



VESV REPORT

VOLUNTARY EUTHANASIA SOCIETY OF VICTORIA INC.

Reg. No. A0006974B

Member of the World Federation of Right to Die Societies

Number 125

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February, 2004

VESV's Executive Officer, Lindy Boyd, who is the hub of our extensive activity, reported to our Committee on progress in our five-year plan. These extracts reveal intense, successful activity.

Three active years set scene for future activity

BY 2000 it became obvious there were two roads ahead of VESV. We could continue on as before, hoping for legislation in the next 20 years or so, or we could become far more active and hope for some real progress in the next five years.

We were encouraged as there was a Labor government in power, traditionally more sympathetic to our cause, and it already had a policy to conduct an inquiry into the dying with dignity legislation (the *Medical Treatment Act*) which was clearly inadequate as medical advances since its inception 15 years previously had changed end-of-life consequences.

We opted for more activity in the hope of real progress and developed a Strategic Five Year Plan, which set out three basic priorities:

1. Development of financial sustainability
2. Increase in our active membership
3. Create an effectual voice in Victoria.

All three priorities are well in hand with two years still to run. This financial year, for the first time since 1993, we had an operating surplus,

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ANNUAL GENERAL MEETING

**GUEST SPEAKER: The Hon. Gavin Jennings, MLC
Victorian Minister for Aged Care**

Chairperson: Dr Rodney Syme, VESV President

Sunday, 15 February, 2004 at 2.15 pm

Downtowner on Lygon, 66 Lygon Street, Carlton

President's message

The generosity of VESV members

OVER THE LAST TWELVE MONTHS, VESV members have been extremely generous of their time and money. Over 70 members attended, at varying times, our “peaceful presence” protest on the steps of Parliament throughout the Spring Parliamentary Session. While not dramatic, their presence was noted and responded to by many members of Parliament, and it was a subtle reminder that this issue is not going away. It contrasted strongly to Right to Life’s abrasive response to our initiative when a number of them “invaded” Parliament House and upset staff and politicians.

In addition, many members have assisted in the process of engaging their member of Parliament in persuasive discussion, either personally or by letter. We have now been in touch with nearly every Victorian politician and have a very good profile on the attitudes of both Houses. It is essential to continue this process, and I ask every member to use this means to impress the Parliament of the importance of this issue.

VESV deliberately keeps its subscription at a low level to encourage a wide membership. Many of our members are elderly, on pensions or limited incomes. Nevertheless, many members add a donation to the membership renewal, or at other times in the year, while a number are signing on as ‘Defenders of Choice’ and making regular donations. As a result, in this last financial year, VESV donations were at record levels, almost equalling subscription income. This allows us to be more proactive, and to sponsor some research activity.

The VESV office is extremely busy, and we are endeavouring to reduce administrative activities. We are advised by our Treasurer that it is no longer necessary to automatically issue receipts, which means that not every donation is recognized in a personal way. I want to assure every donor that your gift is greatly appreciated and used in the most effective way by your committee. We realize that what is a small donation in absolute terms may however be a big donation as far as the donor is concerned. We value that contribution just as much, and thank you for your ongoing support and generosity.

May 2004 be kind to you and your family.

Rodney Syme



VESV members peacefully protesting on the steps of Parliament House during the Spring Session of Parliament.

Choices when dying - 2003

THE WORLD FEDERATION OF RIGHT TO DIE SOCIETIES released its first Annual Global Report in December. An edited version is included here. A full copy is available on our website www.vesv.org.au or can be obtained from the Society's office.

Around the world, living wills – allowing someone to state which medical treatments one would or would not want if one no longer had the mental capacity to make such decisions – are becoming more and more acceptable, and, especially in North America, Europe and Australia, are increasingly enforceable legally. In several countries, such as Israel and Spain, centralized computerised databases are developing to record individuals' end-of-life choices. Health care proxies, having the legal power to make decisions on behalf of someone who has become mentally incompetent, are gaining public and political support - these have varying titles such as "Enduring Guardians" in Tasmania and "Welfare Attorneys" in Scotland. In Britain, a new pro-choice living will allows everybody to choose the right treatment options for themselves. Personal choice is surely the basis for all laws ensuring a dignified death?

