



VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES (INC.)

ACN 002 545 235

Patron: Prof Peter Baume AO FRACP FRACGP

NEWSLETTER

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Suicide and VE

On 24 November 2002 Dr Christopher Ryan spoke at a Meeting of VESNSW. This is his synopsis of what he said.

Suicide and voluntary euthanasia must have some things in common. Both involve someone dying because they apparently wanted to. However while pretty well everyone considers suicide a bad thing, most people, at this talk at least, do not think that VE is. If moves to facilitate VE were going to have an adverse impact on the suicide rate, then advocates of VE would have a problem. I will speak first generally about suicide and then consider whether VE legislation could have this adverse impact.

Suicide is common. About 2% of Australians kill themselves. It is the second most common cause of death in young people and is the seventh most common form of death generally. Why, though, would anyone try to kill themselves?

Well one reason, and the reason that I'd expect to hear most frequently from people in this audience, is this: People try to kill themselves because they find themselves at a point in their lives where they weigh up the pros and cons and decide that on balance they would be better off dead. This is what we might call a 'rational suicide attempt' and that line of thinking is very strongly linked to VE. That sort of suicide attempt certainly occurs, but it is as rare as hens' teeth. I would probably see 15 or 20 people a week who've just tried to kill themselves, but I'd only see one or two a year that would fit into the rational suicide category. Rational suicide

is only a tiny player in the whole suicide field. The big players are impulsive attempts in a crisis and attempts motivated by serious psychiatric illness.

Impulsive suicide attempts

A crisis is a situation in which you are faced with a challenge that you have no ability to deal with there and then. Some people's response to a crisis is to decide to kill themselves. Most commonly this arises in young people who have just broken up with their partner. The pain seems overwhelming. They don't know what to do, so they decide there and then to kill themselves. At the time they decide this, they usually mean it. This is not a so called 'cry for help'. Very soon afterward, though, most of these people think better of it. They can see a way out after all, the crisis is over, and they no longer want to die.

You can see that this is very different to rational suicide. In rational suicide (and VE) people have a problem, but they don't have a crisis. They think they have a solution to their problem and that is to take their own lives. They've weighed up the pros and cons and feel that that course of action is best.

Of course everybody has problems. Relationships break up all the time, for example. Why is this a crisis for some people and not for others?

Whether a problem becomes a crisis and whether or not you respond to a crisis with an impulsive 'I may as well kill myself', depends on a huge number of things. If you can find a solution to your problem you won't have a crisis. You are more likely to find a solution if, for example, you have supportive friends and relatives, you are not drunk at the time, you have some material resources to fall back on, you have a reasonable self esteem, you have a good social network, you are intelligent, you are skilled at solving problems, you are not the sort of person who acts impulsively or you hold strong a moral prohibition against taking your own life.

Not everyone has all of these things. Many people have none of them.

Serious psychiatric illness

Let me focus here on the psychiatric illness most likely to result in people trying to kill themselves – major depression. Despite the fact that major depression will affect about 10% of the population at some point in their lives, the general public's understanding of this disease is woefully poor.

Depression comes in two flavours. Normal depression is something that everyone is familiar with. In normal depression, something bad happens - a family member dies for example - and as a consequence you feel upset. That is normal. That is part of being human. We can't change that and we wouldn't want to. But, there is another sort of depression. This sort is quite different. It is called major depression or medical depression.

Dr Ryan is a consultant psychiatrist at Sydney's Westmead Hospital and a lecturer at the University of Sydney. Though his main work is in treating patients, he has published several articles on psychiatry, ethics and euthanasia.

Major depression also often begins when something bad has happened. In normal depression though, people tend to feel better as time passes, in major depression they feel worse. Typically, sufferers get sadder and sadder as time passes. Eventually they may feel sadder than those of us who have never had major depression will ever feel. They lose their appetite and cannot sleep. Instead they lie awake and, without any clear objective reason, begin to think that they would be better off dead. Eventually many try to kill themselves. Again this is very different from rational suicide. In rational suicide, you may not agree with the person's reasons for wanting to die, but at least you can see where they are coming from. People

who want to die under the influence of a major depression want to do so for reasons that no one can understand.

