

Dying *with* Dignity



Tasmania (Inc)

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your right to choose
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August/September 2010

COMMITTEE FOR 2010 - 2011

Margaret Sing (President)
Trish Kershaw (Treasurer)
Mike Harris
Keith Anderson
Dr Helen Cutts
Patron: Professor Colin Wendell-Smith

Bill Godfrey (Vice President)
Barbara Porter (Secretary)
Maureen Aiken
Allan Cameron
Kay Scurr

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PRESIDENT'S REPORT

I am very pleased to have the opportunity to be President of DwDTas for the coming year. It is great to have Bill as Vice-President, the hard-working and committed ongoing members of the Committee (Mike, Allan, Barbara, Helen, Kay and Trish) and new members, Keith and Maureen. We are also very fortunate to have Colin continuing as our Patron. He contributes so much to DwDTas, most recently through initiating the new group, Doctors for Dying with Dignity. (See the article in this issue.)

The AGM on 2 July 2010 at the Glenorchy Library was well attended by over 40 members. As well as the official business of electing and confirming positions for 2010 – 11, the AGM provided the opportunity for thanks to the outgoing President, Mike Harris, for the enormous amount of work he has done in that position over the last few years. He has also done much of the work behind the scenes, including the work on the website, the survey of politicians and many other activities. Thank you also went to our auditor, Jim Anderson, for his honorary work and for agreeing to be re-appointed.

Most of those who attended stayed on to hear the address by Professor Michael Ashby which was everything we could have hoped for – informative, interesting and inspiring. He is commencing a pilot program at the Royal Hobart Hospital which we will follow with great interest. We will have a report on Professor Ashby's work in a future newsletter.

It has been a very busy time since the AGM, which has delayed getting this newsletter out. In a few weeks, you will receive very exciting news about one area of our activity - a new national alliance with the other State and Territory Dying with Dignity/Voluntary Euthanasia organisations. There will also be a website and action that will transform the public face of our movement and provide significant new resources.

The Committee has also been working on draft proposals for the new Dying with Dignity legislation to be introduced next year so that we can consult with you, our members, on this important issue. See the item below about this issue.

A sub-committee has been reviewing the Constitution and will make recommendations to the September Committee meeting. A Special Meeting will be needed to approve a new Constitution.

Consideration is also being given to end of life planning and to promoting DwDTas and enduring guardianship in the north of the State. There should be more news on these matters soon.

We hope to meet soon with Lara Giddings about the new legislation and, in her role as Minister for Justice, about the decision that the Public Guardian cannot be named as anyone's Enduring Guardian, except by a decision of the Guardianship and Administration Board. This issue was raised with us by a member who does not have family or close friends in Tasmania that she considered suitable to be her enduring guardian. This decision has meant that close to 100 people have been advised that their Enduring Guardianships are no longer valid. We have written to Ms Giddings asking to discuss what can be done about this situation.

You will see above that we have a new phone number which will be included in the Whitepages for all regions of the State when they are next published. We are aware that the cost of phoning a mobile phone is an issue for some people. However, it will be possible to leave a brief message and phone number and someone will phone you back.

COMMITTEE MEETINGS FOR 2010

Meetings are usually held at the Glenorchy Library, on the second Friday of each month, starting at 2.00pm. The next meeting is scheduled for 10 September. The October meeting has been moved to the third Friday of the month, 15 October, because the World Right to Die Conference is on in Melbourne. The other meetings for 2010 are scheduled for 12 November and 10 December.

Members are very welcome to attend and to contribute to the discussion but, as these details may change, please check with a committee member beforehand.

FORTHCOMING EVENTS FOR YOUR DIARY

We are working at present to organise a visit to the State later in October of a Belgian Emeritus Professor and medical oncologist who has done major research on integral end-of-life care and the effective and cooperative relationship between palliative care and legalised voluntary euthanasia in Belgium.

If he is able to come, 25 October 2010 is the likely date of an evening event in Hobart at which he would speak about these issues, along with Neil Francis, DwDV, speaking about the Oregon experience. A Launceston event may also be possible but we would need assistance to organise that. Please let us know if you are able to help.

The events will be publicly advertised if the visit eventuates.

