



VESV

Voluntary Euthanasia Society of Victoria Inc.

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Report

Member of the World Federation of Right to Die Societies

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The tragic case of Terri Schiavo in Florida has lessons for us in Victoria, political and media fiasco though it was. Schiavo's fate would almost certainly not have been what it was had she created a clear advance directive, and legally appointed her husband as her agent to act for her in medical decisions if she became incompetent (medical enduring power of attorney).

These actions can be taken in Victoria. An advance directive has common law value, but not statutory value which would make it more powerful (VESV is endeavouring to change this).

These actions (appointing an enduring power of attorney and creating an advance directive) become very important in the situation of brain damage by stroke, injury, heart attack or dementia, when invalidity may last for years.

The question of palliation when refusing treatment such as tube feeding received little if any discussion in the media, although much was made of the indignity and suffering of dying by dehydration.

The Victorian Medical Treatment Act states that the Parliament considers it is desirable that "dying patients receive maximum relief of pain and suffering". A doctor is able in these circumstances to prescribe sedative and pain-killing drugs so that no suffering is apparent. You may need to ask for such treatment or even demand it if it is not offered. It is easier for the doctor to comply if the family shows a united front (that this was not the fact was obviously a problem with Schiavo), and if required formal "Refusal of Treatment Certificates" can be completed.

VESV has prepared Advance directives for a variety of circumstances - a generic or general AD covering a wide range of illnesses, and also ADs for specific diseases such as motor neurone disease, dementia, HIV/AIDS, brain tumour and nursing home situations.

If any VESV member has a problem with refusal of treatment or abuse of an advance directive, let us know immediately, so that we can advise and assist you in achieving your rights.

Rodney Syme

The President's Message

"Dying is personal, and it is profound. For many, the thought of an ignoble end, steeped in decay, is abhorrent. A quiet, proud death, bodily integrity intact, is a matter of extreme consequence."

MEDICAL Cannabis

When my book "Cannabis & Cancer – Arthur's Story" (Scribe 2001) was published, I had no idea the response would be so overwhelming. The book dealt with my husband's use of cannabis (marihuana) to overcome some of the effects of cancer. He and I, both octogenarians, broke the law in procuring and using cannabis but it enabled him to live his last six months in a reasonably normal way without pain.

As the result of wide publicity, I received telephone calls, emails and letters from sick people asking for help and, in many cases, telling me of positive results. I have a file bulging with these enquiries. Although it is 3-1/2 years since the book's publication, the stream continues but at a reduced rate.

A brief outline of the book appeared in VESV Report November 2002.

The pain of many medical problems can be alleviated by cannabis: cancer, HIV, severe or chronic pain, MS, spinal cord injury, nausea caused by chemotherapy and glaucoma.

Increasingly, overseas the laws are being relaxed to accommodate its use medically but in Australia, there is still distrust or outright refusal to consider change.

In NSW a four-year trial is underway and our Prime Minister has indicated that he has no objection to its use for medical purposes under proper control. But still the suspicion remains that it is an evil and dangerous drug, even though all figures show that the drug does not kill...unlike the legal drugs, tobacco and alcohol.

The problem has arisen by the publicity given to undisciplined recreational use where those with a predisposition to psychosis may be adversely affected. In all these discussions laced with fear, the medical use is ignored, so that a palliative badly needed by those who cannot tolerate conventional medicines is not available.

I have another file bulging with newspaper cuttings and information downloaded from the internet, most of which are positive, about the value of medical cannabis. Those who know and understand cannabis for medical use favour its use. They are the ones who should have influence on policy makers, not those who regard all drugs with suspicion. These latter would do better to look at some of the legal drugs administered to patients for analgesic purposes.

I am one of the unfortunates who reacts badly to so many drugs, including morphine and others that leave me in a zombie-like condition barely able to function.

Unless we continue asking our government to consider this matter unemotionally and scientifically, nothing will happen. Governments do not change their position without public pressure. That means both individual and concerted effort by those who care.