Major depression seems to be an illness in its own right. Its fundamental cause seems to be a chemical imbalance in that part of the brain that tells you whether you are depressed or not. There are a bunch of things one can do to help, but an important part of the treatment in severe major depression is antidepressant tablets. Unfortunately, not everyone who gets a major depression will get treatment and that's a shame because once people get treatment they are usually back to their normal selves within weeks.

Suicide and facilitating VE

One argument often run against the legalisation of VE is that such a move would increase the suicide rate. I disagree. I do not think that carefully drafted voluntary euthanasia legislation would do anything to the overall suicide rate except possibly to lower it slightly.

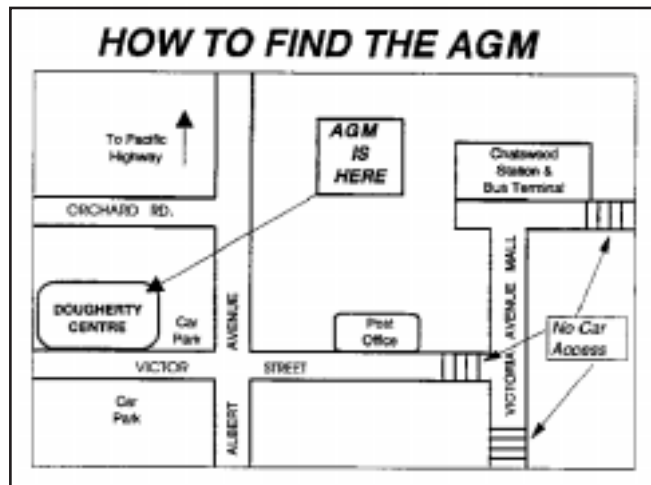
The number of people who wish to kill themselves for rational reasons is tiny, compared to the number of non-rational suicide attempters. While it is likely that legalisation of VE will result in an increase in the number of rational suicides, the absolute numbers will always remain very small. Even people who express an

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FOR YOUR DIARY

Meetings

- Our Patron, **Professor Peter Baume**, will be our speaker at the Annual General Meeting to be held at the **Dougherty Centre, 7 Victor Street, Chatswood** at **2 pm on Sunday 30 March 2003**. Professor Baume will lead an open discussion about the Society's aims and objectives.
- **Central Coast** - Meetings of the Central Coast branch of VESNSW for 2003 will be held on **Mondays at 10 am** at the **Gosford Senior Citizens Centre, Albany Street Gosford**. The dates are: **7 April, 4 August and 8 December**. **Contact: John Doyle on (02) 4384 6676**. If you would like a lift to the August and December meetings, ring **Debbie Mastin on 4975 2732** and she may be able to help.
- **Important:** Please note the enclosed flyer for the *Killing Me Softly* EXIT/VESNSW Conference to be held in Sydney on 30 May to 1 June - space is limited so book early.
- visit the VESNSW web site at www.vesnsw.org.au



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interest in voluntary euthanasia frequently find their interest waning when they become ill and the issue becomes less hypothetical and more here and now. On the other hand, non-rational suicide attempters (the rest) are common. If everyone knew that they could seek VE from their doctors, then some of the non-rational suicide attempters, such as those with a major depression, might go to their doctors rather than taking events into their own hands. Once at the doctor, there is the hope at least of their being diagnosed and successfully treated. This insurance policy would only be strengthened by incorporating a brief psychiatric review into any legalised VE procedure. This was exactly what was required under the Northern Territory legislation and was one of the big strengths of that Act.

Voluntary euthanasia legislation may well have an impact on the overall suicide rate, but not the sort of impact that is usually envisaged. Carefully drafted legislation could cut the overall suicide rate and save lives that are currently needlessly lost.

Editor's Note: The Australian Suicide Prevention Information and Resource Exchange has a website at www.ichr.uwa.edu.au/sp This online service is a joint venture of the Telethon Institute for Child Health Research, Woodside Energy and the Western Australian Ministerial Council for Suicide Prevention. The database is linked to a library of 1,500 records and contains information and support for those suffering bereavement. It also contains education and training material and statistics. It is not a crisis service.

Italian Group to Campaign for Euthanasia

Florence: Italian supporters of euthanasia are launching a campaign in January in support of proposed legislation that would depenalise euthanasia and would also offer the possibility for Italian patients to use advance directives, or living wills. Called a 'biological testament' in Italy, these are legal documents that dictate patient treatment preferences in the event of incapacitating illness. 'We would need 50,000 signatures. Our goal is to collect them within 3 months,' Giancarlo Fornari, president of the organization Librerauscita, told reporters.

