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Civil disobedience or law reform?

Address by Dr Rodney Syme to the Exit Conference, November 2005

At the Final Exit conference in Brisbane, Philip Nitschke asked me to take part in a discussion on the "peaceful pill".

Below is a transcript of my talk. It encapsulates VESV's attitude to the "peaceful pill".

VESV has discussed this matter on a number of occasions and remains opposed to the concept.

We oppose it on the grounds that, as currently proposed, it is irresponsible,

impractical and possibly dangerous. It will not solve the problem of obtaining a dignified death for the vast majority of Australians who aspire to this end, even if it might assist a small number of EXIT members.

It may in fact inhibit progress to a legislative solution which is the only way this can be achieved.

VESV cannot support the "peaceful pill" concept

I feel rather like Daniel about to enter the lion's den, as I am one of the 0.4% of people who would have ticked the box indicating that I do not support the peaceful pill in John Todd's VESQ survey. However, I would have ticked that box only because the options available were not discriminating enough.

I recently came across this statement by the 19th century German philosopher Friedrich Nietzsche:

"to die proudly when it is no longer possible to live proudly, death of one's own free choice, death at the proper time, with a clear head and with joyfulness, consummated in the midst of children and witnesses: so that an actual leave-taking is possible while he who is leaving is still there."

I am sure you all agree with that philosophy, but to achieve it we need control over the end of our lives.

I support civil disobedience as a means to law reform, but not as an end in itself. For civil disobedience to enhance law reform it needs to be cleverly targeted at specific issues. The Nancy Crick 21 challenge of the legality of being present at a rational suicide, not to physically assist but, as Nietzsche says, 'for joyful consummation', is to me a perfect example of effective civil disobedience. I have myself deliberately challenged the margins of end of life medical care by acts which are arguably legal and will continue to do so. However history shows that not all civil disobedience is effective...many of the suffragettes' activities were ineffective, dangerous and counterproductive.

The "peaceful pill" is currently the focus of civil disobedience and is a superficially attractive way of allowing Nietzsche's choice. But I draw your attention to his phrase "with a clear head".

For a choice to be made with a clear head, a person must be fully informed and rational. The peaceful pill concept as elaborated by Philip Nitschke in his recent Exitorial eliminates any medical input or gate-keeping, from the process.

In my own extensive counselling of people wanting end-of-life advice, I have found many occasions where lack of information or a state of irrationality were present. I believe there is an important role for medical advice in these situations, but not for the purpose of determining the extent of suffering. That is the individual's decision.

In his Exitorial, Philip said, "We are not talking about the young, irrational or mentally ill". This is hopefully true for it would be of negative value to society if, for every terminally ill person aided by the "pill", a young, temporarily disturbed person ended their life. And this is not an insignificant matter to be waved away by the stroke of a pen.

It is a reality. It means that I would have ticked a different box in John Todd's survey if there had been a question asking: "Do you support the peaceful pill, providing its development will not harm the young, irrational or mentally ill".

Just consider for a moment the damage to EXIT and the wider voluntary euthanasia movement if a young, temporarily disturbed young man ended his life using EXIT's peaceful pill.

I have a number of issues with the peaceful pill concept. The manufacture of reliable pharmaceuticals is complex and expensive... these drugs must be reliable... and nowhere is this more important than in ending life. People want a guarantee of security as well as dignity. How can one test this pill to ensure its efficacy? The presence of a few crystals in a pot is not necessarily an effective end-point. How can one ensure that each batch, presumably individually produced, is effective?

Or is it to be centrally produced? How is the formula to be controlled? Who is to have access to it and how?

How does one prevent this information getting into the general community, and becoming available to "the young, irrational or mentally ill"?

The process at the moment is laborious; how can it possibly provide sufficient material for the needs of all those with end of life concerns. In other words, there is a "rhetoric-reality gap", to borrow a phrase used by Roger Hunt to describe the gulf between the promise of palliative care and the reality. There are important issues of quality control and control of information that need to be dealt with before this process, as far as I am concerned, can be seen as responsible.

If these issues can be resolved, and to me they suggest that someone will need to be a gatekeeper of the information, then the peaceful pill could fulfill Friedrich Nietzsche's dream. I am therefore not arguing that the concept is wrong but would argue however that the development of a peaceful pill will never be a substitute for law reform.