Pauline Reilly

NOTE #1:

Cannabis is commonly used as filling for a cigarette, but may also be taken as an ingredient in cooking (typically, baked in biscuits) or as an alcoholic extract. (Information on these methods of preparing cannabis is available from the VESV office – how to obtain the cannabis must be left to your imagination).

NOTE #2:

In late April Canada became the first country to approve a cannabis-based pain killer for Multiple Sclerosis patients. Patients describe the chronic pain that 50% of MS sufferers experience as "...like being plugged into an electric socket."

Bayer HealthCare will market the drug under the name "Sativex" and it is expected to be available in Canadian pharmacies by the northern summer.

*15,000 Australians have Multiple Sclerosis.

It is important to remember that help is available to patients if requested.

Nearly two years ago my mother-in-law, who had suffered bad health for many years, had deteriorated to a level of unbearable suffering.

She was a diabetic, had heart failure and emphysema.

My husband and I sat with her on the first day. We had been called to the hospital many times during the last few years in the expectation that the end was near for her but at the end of this long day we realised that this time she probably would not recover. We rang my husband's younger brother and wife and his sister and husband, who lived a couple of hours out of Melbourne, and told them it was time to come to the hospital.

We had been able to talk to my mother-in-law and tell her we loved her, and she told us she loved us before she started drifting in and out of consciousness. She talked to people at what seemed to be a party or at the home where she lived; she ordered her meals from someone we couldn't see, and talked about a few family members, which did give us a laugh. All this was to a person that only Mum could see.

As the day progressed her breathing became impossible to cope with, she was restless, and we were unable to keep her still. It was horrific to see this steady deterioration and her fear as she struggled for breath.

When the rest of the family arrived, Mum was no longer aware of her surroundings. My husband and I felt thankful that we had told her we loved her and she had understood us and cried with us.

The family decided to talk to her doctors. It was decided that we could not bear to see Mum suffer any longer. She did not have a Refusal of Treatment or a Power of Attorney in place but she had talked to us and we knew her wishes.

Morphine was started, but hours later we talked to the doctors again and in the

help is available

Members please!!

VESV wants to ensure its historical background is documented. So if you have any articles, memories etc that relate to VESV and which would be relevant to this, we would greatly appreciate your contributions. Either send them to the office or ring

to make sure we understood what this meant. There would be no turning back.

As the morphine was stepped up we talked to her as a family and tears spilled from her eyes. She knew we were all there. Although the end was imminent, we all felt the relief of seeing her now resting quietly. Her breathing quietened and her face became serene. The pain and stress left her and she looked so peaceful compared to what we had been watching for the past few days.

Early the next morning the nursing staff asked if we would wait in the sitting room while they gave Mum a wash. This was barely started when we were summoned back into her room. She slipped away PEACEFULLY with us all present .

We are grateful to the staff and doctors who understood the needs of a dying woman and made sure that she did not suffer in her final hours.

I would like to stress that Palliative Care does have options if the patient and family make their wishes clear.

Rowena Moore



Education & Membership

One of VESV's major roles is public education about medically assisted dying.

We have done this over the years by providing speakers to many organizations and institutions.

It is also through such opportunities that VESV can expand its membership, a constant necessity.

We have spoken to groups such as Rotary, Lions clubs, RSL branches, U3A, and Probus.

We are advised that even bowls clubs and other social groups are often interested in speakers.

If you belong to such a group, see if you can interest your committee in the idea of a talk on end of life issues.

GUIDE

During the last part of life

Introduction

At our November public meeting, Professor Bernheim explained how voluntary euthanasia in Belgium had developed as an integral part of palliative care. The following translation (by Conny Brandt) of an article from 'Relevant' (the Dutch VE magazine) indicates a similar movement in the Netherlands. This is most appropriate, provided palliative care fully respects the individual's request for assistance in dying.

This cannot be relied on in Australia at the moment.

In the 1960's and 70's, medicine generally regarded patient death as a failure and used every means to prevent or delay it. This has changed.

Unhappily, palliative care's attitude to a patient's request for a hastened death is similar, as such a request is seen as a "failure of palliation" rather than a genuine and rational response to intolerable suffering.