The initiative follows a heated debate over a survey by Milan's Università Cattolica in which doctors admitted to having practised active and passive euthanasia. The survey, which involved 225 doctors from 20 intensive care departments in Milan, showed that 3.6% of doctors admitted to have voluntarily administered lethal drugs, while 15.8% found the initiative acceptable. Almost 80% of doctors admitted to having practised passive euthanasia, or halting treatment in a terminally ill patient, at least once. *Source:* Rosella Lorenzi for Reuters Newsagency (Health), 20 December 2002.

Illawarra VE Group Begins

Perhaps in response to our call for members to form new branches, a member in the Illawarra area is starting a group in her area - we all wish her success. If you'd like to do the same in your area, ring Carmel Marjenberg in the office on (02) 9212 4782 and she will help you get started.

Italian VE Survey

Rome, January 31 - 60% of Italians - especially residents of the Center of Italy and in the South - declared they were favourable to euthanasia while the remaining 27% were against it. A survey in the *Rapporto Italia 2003* by Eurispes reported a dramatic rise in support for euthanasia. In 1987 more than 40% of Italians were against

it and only 24.5% were in favour. In early 2003, the situation is exactly the opposite - 67% of people between 18 and 24 were in favour of euthanasia as were 64.7% of the residents of Central Italy, 55% cent in the South and 51.9% in the North. *Source: Agenzia Giornalistica Italia.*

California Conference Studies DIY Euthanasia

Hundreds of euthanasia supporters gave a rousing welcome to Philip Nitschke at a California conference where seminars included one entitled 'What's New in Hastening the Dying Process'. 'You don't need a doctor! You can die without one! You can do it! You can do it yourself!' Dr Nitschke told the cheering crowd.

Dr Nitschke, who has helped several people end their lives, was forced to leave his controversial 'death machine' at home after customs agents confiscated it and other items at Sydney airport. The equipment confiscated in Sydney included a set of draw-string plastic 'Exit bags' and Dr Nitschke's newly designed \$10,000 carbon monoxide generator, known as the COgen, meant to administer a rapid lethal dose of the gas through nose tubes. 'I'm going to build another here in San Diego while I am here,' the doctor told Reuters. 'The machine also delivers oxygen so how can it be considered illegal?'

While his radical views prompted a handful of senior Hemlock officials to publicly distance themselves from Dr Nitschke, it was clear from the crowd's rousing reaction that his methods are widely accepted within the Hemlock rank and file.

'We do not encourage any form of suicide for

mental health or emotional reasons,' said Derek Humphry, founder of the Hemlock Society, a euthanasia advocacy group that sponsored the conference of 250 people, some of whom acknowledged privately that they were terminally ill and were exploring their options.

'We're going to have a much longer fight toward legalisation [than expected],' said Mr Humphry, author of the bestselling books *Final Exit* and *Let Me Die Before I Wake*.

Jack Kevorkian could not be present because he is serving a prison sentence in Michigan after being convicted in 1999 of second degree murder and delivery of a controlled substance in connection with the euthanasia of an ill patient. Panellists praised Kevorkian. They said much of what was presented in a breakfast seminar entitled 'What's New In Hastening the Dying Process' expanded on his work, which they said had provided hope and relief to hundreds of Americans. In the two years since Kevorkian went to prison about 200 people mainly in the US, Canada and Australia, have died through a variety of methods that do not involve drugs or direct help of a doctor and can be accomplished with readily available materials. *Source: ABCNews.com - 13 January 2003:*

Oregon: Five Years On - *NEJM* Survey

Below is the 21 August 2002 Associated Press version, from Portland, Oregon by William McCall, of an article published in *The New England Journal of Medicine* at this URL: <http://content.nejm.org/cgi/content/abstract/347/8/582>

‘Hospice patients who request physician-assisted suicide under a landmark Oregon law want control over their death and generally don’t show signs of depression or worry that they could become a burden to their families, according to a survey of nurses and social workers. The Oregon *Death With Dignity Act* was passed in 1994 and went into effect three years later after voters overwhelmingly rejected an effort to repeal it and the US Supreme Court ruled that states have the authority to pass laws regulating assisted suicide.

