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Transcripts of the AGM addresses are available on our web site. Members without Internet access can request a copy by post from the office.



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e: [dwdv@dwdv.org.au](mailto:dwdv@dwdv.org.au)  
w: [www.dwdv.org.au](http://www.dwdv.org.au)  
t: (03) 9877 7677  
f: (03) 9877 5077

3/9 b Salisbury Ave  
Blackburn 3130 Victoria

Patrons: Sir John Holland  
Sir Peter Derham  
Mr Julian Burnside QC

President: Mr Neil Francis  
Vice Pres: Dr Rodney Syme  
Secretary: Ms Alana Bourke  
Treasurer: Mr Peter Foster  
Committee: Dr Ralph Blunden  
Dr Max Sutherland  
Mr Mike Tinsley  
Ms Janine Truter  
Office: Mrs Rowena Moore

## Parliament Rally—Steve Guest Day

**T**HOSE OF YOU who attended the AGM will already know that DWDV is holding a rally on the steps of our Parliament House in Spring Street. AGM attendees indicated unanimously that they would attend, so we're holding you to that promise!

It is vital that as many supporters as possible participate so that the message to Parliament is absolutely unambiguous: that Victorians can no longer be ignored on the issue of choice in dying.

**Please record Wednesday 20th June, 1pm sharp in your diary, right away.** It will be a one-hour rally. We have engaged a number of high-profile speakers to deliver addresses

and to make it abundantly clear to Parliamentarians that *now* is the time to enact reform for dignified choice.



We ask that you ring or email Rowena to confirm your attendance with how many will be coming with you. Bring your friends!

## President's Message

**I**T WAS A GREAT PLEASURE to see so many of you at the AGM in February. The record turnout was treated to a fascinating address by Marshall Perron, former Chief Minister of the Northern Territory, the first jurisdiction in the world to legalise VE.

Tim Saclier regaled us with a trip down memory lane, too, with his escapades of "killer doctors stalking Melbourne". Tim confesses to no particular skills or qualifications at all, yet he and Beryl established the then VESV over thirty years ago. It goes to show what you can achieve when you try.

Yes, we heard your dissatisfaction about the AGM sound system problems, and promise that it will be fixed next time!

This of course is my inaugural message as President, and I would like to pay tribute to Dr Rodney Syme for heading the organisation for so many years, for his compassion and his undying efforts on behalf of us all.

Rodney was central to changing perceptions from voluntary euthanasia (VE: where 'voluntary' is so often forgotten) to physician assisted dying (PAD). He also played a key role in the development of our Advance Directives that help make your own wishes for treatment (or refusal of such) abundantly clear. He has lead so many of our in-demand education talks we've lost count. Rodney has represented us well in Government circles and acted as our liaison with other Societies and groups. And these are just some of the more visible things he's helped accomplish.

Of course, we are fortunate that Rodney is not leaving us, but simply 'lightening his load' after so many years of service.

His is a hard act to follow, as Mary Walsh rightly pointed out at the AGM.

You have my commitment that I and the committee will continue to work as hard as we are able to bring about reform to give the terminally and hopelessly ill respect for their own choices in dying.

We have an exciting program for the year ahead, and your active support is crucial to our success.

*Neil Francis*



Judy Bayliss, Mary Walsh and Marshall Perron chat at the February AGM



# From & far near

The latest national poll on VE, conducted by Newspoll in February, clearly shows that **80% of Australians** (82% of Victorians) believe a terminally ill patient with no chance of recovery should have the right to seek medical assistance to die on their own terms. It has been a majority for more than 25 years.

Just 14% of Australians (13% of Victorians) oppose this right to choice. Now is the time for politicians to stop helping the small but vocal minority to prevent informed choice by the great majority.



## SBS *Insight* Debate

Jenny Brockie recently hosted *Last Rights*, a debate on VE. Drs Rodney Syme and Phillip Nitschke participated as did Christopher Pyne, Minister for Ageing.



Passions were high on both sides of the debate. Pyne made several false claims during the program, and by his contribution essentially thumbed his nose at the three elderly Australians a week who commit suicide because there is no humane alternative. More information is at [www.sbs.com.au/insight](http://www.sbs.com.au/insight).