CONSULTATION WITH MEMBERS ON A NEW DYING WITH DIGNITY BILL

As you know, Lara Giddings has announced that a new dying with dignity Bill will be introduced next year and that she and Nick McKim will be cooperating to develop the Bill and consult with the community about it. Representatives of DwDTas have already met with Nick McKim and our input has been invited. We hope to meet with Ms Giddings soon.

A major activity for the Committee has been the development of a consultation paper to get your views on what you would like in a new dying with dignity Bill. If you would like to receive a copy of the paper when it is ready, and could provide us with feedback, please contact one of the following members of the Committee and we will send you a copy:

Margaret Sing, 62348280, msing@eftel.net.au; Bill Godfrey (contact details in Christians article);
Dr Helen Cutts, 62341425, hcutts@eftel.net.au; Barbara Porter, 62310241, Barbp1@bigpond.com.

SCAREMONGERING ABOUT THE NEW BILL

We have had a visit from an anti-euthanasia advocate doing the usual scaremongering about the impacts of legalising assisted suicide. U.S. campaigner, Wesley J Smith, claimed that legislation allowing voluntary euthanasia will lead to increasing numbers of people being eligible for assisted suicide, including those who are not terminally ill.

Mr Smith was brought to Tasmania by Right to Life Australia. There were only about 20 in attendance at the meeting he addressed at Parliament House in Hobart, including Margaret Tighe, former President of, and still active in, Right to Life Australia.

We put out a media release criticising his claims but, unfortunately, he obtained more publicity than we did. Lara Giddings, Deputy Premier, also rejected his claims.

DOCTORS FOR DYING WITH DIGNITY (DDwD)

The formation of a new group Doctors for Dying with Dignity is an exciting development designed to refute claims that doctors do not support such legislation and to lobby for the legislation next year.

The group has been initiated by Professor Colin Wendell-Smith. The first meeting of the group was held after the DwDTas AGM. It was agreed that there were no obligations of membership, other than to support the platform of DwDTas Inc and to recruit amongst one's acquaintances.

Full membership will be limited to medical practitioners resident in Tasmania, in order to give focus as a Tasmanian lobby group. Associate membership is available to all other medical practitioners and the availability is to be made known by DWD through interstate organisations. Supporting membership will be available to medical students, Tasmanian nurses and allied health professionals.

CHRISTIANS SUPPORTING DYING WITH DIGNITY

The hierarchy of some of the Christian churches have been among the strongest opponents of dying with dignity legislation and have already come out in opposition to the proposed Bill next year. They imply that Christians don't support VE, despite clear evidence of surveys that a majority do so.

A body called Christians Supporting Choice for Voluntary Euthanasia has been formed in South Australia, and has been building membership in South Australia and also in other States. Its objectives are:

- to demonstrate to Members of Parliament that there is a strong majority of thinking Christians who want Voluntary Euthanasia to be made lawful with appropriate safeguards
- to counter the misinformation so often put forward by the religious hierarchy in their opposition to Voluntary Euthanasia.

Membership of the group is free, though of course, as with all voluntary bodies, donations are very welcome.

We have been in touch with the co-ordinator, Ian Wood, who tells us that membership of Tasmanians would be very welcome. Effectively, the only commitment of members is to agree to having their names added with all others as 'signatories' of Group letters going to Members of Parliament.

The South Australian founders have built up an extremely impressive booklet and body of arguments in support of choice. If you or friends of yours are interested in joining this group or in learning more

about the group, please contact our Vice President, Bill Godfrey. He can provide application forms and other information and act to coordinate Tasmanian membership.

Please contact Bill, preferably by email at awwgodf@gmail.com or alternatively by letter to 17 Elphinstone Rd, Mt Stuart TAS 7000 or telephone (he tells us he tries to avoid the phone as much as he can!) on 6234 2080, preferably between 5 and 6 pm.

NEWS FROM AROUND THE STATES AND AROUND THE WORLD

THE STATE OF PLAY – AUSTRALIA'S DWD BILLS

Bills introduced into State Parliaments:

South Australia	2 Bills: Mark Pennell; Robert Such.
Western Australia	1 Bill: Robin Chapple.

States planning to introduce DWD Bills:

Tasmania	1 Bill (see story above).
Victoria	1 Bill in 2011. Reform of <i>Medical Treatment Act</i> proposed (see story below).

VICTORIA

Rodney Syme not charged again

Dr Rodney Syme has been investigated again for providing advice and medication to a dying individual to give them control over their own end of life.

