a patient.

In question time, members asked if ambulance officers would be likely to find a copy of their advance directive kept in a wallet with a drivers

licence, or on the 'fridge door with a 'fridge magnet. Another member said that some retirement villages advise residents to have a handbag by the front door, with all relevant papers and medication. Bill suggested that it would be most helpful for VES members to place a copy of their advance directive with their medication. Ambulance officers do take a wallet or handbag with the patient to hospital, but it is not their responsibility to look through those, rather that of the hospital staff.

In answer to questions about ambulance practice relating to people living alone, Bill recommended that they speak to neighbours and suggest where an ambulance officer should look for important documents. These staff will only break open a locked door if they can see visible evidence from a window that the person inside is blue or otherwise in need of urgent care. Usually they will wait for police to do this, and to also secure the house afterwards. Bill also mentioned in response to another question, that he had taken a pet to hospital with its (single) owner.

A member asked if it would be possible to register our advance directive with the Ambulance Service. Bill said there is currently the technical ability to 'flag' an address within their computer aided dispatch software. This allows for addresses of people with special needs or characteristics

such as violent behaviour to be highlighted at the time of a call to that address. It might be possible to use this facility to highlight home addresses of those with advance directives. However, this would not be done in relation to advance directives unless it is included as part of the Service's final policy on this matter.

In conclusion, Bill suggested it might be helpful for VESNSW to provide members who want it with an identity bracelet relating to their advance directive, and said he wanted us to be assured that in most cases, if ambulance staff are aware of your wishes, they will be taken into account.

The 25 members and guests present made Bill aware, by their applause, how grateful they were to him for his time and concern in coming to share this valuable information with us.

Following the meeting, and in agreeing with the text of this report subject to an amendment which is incorporated above, Bill queried how emergency providers such as Ambulance officers could be assured that an advance directive was current and legal. I hope that the legally qualified members of VESNSW will advise on this matter and engage in consultation with the NSW Ambulance Service as they continue to develop their policy on recognition of advance directives in their emergency work and training.

NORTH COAST NEWS

from Bryan Milner

Some 75 people were fortunate enough to hear Professor Colleen Cartwright, Foundation Professor of Aged Services, Southern Cross University, Coff's Harbour at the August meeting of the Northern Rivers branch. Colleen has a driving interest in patient rights and has long been active in the push for legislative reform. She feels that more still needs to be accomplished in this area.

As background to her talk, Colleen stated that

improvements in medical technology, whilst of great benefit generally, give rise to practical, legal and ethical problems in end of life situations. She quoted examples of questionable medical procedures applied in the last days of dying patients' lives, such as the insertion of a pin in the hip, chemotherapy and numerous X-rays of a woman near death with bone cancer.

Another example was a dying man who just

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wished to be left to die. He refused to eat but the hospital force fed him by inserting a nasal tube and tied him down because he kept removing it.

The point is, a patient has an absolute right to refuse treatment and (assuming he/she is competent), approval must be obtained before treatment is given. Medical staff can be sued for assault if treatment is given against a patient's wishes. Colleen said that she had frequently found family members who felt guilty that they had been powerless to stop unwanted and uncomfortable treatments during the last days of a loved one.

Surveys carried out had shown that the primary concerns about ageing were loss of mental faculties and loss of control. Pain ranked fairly low and death itself was the lowest ranked concern. As Woody Allen once said 'I don't mind dying, I just don't want to be there when it happens'.

Thus, Professor Cartwright has been working to show people how to empower themselves in end of life health care situations. The primary documents for this are the advanced health care directive (AHCD) (term preferred to living will) and enduring guardianship. Financial concerns are addressed by an enduring power of attorney, which can come into effect at any desired time or automatically if the person loses decision making ability. In contrast, an enduring guardianship can only come into effect when decision making capacity has been lost. People tend to assume incorrectly, that a power of attorney gives authority to give health care instructions.