## French Petition

More than 2000 French doctors and nurses have signed a petition declaring that they have helped patients suffering from incurable diseases to die, and calling for the government to legalise euthanasia.

DWDV is preparing for a similar action here.

## Spain's right to refuse treatment

A Spanish woman who has spent the last nine years of her life in a hospital bed is one step closer to achieving her wish to die after an ethics committee voted in favour of the right to refuse medical treatment.

Inmaculada Echevarria suffers from progressive muscular dystrophy and is on assisted respiration in Granada. She wants the respirator switched off and maximum palliation as she dies.

(Victorians already have the right to refuse medical treatment—a right conferred by the Medical Treatment Act 1988.)

## Italian Doctor Cleared

Italian prosecutors have cleared Dr Mario Riccio of any wrongdoing in removing the respirator of muscular dystrophy sufferer Piergiorgio Welby, who wanted to die.

Welby had squarely placed the issue in the public domain by writing to the Italian Prime Minister Romano Prodi, begging to be allowed to die.

The Roman Catholic church condemned the doctor's actions and denied a Catholic funeral for the patient.

## Opposition to PAD Dropped

The American Academy of Hospice and Palliative Medicine, the USA's leading organisation of hospice physicians, has dropped its opposition to physician assisted dying (PAD).

The group admits that while modern medical practice can ease most suffering at end of life, sometimes unacceptable suffering still persists.

It has decided to take a neutral position on the matter.

## Doctors Withhold Advice

A study by ethics researchers at the University of Chicago found that nearly one third of doctors surveyed expressed problems with referring patients for procedures that were legal but otherwise controversial, and might withhold such advice.

Julian Savulescu, Professor of Practical Ethics at Oxford University said "If people are not prepared to offer legal, efficient and beneficial care to a patient because it conflicts with their values, they should not be doctors."

## German Law Clarification

A recent statement by the Federal Minister of Justice clarifies that it is not a crime to be present at a sufferer's suicide in Germany.

## Senator Bob Brown's VE Bill

Senator Bob Brown has recently introduced a voluntary euthanasia bill to Federal Parliament.

However, the Federal Government has used its power to block progress of the bill in either house.

## Dr John Elliott Dies at Dignitas

Australian citizen and Sydneysider Dr John Elliott travelled to Dignitas in Switzerland accompanied by his wife Angelika and Dr Phillip Nitschke, in January.



Dr Elliott suffered terribly from multiple myeloma, and died peacefully at Dignitas' Zurich apartment.

## Vatican Split on VE

Cardinal Carlo Maria Martini says that terminally ill patients should be given the right to refuse treatment and that the doctors who assist them should be protected by law.

This is in direct contradiction of the Pope's condemnation of actions in the Welby case.

More news at [www.dwdv.org.au/news](http://www.dwdv.org.au/news)

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**"I have learned from my life in medicine that death is not always the enemy.**

**Often it is good medical treatment.**

**Often it achieves what medicine cannot achieve—it stops suffering."**

*Christiaan Barnard  
"Good Life, Good Death"*

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## Letter to the Editor

**D**ear Editor,  
I was disappointed that our executive did not support the Day of Mourning organized by the NSW Voluntary Euthanasia and Exit groups to visit Canberra.

Our organisation spent a great amount of money and energy in attempting to prevent Kevin Andrews being re-elected and although not successful we did make a big dent in his majority and lifted our profile. I think the idea of drawing attention to the tenth anniversary of his notorious bill was worth noting. I went to Canberra and felt it was encouraging to know that our movement can be national.

Meeting and being addressed by three parliamentarians in the foyer of Parliament House, hearing Kip Enderby amongst others cheered us. Philip Adams addressed 200 of us at dinner at the Museum and gave us additional heart.

I am grateful to our committee for their energy and intelligence on the state front but there is something energizing about being together with others: witness the good turnout at our AGM and the generation of positive feelings. We may differ in the roads taken to a goal but don't let us ignore the efforts of others.