Palliative care declares that it respects such requests, but ignoring them is not "respect". While I see medical assistance in dying as fitting logically within palliative care, this will not happen until palliative care changes its self-protective attitude.

Rodney Syme

Many times when I mention Euthanasia and people know my Dutch background I hear the remark that "everything is possible" in the Netherlands. The following article explains the situation there.

Oncologist Dr Joep Douma works in one of Arnhem's major hospitals. During an interview he said: "Much can be done with palliative care, however sometimes not enough, and then euthanasia can be a dignified end to life.

Euthanasia divorced from palliative care does not exist for me. Palliative care can take a long time and can provide a good quality of dying, but sometimes that does not happen and it becomes unbearable for the patient. Then there is room for the request of euthanasia. I do not see that as an opposite, more as an extension providing a dignified ending".

Cancer and euthanasia "belong together". Douma: "In 92% of the requests for euthanasia the patients are suffering from cancer. Therefore doctors, especially oncologists, will always be involved by the voluntary death of people."

In his department difficult cases are being treated. He estimates that 80% of his patients are terminally ill. The majority of those die at home or in other places. Of the 1200 admissions 10-15% die in his department, two to four by way of voluntary euthanasia. "That does not seem many, but it agrees with the country's average", said Douma "Most requests come to General Practitioners. If you look at the registrations 11% comes from hospitals and 85% from G.P.s. It has been more, but I think that, through the establishment of the new law regarding euthanasia and the broad discussion about this move, more doctors are aware of the palliative care side of the treatment.

We as medicos are communicating much better. When you speak about "humane dying" - and that expression is mainly used in the case of a request for euthanasia - it becomes evident that after an intensive conversation, where all possibilities are being discussed, euthanasia is no

He does not avoid the question but feels that much talking is necessary. "It is not just something my patient can ask for. The choice has to be very clear to me. The quality of the end is essential".

Dr Douma explains that "inhumane" can mean many things: "Pain, of course. I'll be honest and say that not all pain can be controlled. Lack of perspective, extreme tiredness, complete dependence, restricted physical movement. The feeling that you are losing control of your life. The wish to die with a clear mind. Euthanasia is truly saying goodbye with a lucid mind and after thorough consideration. Everything has been said and done. I can imagine that that is a choice."

There has to be an honest and equal relationship between doctor and patient. Douma sincerely feels that that is possible. "To convey information and knowledge is an important part of the profession. Explaining the diagnosis and the options available. I put myself in the position of my patient. Keep asking questions. How do you feel about it? How do you handle it? I literally ask my patient if he/she is able to make a choice. Then I see if it suits his/her lifestyle. By a serious decision I can follow up the choice."

This also means to stay in touch when patients are discharged from the hospital. "We stimulate dying at home. Together with the G.P. and the homecare we aim for quality in dying at home. The G.P. is the captain, we are the supporters. I am also involved with my patients' partners and children; they are extreme-

ly important from the day of the diagnosis till the moment of death."

Douma also feels that palliative care has to be more than pharmacology only. "The doctor has to be clear, give the patient confidence so that he/she will be able to ask any question. This includes the subject of euthanasia. The procedure and the law have to be explained. The assistance with euthanasia (and suicide) is better in a hospital.

There is a project going in the Netherlands which is called: "Support and Consultation with euthanasia in the Netherlands".

Dr Douma backs this up and in the rest of this article he expresses his utter disappointment with the government for not subsidizing this project. The govern-

ment wants an indication of the public performance in health care. "Perhaps palliative care and euthanasia should become one of the indicators."

Translated by Conny Brandt

"Palliative care can take a long time and can provide a good quality of dying, but sometimes that does not happen and it becomes unbearable for the patient."

Mercy Killing

For a decade, "mercy killing" by lay people of loved ones has attracted negligible punishments from our judges, who seem to be making a judgment on the state of the law as much as on the particular situation.

Julia Anaf of SAVES has compiled the excellent summary of this situation.