In a study published in the *New England Journal of Medicine*, Oregon researchers surveyed 306 nurses and 91 social workers. [A questionnaire was mailed to 545 hospice nurses and social workers at all 50 Medicare-certified hospices in Oregon, and 397 responded. There were 82 terminally ill patients at the hospices who requested lethal prescriptions, evenly divided between men and women with a mean age of 63.6 years, 83% had cancer].

Nearly half (45%) said they had cared for a terminally ill patient who had requested a lethal prescription, and 30% had cared for a patient who received one. Control over the timing and manner of death was repeatedly the most important reason that dying patients cited for their request, while depression was rated the least important by hospice workers, said Dr Linda Ganzini, an Oregon Health & Science University psychiatry professor who led the

study. ‘It’s surprising how we found so little variation with regard to this characteristic, almost as if the nurses and social workers were all seeing the same patient’, Ganzini said.

The study also suggests that lack of social support or fear of being a financial drain on family members are the least important factors in the decision to request assisted suicide, contrary to the criticism from opponents of the law, Ganzini said. Supporters of the law say the study is further evidence it is working well and limited only to terminally ill patients who at least want the option. ‘It should quiet the fears of people who believe that choice at the end of life is bad for patients or bad for medical care’, said Barbara Coombs Lee, who heads Compassion in Dying and helped draft the Oregon law. The survey was conducted in 2001, when the Oregon Health Division had recorded that 91 people had died by assisted suicide since the law went into effect late in 1997.

The survey also found 59% of the nurses and social workers supported the Oregon law, 26% opposed it, and 14% said they were neutral. Ryan Ross, spokesman for the Denver-based Hemlock Society, said the survey shows the law works. ‘All of the fears about what could happen if physician-assisted suicide was legalised have not happened’, Ross said. ‘We can approach the end of life without undercutting the social fabric or pressuring people into doing what they don’t want to do’.

Dr Susan Tolle, Director of the Center for Ethics in Health Care at Oregon Health & Science University, said the study may reflect some bias by hospice workers who have treated hospice patients since 1997, and may be less opposed to assisted suicide.

Five Year History of the Oregon law

Improvements in End-of-Life Care: 5th Anniversary Edition

October 2002 marks the 5th anniversary of the implementation of the Oregon *Death with Dignity Act*, the first and only law of its kind in the USA. In commemoration, Oregon Death with Dignity has published a fifth edition of *Improvements in End-of-Life Care*. The report contains charts of Oregon Department of Human Services data, medical statistics and details of the law's requirements and safeguards. *Source:* www.right_to_die@efn.org - for a copy, please contact info@dwd.org.

Philip Sits Still

John Derrick will soon put the finishing touches to his Archibald Prize entry but he said he was prepared for controversy over his choice of subject, euthanasia campaigner Dr Philip Nitschke. Dr Nitschke has travelled from Darwin to the artist's St Kilda studio Melbourne for several sittings. Mr Derrick said 'I'm a nurse myself and he comes from a medical background. I admire Dr Nitschke for his passion towards his cause', he said 'Some people admire what he does, some don't. I wanted to go with a figure who is not altogether popular'. Dr Nitschke had an 'interesting face to paint but found it difficult to sit still for long periods', Mr Derrick said. 'He is quite a restless person and he is on his mobile phone constantly. But he said it was a chance for him to sit and do nothing'. *Source: Caulfield Glen Eira/Port Phillip Leader* 3 February 2003.

Nitschke Mask of Death 'Humane'

by Kevin Meade

A Do-It-Yourself death machine developed by Philip Nitschke would be far more humane than hanging, the most common form of suicide among the elderly, the euthanasia activist said yesterday. Dr Nitschke said the machine, known as COgen, would be similar to an oxygen mask and would allow people to die peacefully and painlessly by breathing in pure carbon monoxide. He plans to market the machine early next year through the pro-euthanasia group Exit Australia.

Dr Nitschke said Australian Bureau of Statistics figures showed the vast majority of people over the age of 75 who committed suicide did so by hanging. 'People hang themselves out of desperation', he said. Dr Nitschke said that because of the failure by the federal and state governments to legislate on euthanasia, elderly people driven by desperation to suicide could not get access to the information they needed. 'They can't get access to the drugs they need. They certainly can't get access to a decent piece of (euthanasia) legislation. 'It's in that sort of context that they become more

and more desperate and desperate people do desperate things. 'But hanging is a dreadful death and we can do better than that'.