Betty Teltscher OAM

### President's reply:

Betty makes a good point about working with others to achieve the greater good, and the committee agrees wholeheartedly with this approach.

Keep in mind that the committee is populated entirely by volunteers, and we must make careful decisions about where we can best place our limited energies. It was decided that this event would go ahead very adequately without our direct involvement, and we

have other plans afoot that require all our meagre resources and available time—such as an education program for politicians, and Steve Guest Day on the steps of Parliament in June (see page 1).

The various state societies are in regular contact, and we often share ideas and resources to make the greatest impact we can. We shall continue to do so, though members may not be aware of each specific initiative.

Neil Francis



Protesters in Canberra burn copies of Nitschke's banned *Peaceful Pill Handbook*.

## Share your story Wife of nearly 60 years dies alone in motel

**M**y dear wife committed suicide in February this year. She had it all worked out beforehand. She went to a motel and took a number of sleeping pills in association with a plastic bag. She'd planned it to a "t".

The only trouble is after nearly 59 years marriage, she died alone and with as much dignity that she could muster. I now realise, somewhat belatedly, what it is to lose the love of your life, and despite my two "caring" daughters, the light of my life has gone out.

I'd found out where she had gone—even went to the motel—but decided due to my intervention on two previous occasions to leave matters stand. The note on the door said "Do not disturb" and she had some of her

favourite music to "herself".

This is not the way a "civilised couple" should end a partnership. I just didn't want to end my life at the time thinking she'd come back: typical male, I still can't accept she has gone.

The Police questioned me for some time but I was able to prove—with unbeknown to me a note that she had left in the motel, that I was not directly implicated, which I now have to live to regret.

The authorities, the Coroners Office, was bloody awful. They were only interested in a "positive identification".

I was not to know the Funeral Director has the job of "clean up" after the autopsy for "viewing by relatives". I'm certain a number of vets would have

presented a family pet "better for viewing". I'm putting it down to experience.

Centrelink publish a book "*What you do when you lose a loved one*". It was out of print.

The Coroners Office realise counselling is preferred - they just don't have the funds. The funds go elsewhere.

Just as well we have Iraq: it gives our Defence Force something to do—they are getting paid anyway. My youngest daughter did a 6-month stint in Baghdad last year.

Name withheld.

Ed: Sadly the chief forensic pathologist, Prof. Stephen Cordner's policy of profound respect did not seem to occur in this case.

Post **your own** story to the office or submit it via our web site Share Your Story form at [www.dwdv.org.au](http://www.dwdv.org.au).



# When I will never recover...



**I**, MAXINE, being of sound mind and body, do not wish to be kept alive indefinitely by artificial means. Under no circumstances should my fate be put in the hands of pinhead politicians who couldn't pass ninth-grade biology if their lives depended on it, or lawyers / doctors interested in simply running up the bills. If a reasonable amount of time passes and I fail to ask for at least one of the following:

- Glass of wine
- Chocolate
- Margarita
- Chocolate
- Cold Beer
- Chocolate
- Chicken fried steak with gravy

- Chocolate
- French fries
- Chocolate
- Mexican food
- Chocolate
- Ice cream
- Chocolate
- Sex
- Chocolate
- Daiquiri
- Chocolate

...it should be presumed that I won't ever get better. When such a determination is reached, I hereby instruct my appointed person and attending physicians to pull the plug, reel in the tubes and call it a day.

From one of our readers.

## Politicians are our servants, not masters

**R**emember we said in the last edition of *Update* how important it is to make your views known to politicians? Well, we weren't kidding!

The most powerful thing you can do is to have a meeting with them to state

your position in person. But we know it can be a bit daunting to many people.

So DWDV's initiative to have *groups* of our supporters visit their Members is already moving ahead in leaps and bounds. Call Rowena today to get into

a group yourself. A single visit is worth the equivalent of around 6,000 votes to a politician. Make a difference!

Be polite and respectful (effrontery is not persuasive), and be sure to let the office know the meeting outcome.