Throughout history, doctors (and families) have decided when to withhold or withdraw medical treatment when patients are near death. Once called "passive euthanasia", there is general acceptance now in most countries that this is "good medical practice". Recent efforts by the pro-life, anti-choice lobby, especially in Australia and Britain, to have artificial tube feeding and hydration regarded as basic nursing care, and not as medical treatment, fortunately failed in 2003.

Earlier this year, an expert group of the European Association for Palliative Care noted: "In terminal sedation the intention is to relieve intolerable suffering, the procedure is to use a sedating drug for symptom control and the successful outcome is the alleviation of distress. In euthanasia the intention is to kill the patient, the procedure is to administer a lethal drug and the successful outcome is immediate death". Terminal sedation is increasingly regarded as "normal medical treatment". But, surely it is really "slow euthanasia" over several days (as life-sustaining interventions are withheld), and

allows physicians, who want to help terminally-ill patients, to easily break the law? And, as an article in the European Journal of Palliative Care recently noted: "We need the option of (terminal) sedation as the final barrier against euthanasia".

Public opinion polls in Australia, Europe and North America continue to show extensive support for legalized physician-assisted dying, with around 80% or more in favour. Even in countries with strong religious traditions, such surveys can be interesting: for example, in France, 75% of practising Catholics want to decriminalize euthanasia.

Medical end-of-life decisions (withholding or withdrawing treatment, generously providing drugs to alleviate terminal symptoms and perhaps hasten death, assisted suicide and euthanasia) frequently precede dying. In June, a survey of six European countries (Belgium, Denmark, Italy, The Netherlands, Sweden and Switzerland) revealed that the proportion of deaths that were preceded by an end-of-life decision ranged from 23% in Italy to 51% in Switzerland. Then, in July from New Zealand, it was reported that at the last death attended by 1100 physicians, 63% reported that there had been "a medical decision that could hasten death".

Fortunately, many physicians and nurses see assisted suicide and euthanasia as a caring response to intractable human suffering. While national medical leadership (except in The Netherlands and Switzerland) generally tends to resist supporting a change in the law, other physicians are more understanding. For example, a survey of 917 French doctors, reported in September, showed that 43% of them believed "euthanasia should be legalized, as in The Netherlands". Another survey, published in October in Spain, revealed that 59% of 1057 physicians there were in favour of legislation. Today, at least 85% of Dutch physicians support the law on assisted dying which exists in that country. And, a poll of 2700 British nurses, in November, showed that nearly two-thirds wanted the law against euthanasia changed.

Around the world, various parliamentary assemblies have been debating the issue of legalized assisted dying in the past year.

Choices when dying – 2003 *(Cont'd)*

In Britain, the Guernsey States of Deliberation voted 38 to 17, and the Isle of Man House of Keys voted 15 to 7 to establish committees to investigate the possibility of local laws (their reports will appear in 2004); and the House of Lords held a one-day debate in June, evenly divided, on a Patient (Assisted Dying) Bill.

In the Luxembourg parliament, in March, a bill to decriminalize voluntary euthanasia was defeated by one vote, 28 to 27, with one abstention and four absentees: this issue will be raised again during their general election next year.

In China, in March, 32 members of the National People's Congress presented a motion for legalized euthanasia, with pilot schemes to be introduced first in Beijing and Shanghai.

In July, in New Zealand, legislators voted 60 to 57, with one abstention and two absentees, against a Death with Dignity Bill: previously, in 1995, a similar bill was defeated 61 to 29, with many abstentions.

In October, in France, following the hastened death of quadriplegic Vincent Humbert, the National Assembly established a Commission to investigate issues relating to the "end of life".

