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## President's Message—Activism for 2007

**A**t last year's State election, three Greens were elected to the Victorian Upper House. This is terrific news for DWDV. Our pre-election discussions with Green candidates indicated that most supported DWDV's legislative charter. The importance of their election is that for the first time in Victorian history, there is the possibility of the Parliament debating a private members bill on dying with dignity with a conscience vote.

Due to the fantastic work of Neil Francis in managing the poll of election candidates, we have solid evidence that a majority of MPs would support legislative reform. DWDV has had a model bill ready since 1993—it formed the basis of Marshall Perron's NT Rights of the Terminally Ill Act in 1995, and has been continually revised.

The next four years will be very exciting for DWDV and its supporters, but change will not come without massive pressure.

In 2007, DWDV will present its petition of many thousands of signatures to Parliament. Please make a final extra effort to build that total. Another big opportunity in 2007 will be Steve Guest Day in mid-year—a major rally on the steps of Parliament House. The acclaimed SBS documentary "*Do Not Resuscitate*"

will keep the Steve Guest controversy bubbling. I promised Steve we would not allow his effort to be in vain, so please support this fully.

I have written a book about my experiences with dying patients which should cause significant debate. This is likely to be published in 2008.

But ultimately it will be down to the work of individual DWDV members to pressure their MPs. I ask you all, no matter how ailing you may feel, to be as active as you can be in writing to your MPs, or even better visiting them to argue the case. MPs are more impressed by a visit than a letter. Remember that a personal visit is worth at least 10 letters. Do not be intimidated by your MP—he or she is your servant. Let them know of your personal feelings; you do not need sophisticated arguments.

We also need people to tell the media of their stories about their end of life problems, like Steve Guest. This takes real courage, but it has a huge impact, and you cannot make a better contribution than this.

We have a great opportunity in 2007. We must not let it slip away through a lack of effort or courage.

Rodney Syme

## Notice of DWDV 2007 AGM

DWDV members and friends are cordially invited to the DWDV 2007 Annual General Meeting, Sunday 25th Feb, 1:30pm for 2pm start, Northcote Town Hall, 189 High Street.

### Keynote Address: Marshall Perron

Marshall Perron is former Chief Minister of the Northern Territory, an active VE advocate and father of the Northern Territory's *Rights of the Terminally Ill Act* which came



into effect in 1996, but which was overturned by the Federal Parliament some nine months later. Marshall's address promises to be very thought-provoking. Join us to hear the latest from this respected leader.

How to get there...

**Tram:** Number 86, Bourke St to Bundoora. Alight at stop 31.

**Train:** *Epping Line*—MERRI or NORTHCOTE stations (NB: strong uphill walk). *Hurstbridge Line*—WESTGARTH station (Level walk to tram 86).

**Bus:** Number 567, Northcote to Preston.

**Drive:** Plenty of parking in surrounding streets—check for parking restrictions. Melway reference 30 E9.



[www.northcotetownhall.com.au](http://www.northcotetownhall.com.au)

## World first Ozzie guidelines

In a world first for Australia, guidelines for health professionals faced with requests to die from terminally ill patients have been published in the international journal *Palliative Medicine*.

## Vatican supports 'living wills'

Vatican Cardinal Javier Lozano Barragan has spoken in favour of living wills, telling the Turin newspaper *La Stampa* that the Vatican opposed "those useless and disproportionate treatments before the imminent death of the patient, which have as sole consequence prolonging the agony."

## Italian president responds to dying plea

Diagnosed in his teens with progressive muscular dystrophy, Piergiorgio Welby has been in a wheelchair since age 33, and now, at age 60, cannot eat or breath without assistance.

Speaking through a digital voice machine, he appealed to the president of Italy, poignantly expressing his wish that all those in his predicament be allowed to have their lives brought to an end.

He said, 'I find the idea of dying horrible, but what is left to me is no longer a life; it is only a stubborn and senseless obstinacy of keeping active the biological functions'. He described his typical day: numerous and repeated medical procedures interspersed with quiet periods during which he could do nothing, but was 'constantly thinking on how to put an end to this life'. He added, 'When a terminally ill patient decides to forego emotions, memories, friendships, and life, and asks to put an end to a survival that is cruelly "biological,"... I believe that his will should be respected'.