Dr Syme has stated that back in 2005, he provided advice and medication to dying man Steve Guest. Suffering intolerably from oesophageal cancer, Guest was unable to swallow food or water and had to inject a solution of nutrients directly into his stomach just to survive. He suffered major weight loss and was often in severe pain. He disliked the side effects of morphine even more. Mr Guest died according to his own well-recorded wishes: peacefully at home from an overdose of pentobarbital, with his brothers at his side. The Victorian police have been investigating Dr Syme in relation to Steve Guest's death for years, interviewing him a number of times. They have steadfastly refused to charge Dr Syme with any offence, but there is no indication that the case may be closed.

In 2009 Dr Syme stated that he had also given Tasmanian man, Robert Cordover, advice and medication to give him control over the end of his life. The Tasmanian police have been investigating, too. In July, almost a year to the day since Mr Cordover died, the Hobart Mercury broke the news that Tasmanian police will not charge Dr Syme with any offence. However, Dr Syme has not received any advice from the police or the coroner as to whether the case is officially closed or not, and could be subject to further investigation at any time. Nick McKim (Greens leader who tabled a DWD bill in Parliament in 2009) said he is pleased that Dr Syme will not be charged.

Push for voluntary euthanasia law reform in Victoria

Greens MP, Colleen Hartland, will push for a move towards so-called "Dying with Dignity" laws. She plans to introduce a motion to the Upper House of the Victorian Parliament seeking a review of the 22 year old Medical Treatment Act. Ms Hartland's motion focuses on end-of-life treatment and palliative care, and will ask whether the Act meets contemporary expectations and prevents suffering. The motion asks whether the Act should be referred to the Law Reform Commission.

Dying with Dignity Victoria says more than 80 percent of people support the right of terminally ill people to die peacefully with medical assistance. The group says today's move is an outbreak of democracy and it is urging MPs to support the motion.

World Conference to be held in Melbourne, October 2010

At the World Federation of Right-to-die Societies (WFRtDS) conference, 6th to 10th October 2010, in Melbourne, International speakers will include speakers from US, Europe and the UK.

Inquiries: DWDV 03 9877 7677 or their website.

SOUTH AUSTRALIA

A South Australian woman who uses a wheelchair has been given the right to die by refusing to take food and medication without her carers facing prosecution. The judgment is believed to be a first in South Australia and reflects a similar ruling in Western Australia last year (the Rossiter case).

The woman, in her 70s, told her nursing home to stop giving her food and drink and the drug insulin, knowing she will die. South Australian Supreme Court Justice Chris Kourakis does not consider her refusal to be suicide. The nursing home was concerned it might be breaking the law by carrying out her wishes, but the woman argued it would be illegal for the home not to do so.

Justice Kourakis ruled the home will not be assisting in a suicide nor committing other crimes if it complies with her desires. The identity of the woman and the nursing home have been suppressed.

NEW ZEALAND

Dr John Pollock writes in support of voluntary euthanasia as a basic human right.

Over the years our vet has put down several of our ailing, elderly pets, the latest a week ago. A contented, serene animal, surrounded by the people who have loved it for years, passed from life to death in a peaceful, painless minute. I have metastatic melanoma - how I wish that service was available to me.

If I was a citizen of Holland or Belgium or a couple of American states it would be. In NZ a doctor who performed such a merciful service would risk prison. The law insists we must provide only ameliorative help while patients may reach the most appallingly wretched states, sometimes akin to those who died of starvation in Nazi concentration camps. Ironically if we allowed a cat or a dog or a horse to reach such a condition we would be breaking the law and risking a prison sentence.

Contrast my situation with those of a couple of our friends who died of cancer in Holland not so long ago. Both were hugely comforted by the knowledge that they could choose to pull the plug when they had had enough. One was specifically afraid of losing the ability to communicate and his doctor knew that was the signal to intervene for the last time.

In fact, he was able to communicate to the end and died of his own accord. The other died in the early hours of the morning of the day she had arranged for the doctor to end it for her. So, neither was euthanased but both were happier in their final months, weeks and days because of its availability.

My cancer may kill me in a variety of ways, some very unpleasant and drawn-out. There are several scenarios which I would find intolerable and should be able to opt out of but for our old-fashioned, ill-thought-out, cruel laws which force me to suffer to the end or kill myself.