## Razzle Dazzle Event

**T**he film/lunch on 22 March was a great success and "Razzle Dazzle", our new Australian comedy, gave us all a laugh. The star-studded Aussie cast included Kerry Armstrong, Tara Morice, Toni Lamond and also featured talented Ben Miller (TV's "Worst Week of my Life" and "Doc Martin").

The film looks behind the glamour and glitter and shows the days leading up to the grand final between the highly competitive top Dance Schools. We see equally ambitious "stage mums" eager to push their children to success and very determined their daughter and school must win. There is bribery and even the kidnapping of a star dancer from a rival academy to boost their chances. In the end...well, if you missed out, go and see the film!

At lunchtime, it was very satisfying to see many familiar faces and also to meet new members. Film/luncheons are a great opportunity to meet fellow members and chat following the film. I encourage your support for fundraiser films but do be quick when booking as the response for this film was overwhelming.

*Jill Paterson, fund-raiser*



# Dying with dignity Asserting a basic human right

Second of a two-part series by Hilde Nilsson

*Continued from the previous issue...*

**R**egistered nurses have a very significant role to play in the Aged Care sector. Communicating with the residents' families and the residents themselves whenever possible, to ascertain their wishes in regard to end of life management is of the utmost importance. Pressure of work is a real issue in many nursing homes and one can only speculate how often this is the reason why deteriorating patients are transferred to acute care hospitals and staff think it preferable that the resident dies elsewhere.

Well-managed nursing homes factor in unexpected care needs in their staffing allocations. If nurses are not under extreme time pressure they might then be more willing to allow the residents to die in the familiar surroundings with familiar faces caring for them.

Some nursing homes ensure that their staff feel confident about providing comfort for dying residents and their families. After all, people go into nursing homes expressly because they are nearing the end of their lives.

The Federal Government's policy of "Ageing in Place" needs to be taken more seriously. Obviously, if a nursing home resident has a fall and sustains a fracture, it is then appropriate to transfer them to an acute care facility to get the fracture treated. It is not appropriate if their heart failure is no longer responding to treatment.

Informed consent is often not obtained. Asking a resident or their family if they want "everything to be done to save them" if they take a turn for the worse is often not enough. Many people have grossly unrealistic expectations of what medical technology can achieve.

**"Most people have grossly unrealistic expectations of what medical technology can achieve."**

Appropriate and clear information regarding available choices needs to be given, tailored to the person's ability to comprehend. If the patient is of sound

mind, the relatives' wishes are unimportant. Some residents and their families have discussed their wishes, are well informed about their options and have made rational decisions.

Others, however, have simply no idea of what is involved, or of likely outcomes. End of life options need to be discussed with families and good information needs to be given so that well informed choices can be made.

**"The fear of litigation if resuscitation is not attempted, is based on ignorance rather than on fact."**

Ideally this is done with the attending doctor, documented in the resident's history and the staff are clearly instructed regarding the residents' and their families' wishes.

The fear of litigation, if resuscitation is not attempted, is based on ignorance rather than on fact. The principle "First do no harm" applies equally to nurses as it does to doctors. In fact, one could visualise the relatives of a patient who was subjected to a cruel death because of an inappropriate resuscitation attempt to sue for battery and assault.

These days, all hospitals and aged care institutions should have policies on dying with dignity. Our own Nursing Scope of Practice states that nurses should not carry out any treatment unless it has a reasonable chance of being successful.

In times gone by, death, like birth, was a part of every family's life experience because it mostly happened in the home. Family members cared for dying relatives at home and took turns at sitting with them.

This is not such a common event today. Dying is not something that most people like to talk about. It tends to happen in hospitals and nursing homes. With this shift in culture somehow the medical profession (including nurses) have taken ownership of the dying process and there is less acceptance of death as a good outcome for sick old people who are suffering.

The solutions to these problems are multifaceted and complex, but not unachievable. Let us now consider what could have happened to our gentleman if attitudes had been different.

When the nurse in the aged care facility finds that this man has deteriorated she could have assessed him and given his doctor a detailed account of his condition along with information documented in his file regarding his end of life wishes.