Dr Nitschke said he had discussed the new machine with his legal advisers and would avoid prosecution by marketing it as an oxygen mask. 'This device can produce oxygen quite effectively. It's not illegal to manufacture and distribute oxygen generators. We will say to people: 'If you want to run it in that mode and produce oxygen and take deep invigorating breaths, that's your business. But if you want to use it in another way and get a peaceful death, well that's also your business'. Dr Nitschke said that might sound like a cynical way to market the machine. 'But that cynicism has been brought about by a (Federal Government) that has done everything it can to make things difficult for people who want to develop that degree of control'. The euthanasia activist announced details of the machine at a seminar in Townsville. *Source: The Australian* 4 December 2002

Doctor Vows To Repeat Crick Euthanasia Strategy

by Michael McKenna

Philip Nitschke yesterday [13 January] promised a human trial of his confiscated 'death machine' would be carried out in Australia by the end of the year. Dr Nitschke said the machine, called COgen - in reference to the fact it generates carbon monoxide - had been tested in laboratories and was almost ready for human use. It cost about \$20,000 to develop and would allow users to die peacefully with a few breaths of the lethal gas. A prototype was confiscated by Customs officials at Sydney airport last Friday as Dr Nitschke prepared for a flight to the US, where he was to unveil it at a pro-euthanasia conference in San Diego yesterday. Instead, Dr Nitschke showed the first photographs of the device, which he unsuccessfully tried to rebuild over the weekend, and revealed his plans for the trial on someone 'living, soon to be dead'.

Dr Nitschke said he planned to use the same method of 'mass civil disobedience' as with the suicide last year of Nancy Crick who had suffered bowel cancer and had killed herself at home in the presence of 21 people, mostly pro-euthanasia supporters. Dr Nitschke said the machine would be constructed by a group of 20 people in Australia before one of them used it to end their life. Dr Nitschke said that mass civil disobedience appeared to be the 'best hope' to evade prosecution. 'The machine will be trialled sometime this year using that strategy', he said.

Customs officers in Sydney seized the COgen

machine and 'Exit' plastic bags from Dr Nitschke's suitcase before he boarded his flight to San Diego on the grounds that they contravened the *Prohibited Exports Act* which prevented the export of items relating to suicide. Dr Nitschke was a keynote speaker at a three-day conference in San Diego of the US's largest euthanasia lobby group, the Hemlock Society, which helped to fund the machine's development. He was



shadowed by a burly security guard. Hemlock Society board members were not willing to take any risks with pro-life demonstrators. 'We have had demonstrators here and felt that we should have someone to ensure the safety of Dr Nitschke while he is here', a spokeswoman said. 'There has been no specific threat'.

Nitschke's COgen Machine

The machine consists of a 15cm high canister, an intravenous drip bag and nasal prongs. Chemicals are combined in the canister to produce carbon monoxide, which is inhaled. A person using the machine is expected to be unconscious within minutes and dead in 20 to 30 minutes. The machine allows operation without assistance, circumventing laws against assisted suicide. Source: *Courier Mail*, 14 January 2003

Award for Max Bell Play

Reg Cribb's *Last Cab to Darwin* has (jointly with Ian Wilding's *Even Amongst Dogs*) won the the third annual Patrick White Playwrights' Award. Cribb's play is based on the true story of taxi driver Max Bell, who drove from Broken Hill to Darwin in 1996 to try to take advantage of the Northern Territory's euthanasia laws. *Last Cab to Darwin* opens at the Opera House on April 21 - Barry Otto will play Max and Jeremy Sims will direct.

Diane Pretty Wins Heroism Award in London

The campaigner Diane Pretty, who lost her fight for the right to die last year, has been given a posthumous heroism award by viewers of a leading television news channel. Source: Health Newswire reporters, London, 31 December 2002

World Conference Of WFRTDS In Tokyo

The next international conference of the World Federation of Right to Die Societies will be held in Tokyo on 30 September - 3 October, 2004. The venue will be the Toshi Center Hotel in the centre of Tokyo. **Put this in your diary for next year.**

Survey: Do You Think Voluntary Euthanasia Should Be Legal?