There is no doubt voluntary euthanasia will come to NZ but it needs some determined lobbying for it to be sooner rather than later. I know of no recent NZ surveys but a couple done in Britain and USA suggest about 75 per cent of the population would approve.

There are a number of prevalent arguments against it - none, in my view, reason to withhold what should, and will be, a basic human right:

"Our medical services, particularly the hospice organization, have the skills to take the unpleasantness out of dying and so euthanasia is unnecessary."

This is far from the truth. Yes, most pain can be relieved to a large extent but at the cost of symptoms such as constipation, nausea and drowsiness, which may be partially controlled by other drugs with their side-effects.

Breakthrough pain is common and its prevention requires constant medical attention which is not often available. We are not good with neuropathic pain. Other symptoms are poorly controlled - in particular that horrible, hopeless, helpless state of feeling so weak and ill you can enjoy nothing - not food, not conversation, not reading, not telly, not even the touch of loved ones.

My case is made by the fact that, in Holland where 'end of life medical services' are at least as good as ours, two and a half thousand people opted for euthanasia last year. That suggests, on a population basis, about six hundred New Zealanders per year would opt for it and at least a couple of thousand would be comforted by its availability.

"The religious argument"

I dismiss this out of hand. Our system of government, very wisely, keeps church and state separated - you only have to look at the countries that don't to see the diabolical laws that can ensue. The cause I espouse is voluntary euthanasia - anyone who has a god who forbids it may choose to live out their life.

The New Zealand Medical Association is against euthanasia. To me this is unfathomable.

I have discussed it with many, many of my colleagues over the years and have found that the vast majority are for it. Indeed, I have met many who, at great risk to themselves, have succumbed to a patient's begging for a merciful release. Is it really likely that the profession that sanctions the termination of the lives of thousands of healthy unborn babies each year would criminalise the shortening of the lives of suffering, dying patients who ask for that last merciful service?

"Legalising euthanasia would allow people to pressure their older relatives into it so that they do not have to look after them and can get at their money sooner."

I have two replies to that. The Dutch law, which I advocate, requires your own doctor and an independent doctor to be convinced that you are suffering, are terminal and are NOT being COERCED before agreeing to your request. Second, if you do have relatives wanting to get rid of you quickly in your last illness you would be better off in a hospital or hospice or dead anyway.

Some argue that, even uncoerced, a terminally ill person may choose to die sooner so that their family suffers less. I suggest this is a perfectly legitimate reason - your family's suffering contributes to your own - why shouldn't it be part of the reason to choose to shuffle off a little earlier?

"It is the thin edge of the wedge - if we allow voluntary euthanasia for the terminally ill it won't be long before we are killing the mentally ill, the deformed and everyone over seventy."

About as sensible as saying if we allow people to eat meat it won't be long before we are eating each other.

"No need for assisted euthanasia - you can commit suicide."

So you can but there are several downsides. You have to do it while you are physically and mentally capable which may be a lot sooner than you [and your family] may like. There is a risk that anyone with you at the time could be accused of, and sent to prison for, assisting you. You, therefore, have to die alone which is tragic for you and your family. It may go wrong - you may vomit the pills, be discovered too soon or botch whichever method you employ.

For example, a close friend with a progressive illness took an adequate overdose several years ago. She was unlucky enough to be found too soon and taken to hospital where she was, again, unlucky to be treated by a bright young doctor with lots of medical knowledge but wisdom yet to develop.

Despite her pleas, and those of her family and me, the doctor insisted on resuscitation. [In fact, the doctor could and, perhaps, should have been sued for assault] Thereafter our friend felt she had no

option but to starve herself to death. It took two long, heartbreaking months but, at least, wiser doctors were able to admit her to hospital and hospice to help her through it.

How much better off would she and her family have been if she lived in Holland? Isn't it time NZ became similarly enlightened?

J P July 7 2010

UNITED KINGDOM

British doctor charged - then cleared

British doctor Dr Michael Irwin was charged with assisting a suicide by helping dying man, Raymond Cutkelvin, to travel to Dignitas in Switzerland for an assisted death. Cutkelvin had advanced pancreatic cancer.

In a profoundly courageous move, Dr Irwin wrote directly to the Director of Public Prosecutions to challenge British authorities to prosecute him for this assistance, as well as the assistance he provided to several other terminally ill individuals to travel to Dignitas. After investigation, the DPP decided that prosecution was "not in the public interest," and advised Dr Irwin he would not be pursued.