Next year, in the United States, draft physician-assisted suicide laws are due to be discussed in the Vermont legislature, and again in Hawaii (where a proposal was defeated by only three votes in 2002). In Australia, in New South Wales, Queensland, South Australia and West Australia, state parliaments are expected to be debating assisted dying bills within the next twelve months. In Switzerland, a federal commission will continue to examine the possibility of legalizing the existing practices in that country (including the activities of Dignitas - a group which uniquely provides assistance for foreigners). And, it is still possible that the Colombian parliament might finally debate the 1997 decision of its Constitutional Court in favour of voluntary euthanasia.

Fortunately, physician-assisted dying continues to be openly permitted in Belgium, The Netherlands, Oregon and Switzerland. In these places, terminally-ill patients have "peace of

mind" knowing that they have an escape from possible intolerable suffering with the help of physicians who do not need to act in secrecy. These patients have greater control and choice of how and when they die. And, legislation has generally established strict and transparent procedures which is important for everyone. Good palliative care exists in all these areas where physician-assisted dying is presently possible. Ideally, such assistance should be an option within the provision of all palliative care services everywhere.

In Belgium, where their law on euthanasia came into force in September 2002, present evidence indicates that generally everything is going well, with increasing support from the medical profession. The first official statistical and evaluation report, from the Federal Commission of Control on Euthanasia, will be made in 2004.

In The Netherlands, where physician-assisted dying has been possible since 1981, the latest official report (once, popularly called the "Rommelink report" around the world) was issued in May. Covering the year 2001, it estimated the number of cases of euthanasia to be about 3500 (2.5% of all deaths) and of assisted suicide as about 300. In particular, it was noted that "the practice of medical decision-making relating to the end of life in The Netherlands appears to be stabilized....there are no signs indicating an increase in life-terminating treatment among vulnerable patient groups". Thus, no evidence of any "slippery slope", a favourite expression of the anti-choice lobby.

In a separate report, issued in July, it was interesting to note that "the bereaved family and friends of cancer patients who died by euthanasia coped better with respect to grief symptoms and post-traumatic stress reactions than the bereaved of comparable cancer patients who died a natural death" (77% of the cases of euthanasia in 2001 in The Netherlands were for cancer).

Every year, an official report is issued in Oregon, where physician-assisted suicide has been legal since 1998. In March, it was noted that, in 2002, 33 physicians wrote prescriptions for lethal medications for 58 terminally-ill patients who qualified for such assistance; and 36 of these

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“Do Not Resuscitate” Certificates

SOME MEMBERS have been inquiring about the development of a “Do Not Resuscitate” document by the Society for members. Such documents are common policy in hospitals and are accepted as valid documents for refusal of treatment in the event of cardio-respiratory arrest of terminally ill patients. This is very interesting because the *Medical Treatment Act 1988* only allows refusal of treatment for a “current condition”; how then can one refuse resuscitation for a cardiac arrest when it has not yet happened (i.e. it is a future event)? You certainly cannot give consent after it has happened! It is clear from this that you can refuse treatment for a complication of a current condition that might happen at some future time.

The *Medical Treatment Act* validates a formal Refusal of Treatment Certificate (both for competent patients, and for agents acting on behalf of incompetent patients), which, if completed in consultation with your doctor, allows a person with a potentially fatal illness to refuse resuscitation in the event of cardio-respiratory arrest, either in hospital, or more importantly, at home. The completion of such a certificate would prevent resuscitation by ambulance staff or any other person in the event that collapse occurred at home, provided the Certificate was available. The VESV Office has copies of these Certificates for those who might wish to complete one. (See *VESV Report* February, 2003 re Melbourne Ambulance Service’s policy on resuscitation in emergencies.)

VESV would like to hear from any member who has difficulty obtaining the co-operation of their doctor in the completion of such a Certificate.

Three active years set scene for future activity *(Continued from Page 1)*

and as outlined in my *Report to the Membership Sub-Committee re Membership Initiatives 1999 – 2003* the Society’s membership has increased by 18% since 1996.

The Strategic Plan called for VESV to have developed communication strategies to enhance our impact and to present ourselves as an authoritative voice by the end of 2001.