He quoted His Holiness, Pope Benedict XVI, 'We must corroborate the inviolable dignity of human life, from conception to its natural end', but asked how life in 'a body kept biologically functional with the help of artificial respirators, artificial feed, artificial hydra-

tion, artificial intestinal emptying; of death artificially postponed could be described as 'natural'.

Responding, President Napolitano said, 'I accept your message of tragic suffering with sincere understanding and solidarity', adding that he hoped for a 'sensible and thorough debate'.

The reaction of the parliament has been described as uproar – politicians are sharply divided, some insisting that euthanasia is illegal and therefore should not even be debated, while others see it as a basic right of personal choice. The latter view seems to predominate amongst 'men in the street' when questioned by the BBC.

By Fay Johnston

Piergiorgio Welby's full plea may be read at <http://tinyurl.com/ycnwry>.

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*This and the Steve Guest cases illustrate the profound effect that we can have by standing up and being an advocate for change. The more of us that have the courage to refuse to go without challenging the system, the faster that reform will help those following us.*

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## Staunch advocate dies

Jean Gillett, a vigorous social activist and VE supporter through the Hemlock Society and Final Exit Network in the USA, died in December last year at the age of 89. She will be sadly missed. A memorial celebration of her life and contribution was held in January.

## Kevorkian to be paroled

Convicted suicide doctor Jack Kevorkian is to be paroled on June 1, state officials and his lawyer have confirmed. He was convicted of second-degree murder for assisting a chronically ill patient who wanted to die.

Kevorkian will be 79 on his release. He has spent eight years in jail and is suffering from diabetes, heart problems and other ailments.

*The latest news is available in more detail at [www.dwdv.org.au/news.html](http://www.dwdv.org.au/news.html)*

## Victoria's new Parliament

During last year's State election, supporters of Dying With Dignity polled 470 candidates for their position on DWDV's Legislative Charter (a summary is on page 5).

Our poll excluded "straw" candidates—those without any valid contact details.



We were able to glean 259 specific responses, a response rate of 55% which is tremendous at such a frenetic time when everyone is demanding candidates' attention, and especially for such a personal issue as dying.

We are pleased to report that of the specific responses, 231 or 89% were in support of our Charter, with just 28 or 11% opposed. We took care to invite opposers to respond as well as supporters: the key issue was for constituents to be able to cast an informed vote. As candidate (and now member) Bernie Finn said, "The least anyone standing for political office can do is to tell the electorate what they stand for."

Many supporters and even some of the opposers since elected, have indicated they are keen to talk with us after the election.

**"89% were in support of our Legislative Charter, with just 11% opposed."**

Clearly, candidates standing for office are representative of the population at large. Independent surveys show that the overwhelming majority of Victorians have wanted law reform on dying with dignity for over 25 years.

DWDV looks forward to working with the new Parliament to enact dying with dignity reform that is so long overdue.

## World Right To Die conference—Toronto 2006

THE WORLD RIGHT TO DIE SOCIETIES conference was held in Toronto in September 2006, and Dr Rodney Syme attended as DWDV's delegate and guest speaker.

These meetings are held every two years and are an excellent opportunity to exchange ideas and learn about effective new approaches from others around the world.

One of the major addresses at the conference was by England's Lord Joel Joffe, a human rights lawyer, who introduced a private members bill into the House of Lords last year.

He discussed the campaign that VES (UK) organized and which gained 40% support from the Lords. The bill is effectively blocked at present, but it will be reintroduced. The opposition to the bill was largely from the churches and the arguments against were essentially the same as are made here.

There was a very interesting session on "Nudging the Law", or about deliberately challenging the status quo through the courts. This was very effective in changing the law on abortion, but is not without risk for those who challenge.