Rodney Syme

Assisted suicides have been a fact of life for many years and are now continually in the news. They are usually carried out by close family members who act out of love and compassion:

• In law these represent serious crimes, yet often result in suspended or non-custodial sentences. For instance in May 2004 John Godfrey was convicted in Tasmania of assisting his 88 year-old mother's suicide after she had made two unsuccessful attempts.

There are many other recent cases in Australia.

- Although people continue to be charged with such crimes, it is exceptional in Australia that punishment follows. Instead the judgment essentially becomes a judgment on the existing law, rather than the individual before the court.
- It is usual that a charge of murder is not laid even with clear intention and action.

- The whole question of what constitutes "assisted suicide" is also shrouded in mystery.
- The law is brought into constant disrepute and thereby suffers weakened respect.
- The possibility of criminal charges being laid causes anxiety and distress for the individual and further complicates the grief process. This is an indictment on our so-called civilised society.
- In dismissing or giving insignificant penalties judges are finding a way to act with compassion that circumvents an unjust and unworkable law.
- The judiciary's role of lawmaker should not be overlooked, for while "judicial activism" may be decried by legislators, courts are obliged to take the lead when parliamentarians refuse to address the issue.
- The current law is out of step with the views of the majority of the electorate, leading to people taking the law into their own hands.
- It is clear that these tragic cases point to the urgent need for legal avenues by which an incurably ill person can approach their doctor in a climate of security.
- A voluntary euthanasia law would allow those contemplating ill-considered and secretive action, access to rational and compassionate advice. In doing so the law may actually save lives.

The present cruel and ineffectual law is in a desperate state of anarchy. People are being driven to desperate action. I urge you to resume control by supporting the Dignity in Dying Bill.

Julia Anaf



ON Retirement

About 2 years ago my wife and I were on a cruise through the western Mediterranean aboard a Princess liner. At dinner we noticed an elderly lady sitting alone along the rail of the grand stairway in the main dining room. I also noticed that all the staff, ship's officers, waiters, bus-

boys, etc., seemed very familiar with this lady. I asked our waiter who the lady was, expecting to be told she owned the line, but he said he only knew that she had been on board for the last four cruises, back to back.

As we left the dining room one evening I caught her eye and stopped to say hello. We chatted and I said, "I understand you've been on this ship for the last four cruises". She replied, "Yes, that's true." I said, "I don't understand" and she replied without a pause, "It's cheaper than a Nursing Home".

So, there will be no nursing home in my future. When I get old and feeble, I am going to get on a Princess Cruise Ship. The average cost of a nursing home is \$200 per day. I have checked on the reservations at Princess and I can get a long-term discount and senior discount price of \$135 per day.

That leaves \$65 a day for gratuities, which will only cost \$10 per day. Other attractions...

1. As many as 10 meals a day if I can waddle to the restaurant, or I can have room service (which means I can have breakfast in bed every day of the week).
2. Princess has as many as three swimming pools, a workout room, free washers and dryers, and shows every night.
3. They have free toothpaste and razors, and free soap and shampoo.
4. They will even treat you like a customer, not a patient. An extra \$5 worth of tips will have the staff scrambling to help you.
5. I will get to meet new people every 14 days
6. T.V. broken? Light bulb need changing? Need to have the mattress replaced? No problem! They will fix everything and apologise for your inconvenience.
7. Clean sheets and towels every day, and you don't even have to ask for them.
8. If you fall in the nursing home and break a hip you are on Medicare; if you fall and break a hip on the Princess ship they will upgrade you to a suite for the rest of your life.

Now hold on for the best! Do you want to see South America, the Panama Canal, Tahiti, Australia, New Zealand, Asia or name where you want to go? Princess will have a ship ready to go. So don't look for me in a nursing home, just call shore to ship.

P.S. And don't forget, when you die, they just dump you over the side at no charge.

"DO NOT RESUSCITATE"

A TV documentary on Choice and Dignity in Dying now in preproduction!

An experienced Melbourne-based documentary filmmaker with an abiding interest in contemporary social issues would like to talk to people with a terminal or incurable illness contemplating their choices.

