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President's Message

Firstly, it is an honour to have been elected President of DWDV — an organization I have always admired for pursuing a cause dear to my heart in such a professional and considered way.

I represented Victorians in the Senate for twelve years and my first experience of a conscience vote was early in my term when Kevin Andrews' bill swept aside the Northern Territory 1996 ROTTI Act, 38 votes to 33. The result would have been more decisive were it not for the objection by some to the trampling of territory rights—or at least, that's what they said.

I was astounded that members of parliament would vote to overturn what close to 80% of the population and a territory government considered to be sensible law reform. However, I do think that since 1997 public debate has matured on the issues on which political parties generally allow 'conscience votes'. A number of social reforms have been passed on conscience since then, delivering modest but clear majorities. While the first attempt at legislating to decriminalise physician assistance in dying in the Victorian parliament late last year was lost, I am sure the next will be successful, provided we can keep up the momentum.



2009 will be action-packed. The Committee is now finalising its strategic objectives and campaign plans. We hope to finalise an amended bill which will win over those MPs who said 'yes in principle but no to this one'. Timing and preparation will be everything and we hope we can count on your assistance in letting your local member know that you

support this reform. We will be focusing too on broad engagement with relevant organizations and I am keen to see some formal consistency in the platforms of our sister state organisations on PAD and more national collaboration.

We are looking too at ways that we can deliver more services, tapping into

the wealth of training and experience within our ranks and recruiting more doctors and other health professionals to extend the excellent counseling work now being done by Rodney Syme and Rowena Moore – you should read the very moving letters of gratitude from people who have been helped by them! If you haven't yet read Rodney's book *A Good Death*, you should. He writes a very cogent and compelling case for reform - an excellent tool for us all.

All the best.

Lyn Allison—President

Steve Guest Day Rally 2009—Be There!

Our annual Steve Guest Day rally plans are well underway, and we hope you'll be able to join us again or for the first time this year. Your support is more important than ever now that a majority of Victorian MPs have indicated their in-principle support for physician assisted dying (PAD). It was a compelling wish of Steve himself that his death, after suffering oesophageal cancer, be a catalyst for change. Your stand can help crystalise his wish—and the wish of 82% of Victorians.

The Victorian Government thumbs its nose at sufferers like Steve Guest when it avoids introducing reform. Come and let them know what you think: put it in your diary now!

Arrive early for a 10am start on the steps of Parliament House, Spring Street, Tuesday 21st April.



Two Bills in South Australia

The Greens have introduced legislation to the South Australian Parliament to allow PAD. The Greens Bill adds PAD provisions to the existing Consent to Medical Treatment and Palliative Care Act. Greens Upper House MP Mark Parnell said his Bill would stretch existing laws on medical treatment rather than create new, stand-alone, regulations.

There is another PAD bill currently before the lower house of the South Australian parliament.

Go, go, South Australia!—Ed.

MS Sufferer May Have Won Bid

UK - Debbie Purdy, who suffers from multiple sclerosis and is confined to a wheelchair, said she was shocked after losing her legal bid to clarify the law on physician assisted dying (PAD). She wants to travel to Dignitas.

Although suicide is not a crime in the UK, aiding and abetting suicide is a criminal offence as it is in Victoria, punishable by up to 14 years in prison.

In a recent development, the UK Department of Public Prosecutions has determined prosecutions will not proceed where the public interest against prosecution is strong.

Catholic Healthcare Refusal

Washington State, USA - Eastern Washington's largest hospital system, Providence Health and Services, will forbid physicians from helping patients die at its hospitals, nursing homes and assisted care centers. "Providence will not support physician-assisted suicide within its ministries," the owner of Sacred Heart Medical Center and Holy Family Hospital said in a prepared

statement.

A PAD ballot was passed in Washington State last November, and becomes law in March.