UNITED STATES

Oregon – learning experience

Research on Oregon's *Death with Dignity Act* Oregon reveals that only one of 200 individuals who are considering a request for physician assisted dying (PAD) will ever ingest medication to carry it out. Research confirms, too, that it is an anticipated fear, rather than an actual fear, that will prompt a request.

Before the implementation of the Act, end-of-life care in Oregon ranked high in almost all indicators. Contrary to the predictions of the law's opponents, it has remained at the top among U.S. states. Oregon's hospital death rate is among the lowest; its home death rate among the highest. Oregon's advanced planning rate is highest by a wide margin. In 2002, nearly 80 percent of dying Oregonians had an advance directive, and the likelihood that an advance directive would be respected was high. Oregon's end-of-life care has continued to improve under the ODDA,

Police struggle to convict Final Exit Network volunteers

Remember the Final Exit Network members who were arrested last year? Well the cases drag on basically because the prosecution has not been able to put its case together. It has been known for some two years that the FBI and law enforcement in Georgia and Arizona are hunting for cases of felonious assisted suicide so that they can bring additional evidence to back up the ones now awaiting trial in those two states. The whole right-to-die movement in America is under surveillance.

Derek Humphries writes that the evidence in those two cases is thin (to say the least) and the wordings of the criminal laws being depended upon are ambiguous. The **Final Exit Network** has skilled lawyers in position and the cases will be thoroughly defended.

Two of the four defendants in the Arizona case have pleaded guilty partly because they were caught unawares and said unwise and unnecessary things to the investigators. Also, the two who pled guilty are both very sick, elderly women and dreaded imprisonment. The other accused said nothing and are pleading not guilty. So the District Attorneys find themselves short of evidence.

Illustrating their tactics, evidence in the Georgia case includes a sting by a detective who claimed he had pancreatic cancer — backed up by a false medical document — and entrapped the Final Exit

Network volunteers. Significantly, at a pre-trial hearing in Phoenix on July 19, the DA asked for the trial, which had been fixed to commence on August 26, be postponed indefinitely while they searched the already known record of assisted suicides to bolster their case. Law authorities in Arizona and Georgia, also the FBI, are sharing information in their hunt.

As a starting point for their new inquiries, they are re-visiting data which last year was seized from volunteers in surprise visits to their homes. Personal computers and printed files of everything the nonprofit Final Exit Network has done since its formation in 2003 were confiscated. Thus the Georgia Bureau of Investigation (GBI) and FBI know everything that has taken place; some 200 deaths are involved.

On the other hand, the Network is confident that nothing illegal happened. Additionally, a civil law suit over the freedom of speech under the 1st Amendment to the US Constitution is being considered by the Network. The Georgia case (arrests in February 2009) is postponed until 2012 because of lack of funds by the prosecution, the DA is reported as saying. The Arizona case, started in 2007, is postponed indefinitely. So much for the legal axiom: justice delayed is justice denied!

When the sting was conducted, and arrests made in Georgia, police had also secured the right to seize Final Exit Network's funds. That seizure has been ruled invalid and Georgia has been ordered to return all \$330,000 back to the Network immediately.

Articles published in the DwDTas Newsletter do not necessarily reflect the opinion of the Society or its Committee.

What can *you*, as a member of DwDTas, do to help?

There are a range of activities you could consider to help promote the legalisation of voluntary euthanasia for Tasmanians:

- Write a letter to one or more of your State members of parliament.
- Arrange an appointment to discuss the issue with your State MP(s).
- Write a letter to the Editor of your preferred newspaper.
- Leave your DwDTas Newsletter at your local library, after you have read it, to encourage others to learn about dying with dignity.
- If you belong to a suitable group (eg U3A) arrange for someone from DwDTas to come and talk about dying with dignity.
- Attend DwDTas Committee meetings (dates shown above). You never know – your ideas might well prove to be the stimulus for others.
- Encourage a friend to join DwDTas.
- Put your name down for helping at the DwDTas stand at the Salamanca Market.

You might well think of other ideas – if so please let us know.

Got a contribution for the Newsletter?

Submissions welcomed by email or post:

Email: dwdtas@dwdtas.org.au

Post: DwDTas, P O Box 1022, Sandy Bay, Tas 7006.