Yahoo Poll Results, 26 November 2002
<http://au.news.yahoo.com/>

2,266 votes since 25 November 2002:

Yes - if the person is of sound mental health (33% - 757 votes)

No - no-one has that right (13% - 304 votes)

Yes - if the person is terminally ill (45% - 1028 votes)

No - it goes against some religious doctrines (3% - 80 votes)

Yes - if the person is over 80 (0% - 22 votes)

Don't care either way (3% - 75 votes)

Prejudice

A small article in the *New York Times* reports the findings of a study about living wills. Apparently courts in right-to-die cases honour the wishes of men but not women, who are treated by the lawyers and judges as if they were infants: 'Women are referred to by their first names, and constructed as emotional, immature, unreflective, and vulnerable to medical neglect, while men are called by their last names and constructed as rational, mature, decisive, and assaulted by medical technology.' Statements made about life support by a 31-year-old woman were characterised as 'offhand remarks made by a person when young' while those of a 33-year-old man were 'deeply held' and showed 'solemn intelligent determination'.

Quoted by Kate Jennings in her book *Bad Manners*

Ending it ... Lisette Nigot

by Mark Metherell and Ruth Pollard

Lisette Nigot's death has introduced a new phrase into the language - rational suicide. It has also raised questions about the attitude of ageing Australians to their use-by date.

'After 80 years of a good life I have enough of it ... I want to stop it before it gets bad.' Lisette Nigot wrote these words before taking her fatal overdose last week, bringing to an end a successful and healthy life. Her death in Perth has prompted comment across Australia. Euthanasia is a divisive subject but the Nigot suicide prompts two questions: was it rational and should we be surprised? Not particularly, says suicidologist Diego De Leo. It's not that unusual for the famous and successful to end their lives before decline sets in: macho author Ernest Hemingway and Kodak Brownie inventor George Eastman did it, says Professor De Leo. Why not Nigot, the woman who had received France's highest academic award seven years ago? De Leo says he strongly believes that many older people commit suicide at the prospect of empty days after a life of high achievement and social stimulus. 'When you feel you are just waiting for the end of your days, the question becomes: 'why live?' De Leo, a psychopathologist and suicidologist who heads the Australian Institute for Suicide Research and Prevention at Griffith University in Brisbane, is one of Australia's few full-time scholars of suicide. He believes the end chosen by Nigot may well reflect contemporary society's failure to retain a sociable place for its elders: 'They are human

beings in need of contact with other people, not just being given a hot meal. Even healthy older people may feel so emotionally excluded ... that their lives are meaningless. What we are doing for the elderly and people who are very old is we are just taking care of their survival and not their quality of life.'

Suicide rates are highest in young people, then peak again in those aged over 75, particularly men, says Ian Hickie, the head of the National Depression Initiative, Beyondblue. 'That 80 is your use-by date is a common social myth and we see it reflected in suicide rates,' Professor Hickie says. 'Older people can have a strong sense that they are useless, that they are just a burden on society - the danger is when medical care and families see them that way as well.' Hickie says while Nigot was in good physical health, it was not clear whether she was in a healthy mental state. 'Certainly if someone expresses the view that their life holds no value, I would instantly wonder whether they had developed a significant depressive illness,' he says. 'Euthanasia promotes an important debate about the quality of life, but there is a different thing getting promoted here and that is rational suicide. Such a concept promotes the dangerous idea that people have an intrinsic use-by date.'

The euthanasia debate goes to the heart of the issue of quality of life and the tension between medical intervention and palliative care versus euthanasia. But Hickie warns that to confuse those issues is dangerous. 'The

reality is, for an individual to seek out information about killing themselves, the likelihood is that they will be depressed, particularly if they are old.’ As people age, the risk of depression increases, according to Gary Andrews, a professor of aging at the University of South Australia and director the Centre for Ageing Studies at Flinders University. According to Australian Bureau

*.....introduced a new phrase
into the language -
rational suicide*

of Statistics figures for 1996-98, there are two peaks in suicide incidence, particularly for men. The first peak is in the 25-to-34 age group, where 37 men and 7.4 women out of every 100,000 people suicide.