Discussion took place on the impact of the Oregon legislation on palliative care. Physician assisted suicide (PAS) has been accepted, although not em-

braced, by palliative care in Oregon. This is a good step forward since we all know that palliative care cannot relieve all the suffering of the terminally and hopelessly ill. The acceptance of PAS by palliative care can only strengthen its acceptance by the broader community, and we need to convince them of that.



Dr Rodney Syme and Marsha Temple, CEO of Compassion and Choices (USA), share a light moment at the conference.

There was a major session on Law reform versus civil disobedience as a means of helping people. The broad conclusion was that it was not a question of one or the other, but that both approaches have a place, and they are complementary approaches to be used wherever they might be effective.

Two comments impressed Dr Syme. Firstly, Barbara Coombs Lee (an Oregon-based advocate) said of the effect of the Oregon law: "the therapeutic purpose of the prescription is comfort." Critically, comfort is not just for those who use it, but also for those who do not. Clearly, many derive comfort from simply *having* the prescription at their disposal, but not necessarily with intent to fulfil and consume it.

Secondly, Rob Jonquiere (Netherlands VE Director) cited the Dutch definition of VE as "the deliberate termination of life by someone else on the explicit request of the person involved", yet concluded his talk by saying that VE "is an act to end suffering, not to end life." A pertinent conclusion.

*DWDV is a member society of the World Federation of Right to Die Societies.*

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**"The right to autonomy about end of life decisions creates 'the dignity that moral agency bestows'."**

*Robert Young – Melbourne philosopher*

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## Petition signature collection closing—last chance

YOU'VE BEEN WORKING HARD AND your efforts are paying off! This key DWDV initiative has now passed 8,000 signatures, with a lot of partially completed forms now waiting for completion or collection.

The DWDV Board has resolved to have the petition tabled in the new Parliament at an opportune time early in the year.

We would therefore like to close the petition signature collection at the end of February, *so please bring your outstanding petition forms to the AGM or post them to Rowena.*

This is your last chance for a final burst of signature collecting.

Some members have already made an outstanding contribution. Thanks to everybody who has contributed to this important exercise.

Edel Wignell says...

I work full time and have found a way to get signatures for the petition quickly. I go to a large shopping centre such as Knox or Forest Hill from midday to 2pm, and stroll about with the petition on a clip board, especially around the food courts (lunch time). I approach people who are wandering and introduce myself as a member of Dying With Dignity Victoria. I show them the clipboard, meanwhile reading the brief headline statement. Usually people nod and say they are in agreement, and a signature is quickly obtained.

While they're signing, I usually say, 'We always ensure that our pets die with dignity, don't we?', and people enthusiastically agree.

I like to approach young people as, these days, they discuss issues, including dying with dignity, at school. It is rare to find a young person who chooses not to sign.

Most middle aged women (and men, too) are keen to sign as many have elderly parents. They like to share their experiences, so listening is important. Once I approached a table of six women and, before I had finished explaining, one said, "We'll all sign. We're nurses!"

Usually several petition forms are filled in a little over an hour.

Congratulations to Edel for such enterprise. We do remind members to keep in mind that shopping centres are private property and you must respect management's directions if they ask you to stop.



## Steve Guest Day 2007

THE DWDV BOARD IS PLANNING A Steve Guest Day rally in 2007. The initiative is supported by Steve's brothers, Andrew and John.

This follows a model that has been used successfully in other States (Queensland—Nancy Crick, SA—Shirley Nolan, and NT/nationally—Bob Dent).

All these people had notable deaths that provided impetus to the dying with

dignity debate.

It is proposed to hold a rally on the steps of Parliament house in mid 2007 whilst Parliament is sitting. The date will be announced in the May edition of *Update*.

There will be prominent speakers from the media, and Members of Parliament. This will be an important event on DWDV's 2007 programme. It is vital that it receives your strong support.