Progress in Italy and Mexico

Italy's supreme court confirmed a lower court ruling that—for the first time in Italy—authorised doctors to switch off the life support system of Eluana Englaro, a 36-year-old woman trapped in an irreversible coma for the past 16 years. The court rejected an appeal from Milan prosecutors, saying it



Rodney Syme was elected in November in Paris to the World Federation board, to help lead the charge for law reform.

was "inadmissible" because the case did not concern the general interest, as the prosecutors argued, but individual rights. The woman's father, Giuseppe Englaro, has been fighting for ten years against Catholic officials and politicians who follow the Vatican's line that removing life support is euthanasia.

Meanwhile, Mexican lawmakers approved a law allowing citizens suffering from terminal diseases and their fami-

lies to refuse treatments that keep them alive. The measure, unanimously approved by the Senate with one abstention, only applies to patients who have a life expectancy of six months or less. Doctors can't stop giving patients food, water, psychological care and painkillers.

Refusal of medical treatment has been lawful in Victoria since 1988. Some countries are catching up with us—Ed.

Doctor Polls

Recent polls in both Germany and Sweden show that one third of doctors in those countries support the legalisation of PAD.

In Victoria, 45% of doctors believe PAD should be available.

Montana Legalises PAD

Judge Dorothy McCarter ruled that a Montana, man who has terminal cancer may legally undergo PAD. She said "The Montana constitutional rights of individual privacy and human dignity, taken together, encompass the right of a competent terminally (ill) patient to die with dignity." The ruling added that a terminally-ill patient who finds his/her suffering to be 'unbearable' has the right to receive self-administered medication to hasten death. The ruling also stated that a doctor may prescribe such medication for the patient without fear of being taken to court for it.

Montana Attorney General Mike McGrath is filing an appeal to overturn the decision. The Montana Medical Association has no policy on assisted suicide and no plans to support McGrath's appeal.

...and So Will Luxembourg

The Catholic monarch of Luxembourg, Grand Duke Henri, is refusing to sign off a Parliamentary Bill for PAD, so the Parliament is removing his right to veto certain bills such as this one. It is expected to pass by March. The Grand Duke supports his 'demotion.'



World Federation of Right To Die Societies biennial conference—report on page 5.

Palliative Care (PC) practitioner Dr Paul Maher was keynote speaker at our 2008 November AGM. This is an extract of his address.

My opinions are a bit influenced by my age, and like Rodney, I became a doctor after WW2, when medicine was entering into a new age of technology and pharmacology, as well as by my Catholic upbringing. In my post-war childhood I remember my parents and friends talking about being very sick dying and as if it were a shameful thing, and talking about ‘hurrying’ death as a terrible sin—an insult to God and ‘playing God’ and altering His Divine Plan, and how it was an honour for sick people to be able to dedicate pain and suffering to God.

We were taught this at school, and our middle class friends and relatives accepted that argument. My father was a prominent Catholic layman and lawyer with plenty of medical friends and I was allowed to sit in on some of their conversations and nobody seemed to even question that line. And these were very good kindhearted intelligent people.

During my medical training I can’t remember any questioning either—or much medical education about care of the incurable and dying. Looking back, it was clear then that the development of palliative care as a specialty was badly needed. It is also, looking back, clear that any hint of hastening death was a deeply embedded moral forbidden especially amongst religious people, not questioned.

The palliative care specialty

PC is a relatively new medical specialty which aims to look after people who have incurable continuing disease, especially cancer and nerve diseases, for which medical treatment is now only partly effective, leaving patients chronically and seriously ill for long periods. This is mainly from cancer, but can also be due to the final stages of many severe chronic diseases such as emphysema or multiple sclerosis.

PC has developed most rapidly in many parts of the western world over the past 50 years especially with English doctor Cecily Saunders, but for centu-

ries there had always been special hospices and institutions for patients with incurable diseases, which used to include the likes of leprosy and TB.

But the older hospices were not effective, and some treatments were useless, like blood letting and cathartics. However, poor diets and infection and lack of good drugs meant most people died quickly. So the religious institutions which were the forerunners to palliative care did nurse terminal cases as well as possible, and their souls were looked after by priests and nuns. But this was only for the better off. Most died miserably in their cottages.