The rate then drops as people age - to 22 men and 6.3 women in every 100,000 for those aged 55-64 - then peaks again in the over-75 age group, with 31.3 men in every 100,000 committing suicide, the ABS says. ‘The issue here is the image of growing old ... and the sense that one wants to avoid it and avoid being a burden,’ Andrews says. ‘You avoid that by stepping off the carousel early. The problem is how society perceives old age and that people who are ageing perceive themselves in these negative terms.’

As for the role of euthanasia campaigner Philip Nitschke, ‘Clearly the target of organisations like Exit Australia is certainly not older people generally or those with low self-esteem,’ Andrews says. ‘Their target is for people who are seriously suffering a terminal illness and want to really relieve themselves of pain and suffering generally and one can appreciate that.’

Peter Baume says the view that older people may turn to suicide to leave a meaningless existence is ‘a red herring’. ‘The fact is she [Nigot] ended her life,’ he says. Baume, a patron of the Voluntary Euthanasia Society of NSW and chancellor of the Australian National University, says people may not realise suicide is not illegal. Rational suicide, he says, appears entirely credible. ‘If you take someone diagnosed with motor neurone disease, it might be perfectly rational for someone to kill themselves.’ Baume believes there is little doubt that depression among the elderly is underdiagnosed. But that is not to suggest that Nigot was suffering depression, Baume hastens to add. ‘I have no way of knowing.’ His approach is that if patients come to him for advice about killing themselves, ‘I will talk to them. If they are depressed I will treat them. But they are not all depressed. In the end I can’t stop them jumping off a cliff.’ Baume says that from what reports he has seen of Nigot’s death, the case had drawn attention because of euthanasia campaigner Nitschke’s contact with her. *Source: Sydney Morning Herald 27 November 2002*

'Serene' Suicide

Part of an article which Charles Bremner wrote for *The Times* on 14 December 2002:

The mother of Lionel Jospin, the former French Prime Minister, wrote a letter one day before her death last week in which she explained that she was taking her own life 'before deterioration sets in'. Mme Jospin, a midwife and feminist campaigner, wrote to the French Right-to-Die Association (ADMD) saying that 'at 92 years old, it is time to leave...I depart this life in serenity. Yet I am very sad to leave my own family and my friends'. Mme Jospin earned a

name as a forceful independent minded woman during the seven years of the Jospin Government. A lifelong campaigner for women's rights, she marched with midwives and doctors in demonstrations against the policies of her son's Government. She was also a patron of ADMD.

The family gave no details of her death apart from a newspaper notice that she had 'decided in serenity to leave life behind'. She wrote: 'I say and often repeat: thank you, for the magnificence of the world. I adore flowers and my husband and children made

sure that flowers accompanied me, from little bouquets of marigolds at the beginning of our marriage to the magnificent roses, hydrangeas and orchids that my children give me now.'

ADMD has run into trouble since its creation in 1979: the courts banned its suicide manual, *Guide to Self-Deliverance*, in 1982 and attempts to ease laws against euthanasia have been rejected although Dr Bernard Kouchner, who served as Health Minister under M Jospin, attempted to pave the way for greater tolerance of the practice.

New Website

VESNSW has had a basic website for a number of years. Considering the number of excellent sites that already existed, our old site only contained a statement of aims and a list of links to other sites.

However the greatly increased access to the web either at home, in public libraries and other community facilities or in internet cafes meant we could no longer ignore this means of communicating our message. The new web address is:

www.vesnsw.org.au

The old web address still works and will immediately redirect you to the new site.

You will find the **Articles** section contains a copy of our current diary as well as brief news items. The **Resources** section contains back issues of our newsletter and other more extensive reports. There is a useful facility to email the newsletter to as friend. So you can introduce others to the Society with some free literature. In the **Links** section we provide easy access to other sites of interest.

Our email address is now mail@vesnsw.org.au and our website gives you a pre-addressed email form to send to us. The old email address will still work. Please send us any comments you have.

To log on you get online and start your browser, then type www.vesnsw.org.au in the address bar. Or if you use a search engine such as Google search for vesnsw. Once you have found us add us to your favourites and it will be even easier in the future.

VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALES

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SUBSCRIPTIONS AND BEQUESTS INFORMATION

Membership subscriptions to VES NSW are \$20 single and \$35 for a couple. Concession rates of \$14 single and \$25 for a couple are available for pensioners and students. Life membership costs \$230 single and \$350 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.