## DWDV's Legislative Charter Safeguards are a key principle

Last year, DWDV's Board signed off a Legislative Charter that specifically defines the law reforms it believes are fair and responsible for all Victorians. There are four Charter principles:

1. Patients with a terminal or incurable illness that creates unrelievable, profound suffering shall have the right to choose to die with dignity in a manner acceptable to themselves and shall not be compelled to suffer beyond their wishes.
2. No individual, group or organisation shall be compelled against their will to either participate or not participate in an assisted or supported death of a sufferer.
3. It shall not be an offence to confidentially advise a sufferer or relatives/guardian regarding death

with dignity, to assist or support such a death, or to be present at the time.

4. Strong safeguards shall be in place to prevent abuse of the process.



The Charter specifically does *not* support the following:

- ✗ Assisted or supported death for individuals who are not suffering a terminal or incurable illness causing profound suffering, nor for people who are unable to properly document their choice in a state of mental competence.
- ✗ A publicly-available "peaceful pill".

Recognition of and approval for the Charter has been widespread, including endorsements from the Doctor's Reform Society of Australia and the Australian Nurse's Federation (Victorian branch).

During last year's State election campaign, well over 200 election candidates also recorded their support.

You can obtain a full copy of the Charter at [www.dwdv.org.au/LegislativeCharter.html](http://www.dwdv.org.au/LegislativeCharter.html).

### Do Not Resuscitate

The documentary *Do Not Resuscitate*, directed by Davor Dirlic, gives a sensitive and compassionate view of three terminally ill people requesting the right to die with dignity on their own terms.

It was screened at ACME on 13th November last year. A lively crowd attended and the films stimulated energetic discussion.

SBS aired both episodes in late November, which aroused spirited debate in the wider community.

*If you missed out seeing this compassionate documentary or you would like to see it again, contact SBS to request a re-run, perhaps for June 2007.*

e: [comments@sbs.com.au](mailto:comments@sbs.com.au)  
t: 1800 500 727

### Refusal of Medical Treatment certificates

IT SEEMS THAT MANY DWDV members are unaware of the existence of Refusal of Medical Treatment Certificates and how much help they can be. The Victorian Medical Treatment Act allows citizens to refuse medical treatment for a **current condition** (such as cancer or heart disease).

This also means that you can refuse treatment for a complication of that condition. For example, if you are suffering from cancer, you can refuse resuscitation if your heart stops due to the cancer, or if you collapse due to the cancer.

Similarly, if you are suffering from heart disease or hypertension, you can refuse treatment for a severe stroke or heart attack that might occur in the future, but you can still request maximum relief of pain and suffering.

Such a refusal decision needs to be very carefully considered and discussed with your doctor. However, you should be in no doubt that you can request, in fact demand, that you and the doctor complete a formal Refusal of Medical Treatment Certificate (Schedule 1 of the MTA), which ensures that resuscitation will not occur.

This, of course, depends on the certificate being available when needed.

Without such a certificate, if the ambulance paramedics are called, they will be obliged to provide resuscitation. If you do not want to be resuscitated, complete an RTC and try to ensure that your family or carers call your doctor, not the ambulance, in an emergency. The doctor can then call the ambulance, advising them that you are not to be resuscitated, but that you should only be given palliative 'comfort care' (symptom relief).

# Opinion—choice and safeguards for all Victorians

**T**HE DWDV BOARD TAKES INPUT from a broad range of stakeholders in the VE debate. Some on the far left of the debate argue the case for freely-available VE. The Board disagrees with this approach: here's why.

It is absolutely the case that current laws are too restrictive. They prevent terminally and hopelessly ill sufferers from ending their lives at a time and in a manner of their own choice and according to their own beliefs.

However, at the other end of the scale a freely-available "peaceful pill" has many dire potential consequences. The DWDV Board recognises its duty of care not only to those who want VE, but to the wider Victorian community.

If a "peaceful pill" were freely available it may encourage a depression sufferer for example, in the absence of a

terminal disease, to take their own life instead of seeking appropriate professional help and treatment.

A layman-made "peaceful pill" suffers from a lack of known purity (and therefore efficacy) and the potential for erroneous or felonious consumption. It may circumvent opportunities for the sufferer to be fully informed as to implications and alternatives (e.g. further treatment or revised palliative care).