If Exit is to be the gatekeeper, the availability of the pill will be effectively

limited. Moreover it will almost certainly raise the ire of government (it probably has already via Senator Ellison's repugnant legislation) and could be counter-productive; no government likes to be seen to deal under duress.

VESV is committed to law reform, and as such, support of the peaceful pill is counter-productive for us in relations with government. If they are to engage with us we must be seen to be a responsible organization, using sound arguments, and not attempting to take the issue beyond government control. This latter aspect is one however where the pill can have a useful role. There is a very real possibility that if the pill becomes a reality, government will lose control and will be seen to have failed in its responsibility.

I fully understand the popularity of the peaceful pill for those who cannot wait for law reform. I am frustrated, as Philip must be, when counselling people but unable to offer secure, constructive advice.

We believe that only through law reform will Nietzsche's dream be a reality for the whole community. It is counter-productive for law reform organizations to support the current pill concept, if it will prevent communication with government and harden government intransigence.

I accept Philip's argument that law reform seems light years away, and that 30 years of effort have produced very little. There seems to be no willingness on the part of governments to risk enraging entrenched religious bodies. However, even in those places where law reform has occurred, it took years of sophisticated debate, and in each place the support or neutrality of the medical profession was important. Concentration on changing the attitude of the AMA is essential, and we are encouraged by the recent move of the BMA.

Continued pressure on the legal process to demonstrate the hypocrisy of the current medico-legal interface in end of life care is also important. Changes in the attitude of the medical profession and in legal decisions represent the principal pressure that will persuade government that it must change, and the threat of the development of a peaceful pill may also aid in this.

I fully understand the popularity of the peaceful pill for those who cannot wait for law reform. I am frustrated, as Philip must be, when counselling people

but unable to offer secure, constructive advice.

But law reform is ultimately the "holy grail" for the community at large, and the support of both positions by VESV is simply not credible. It is difficult if not impossible to argue for law reform with careful safeguards on the one hand, while on the other be supporting the peaceful pill without any safeguard or medical input.

I would argue that there is both room and need for both approaches to flourish. There are therefore good reasons for diversity of opinion and strategy, and we should tolerate and encourage this diversity.

Notice of 2006 ANNUAL GENERAL MEETING

The Annual General Meeting of the Voluntary Euthanasia Society of Victoria Inc. is to be held at the

**Community Hall
Grattan Gardens
Community Centre
Grattan Road Prahran**

**on
Saturday February
25th 2006**

Chairperson: Dr Rodney Syme,
VESV President

*Please arrive at 1.45pm for a prompt 2pm start.

**Our Guest speaker for
2006 will be Pamela
Bone, noted "Age"
journalist for
over 20 years.**

Pamela was VESV's guest speaker a number of years ago, when her views were somewhat ambivalent. She has retired from "The Age" due to ill health over the past year. Have her views changed with time and changing circumstances? Her presentation is sure to be interesting and provocative.



President's message

At the last Annual General Meeting, and in my last President's message, I indicated that I would not be standing as President of VESV in 2006. I clearly stated that I would continue my role of advocate and counsellor. However, it has not been possible to find a replacement and no one has come forward as an alternative.

Largely due to the support of committee members Max Sutherland and Neil Francis, I have been persuaded to stand again as president, but definitely only for one more year.

At this moment there are a number of vacancies on the committee for 2006. A number of people who have served VESV well over many years are stepping down from the committee.

We need renewal, with people who have time, energy and skills. We particularly need people with legal, accounting, administrative, medical and nursing skills.

If you have these qualities, please come forward and nominate for the committee. We cannot progress if all the work is left in the hands of only a few people.

Not the death she hoped for

The following true story was provided by a member as a reflection on the death of her mother. Such powerful stories have the potential to influence our political masters.

We would welcome members sending us stories of unwanted suffering and while we recognize that such events cause distress, the process of writing can be cathartic, and may help to prevent them being repeated.

This story is one of medical harassment, where proper pain relief was denied in order to gain agreement to an operation. It is a clear abuse of a person's right to refuse treatment, and of their right to "maximum relief of pain and suffering". It describes a tragic, violent death with radiating effects, and it happened simply because no one had the kindness to listen, understand and help.