Our Strategic Plan also called for VESV to:

- Campaign for the acceptance in Victoria of the concept of freedom of choice in end-of-life decisions.
- Promote legislative reform by:
 - The strategic use of membership activity to raise awareness among Members of Parliament of our concerns.
 - Work toward an Inquiry into the *Medical Treatment Act*.
 - Gather, publish and present statistical and other relevant data.
 - Work with and through other agencies as appropriate.
 - Revise and (if appropriate) secure the presentation of our draft Bill.

To achieve these goals we introduced a number of strategies and worked hard. We have:

- Achieved stake-holder status with the Department of Human Services proving to them that the *Medical Treatment Act* was little known or understood.
- Improved our standing with the media particularly by being pro-active and feeding appropriate information to them. An example of this was Betty’s work with Julie-Anne Davies of *The Age* and the fact that the *Medical Treatment Act* was being ignored by hospitals.
- Played a strategic role in initiating the BWV tube-feeding judgement.
- Rodney has reported three hastened deaths to the Coroner to determine if they were “reportable”. In each case after extensive consultation by the Coroner and the Medical Board of Victoria, in one case, his practice was found to be reasonable and appropriate. We are in the process of reviewing all relevant Supreme Court decisions for the last ten years with a view to lobbying the Law Reform Commission, as these judgements are perverse reflecting the community’s view rather than the law.

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Volunteers needed

VESV IS always looking for volunteers to help in a number of ways, be it with the newsletter, visiting local politicians, sitting on the steps of Parliament House or running a country group. If you have some spare time and would like to help please contact Lindy at the Office on 9521 3297.



Rodney Syme, VESV's President, and Barbara Morison, Ballarat's Country Group Leader, exchange thoughts at the Society's Volunteers' Christmas Party

How You Can Choose and Achieve a Dignified Death

INFORMATION SESSIONS on *How You Can Choose and Achieve a Dignified Death* will again be conducted in 2004. If you would like to attend one please contact Lindy for details as to time and place, and to book. The fee for these sessions is \$20 per person or \$30 per couple.

Under the Tuscan Sun

HAVE YOU ever dreamt of running away and starting a new life? After a devastating divorce, Frances escapes to Tuscany for some rest and relaxation. On a whim she buys a dilapidated villa in the beautiful Tuscan countryside, hoping it will be the start of a new life. Based on the novel by Frances Mayes and directed by Audrey Wells (*Guinevere*), *Under the Tuscan Sun*, affirms that sometimes what seems like a terrible mistake or a crazy idea is really a blessing in disguise. Shot on location in Rome, Florence, Positano and Cortona in Italy, the scenery is breathtaking.

A booking slip for this VESV fundraising activity is included with this newsletter.

Tuesday, 16 March, 2004 at 11.00 am
Film and Basket Luncheon
Balwyn Palace Cinema

Annual General Meeting voting and Committee nominations

SOCIETY MEMBERS are only entitled to vote at the AGM if their membership fees are up-to-date. Members unable to attend the AGM may appoint another member as their proxy. Proxy forms are available from the VESV Office.

Committee nomination forms are also available from the Office. Any member wishing to nominate for the Committee is welcome to do so. Signed and seconded nomination forms must be returned to the Secretary seven days prior to the AGM.

Gavin Jennings – Annual General Meeting Guest Speaker

GAVIN JENNINGS was first elected as the Member for Melbourne Province in 1999. In that year he became the Deputy Leader of the Government in the Legislative Council and in 2002 became the Minister for Aged Care and Minister for Aboriginal Affairs. He has a Bachelor of Arts and a Bachelor of Social Work and had a wide and varied work history before entering Parliament including factory worker, actuarial clerk, actor, social worker, industrial officer, policy analyst and ministerial advisor.