“Religious institutions were the forerunners to palliative care, and patients’ souls were looked after by priests and nuns.”

Developments

After WW2, much more effective treatments became available to the medical profession. Penicillin, different types of morphine, intravenous fluids and painkillers, safer surgery. This is all fairly recent stuff. Better drugs, medical training and knowledge made it possible for seriously ill and dying patients to get much better symptom relief, but did mean patients lived longer with the disease, and the psychological effects of that.

Many of the hospitals which looked after chronically ill and dying patients were founded by religious orders, such as the Blue Nuns. They set up hospices which were a great improvement in the treatment of the dying, but held on to the theological beliefs that deliberately hastening death was sinful.

The early PC doctors and staff also believed the mantra that a patient who asked to be “put out of misery” was simply evidence they were getting poor quality treatment, full-stop. This can be true but also can be “a sort of cop-out”

to avoid facing the issue that even with first class care some patients do experience prolonged physical and psychological misery.

Kubler-Ross was the first to tackle the diagnosis and management of the psychological reactions of people with chronic incurable disease which devastates their lives, with death as the only relief. These days a branch of palliative care called psycho-oncology has developed treating this aspect of dying.

PC in Australia

There is a national association, state associations, and many city and regional units. There are PC departments at many universities. Governments have been very generous with funding. It is big business, and palliative care has considerable political clout. This includes palliative care philosophy being made available to political decision makers.

At the coal-face

PC wards are specially designed for palliative care patients: roomier and lighter, easy access for visitors, places for relatives to stay overnight, access to services such as physiotherapy and so on, and of course specially trained palliative care doctors and nurses.

Also for patients who do not need hospital admission at the time, there are regular outpatient visits, and community palliative care visiting nurses, who

Continued on page 6...



Dr Paul Maher

Obligations of a Conscience Vote

Denying another's freedom while exercising one's own is hypocritical, says Dr Leslie Cannold.

Is it ever right to use one's freedom to deny the exact same freedom to others? What if those others are people you are sworn to serve and protect?

Such questions may not be front of mind for our State MPs, but they should be.

Our understanding of the proper role of conscience in politics and health remains murky. What is conscience, why are we pledged to honour it, and what responsibilities do those who claim the right to follow theirs, have to others?

The right to act according to the dictates of our conscience is founded in the value of autonomy. Autonomy means self-rule. An autonomous person is one who is free to direct his/her life according to his/her own values. It would be hard to overestimate the role autonomy, and therefore conscience, plays in the value systems of contemporary Australian society.

Our political and legal structures are grounded in the belief, to paraphrase High Court Justice McHugh, that autonomous individuals are entitled to make, and are consequently responsible for, their own choices. And our health system, in line with that of others in the Western world, has shifted in the past few decades from the paternalistic idea that doctors know best, to the view that patients have a right to make their own informed choices about their care.

All this suggests what is true: that most learned discussions of conscience focus on the duties lawmakers and medicos have to protect the autonomy of citizens and patients. This is for good reason. Both our elected representatives and health care staff are professionals: trusted and respected members of society, with a duty of care to those they are sworn to serve and heal.

Despite this, some professionals in Victoria seem primarily concerned with their rights — when it comes to conscience — not their obligations. Some MPs, understandably pleased at the rare opportunity to shrug off party discipline, see a conscience vote as a chance to register their own value positions on the issues at hand. In the same way, conscience clauses in Bills on euthana-

sia, abortion and ARTs tend to spell out the entitlements of medical professionals to refuse treatment they deem morally objectionable, but are silent on their obligations to ensure patients get timely, appropriate care.

We need to get the balance right.



Dr Leslie Cannold, ethicist and writer

Yes, the entitlements of MPs and medical professionals to follow the dictates of their consciences are part of the autonomy story.