This story is nearly 15 years old. If members are aware of similar, more recent events, VESV is very anxious to hear about them, and if possible, assist the relatives to take the matter to a medical disciplinary board to try to ensure that it does not happen again.

My mother died in 1991 aged 80. It was not the dignified death she had wished.

She'd had a number of heart attacks and her quality of life had deteriorated to the degree that she wished to die.

After her last massive heart attack she found herself in hospital and in terrific pain that did not abate for a number of days. As a long-standing VESV member, Mother knew exactly what her wishes were and communicated them clearly to the medical staff. She wanted to be free of pain regardless of the consequences.

I was there when she was told that she would only be offered adequate pain relief if she agreed to have an operation...a quadruple by-pass. I so wanted my Mother to live I am afraid that I too urged her to have the surgery. She gave in, hoping, she told me later, to die on the operating table.

Well, she didn't die but she became even more adamant that she would not allow this to happen again. She confided in me that she would soon take her own life and I knew she'd hoarded all kinds of pills in preparation for this event. But she was reluctant to make use of them as she was worried that the other residents of her hostel would never again be trusted with being in charge of their own medication.

And so my frail, diminutive Mother, 'ever thoughtful of others' well-being, decided against using her pills.

But it didn't occur to her that the train driver would have to live with the memory of a small old lady just standing in front of his train with her hands covering her eyes, waiting for the end to her misery.

VESV's interaction with Victorian Civil and Administration Tribunal

The Victorian Civil and Administration Tribunal (VCAT) is a body to whom application may be made for the appointment of a guardian who can make decisions about medical treatment on behalf of disabled (incompetent) persons.

This particularly applies when the person has not appointed a medical enduring power of attorney (agent) when they were competent.

VESV has had a quiet yet active role in advising VESV members and the public regarding VCAT and end of life matters.

In 2002, the husband of a woman (BWV) approached VESV for assistance. His wife had a form of progressive dementia (Pick's disease). While still living at home and mobile, tube feeding was advised as she was losing the ability to eat and drink. Her husband accepted this as their relationship still had value.

Over the next few years the disease progressed, and BWV was placed in a nursing home, lapsing into a persistent vegetative state. Her husband and family now believed she had no quality of life, was suffering, and they requested that the tube feeding be ceased. However, BWV had not appointed an agent, and the nursing home and treating doctor would not agree because of concerns about the law.

A VESV counsellor confirmed the situation, and advised BWV's husband to seek the appointment of a guardian who could refuse tube feeding on BWV's behalf. This led to a VCAT hearing that appointed the Public Advocate as guardian, and a

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subsequent Supreme Court declaration that tube feeding (artificial hydration and nutrition) was medical treatment and could be refused. VESV counselled and supported BWV's family through this historic process.

In 2003, the daughter of an elderly blind man suffering from very severe breathing difficulty and early dementia, approached VESV for advice. He had twice tried to end his life. Twice, he had developed life-threatening chest infections and been aggressively treated with antibiotics and respiratory support.

He was now miserable in a nursing home and wanted to die.

He had not appointed an agent, so VESV advised the daughter to seek her appointment as guardian through VCAT, which she did. She completed a refusal of treatment certificate with the VESV medical counsellor, refusing antibiotic treatment for a future chest infection as a complication of his chest disease.

When infection occurred four months later, he was provided with maximum relief of pain and suffering and died peacefully

within 36 hours.

In 2005, a husband consulted VESV about his wife, who had been in a nursing home for eight years, tube fed for most of that time because of dementia. Her quality of life had recently deteriorated with inter-current illness, and the husband refused replacement of her tube when it became displaced.

Her doctor agreed that it should not be replaced, but was uncertain what he should do. Again there was no agent (Medical enduring power of attorney) and so it was felt there was no one who could make legal decisions about the tube.

VESV advised the appointment of a guardian, and the hospital applied to VCAT. In a significant decision, VCAT indicated that it was not necessary to appoint a guardian if there was agreement between the doctor and the next of kin as to the best interests of the patient.