There would also be no formal process to ensure the sufferer was making their own independent decision and has not been pressured or coerced to act by other persons.

Once the means to make a "peaceful pill" is in the public domain, it cannot be recalled; there is no going back.

While we sincerely understand and empathise with the desperate situation

many sufferers find themselves in, this form of DIY solution has many consequences, some of which may not have been fully considered by the sufferer.

The DWDV Board believes that law reform to allow doctors to provide a lethal dose for the sufferer to take at their own discretion is the right approach. We are now closer to achieving reform than ever before.

A central tenet of any amendment to the law is that the poorly informed and the vulnerable must be protected at the same time that the willing are given choice. Safeguards are paramount.

This is why DWDV's Legislative Charter (see page 4) specifically and deliberately includes safeguards.

*Neil Francis—Vice President*

Have your say: send your letter to the office or to [dwdv@dwdv.org.au](mailto:dwdv@dwdv.org.au)

## Education and advocacy DWDV serving the community

**D**URING THE LAST SIX MONTHS OF 2006, DWDV was very active in educational activities in the service of the Victorian community, and in advocacy of dying with dignity issues.

Our workshops (see back page) have been in great demand, and have been held throughout the year. If any country group or area would like to have a workshop, please contact the office and we can help you to organize one. They are an excellent way of educating members and the general public, and of expanding our membership.

DWDV has also given talks to community groups. We visited the Kooweerup Hospital to talk to senior staff, and returned to provide a workshop for nursing staff.

Talks have been given to U3A groups at Hawthorn, Manningham, Moorleigh and Mt Waverly, and to the Heathmont Probus. This is an important educational activity and also results in garnering support for the cause and for signing up new members. If you belong to a group, and can persuade them to invite DWDV to speak, contact Rowena with the group's details.

July provided the opportunity to represent DWDV at important venues. On the 10<sup>th</sup>, we spoke to the Minister's Advisory Council of Senior Victorians about advance directives. VESV (as it

was then) had approached this important group three years ago, but had been rebuffed. The new minister invited us to advise on this subject together with representatives from the Public Advocate's office and the 'Respecting Patient's Choices' programme from the Austin Hospital. There was virtual unanimity in all our views, and I feel sure that this body will advise the Minister for Aged Care to pursue this objective.

Also in July, DWDV participated in the University of Melbourne's Medical Dean's ethics seminar on Advance Directives. Panel participation with other mainstream speakers was an endorsement of our status as serious contributors to this debate. As the Professor of Medicine said pointedly to me, "*Right to life was not invited.*"

Of great importance was the media publicity generated by our vice-president Neil Francis' article in the Age based on the 10<sup>th</sup> anniversary of the passage of the Northern Territory's *Rights of the Terminally Ill Act*. Many of our members made important contributions to this discussion. Although unfortunately not all were printed, each letter supported the publication of others, which resulted in a broad debate that ran greatly in our favour, to the chagrin of opposers.

Last October, we participated in a forum titled "*Aging: Being in Control*", hosted by U3A at Gasworks Park theatre. The forum was chaired by well-known personality, Peter Couchman. Close to 200 people attended and there was energetic and wide-ranging discussion. A DVD of the event is being produced and we'll let you know when it is available. In the meantime, visit [www.vicnet.net.au/~pplac/](http://www.vicnet.net.au/~pplac/) for a summary of the event.

In December, we were invited by the Federal Government to participate in planning discussions for the new Access Card; which we believe should record the existence (but not the details) of important medical documents such as an Enduring Medical Power of Attorney, Refusal of Medical certificates and Advance Directives. *Rodney Syme*



Peter Couchman chairs the U3A forum.

# Victorian Parliament passes VE law!

In September last year, a group of young Victorians led by Briana Packett participated in Youth Parliament, a program run by YMCA Victoria ([victoria.ymca.org.au/youthparliament](http://victoria.ymca.org.au/youthparliament)) and the Victorian Office for Youth.

For two days, 120 Youth Parliamentarians—many to be our real Parliamentarians of the future—debated issues of importance to young people in both houses of Parliament, strictly according to parliamentary procedure.