But if mutual obligation means anything, then political and medical professionals who assert their right to vote, or to refuse care on grounds of conscience, must take their responsibilities to foster the autonomy of those they are bound to serve — we citizens and patients — just as seriously.

They can do this by recognising that it is unconscionable for someone to defend the right to follow his/her conscience, then deny that very same right to someone else. Such moral hypocrisy is compounded when those denying the autonomy of others are professionals, and those they are denying are the citi-

“It is unconscionable for someone to defend the right to follow his/her conscience, then deny that very same right to someone else.”

zens or patients they are sworn to serve.

For politicians, this means thinking twice about using a conscience vote to pass a law that denies citizens the right to act on their consciences when terminally ill, facing an unplanned pregnancy, or seeking to conceive using ARTs.

For medical professionals, it means ensuring that all conscience clauses in legislation include an obligation to refer. That is, where the law articulates the right of doctors, nurses and pharmacists to refuse treatment on grounds of conscience, it must also spell out the obligations of professionals to ensure their patients' needs are met elsewhere.

Pro-life groups continue to resist such basic demands, though medicos tend to be on-board. A recent letter to all Victorian MPs signed by a number of religious leaders spent paragraphs detailing the extensive rights of health-care workers to refuse treatment on grounds of conscience, and just one sentence tartly rejecting the idea that these providers had any obligation to refer.

In contrast, the ethical practice guidelines of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists instructs its members to "offer or arrange a further opinion and/or ongoing care with another suitable practitioner if the therapy required is in conflict with (your) personal belief/ value system".

With all rights come obligations, and the freedom to follow one's conscience is no exception.

Dr Leslie Cannold

During my many, many conversations with Victorian MPs last year as the PAD Bill was being debated, one MP reassured me that MPs would get a *conscious* vote on the matter. Somehow, I was not really comforted by the notion that MPs would simply be 'awake' when they voted.—Neil

We should also make clear the cynical claim of conscience vote by the Victorian Government last year during the passage of the Bill. It allowed a conscience vote on the Bill itself, but forced an opposing *party* vote on its members on the motion to refer the Bill to committee: a process that would have resulted in refinements to the Bill and a very strong likelihood of it succeeding.

World Federation Conference Report

In November last year, Rodney Syme and Neil Francis attended the 17th biennial conference of the *World Federation of Right to Die Societies*, this time held in Paris.

It was a wonderful opportunity to visit once again with world leaders of dying with dignity, and to forge new and enduring friendships.

There were of course many speeches by politicians, doctors, sufferers and others, but it was the opportunity to network with reformers and practitioners from around the world that makes this such an invaluable event.



Margaret Battin (USA), Russel Ogden (Canada) and Hugh Wynne (UK) enjoy a break in the formalities

Details are too many to list here, but a few highlights include a long discussion with Ludwig Minelli, Director of *Dignitas* in Switzerland; a debate on assistance boundaries with Lesley Martin of *Dignity NZ Trust*; a research paper by Russel Ogden on the practical experiences of helium death; and a philosophical framework presentation by Margaret Battin.

We are delighted to report that despite some stiff competition, Rodney

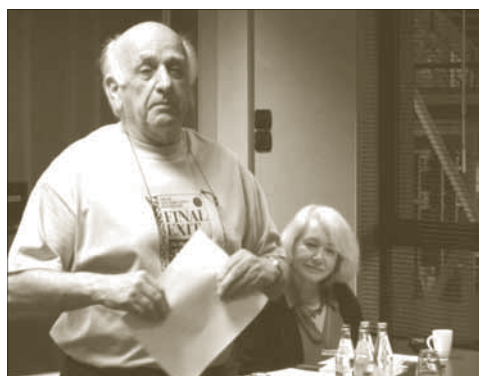
was elected to the World Federation board, which gives us a unique level of connection with global colleagues.



Prof. Jan Bernheim (Belgium): Ludwig Minelli, Director of Dignitas (Switzerland)

Belgium

While on the other side of the world, CEO Neil Francis took the opportunity to visit Brussels to learn more about the Belgium experience with its physician assisted dying (PAD) law, which came into effect in 2002.