Finally, in 2005 the sole living relative of a 95 year old woman with dementia sought our advice. This elderly woman, who had twice tried to commit suicide, had clearly

indicated that she would not want to be kept alive by tube feeding.

She had been in a nursing home for 15 years and when she could no longer eat or drink sufficiently, her GP sought to place a PEG tube. Her relative refused to give permission. As there was no agent, a guardian was appointed and the tube was placed.

After a further three years of deterioration, the relative sought VESV's advice. The GP seemed committed to preserving life at all costs. VESV advised an approach to VCAT to appoint a guardian. After an initial refusal, an appeal with the personal representation by a VESV medical counsellor resulted in the appointment of a guardian with the power to refuse further treatment (PEG feeding or antibiotics).

Certain observations can be made. First, how important it is to appoint an agent. Second, that an approach to VCAT for the appointment of a guardian can resolve difficult situations.

Third, that VESV can provide assistance and advice in the approach to VCAT.



Exit International Conference

In November 2005, I attended the Exit International Conference in Brisbane. It was an interesting weekend and a credit to the work the Exit team put into preparation and presentation. There were over 200 participants from all over Australia, as well as Canada and the USA, so the Conference was a valuable opportunity to discuss issues of dying with a wide spectrum of people.

Most moving, and quite horrifying, were the experiences of Evelyn Martens, a Canadian grandmother in her 70's. Evelyn was an executive member of the Right to Die Canada Society, and in 2002 was charged with assisting a suicide after a Canadian policewoman posed as the grieving relative of a dying woman.

Evelyn's "care" in custody was appalling in a democratic society. She was eventually bailed but with conditions of a curfew, weekly home search and no access to a computer.

The trial was held in 2004 before a jury and she was acquitted of all charges. Her defence was funded by friends, supporters, the Right to Die Society, Hemlock Society and the Humanist Society.

Her costs were \$270 000 and the Crown prosecution costs totalled more

than \$1,000,000.

Evelyn was named "Humanist of the Year" in 2005.

By video link, Dr Nitschke interviewed Dr Ludwig Minelli, who established Dignitas in Zurich. Minelli is a human rights lawyer by profession and has had a long involvement with the Swiss Voluntary Euthanasia movement.

This was followed by Lynn Verschoor telling how she and her sister travelled to Switzerland with their father in July 2005 to use the services of Dignitas.

Following surgery for cancer of the salivary glands, 68 year old Andries Verschoor was saddened by the extent of damage and poor prognosis.

He was very ill by the time the arrangements to visit Zurich were in place and the journey was difficult for the family. Andries had to be well enough to take the mixture unaided. This is a brief summary of the tale!

I was most impressed with Lynn and Karen's openness, honesty and sense of humour.

Here in Australia in October, a group of elderly and terminally ill Australians gathered in rural NSW to make a barbiturate substance. Several members of the group spoke about their project and a short documentary film was shown, opening up a wide discussion. (See The Bulletin November 8, 2005).

Among other interesting speakers and panel participants were: Senator Lyn Allison; Greg Barns (a lawyer, author and human rights advocate), our own President Dr Rodney Syme; Sandra Milne of Voluntary Euthanasia of Queensland; Janine Hosking, an award-winning film maker, and many others representing different walks of life,

ages and philosophies.

We all shared a belief that as individuals, we should have some say in our dying process in the event of an incapacitating illness.

I was impressed by the differences in each State's Society and their individual ways of educating the public and approaching government.

There was much food for thought and action. The program was well balanced and the catering excellent!

Pat Webb

Salute!

"From an ordinary bloke to an extraordinary bloke I salute you Rodney for a job well done." Anon.

Newsletter format

I offer my support for your proposed name change.

But the main reason for this is to suggest that the format of the newsletter takes into account those receiving it on the internet, in particular the format for news from abroad, where paragraphs follow downwards, then need to be scrolled up, then down - all a little difficult for those like myself who are not skilled on computers.

Thank you to all committee who keep the organisation going, year in, year out. Thank you all
Barbara Phillips.