Three active years set scene for future activity *(Continued from Page 5)*

- Conducted a Roy Morgan poll in 2002 to maintain recent statistical data. It showed support for VE in Victoria steady at 76%.
- We are sponsoring research into attitudes to VE.
- Reviewed our draft bill creating one – the Medical Treatment (Medically Assisted Dying) Bill – which is similar to Oregon’s successful *Death with Dignity Act* and in line with what we believe politicians may accept.
- Undertaken two full parliamentary sessions of peaceful protests on the steps of Parliament House to provide information to the community but more importantly to let politicians know that we are committed, believe in due process and have the ability through our membership to undertake such a task.
- Changed our terminology to reflect politicians’ mind-sets, thus “physician-assisted suicide” has become “medically-assisted dying” and “hopelessly ill” has become “terminally ill”. “Voluntary Euthanasia” while well recognised has bad connotations so we introduced a by-line to our name “Choice and Dignity in Dying” which is far more acceptable within the community.
- Established a good, well resourced and up-to-date website.
- Improved our Newsletter and expanded its distribution to non-members, i.e. sympathetic journalists, politicians and individuals; appropriate agencies which may be able to assist our cause, as well as other Societies whose aims we share.

Providing factual information to politicians has been one of our strategies. Since 1999 we have regularly sent letters to all Victorian politicians. The aim of these letters is to provide factual information to them on a range of VE topics in the hope that MPs will develop a better understanding of our position on this issue.

Also, VESV members have visited Members of Parliament. In the last three years nearly every Victorian MP has been visited at least once by one of our members. The purpose of these visits is to inform politicians of our views and to answer any questions they may have. During these visits our members have tried to ascertain how the MP might vote on a VE bill should one come before the Parliament.

Our activity has been very effective. We must now continue the momentum.

Choices when dying – 2003 *(Continued from Page 4)*

patients died this way. There is increasing medical support in Oregon for its law: now, at least 400 physicians have indicated their willingness to write prescriptions. As in The Netherlands, there is no evidence of any "slippery slope", or of one irresponsible physician being overgenerous with issuing too many prescriptions. However, the Oregon law is not free of its opponents: the federal Department of Justice continues to take the state authorities to court, and it is possible that this federal-state dispute may reach the US Supreme Court in 2004.

The Swiss Academy of Medical Science has stated that "Contrary to its former position, (it) believes today that, in certain cases, assisted suicide may be considered part of the doctor's activities". Annually, about 150 assisted suicides occur in Switzerland, mainly in the German-speaking, predominantly Protestant areas.

A final comment - If physician-assisted dying is permitted in Belgium, The Netherlands, Oregon and Switzerland, then why not elsewhere? Around the world, everybody should be asking, "Are we so different from the Belgians, the Dutch, the Swiss, or those who live in Oregon?"

There should be no compulsion to die but there should no compulsion to live either.

Hans Kung, Catholic priest and theologian,
 "Dying with dignity: a plea for personal responsibility", 1998

Near and Far

UK VES Chairman forced to step down

DR MICHAEL IRWIN, President of the World Federation of Right to Die Societies, has been forced to step down as leader of the Voluntary Euthanasia Society of England and Wales after his arrest for conspiring to assist in the suicide of a terminally-ill friend, Patrick Kneen, who had been leading the VES campaign on the Isle of Man for medically-assisted dying.

Dr Irwin said that in a strictly legal sense he did conspire to help Mr Kneen to commit suicide. However on arriving on the Isle of Man in October equipped with enough sleeping pills to enable Mr Kneen to end his life the plan was dropped as Mr Kneen's condition was so far advanced that he would not have been able to take the pills without help. Mr Kneen died a few days later with no assistance.

Mr Kneen's wife, Pat, who was also arrested for conspiring to assist in a suicide, and Dr Irwin have been released on bail but face further questioning in February. The offence carries a maximum penalty of 14 years in prison.

Did you know?

NEARLY A third of those who are investigated for the "mercy killing" of a friend or relative with a terminal illness end up committing suicide because of the trauma of their action and the strain of society's reaction. This highlights the difficult position faced by doctors and relatives when they are asked to help somebody to die. (*The Guardian* (UK) 9/9/2003)