Ms Packett and her team introduced a *Dying With Dignity* bill to the Youth Parliament. It was debated, some minor amendments made and...was passed!

It's clear that young and old Victorians alike see the right to die with dignity as an important issue and an overwhelming majority of whom have wanted reform.

Sadly, our 'real' elected representatives have been significantly less active so far. For the past 25 years, six successive Governments across ten Victorian elections, including Bolte, Hamer, Thompson, Cain, Kirner, Kennett and Bracks have failed to act on the will of the people.

Is this democratic? Well, it's certainly not a good example of democracy.

If Victorians are failing to get the law reform they have wanted for so long, what can they do about it? The point is that if everyone leaves it for someone else



Youth Parliament lobbyists (from left): Briana Packett, Jarryd Strafford, Amy McLean, Chris Cousens, Stacey Cordina and Mariah LeRoy.

to talk to their State members, then nothing is likely to happen. So get active and contact your own members and let them know your views—today.

## Book review The Peaceful Pill Handbook

By Dr Phillip Nitschke and Dr Fiona Stewart.

*The Peaceful Pill Handbook* is an interesting summary of many suicide methods and their history. It also includes many insights into palliative care and various legal issues.

However, *The Peaceful Pill Handbook* may be a title that would mislead some readers. A *handbook* usually means a practical, "how to do it yourself" manual; which this book largely is not.

While it does discuss a variety of suicide methods, it does so in rather technical detail. I, a biochemist for ten years, would myself

have a great deal of trouble successfully implementing many of them.

The authors aim to help the comparison of methods by creating a Reliability and Peacefulness (RP) Score, which is an amalgam of many qualitative factors for a method, each factor given an estimated value.

The resulting value may not be so helpful as two methods could achieve the same score for very different reasons. For example, one method could be strong on reliability but weak on peacefulness, and another method vice versa.

The chapter on *cyanide* seems to

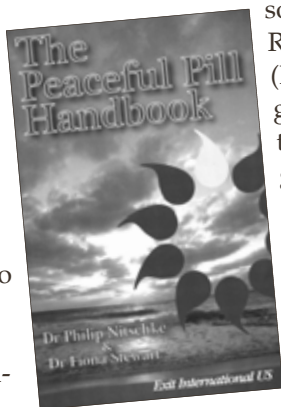
advocate this suicide method, missing important medical opinion that it is likely to be neither quick nor painless.

The book also lacks warnings like simple self-assessment checklists for the vulnerable such as those who are "only" depressed, who should seek professional counsel.

Despite these concerns, and overall, I congratulate the authors and commend this book as a useful addition to stimulate the VE debate.

Neil Francis

Note: DWDV opposes the concept of a *public* peaceful pill. See *DWDV's Legislative Charter* on page 4, and some reasons for this position in *Opinion* on page 5.



## Share your story 'Therapy made life unbearable'

**M**Y HUSBAND WAS DIAGNOSED with terminal pancreatic cancer in August 2001 and spent the next eight months in severe agony, although the doctors all told him they would not let him be in pain.

Surgery and chemotherapy was supposed to give him a better quality of life but instead made his life more unbearable. He ended up unable to eat for about five weeks as a loop of his bowel caused an obstruction which was discovered too late for the doctors to do anything about.

The last five days were the worst for myself and our family as we watched

helpless as he struggled to breathe. (He got pneumonia from inhaling all the gunk he was vomiting up, because the doctors did not take action on the obstruction until he was transferred to another hospital, where they put in a nasal-gastric tube to drain the bile out).

He went into a coma on the night of 28th April 2002 and died (peacefully) at 8am on the 29th. Before he got sick he weighed about 80kg, but he would have been less than half that at the end.

He said to me at one stage towards the end that he felt he had lost all his dignity. Believe me had he been at home I would have seriously thought

about helping him to die sooner. When our dog was seriously ill and in pain we were able to put him out of his misery with euthanasia, but for our human loved ones we are not allowed. It is so wrong especially when there is *no* hope of recovery.