Dear Barbara:

Thank you...we've been setting the Newsletter up to the requirements of print technology but as a result of your comment, will look at ways of also producing an alternative, screen-friendly format in future. Ed.



from NEAR and far

Switzerland

Swiss "Exit" reports that in response to the legal controversies initiated by their association, the Swiss Academy of Medical Science (equivalent of our AMA) has gradually changed stance. Previously, it was totally opposed to its members being involved in assisted suicide in any way.

In 1999 it recommended that doctors respect patients' rights, in particular the right to autonomy, and recognition of advance directives. In 2004, the Academy recognised that the moral and personal decision of the doctor to bring assistance in suicide to a dying patient, in certain particular cases, needs to be respected. late last year, Swiss hospitals were debating the question of allowing suicide assistance in their wards. See next item....

- A hospital in Switzerland has become the first in Europe to allow assisted suicide on its premises.

Assisted suicide is legal in Switzerland although euthanasia is not, and while the organizations Exit and Dignitas have been allowed to help terminally ill Swiss residents end their lives, this has never before been allowed on hospital premises.

From New Year's Day 2006, the University of Lausanne will allow patients to take their own lives in its wards provided they are incurably ill and of sound mind.

The hospital is believed to have made the decision after a patient who had already fixed a day for his suicide sustained an accidental injury that required hospital treatment. He refused to be treated, saying that he had been due to die by his own choice five days later. He was then too ill to go home to keep his appointment.

The hospital's legal and ethical director said, "We consulted priests, nurses, doctors and our clinical committee. We are not trying to encourage suicide but at the same time, as a hospital, we have to respect the wishes of someone who wants to die".

- An eminent Swiss lawyer, Dr. Frank Petermann, has criticized the approach to suicide prevention which fails to recognize that some suicides are rational.

Suicide prevention has had little success because, by categorically rejecting suicide, it blocks the path to all people seriously considering it.

A counsellor who can't or does not want on principle to agree with suicide will not be taken seriously and won't be consulted.

To a person of judgment, this attitude contradicts the principle of therapeutic neutrality, where a therapist must remain neutral in regard to religious, moral, social and philosophic values if he wants to be a mirror to his client.

These days, tragically, suicide prevention acts with the severity of "either/or". In principle it is no different from the "black or white" mentality of the suicidal person and may not be able to provide an alternative. Dr. Petermann sees a solution in the acceptance of an "as well as" attitude, which certainly would try to prevent suicide, but does not reject it in principle.

*Thanks to June Halls for translating the item above from "Humanes Leben".

Belgium

The Belgian Senate has begun consideration of some deficiencies in four areas of the 2002 Euthanasia Decriminalization Law.

First, re the restriction of the law to those over 18 years of age. This fails to recognize that disease and suffering do not respect age.

Second, the need for legislation for assisted suicide to allow the suffering person to control the final breath.

Third, that advance directives be enduring, and fourth, that a doctor who refuses a request for euthanasia should be obliged to refer his/her patient to another doctor.

Israel

In December, the Israeli Knesset passed a law allowing a form of passive euthanasia for patients on life support.

By allowing for the central recording of living wills (renewable every five years) consent can be achieved without recourse to the courts. Close relatives or custodians may speak for those who cannot and people under 17 can be represented by parents. Where parents disagree, hospital and

medical staff can be involved.

Jewish law prohibits the active taking of life but it is acceptable to allow a timer attached to a respirator to switch off life support. The timer provides for a 24 hour delay with a warning at 12 hours.

Although praised as balanced and offering answers in all situations, the scope of the bill is limited to patients on life support.

The new law does not allow withholding of nutrition. Readers will recall that in Victoria this issue went to the Supreme Court to obtain a ruling that supplying food and water does not constitute palliative care.

Another limitation in the Israeli law is that it requires estimated expectancy to be six months or less. Alternatively, if doctors find that vital systems have ceased functioning and less than two weeks survival is expected, the switch-off timer may be used. Hence it is not applicable to patients in a vegetative state or with incurable illness if they are expected to survive beyond six months.

The Israeli law is reminiscent of Victoria's Inquiry into options for dying with dignity, 1987. References are made to the discomfort felt by doctors who have to switch life support systems off. In the Israeli reports, there have been no references to limitations on the supply of life-support equipment.

A personal comment: Is this law as much about the comfort of doctors as the patient's right to choose?