Whilst most VES members would be familiar with the operation of these documents, some interesting points relative to enduring guardianships emerged, including-

- If more than one enduring guardian is appointed, ensure they are likely to agree, or rank them in priority.
- The NSW form does not provide contact details. These should be added.
- Ensure your doctor has a copy and will comply

with them.

- Forms can be downloaded from www.gt.nsw.gov.au
- Whilst signatures have to be witnessed by a legal professional, a clerk of court does not charge and can be quite helpful.
- If enduring guardians live in different areas, signatures can be witnessed separately.

Colleen has found that there is still a level of misunderstanding about euthanasia, giving rise to inadequate treatment, inappropriate procedures and inadequate pain relief on the part of some health professionals due to a misplaced fear of legal consequences. Pain control is not a form of euthanasia even if it may hasten death. Indeed, **not** giving adequate pain relief can hasten death. Everyone has the right to have their pain controlled adequately. In only about 5% of cases can pain not be adequately controlled. In some cases, community nurses complain that their patient is not receiving adequate pain relief because the doctor fears the patient will become addicted. If the patient is on a dying trajectory, so what?

In surveys of attitudes towards AHCDs, whilst there was general agreement that they play a useful role in critical life situations, health professionals were much more inclined to think that this area should be left to the doctor and that people generally don't like to think about end of life situations, a somewhat out of date attitude which is especially prevalent in older doctors.

If no AHCD is in place, NSW law deems the 'person responsible' to be the spouse, carer, or close relative in that order. However, a completed AHCD is far more clear-cut. The term 'next of kin' no longer has legal significance.

A question sometimes arises as to whether a person has (mental) capacity to complete an AHCD or refuse medical treatment and family disagreements have arisen over this point. The law says that capacity is presumed and that provided that the patient can communicate his / her wishes, the onus of proof lies on those claiming incapacity.

Whilst there is no complementary legislation relating to AHCDs in NSW, Department of Health guidelines provide that a validly completed AHCD must be respected. Medical staff are warned that failure to comply may lead to prosecution. (Despite this, a number of examples were given from the floor of hospitals of doctors refusing to accept AHCDs)

Although the position is not totally clear as to the operation of a NSW AHCD in other states because of varying state legislation, Colleen suggested that a copy of the documents be carried when on interstate travel. Common law would suggest that hospitals would accept them as an indication of the patient's wishes.

A rather interesting question from the floor was why one needs an enduring guardian if one has

completed an AHCD. Colleen's response was that most AHCDs are not particularly specific and do not allow for different treatment for different medical conditions. The enduring guardian is there to make decisions where the AHCD does not cover the particular situation. For example, a patient may wish to have full treatment applied in certain illnesses and not others.

To cover this problem Colleen has constructed a comprehensive form of AHCD (some 20 pages) covering the full range of medical conditions and required response.

The form can be downloaded at www.aslarc.scu.edu.au — it was compiled after much research and community consultation and is highly recommended.



PAUL KAUFMANN

1922-2006

Our sympathy goes to the family and colleagues of Paul Kauffman, a tireless proponent of VE in Canberra.

Born in Vienna in 1922, Paul fled the city in 1938, just before war was declared. He and his brother

were sent to England. Paul spent two years on a training farm run by Jesuit priests. This peaceful spell ended when he, along with other refugees and German-speaking residents of England, were classified as enemy aliens and deported to Australia on the HMT (Hired Military Transport) Dunera. He was one of the youngest of the group, known as the Dunera Boys.

Even before his retirement from the Public Service in 1981, Paul had already become active in local organisations. During the 1960s he joined the ACT Humanist Society and the ACT Council for Civil Liberties. Paul was also involved in the ACT Writers' Centre and ACT Council of Social Service.

Paul was a founding member of the Voluntary Euthanasia Society in the ACT.

On both an intellectual and a personal level, Paul keenly felt the inadequacy of the current legislative framework and the importance of sustained advocacy to provide people with medical options that prevent them from suffering a cruel and lingering death. Sadly, not enough progress had been made to protect Paul himself from such a death.