Derek Humphry and Faye Girsh—NuTech

Neil met at length with Jacqueline Herremans, who was a most generous host. He also met with Dr Arsène Mullie, President, and Dr Paul Vanden Berghe, Director of the Palliative Care Association of Flanders.

They explained their support for



Incoming President Juan Mendoza of Colombia, with outgoing President Jacqueline Herremans of Belgium

PAD and how it is managed as an integral part of palliative care. They outlined how important it is to really listen to the patient, and the good outcomes that now occur in Belgium.

These two committed Christians believe that PAD is a valid option for those suffering intolerably and without any reasonable prospect of relief, unlike the current conservative committee of Palliative Care Australia.

Neil also spent time with Professor Jan Bernheim who is well published in the refereed PAD literature. It was a unique opportunity to share views and experiences, for the great benefit of our progress to law reform in Victoria.



Dr Arsène Mullie & Dr Paul Vanden Berghe

Book Review—Refusal of Food and Drink

Death by the refusal of food and drink can be a peaceful method of dying for those who are suffering intolerably and without relief. It is becoming a more frequent practice.

Until now, there had been no significant studies of how well this technique works, and the factors that are likely to lead to a good or bad experience. Dutch psychiatrist and pioneer in the dying with dignity movement, Boudewijn Chabot, corrects that gap with his new book, *A Hastened Death by Self-Denial of Food and Drink*.

At a mere 60 pages, this is a very readable little tome packed full of case studies, examples, facts, and highly practical advice.



Chabot uses simple and highly understandable prose (despite English not being his first language) to explain some of the more medical aspects of a death by refusal of food and water, and dispels several common myths in the process.

It is clear from his research that good communication, so often the case, is a key factor that underpins a positive experience for the dying person, doctors and nurses, and other (often family) caregivers.

This is an important addition to the literature on dying with dignity and is highly recommended.

Neil Francis

AGM Keynote Address (continued...)

do daily rounds and home visits and report back to the medical directors and also communicate with the various specialties the patient might be seeing, such as oncology and surgery and especially their general practitioner and so on.

It would be a reasonable statement that palliative care patients now get exceptional medical and nursing care.

Dr Maher gave an excellent example of a typical ward round, considering the particular needs and issues of six different patients. Unfortunately, space does not permit reproduction here—Ed.

“Palliative care patients now get exceptional medical and nursing care.”

In conclusion

The bottom line is that PC patients get, by comparison with other chronic medical conditions, high quality excellent care, with good palliation, and of course deserve no less.

It is at the same time the truth that 10% of PC patients, however well cared for, simply do not ever have their symptoms well controlled for the duration of the illness.

Dr Maher took questions from the floor. DWDV thanks Dr Maher for his enlightening address.

“Ten percent of palliative care patients, however well cared for, simply do not ever have their symptoms well controlled for the duration of their illness.”

Comment—Ed

Dr Odette Spruyt, President of the *Australia and New Zealand Society of Palliative Medicine*, agrees with Dr Maher that the standard of PC in Australia is very high. However, on the issue of whether PC provides adequate relief, she has a bet each way. At the first annual conference of the Catholic Doctors Association, she is quoted as saying “PC is able to relieve the suffering of dying patients.” Yet, in an article she published in *The Age*, she says that “it is simplistic to argue that PC can remove all suffering at the end of life”.

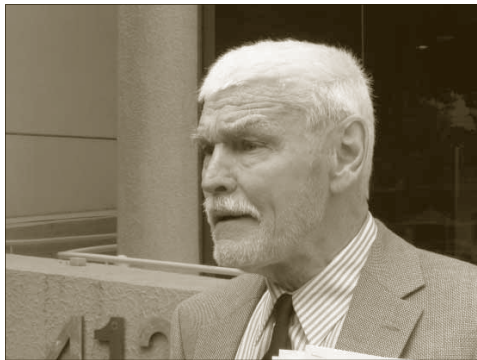
A world apart from Maher, Spruyt has expressed firm opposition to physician assisted dying even for those who palliative care is unable to help. What does she propose: that these patients be forced to suffer against their values, beliefs and wishes if their conscience determines that a peaceful death is a better option?