UK

Dr. Michael Irwin, a former President of the Voluntary Euthanasia Society (of England) and of the World Federation of Right to Die Societies, has been struck off the medical register in England by the General Medical Council.

Dr. Irwin, who has stated on a number of occasions that he had assisted terminally ill patients to die, was arrested for writing a prescription for sedatives to give to a close friend on the Isle of Man. His friend was dying, but too sick to take the sedatives and died without assistance. Dr. Irwin was not subsequently charged by the police.

Undaunted, Dr. Irwin, who had retired from the practice of medicine several years ago, accused the Council of hypocrisy because doctors often helped their colleagues to die.

Scottish Suicide Bill

A Private Member's Bill in the Scottish Parliament to legalise assisted suicide has

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Continuing... From near and far

been supported by a number of medical practitioners.

The Bill, known as Dying With Dignity, would allow doctors to help terminally ill adults end their lives. Voting on the bill is expected in 2006.

Opt-out clause for doctors in Right to Die Bill.

Lord Joffe, who has tabled his Right to Die bill in the British Parliament for the fourth time in three years, has conceded that doctors opposed to the right to die will be allowed to opt out of helping terminally ill patients end their lives.

At the same time, Lord Joffe has

removed voluntary euthanasia (where a doctor administers a lethal dose to a patient who has requested the right to die with dignity) from the Bill. It will be up to the patient to find a health care professional who can talk them through the assisted dying process and this will include handing them the drugs to self-administer.

Considerations concerning decisions and end-of-life in Dementia

By Prof. Dr P.P. De Deyn

There comes a time when the demented patient, as a secondary result of his neurodegenerative disease with shrinking of his intellectual functions, also loses his capability to make decisions for himself.

But so long as that is not the case, society and the treating doctor must give the right to make decisions a high priority and act accordingly.

To have correct and understandable information is a "conditio sine qua non" for the patient in order to be able to make his own decisions. Therefore an early statement of the diagnosis and prognosis is absolutely essential when the patient still has the necessary capacity to judge and would be able to formulate a "living will" relating to future medical and other care.

We will now look at competence and capability to make decisions relative to the end of life.

COMPETENCE AND CAPABILITY TO MAKE DECISIONS

Dementing people are not by definition incompetent. The capacity to think rationally, to be able to reflect, does not suddenly disappear.

Competence can be judged in different ways. In some cases it can be quite simple and based on a healthy mind, e.g. when the patient is incoherent and can no longer absorb information. But even then, with clear signs of incompetence, one has to be careful. The competence of a tested person can be different from one day to the next. It could also be of influence if there is another (temporarily interfering) newly developed illness. A patient with advanced dementia can still have lucid moments when certain decisions could be taken.

The Alzheimer's Association advises that it has to be established if the patient has the following capacities: Understanding what her or his medical situation and prognosis are, understanding that he or she has a choice, understanding the possible positive and negative results of the different alternatives and sufficient stability in relation to the decisions which have been taken.

THE END OF LIFE

Some people like to predetermine their moment of death in case they become demented. They find the deterioration of their personality and the ultimate loss of self-awareness devastating and unacceptable.

There is at the moment no suitable legal context in which their request for euthanasia could be fulfilled. Our opinion is that in the case of a still capable and aware person with dementia, facing a future of intolerable and hopeless suffering, euthanasia could be requested. Of course it has to be proven that there is intolerable and desolate suffering.

In its advice No.14 the Belgian Advising Committee for Bio-Ethics proposes that it is absurd to lengthen the life of a person with advanced dementia, a person who has lost total autonomy

and apparently is no longer capable maintaining physical relations with his environment. This attitude is certainly correct if the treatment would increase the suffering, without improving the quality of life.

According to the Belgian euthanasia law doctors are able, under certain conditions, to perform euthanasia without committing a criminal offence.

Two situations referring to the specific dementia problem:

The first concerns a patient who is conscious and aware at the moment of his request. (Acute procedure). Very few patients with dementia however would want euthanasia when still capable of making decisions. A number however show unbearable and desolate (psychic) suffering and should be able to use the (acute) procedure. There have been several cases like that, where euthanasia has been performed and approved by the responsible committee.