NITSCHKE CHALLENGES LAW

Dr Philip Nitschke used the June rally in Darwin to deliberately break the law by giving euthanasia advice by telephone. He answered euthanasia questions by mobile phone in front of a crowd of about 80 onlookers and said his actions were a clear breach of the federal Suicide Materials Act passed earlier this year.

'It'll be interesting to see whether the federal authorities have got the guts to follow up on their oppressive laws or whether they're just put out there for show,' he said.

The federal police asked the ABC for their files but the tapes had been erased.

No further action was taken and Philip's still out and about...

EXIT WORKSHOPS

Note: If you wish to attend a workshop, you need to join Exit first (contact details in diary list) and RSVP prior to the day.

Hopefully the *Peaceful Pill Handbook* will be available at the workshop. The book has been submitted for classification and we are awaiting the outcome. If it gets classification it will be able to be sold in Australia.

Thurs. 16 November, Tweed Heads

Sat. 18 November, Lismore

Mon. 20 November, Newcastle

Wed. 22 November, Wollongong

Thurs. 14 December, Chatswood

Fri. 15 December, Canberra

Editor: As we go to print, the Peace Pill Handbook has been totally banned!

NOT TO BE MISSED!

DO NOT RESUSCITATE
SBS STORYLINE AUSTRALIA

Two 52 minute documentary film series at 8.30pm on 23 and 30 November

Made in Victoria in association with Dr Rodney Syme of DWDV, follows three very different people who want the right to choose when and how they die.

CHRISTMAS LUNCH

VES members are invited to join Exit members for an informal BRING-A-PLATE luncheon, to be held in the auditorium of the Dougherty Centre, Chatswood, at 12.30pm on Thursday 14th December.

ITEM FROM THE MANLY DAILY - 5.7.06

One of our readers who works at a peninsula supermarket was more than a little taken aback on Monday when an elderly lady asked her for 'euthanasia drops'.

She was gobsmacked, but had the presence of mind to query the customer's request. After quite a while and more than a few questions she discovered the lady wanted 'echinacea drops', an adjunct for cold relief.

It was more disconcerting than a request some time ago when a male customer asked for Viagra, which he thought was an icecream. The staff member said it was a chemist line, but after some to-ing and fro-ing they realised what he wanted was Vaalia yoghurt.

UK DOCTORS VOTE TO OPPOSE VE

The British Medical Association (BMA) elected in late June to overturn last year's decision to adopt a neutral stance regarding voluntary euthanasia and doctor-assisted suicide.

The Royal College of General Practitioners and the Royal College of Physicians have also reiterated their opposition, giving great joy to those campaigning against VE.

face or the tough face of euthanasia, whichever is suitable at the time.

Giles said that VESNSW support Philip Nitschke's organisation Exit both morally and in our activities, and our Society gives Exit \$10,000 a year in support of their activities and have done so for quite a number of years.

One member suggested a name change from Voluntary Euthanasia because the word 'voluntary' is often *not* used and the word 'euthanasia' gives off bad vibes. VES of Victoria have recently changed their name to Dying with Dignity Victoria, but our committee thought that we had a strong brand name – Voluntary Euthanasia Society of NSW which people recognised and to re-brand takes a lot of time and money.

We need to remove the current fear of the word 'euthanasia'. This can be done by becoming more pro-active, writing letters to our politicians, getting the media's attention, holding workshops, training speakers to talk to groups such as National Seniors & U3A etc.

Another member spoke about the recent federal parliamentary RU486 debate, making mention of different party members getting together on the one issue and winning. It was suggested that we try to organise a coalition of pro-VE politicians across party lines to push for good VE laws. Giles replied that it is easier for us to work with the minor parties as the major ones get very concerned about vocally strong minorities who could lose them seats. But parliamentary tactics should be looked at. He said we do get a lot of good ideas generated at the committee, but need to have the people to follow through. We need our skilled members to help! We do not have unlimited money, but enough to contemplate different worthwhile projects.