It seems that Dr Spruyt, and others like her, have not considered the issue of ethics of conscience as Leslie Cannold describes on page 4 of this newsletter.

Dr Rodney Syme Interviewed Again

Rodney Syme was interviewed by police again at the St Kilda Road police station in regard to the death of Steve Guest in 2005. Rodney has said previously that he provided advice and medication to Mr Guest, that he believed was good palliative care.

Mr Guest stated on ABC 774 radio that Rodney’s help had lifted a great weight from his mind and given him peace at the end of his life. He died from an overdose of barbiturates.



Rodney Syme at St Kilda Rd police station

Major Bequest

DWDV is saddened to report the death of member Lilian Renard and we offer our condolences to Lilian’s family.

Lilian left a substantial bequest of \$200,000 to DWDV to carry on our good work. The DWDV committee expresses its deep gratitude for this exceptional philanthropic gesture.

All bequests no matter what the size directly help the cause. Do please consider DWDV in your own will.

Opinion: A Different Point of View...

Dear Doctor Syme,

I have to disagree with your comment about Carol Clark’s story in the last DWDV newsletter. You describe Alan Clark as being a “medical pawn,” whereas I regard him as being a victim of torture.

How dare the medical fraternity operate without any moral imperatives on a dying man. This sort of thing is what the authorities seem to get away with because the Catholic Church has too much clout: an obscene clout in our secular society. They scream about the sanctity of human life but are pitiless about the effects of their actions. You question the

heart operation on a dying man as being “extraordinary.” I call it evil.

Venise Alstergren, Toorak

The doctors may have been doing what they believed to be best, but it certainly didn’t work for Alan and he suffered terribly. It might be helpful if doctors were to read and enact Leslie Cannold’s plea for mutual conscience on p4 of this newsletter!—Ed.



Alan Clark

Mary Walsh Awarded Syme Medal

DWDV member Mary Walsh was awarded 2008 *Rodney Syme Medal* at the November AGM last year. (We had two AGMs last year due to a change of financial year.)

It is natural to recognise the contributions of high-profile and powerful people. Deserving as they are, this time the DWDV committee felt it was important to recognise the contributions of a "mere mortal," and Mary was the immediate and unanimous choice.

With a background of being "just an average suburban mum," Mary has single-handedly written countless letters to politicians, and made appointments and spoken with our Parliamentary representatives. She doesn't take "no" for an

answer!

She writes and speaks to the media frequently about dying with dignity.

If that weren't enough, Mary also runs her own website, called *www.yourchoiceindying.com*, which contains very useful and topical information.

She also appeared along with Steve Guest and Judy Bayliss in the documentary *Do Not Resuscitate*, which was aired on SBS to critical acclaim.

Congratulations, Mary! Well deserved, and you're an inspiration to us all.



Mary Walsh at last year's Parliament rally

American Public Health Association Supports PAD

The American Public Health Association (APHA) has released its new position supporting death with dignity for terminally-ill patients. The policy was adopted in October after careful review of Oregon's 10-year-old law, which demonstrates that the availability of aid in dying has posed no harm to patients, vulnerable populations, or physicians. APHA becomes the fourth major national medical association, and the largest, in the past year to have carefully examined the Oregon experience and data, and to have adopted policy supporting aid in dying. The others are the American College of Legal Medicine, the American Medical Students' Association, and the American Medical Women's Association.

The APHA position states:

"[APHA] supports allowing a mentally competent, terminally ill adult to obtain prescriptions for medication that the person could self-administer to control the time, place and manner of her or his impending death, whereas safeguards equivalent to those in the Oregon Death with Dignity Act are in place. ... Supports provision of information about the full range of end-of-life care options to terminally ill patients permitted by law in the

state in which the patient is receiving care."