DO NOT RESUSCITATE

will tackle the issue of choice in dying in a personal, emotional, brave, and political way. It will put some of the established perceptions and misconceptions around our mortality and morality on trial and will open the door for further debate and dialogue.

What does it mean to live with a terminal illness? How does the illness affect one's percep-

tion of oneself, one's family, society and the legal system? How does the illness change one's evaluation of what is truly important both in living and dying? Why is talking about our mortality still regarded a taboo? Are we in synch with the "Creator" when deciding to take our destiny in our hands? And do these questions matter when one pill or injection could spare further suffering and pain?

Spirited people who are contemplating their choices in dying are encouraged to take part. The filmmaker is fully aware of the sensitivity of the subject. He works alone with a small digital camera in an unobtrusive way.

Please contact Davor Dirlic on
Tel/Fax: 03 9527 1677
or email: didavor@mail.com



from NEAR and far

UK

Physician-Assisted Suicide.

Lord Joffe's Bill, "Assisted dying for the terminally ill", has yet to be voted on but two more UK women with motor neurone disease committed assisted suicide in Switzerland.

•The House of Lords established a select committee to examine issues relating to Lord Joffe's Bill. It has reported with a recommendation that the Lords debate the matter early in the next Parliament. This is a major step forward from the last review in 1994. It has recommended that physician assisted suicide (supply of medication for self-administration) should be considered separately from voluntary euthanasia (lethal injection by a doctor).

Doctors' attitudes to assisted suicide.

In February we noted that a UK survey showed changes in the attitudes of doctors to physician assisted suicide.

Now in the USA a nationwide poll of doctors found 57% believed it was ethical to assist when a rational choice was made in the presence of unbearable pain but 54% preferred it to be a private matter between doctor and patient.

There was 41% support for legislation to legalise assisted suicide in a wide variety of conditions and a further 30% in a few conditions only. However, fewer doctors were willing to carry out assisted suicides themselves. The figures were 20% for a wide variety of conditions, 34% in a few situations and 46% would not personally participate at all.

A Bill concerning Dying with Dignity in Scotland

Purvis, an MP in the Scottish Parliament is launching a Dying with Dignity consultation paper and has welcomed a call from the Moderator of the Church of Scotland, Dr Alison Elliot for a national debate on the subject.

She said "I don't believe that God wills people to suffer." The Scottish BMA opposes the Bill while The Royal College of Nursing are considering their position. The Scottish Bill would resemble the Oregon legislation and allow doctors to prescribe a fatal dose.

A Death with Dignity Bill is to be re-introduced in Vermont state. It was put forward in 2004 but did not proceed to a vote and had to be re-introduced.

ISA

political parties but opposition from the Governor. A two thirds majority would be required to override his veto.

Polls in Vermont raise the problems associated with names used to describe Bills. A poll which described what would be done avoided terms like assisted suicide and had 78% support.

Opposers of the legislation claimed that wording made a difference to poll outcomes and some object to the word suicide.

Even supporters prefer not to describe ending a painful and incurable condition as "suicide".

California

AB 654, the California Compassionate Choices Act, passed the Assembly Judiciary Committee by a 5 to 3 vote on April 12, 2005. This bill would give California an aid-in-dying law like the one in Oregon. We anticipate the bill will be voted on by the full Assembly by the end of May.

California has passed a Bill legally recognizing Advance Directives. And progress in recognition has been made in Hawaii, Illinois and Vermont.

Pain Management

California and Hawaii have also passed Bills dealing with Pain Management which will make it easier for doctors to deal adequately with pain without fear of criminal prosecution.

SPAIN

Recent opinion polls in Spain, previously seen as one of the most conservative Catholic societies, found that 70% would like to see euthanasia laws liberalised.

SWITZERLAND

The Swiss Association of Medical Sciences announced in its February 2005 Bulletin that it proposes a conditional softening to the practice of assistance to suicide by doctors.

Assistance in suicide has not been a criminal offence in Switzerland for many years, provided the assistance was altruistic. The Swiss medical authorities had always maintained that it was unethical for doctors to assist, with the result that all assistance was by lay organizations such as Swiss Exit. In the face of increasing accept-

increasing numbers of people coming to Switzerland from other countries (particularly Britain), there has been a welcome change of medical attitude.