Mrs Gillian Loughman

Note: DWDV's Charter (page 4) specifies that it must be the sufferer's exclusive decision to request assistance to die, and unless unable to make rational decisions about their own care, it should not be the decision of any other person.

Post us your own story, or submit it via our web site at [www.dwdv.org.au](http://www.dwdv.org.au).

# Dying with dignity Asserting a basic human right

First of a two-part series by Hilde Nilsson

**I**MAGINE A FRAIL OLD MAN WHO HAS been living in a nursing home for the past 12 months. He has now reached the stage where medications can no longer control his symptoms effectively and give him a reasonable quality of life.

He has increasing cardiac failure, is confused, incontinent, breathless and has been bedridden for the last couple of weeks. Some years ago he suffered a mild stroke that has left him with impaired vision and an inability to absorb the written word. Over recent years he has often expressed the wish that when his time comes, he does not want "things to be dragged out".

The nurse comes on for the morning shift and finds that the man has deteriorated since she went home on the previous day. She phones his doctor, who is busy seeing patients all morning and therefore takes the easy option and instructs the nurse to call an ambulance to take him to the emergency department at the local hospital.

There he is given treatment which, for a short period of time, brings about a slight improvement in his condition,

**"He has increasing cardiac failure, is confused, incontinent, breathless and has been bedridden for the last couple of weeks."**

but the strange faces and unfamiliar environment result in bewilderment and acute anxiety.

Our gentleman is admitted to the medical ward as a private patient under the care of a consultant physician. Several relatives arrive shortly after and they all tell the nursing staff that neither he nor they want any life-prolonging treatment for him. They would just like him to be kept comfortable.

Some hours later he suddenly deteriorates significantly and looks as if he is going to die. Because the attending physician has not yet seen him and therefore has not documented in the patient's notes that he is not to be resuscitated, the nurses feel compelled to commence CPR and call in the hospital's medical emergency team.

The emergency doctor inserts another needle into a vein in the arm to administer some more drugs while the nurses continue to do CPR. The doctor

**"The fear of litigation, if resuscitation is not attempted, is very real."**

inserts a breathing tube down our gentleman's throat. He is now unconscious.

CPR is continued for several more minutes during which two of his ribs are broken, until the physician arrives and declares that it would be futile to continue. Thus this gentleman has had an agonising, totally undignified death, instead of being allowed to die with dignity and in peace.

Unfortunately, this is an all-too-common scenario.

## The Problems

There is a perception amongst nurses that they must attempt to resuscitate all patients unless there are written instructions to the contrary. Even some doctors are unsure of the legalities in this regard. This is an entrenched culture with no scientific or logical, or even legal basis.

However, the fear of litigation, if resuscitation is not attempted, is very real for many nurses. When one adds to this that some doctors, for a variety of reasons, are reluctant to write up NFR (not for resuscitation) orders, it becomes evident that dying people can be faced with frightening problems.

Let us examine some of the issues here.

CPR was instituted for sudden, potentially reversible effects, e.g. electrocution, near drowning, heart attacks, etc. It was never meant to stop old and/or terminally ill people from dying. It is well documented in medical literature that attempts at resuscitation of these types of patients are not successful. (The definition of successful resuscitation is that the patient leaves hospital in a neurologically normal state.)

In the rare cases where resuscitation is successful in the sense that death has been averted for the moment, the patient dies very soon afterwards. All that has been achieved is that the patient's suffering has been prolonged. The impact of this on family and friends should not be underestimated.

The predicament of a busy GP is understandable. With a waiting room full of patients, the last thing he wants is a request from a nursing home to come and see a patient. It is, however, questionable whether the above course of action is the only option open to him, especially since the GP is probably well acquainted with the patient's condition.

*To be continued in the next issue...*

*This story emphasises the importance of completing a Refusal of Treatment certificate. Such a certificate would have prevented this man's resuscitation. See page 4.*



**Hilde Nilsson** is a registered nurse with over thirty year's experience in areas including medical, surgical and emergency nursing and aged care. She currently has a part-time position in a private emergency department. Reprinted with the kind permission of *The Skeptic*.