The GP would have instructed the nurse to keep him comfortable and to notify the relatives, as not much more could be done. The GP has his surgery organised such that there is time for house calls and/or emergencies in the middle of the day and he visits his patient in the nursing home and his instructions to the nursing staff are centred around symptom control.

He is being cared for by people he knows and trusts. His relatives are by his bedside and he knows he is dying and is quite peaceful about it all.

**"His relatives are by his bedside and he knows he is dying and is quite peaceful."**

The reality of course is not always like this. The GP could be away on holidays and a locum, who is not acquainted with our gentleman, could be on duty. The patient could end up in the emergency department of the local hospital for a variety of reasons and still be admitted to the medical ward.

Here, experienced, capable and well-informed nurses could allow him to die in peace surrounded by his relatives, even if occasionally unfamiliar nurses appear at his bedside to ensure he is comfortable.

Health professionals talk about evidence-based practice at every juncture. Why is this principle so often totally ignored in regard to resuscitation of old and/or terminally ill people?

Just because we can intervene, does it mean that we should? •

## Psychiatric Suffering

A member wrote to us in response to the last newsletter, admonishing DWDV for saying that "if a peaceful pill were freely available it may encourage a depression sufferer for example, in the absence of terminal disease to take their own life instead of seeking appropriate professional help and treatment".

She made the very valid point that there can be sufferers from chronic depression that is resistant to medical treatment, and that their suffering should be seriously considered as intolerable.



I fully agree and often quote the eminent Australian psychiatrist John Cade who said "Depression is the most painful illness known to man, equalling or exceeding the most exquisite physical agony." The Netherlands law allows for

such people to be assisted, but only after very careful psychiatric assessment, and I fully agree with that. DWDV's position is directed at the danger of a peaceful pill to people with transient and treatable depression, including the vulnerable youth suicide group.

### "Depression is the most painful illness known to man."

John Cade—Australian Psychiatrist

Such people may end their lives in a moment of despair in circumstances that almost everybody would say was absolutely regrettable. These are circumstances where, if the person fails to end their own life, they are ultimately gratified that they were unsuccessful. We do not think that it is responsible to provide any opportunity for such people to be successful.

We believe that any patient considering ending his or her life, in whatever circumstances, should have the benefit of professional advice, and assistance if necessary, rather than acting on a hasty decision using unpredictable methods. Rodney Syme

## Collapse

In most circumstances, if a person collapses and the ambulance is called, the paramedics will carry out resuscitation.

This may not be wanted by a person at the end of their life, or one with significant frailty and suffering.

This treatment can be refused by completing a refusal of treatment certificate for a 'current condition', before the collapse occurs.

If such a document has been completed, the paramedics can refrain from treatment on seeing the certificate, or they can accept in good faith the advice of those present at the scene, that such a certificate exists.

Thus, the certificate need not necessarily be immediately available, but it must have been completed, and capable of production later to validate the decision—'in good faith'.



## Thank you—again!

A big thank you to Winston Jen as the primary sponsor of our new photocopier since our old copier, Natasha, has taken a drink of Nembutal. Sveta, our first new photocopier in more than fifteen years (that's 120 in human years!), set us back a hefty sum indeed.

We were also surprised and delighted by the member who pressed a folded envelope containing \$500 into Rowena's busy hands at the AGM with no identification! Please do let us know who you are so we can thank you.

Donations are always welcome, as we operate on the smell of the proverbial oily rag. If you are able to make a donation with your membership renewal, your committee would be most grateful! And don't forget to update your credit card details with us if you are a periodic Defender of Dignity.

## 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  
30th April 10–12:30, 4th June 1–3:30

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!



## Humanist Society

The Humanist Society of Victoria is actively concerned with contemporary questions of ethics and values.

We organise public lectures and social activities, prepare submissions, and offer counselling and support to our members.

We publish a monthly newsletter and a quarterly national magazine.

Enquiries welcome.  
t: 03 9857 9717  
w: [www.vicnet.net.au/~humanist](http://www.vicnet.net.au/~humanist)

Humanist Society of Victoria  
GPO Box 1555,  
Melbourne VIC 3001