NEW ZEALAND

In a judgement that shows that New Zealand courts will not tolerate mercy killing, euthanasia campaigner Lesley Martin, a former nurse, lost an appeal against her conviction for the attempted murder of her terminally ill mother.

The Appeal Court also refused to overturn the prison term imposed on Martin, who was recently released after serving half her 15 month sentence.

She had been convicted of attempting to kill her mother with a morphine overdose in 1999 and was prosecuted when she published a book in which she stated that she had twice tried unsuccessfully to end the suffering of 69-year-old Joy Martin. Mrs Martin, who later died from other causes, was terminally ill with bowel cancer.

In upholding the prison term, the judges said that this was not a matter of someone in despair acting with diminished responsibility, but a case of a nurse acting deliberately to take a life.

AUSTRALIA

The NSW Department of Health has issued guidelines for help with end-of-life decision-making, pointing out that decisions are best made when families know about wishes well in advance.

In Adelaide, the Queen Elizabeth Hospital has a pilot project in which patients will be given options for their treatment but voluntary euthanasia is not one of the choices.

In Western Australia Terrance Turton has been refused bail after admitting he gave an overdose of prescription drugs to his partner who was suffering from Huntington's Disease.

"Thankyou!" A word it has taken me fifty years to fully understand!

I had for many years, at various times of the day and night, at work and at play, wondered what would be the last words my beloved mother and friend would speak to me. I always knew I would be there.

My care for her began when my father died more than twenty-five years earlier. She had nursed him through lung cancer at home and for one reason and another, she always seemed vulnerable after that. Their marriage was a great love match, tested by the vicissitudes of life.

My relationship with her was simply wonderful. We each knew what the other was thinking; we agreed on just about everything; I kept her up to date with the modern world; she tempered my passions with the wisdom of age.

I often confounded my friends by telling them that we had never argued. ... in my whole life! Yes, there may have been moments of "quiet" but, the love and respect, the utter care we had for each other, overcame all.

From about 1995, it became apparent that her path towards old-age was finally being trodden.

From the on, the prime focus of my life was to care for her. It goes without saying that this included her physical needs; much more importantly though, it was her emotional ones that

were critical.

Those who have made this decision about a loved one will know that once made, the true test of the human spirit is embodied in it.

Though not a well-travelled person, or necessarily a worldly one (she lived in the same house for eighty-five years!), my mother could put anyone at their ease; converse with "high and low"; held views on relationships that are often lacking in much younger people, let alone the older generation, and she couldn't abide bigotry or prejudice of any kind.

One topic of conversation we often explored was that of euthanasia. My mother was much in favour. Her peers also discussed this and all of them agreed.

At one of these exchanges between my mother and an old school friend, the wife of a prominent doctor, (who was reduced to total dependence on her because of the ravages of old age) she said, "If only I could go to sleep each night with a pill tucked under my pillow, knowing that taking it

could allow me to die when I wanted. I know I'd be able to cope with things much better and it would allow me to enjoy the life I have left, without the constant worry of what was going to happen to me."

It is the weight of what might be that destroys enjoyment of life in older age.

I had promised my mother, who hated her decreasing physical and emotional abilities, and more acutely, the imagined pain it caused me, that I would always "look after her". However, in early 2003, things took a dramatic turn for the worse and it was apparent that our shared fears were probably going to be realised! (I used all the leave I had, including paid and unpaid leave, so that full time care was possible. Had this leave not been made possible by close and respected colleagues, I would have resigned my position!)

It was in a quiet and grave moment during this period, in one of the many introspective silences, that my mother reminded me of previous promises. I phrased my response very carefully: she would never leave her home and when the time came, we would know what to do.

No further requests or discussions were necessary.

We were both assisted in our final days together by a "force" which everyone hopes to experience, that no one fully comprehends and which I call God. Finally, without fear, and with exquisite calm, my mother died, but not before very clearly saying: "To think a son of mine would have loved me so much. Thankyou!"