The second situation concerns patients who are still capable and have written a living will to be implemented in case they become unable to voice their own opinion. It has to be clear that the doctor can perform euthanasia only when the patient suffers from a serious and incurable disease and that the patient is no longer conscious and that, according to science, the situation is irreversible.

Many are of the opinion that a moderate or advanced dementia does not meet the condition (of being unconscious). This issue needs to be defined urgently in a neuropsychological and neurobiological manner. However, I would like to see a discussion about the term "higher consciousness". People with dementia are certainly in a condition with "absence of higher consciousness". Higher consciousness can be defined as a "State of being aware of one's own existence, of one's mental status and of the impressions made upon one's senses". This means an awareness of the world, of oneself and oneself in the world, in the now, the past and the future. This is what differentiates us from all (other) animals.

Finally there are the people who exist in a neurovegetative state secondary to their preceding dementia syndrome. I feel this is where we take notice of the living will. If there is no such will, we can decide about the end of life by withholding treatment and/or artificial feeding.

The advising committee for bioethics formulated its advice No. 9 relating to the termination of life in the absence of making decisions for oneself. Some members put forward that this could be ethically acceptable in certain circumstances. This opinion was not unanimous. Some members maintained that euthanasia is never justified in the case of people who were not able to put forth their own will. Further debate is necessary.

Translated by Connie Brandt from the Belgian magazine "Recht op waardig sterven" (The Right to a dignified death) and re-printed with Professor de Deyn's permission.

PARAMEDICS and RESUSCITATION

In the last newsletter, we indicated that a tattoo saying "do not resuscitate" was of no value, and we discussed how to avoid unwanted resuscitation.

We advised that if you choose not to be resuscitated, you must speak to your doctor in advance, and complete a refusal of treatment certificate (RTC).

We have advice from the Victorian Metropolitan Ambulance Service and the Rural Ambulance Service that paramedics can refrain from resuscitation if they see a valid RTC on site, or they can accept in good faith the advice of those present that one has been completed. They do need to make a judgement that the "current condition" stated in the RTC applies to the circumstances.

Our previous advice is confirmed – if you wish to avoid resuscitation, seek your doctor's advice and request the completion of a Refusal of Treatment Certificate.

Volunteers needed!

The relocation of the VESV office from Prahran to Blackburn has created a problem for some of our volunteers. While Prahran was convenient and accessible, Blackburn is not. So the move has had an effect on the number of available volunteers and we're now in urgent need of more!

The biggest effort is the quarterly Newsletter enveloping and mailing. Without volunteers the Newsletter (and other communications) would not make it out to our members. If you are in the position that
**3/9B Salisbury Avenue
Blackburn**

is a convenient location for you and you're prepared to give some of your time to the Society, please notify Rowena on 9877 7677.

We would like to take the opportunity to thank our volunteers for the wonderful assistance in getting the Newsletter out to the members in the past. We hope that we will be able to form a pool of people who can assist in the future in the new offices.



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 emphasize the importance in end of life situations of preparation, understanding and communication.

Many members have attended these workshops and both enjoyed them and learned much. If you would like to attend a workshop, ring Rowena at the office on 9877 7677 for details. Friends who may have an interest or need advice are welcome. It is an excellent way of developing membership. There is a charge (\$20 with \$10 concession for pensioners) to cover costs.

The next workshop is scheduled for May 1st.

If any Country Groups wish to organise a workshop we would be happy to assist with expenses in setting up the meeting, and supplying documentation for advertising of the event.

Ring or write to ROWENA to organize documentation for advertising, and expenses:
Office Manager

Voluntary Euthanasia Society of Victoria Inc
3/9B Salisbury Avenue, Blackburn Vic 3130
Phone: 9877 7677

•Thanks to Jim and Beth Vickers-Willis for donating an overhead projector to VESV. This will greatly improve the quality of our workshops and presentations.

Spreading the word in Retirement Villages

Retirement Village residents could possibly be a very receptive audience for information regarding the many services and aims of our Society. The change of name will definitely make spreading the word even easier.

Over the last 6 months Rodney Syme has spoken at a few retirement villages and the workshops/discussion groups have been very well attended. We always find that most residents have a valid Will and a Power of Attorney in place, but very few know about the Medical Enduring Power of Attorney/Living Will, and even the existence of the Medical Treatment Act 1988.