# A BIG thank you for your support

In the last edition of *Update* we reported the generosity of the Soucek family collection of donations for DWDV at the funeral of their beloved family member, Coral. This edition we have so many to thank!

## Vale Deaconess Payne

We are saddened to report the death of Deaconess Sheila Payne in Traralgon last year. Deaconess Payne originally came to the area from Sydney via Ashfield.

She was in favour of voluntary euthanasia and respecting an individual's right to choose their own end-of-life path. She is remembered as an energetic, sincere and effective woman pursuing worthwhile causes.

Deaconess Payne left a most generous bequest to DWDV in her will, for which we are very grateful. It is these acts of generosity that make such a difference to our effectiveness. The Society operates on a quite humble budget, and an injection of funds helps us achieve more of our agenda than would otherwise be possible.

If you would like to make a bequest to DWDV in your will, download the bequest phrases from [www.dwdv.org.au](http://www.dwdv.org.au), or call the office on 9877 7677 and we'll post the details to you.

## A rose by any other name...

In late October, Mrs Olga Hilton organised an Open Garden at her magnificent property in Melton. And with excellent press coverage too, attendance was high.



Olga Hilton in her garden.

Olga made a donation to DWDV from the entry fees. Olga, we thank you for your thoughtfulness and support!

We'd also like to thank Betty Telt-scher for her most generous contribution to our press advertising campaign during the State election in November last year. Betty's contribution made quite a difference to our ad sizes.

## But wait, there's more

Then of course there are those several generous members who provided funds for a new computer system. We were delighted to be able to replace our ancient hardware *and* install new software and a better Internet connection.

Rowena says, "It's the nicest kind of change to have to get used to: I'm still being surprised at not having to wait for the computer any more. Even the Internet connection's practically instant!"

Please accept our heartfelt gratitude.

'Boris' has now been replaced with a gleaming new machine called 'Genius'.



To all those who participated in polling their State members and candidates during the election—thank you!

And to Shirley Clifford, a huge thank you for the mighty toil you put into our newsletters as Editor over so many editions. We know how much effort goes into each one, and we hope you enjoy your newfound time to relax.

These wonderful acts of philanthropy make all the difference to DWDV's operations and effectiveness.

## 'Razzle Dazzle'



DWDV invites you to join with like-minded friends to enjoy the hilarious comedy *Razzle Dazzle* (the next *Strictly Ballroom?*), starring Paul Mercurio,

Kerry Armstrong, Noelene Brown, Barry Crocker and many others. A sandwich luncheon is included.

Parental politics, dance school rivalry and pushy stage mums come together in a cocktail of nerves, hair spray and dance competitions including the 'educational' Kyoto Protocol Shuffle.

Thursday 22nd March, 10:30 for 11am start  
Palace Cinema Balwyn

\$21 per person—bring your friends!

To reserve your tickets, call the office on 9877 7677 today.

## Workshops

At DWDV's workshop you receive a set of documents to help specify your own end-of-life wishes. You will also experience two and a half hours of expert tuition in how the current law applies to you, as well as how to complete, witness and store the DWDV documents to maximise your protection. Light refreshments are served in a friendly atmosphere.

Malvern workshops  
19th February, 26th March

Member Pensioner: \$20  
Member Non-Pensioner: \$40  
Non-member Pensioner: \$40  
Non-member Non-Pensioner: \$80

Call the office on 9877 7677 to reserve your place. They fill up fast!

## Peninsula Group Meeting

Monday February 12th, 2-4pm  
Mt Martha House, corner of  
Esplanade and Dominion Road.

All DWDV members and friends are welcome to attend. Bring copies of your Medical Enduring Power of Attorney and Advance Directives: Dr Syme is attending and will focus on these documents to ensure that they are properly completed.

Other 2007 meeting dates are May 7th, August 6th and November 5th.

For more details, contact  
Dr Pat Scrivenor on 5974 1580.

Like to run a DWDV group in your area?  
Contact Rowena in the office  
to kick things off.