My mother never left her home and I fulfilled the most meaningful promise I have ever made, or am ever likely to!

• Notes on preparation for relieving the enduring pain and suffering of a loved one.

My research for ways that would ease my mother's dying and complete my duty began as follows:

- The Internet and other literature, allowed me to make certain judgments about the medication my mother had been prescribed.
- Close questioning of her doctor, about the purpose of drugs, the physical effect of amounts too small or even withheld, was undertaken and notes kept.
- Nurses were diplomatically questioned.
- I sought advice about the medications.
- Forging of links with appropriately qualified and sympathetic people.

Stephen Mackie

WANTED

VESV has been well served by an old photocopier for many years. As you can imagine, it gets a heavy workout preparing mail outs to our membership. It is approaching its used by date, and the makers are threatening that it will not be given a service contract. When it next malfunctions, that will be it (RIP!). If any member has, or knows of, a working but superfluous photocopier that is looking for a new home, VESV would be happy to provide one.

We are also wanting to improve our workshop presentations by using an overhead projector (for transparencies) to demon-

these days when Power Point presentations are all the rage, there may be such a "dinosaur" sitting unused somewhere. VESV will see that it is put to good use.

We have been constantly amazed at the response when we have sought office items from the membership. Here's hoping we will be lucky again.

FLOWERS OR DONATIONS?

It is common these days at funerals to suggest a donation to a specific organisation rather than sending flowers. A donation to VESV in lieu of flowers could be an appropriate and thoughtful

Workshop CORNER



Comments from attendees at the VESV Workshop held on April 5th:

WAS THE WORKSHOP HELPFUL?

1.

Yes! it was very dignified; the emotion associated with the issue was taken out of the situation. I feel much more comfortable about the issue.

The location and size of group was good.

Vicki Worley

2.

It was very uplifting to be able to feel that I am in control of my life and my demise. I see it as a positive thing and the whole workshop was in a positive spirit.

Anon

3.

Yes indeed - great clarification of many issues - especially on communication and strength of being in control of your desires and decisions.

N. Stempf

WORKSHOP AT COWES

VESV is holding a WORKSHOP at COWES, PHILLIP ISLAND
On SATURDAY 28TH MAY at 10.00am

Contact: Rowena on 9521 3297 for details
and/or bookings

VESV RUNS regular workshops on the subject "How to choose and achieve a dignified death".

These run for about two hours, and deal in depth with the Medical Treatment Act, refusal of treatment, appointing an agent, advance directives, palliative care, pain relief and sedation, and medical practice and the law.

They are limited to groups of about twenty to allow dialogue and interaction. They emphasise the importance in end of life situations of preparation, understanding and communication. Many members have attended these workshops and both enjoyed them and learnt much.

If you would like to attend a workshop, ring Rowena at the office for details. Friends who may have an interest or need advice are welcome. It is an excellent way of developing membership.

The workshops will be organised on an "on demand" basis.

We are currently placing names on a list and when there are enough, a Workshop will be organised.

WE PLAN TO HOLD our next Workshop on the 3rd June 2005 at Northbrooke House, High Street Malvern at 10am

There is a charge (\$20 with \$10 concession for pensioners) to cover costs.

ME 1

Once there was a me that one day
Cleaned the house and baked tins of cake
Next day that me would clean the windows
Walk the dog and do the shopping for the week.
Then when Sunday came with chance of rest,
That me would say, "Where shall we go today?"
Lord, I feel tired just thinking of that me.

ME 2

Now there is a me that really has not much to do,
Yet wearies at the thought of doing more,
Two large jobs to do today?
Quick, a chair before I pass away.
No dog to walk, the feet of me are far too sore.

she needs walks

Lord, let the conscience of this me rest
And forget any undone chore.

ME 3

Soon there will be a me who wishes only to stagnate
To sit and read, and meditate
On all that went before
A me that shudders at the very thought
Of going out on Sunday- I need my day of rest.
Lord, Let me go before I know that me.

HE DIDN'T

(A sad footnote added later, 2003)

Vi Clements