Rodney broke the ice with Bectons Classic Residences in East Brighton, then with two ARC villages (The Lakes and Burnside RV) and more recently with CEBalmoral Gardens, in Wantirna South. About 40 people attended the CEBalmoral talk.

When we approach Retirement Villages, the owners say they understand the situation, but their real focus is on developing and selling the next village. The resident village Manager is usually involved with managing, thus it is the medical supervisor, village nurse and/or community activities or Diversional Therapist who is usually much more receptive to our message.

We ask any members of VESV living in retirement villages and who think that spreading the word would be of interest to fellow residents, to contact Rowena at our office, with the name of the most receptive person in management.

VISION and MISSION STATEMENT

During 2005, your committee has worked to develop a VISION and MISSION STATEMENT as a clear expression of our focus, and to reflect the work that VESV undertakes on behalf of the community.

VISION STATEMENT

- The existence of a community that supports every person's right to receive support, care and medical assistance to die with dignity.

- The existence of a community that recognizes an informed person's right to make medical end of life decisions for her or himself
- The existence of a community whose public policies and laws ensure that a person's informed end of life decisions are upheld in practice.

MISSION STATEMENT

- To protect human rights and dignity by

actively working towards respect for informed decision making at the end of life.

- To ensure that existing legislation is widely understood and implemented, and to identify and advocate for changes required to protect human rights and dignity.
- To promote public awareness regarding human rights and dignity by diverse community education programmes.
- To respond to requests for appropriate support and advocacy for people facing end of life decisions.

Intention to change "Rules and Statement of Purposes"

Notice is given of the intention to move the following amendments to the Rules and Statement of Purposes of the Voluntary Euthanasia Society of Victoria at the Annual General Meeting on Saturday 25th February, 2006.

1. re section 1.
To delete the word "objects" in the first

line and replace it with "purposes" re section 1, subsection (i).

To add after "promote" the words "and protect".

re section 1, subsection (ii).

Delete this subsection and replace it with the words "to carry out continuing public education".

2. re section 2.

To delete the words "Voluntary Euthanasia Society of Victoria" and replace them with "Dying with Dignity Victoria".

3. re section 11, subsection (iii).
Delete the words "not less than nine times" and replace them with the

words "no fewer than six times".

4. re section 14. To add subsection (iii)
"The assets and income of the Society shall be applied exclusively to the promotion of its purposes and no portion shall be paid or distributed directly or indirectly to the members of the Society except as bona fide remuneration for services rendered or expenses incurred on behalf of the Society."



BIRTH NOTICE ...for our new website

On January 23rd, our new website was born. It is easy to read, easy to use and designed to keep our members and the public up-to-date about the latest news and events in the fight for dying with dignity legislation.

Visit www.vesv.org.au and see for yourself how it facilitates:

- Writing "letters to the editor" by members (and the public) by providing email addresses for each of the major newspapers.
- Calling radio talkback programs by providing the phone numbers for the major talkback programs.
- Writing to your political representatives by providing the contact addresses for your local member. (It even helps find out who yours is.)

Need a form for refusal of treatment or to make a living will or appoint an agent? You can get it directly from the site.

And have a look at our Legislative Charter so that you know exactly what we are asking from our politicians. You can even buy books (like "Final Exit") and other items from our store, online.

The public, when they visit, are urged to help our cause by taking various actions, such as:

- Sign our petition,
- Become a member,
- Donate,
- Make a bequest,
- Buy from our store
- Volunteer
- Tell a friend (about VESV)

On the site, people have shared with us their experiences. Read some of these stories, and consider sharing your story. You can do it, there, online.

You will also find a valuable history of the work of VESV since 1985. We may not have achieved dying with dignity legislation (yet).

But 74% of the population now agree with us, so it will come.

We ask all members when you visit, please be sure to sign our petition. If you are in any doubt about where something is on the site, you can use the search facility to search the entire site for whatever it is.

So, log on to www.vesv.org.au today and take a tour. However, please note that our impending name change means that after the AGM on Feb 25th, the site address will change to www.dwdVictoria.org.au (if the new name is approved).