Giles explained that we were currently working on making the EXIT Conference on 22 September

a big event that would hopefully gain lots of media coverage and shame Kevin Andrews and the government.

Another suggestion from a member was that some templates be made of form letters to politicians so members could print, sign and send to them to their representatives. These templates could be sent out with the newsletter. However, another member claimed politicians take very little notice of form letters, so information in point form could be compiled for members to compose their own individual letters.

Another member said that Friends of the ABC recently utilised GetUp voting and got a response of about 78,000. It was then explained that Get Up is web-based and enables a particular issue to be posed and voted upon. It is then compiled and sent to the appropriate parliamentary area. This was thought to be an interesting proposal because it is a sort of public poll which can then be sent to politicians.

It was suggested that we target our lobbying so as not waste postage writing to politicians such as those with strong religious affiliations or people like the Irish in the Northern Territory, Kevin Andrews or others of like mind who we are never going to win over. The other argument is that maybe we should target the ones whose minds we might be able to change if we show good reason, and/or to target the people we know already support us. But it is not always possible to find out how politicians feel because many are not inclined to commit one way or the other.

A question was asked about whether TV presenter Geraldine Doogue has done anything on her Compass program on this topic but Giles thought she might not be one of our supporters. Consensus seems to be that she is not.

Coming to the end of the time available, Giles thanked everybody for participating.

MEMBERS' FORUM – SUNDAY JULY 30, 2006

The meeting commenced with the 1997 video of 'The Dying Game', about NT patient Esther Wylde who was unable to use the Northern Territory's Rights of the Terminally Ill Act even though she had qualified prior to it being overturned by the Kevin Andrews Euthanasia Laws Act. The film was particularly poignant given that the 10th Anniversary of the passing of the Northern Territory law was to be celebrated in Sydney with an EXIT Conference in September.

After the film was shown Giles Yates, who was conducting the meeting, spoke of the Provisions of the Criminal Code Amendment (Suicide Related Material Offences) Act, enacted at the beginning of 2006, which makes getting information about suicide via the internet, telephone, fax or any other electronic equipment, illegal.

He also sought ideas as to which direction members would like to see the Society proceed, such as lobbying politicians and community groups, what media we should use, and liaison with other common-interest organisations. Should the AMA, Palliative Care Association or other such organisations be targeted, should we build membership by starting state branches, and could we make use of talented members by using their skills. Can public events galvanise public opinion? How best to use our resources? These are issues that the committee is thinking about and inviting members' input.

Giles explained that EXIT International's direction was towards supporting Nancy's Friends and providing direct assistance for members whereas VESNSW is more about lobbying for legislative change.

A member suggested we collate a list of groups with interests common to that of VESNSW so that when a situation presents itself, contact could be made so that we present a combined front to the media. Organisations such as ACON (the AIDS organisation) could be one, but others also, such as MS Society. A committee member said that there previously had been such a group of organisations who had been active together, but that it would have to be updated.

Another member suggested that we find another well-recognised face to put the VE point of view as well as that of Philip Nitschke who is well admired but who sometimes comes across as a bit strident and might put people off who are wavering in their opinions. Giles suggested that was one reason why it is important to maintain two different organisations – one to focus on legislative change and one for more direct action. The media like to show Philip on TV when he is angry and can get some people offside, but when you see him speak for some time, you get a totally different picture. It was suggested that by having the separate organisations we can show the nice

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VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES

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SUBSCRIPTION AND BEQUEST INFORMATION

Membership subscriptions to VESNSW are \$30 single and \$50 for a couple. Concession rates of \$18 single and \$30 for a couple are available for pensioners and students. Life membership costs \$500 single and \$800 for a couple.

Many loyal friends have found that a bequest is one way they can make a significant gift to further our Society's efforts to change the law and to educate the community. A bequest form is also available from the Society's office.