The APHA noted that:

- Oregon's Death with Dignity Act (Dignity Act) has caused no harm to patients over the more than 10 years it has been implemented, including persons in vulnerable populations, including specifically persons with disabilities.
- The Dignity Act has effected significant reduction in harm by shutting down the covert, back alley practice which goes on in every state where the practice is not legal.
- The Dignity Act has galvanized significant improvement across the board in End of Life care in Oregon, as demonstrated by increased enrollment of physicians in Continuing Education on pain/symptom management, increased referrals to hospice, prescribing of more strong pain medications, a more open environment to discuss end of life issues and options, and other concrete measures of this nature.

Courtesy Medical News Today

Geelong Meetings

Locals are cordially invited to the DWDV Geelong Chapter meetings.

Meetings are scheduled for:

- Thursday 29th January
- Thursday 12th March
- Thursday 23rd April

Meetings commence at 1pm and a gold coin donation is requested to cover hall and refreshment costs at *Christchurch Hall*, corner McKillop and Moorabool Streets, Geelong.



Consider yourself warned!

Peninsula Meetings

Locals are also cordially invited to the DWDV Peninsula Chapter meetings.

Meetings are scheduled for:

- Monday 2nd February
- Monday 4th May
- Monday 3rd August
- Tuesday 10th November

Meetings commence at 2pm and an attendance fee of \$2 per person covers hall and refreshment costs at *Mount Martha House*, 466 Esplanade, Mount Martha.

Next Member Information Session

In October last year we ran our very first, and very successful member information session. It was a wonderful opportunity to meet members, and for everyone to chat with like-minded people in a relaxed and friendly atmosphere.

The feedback from our members was so positive that we're doing it again!



So, if you didn't attend our last member information session, or would like to come again, be sure to put 2pm-4pm, Saturday 21st March 2009 in your diary.

Call our fabulous office staff to book your spot and get further details. It's free, though a gold coin donation on the day is always welcome.

See you there!

Vale Jim Vickers-Willis

I was extremely saddened to learn of the death over the New Year of DWDV member Jim Vickers-Willis. Jim was an outstanding human being, a champion for many unpopular but correct issues, and courageous beyond belief.

He was struck down in adult life by polio and spent 2 years in an iron lung. He survived, rehabilitated him-

self, and lived till 90 before his breathing finally failed him.

He became actively involved with DWDV after Steve Guest died, and I mean actively involved. He used his computer like a broadsword and wrote hundreds of letters to newspapers and politicians.

He organised functions for DWDV at his retirement 'village'. His attitude was

(to paraphrase JFK) 'not what DWDV can do for me, but what can I do for DWDV'.

Despite his disability, Jim always displayed good humour and a positive attitude. He was always thinking about how he could help others. DWDV will miss you, Jim.

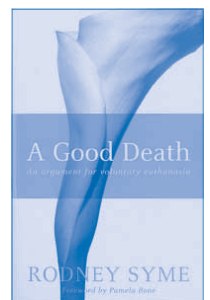
Sleep well.

Rodney Syme

Rodney Syme's Book — Final Shipment

We have received another, probably final, small shipment of Rodney Syme's book, *A Good Death: An Argument for Voluntary Euthanasia*. It tells of Rodney's journey in learning about useful alternatives to be able to effectively advise those who are suffering intolerably without relief. It demonstrates beyond the slightest ambiguity Rodney's compassion for his patients. So, if you want one of the last remaining copies with Rodney's moniker on it, call the office now on 9877 7677 before they're all gone.

This may be your last chance to acquire your own auto-graphed copy of Rodney's book, *A Good Death*.



Workshops

Receive a set of documents to help specify your own end-of-life wishes. Experience two and a half hours of expert tuition in a friendly atmosphere; how the current law applies to you, as well as how to complete, witness and store the DWDV documents to maximise your protection. *"Very helpful, lucid and clear explanations of a difficult theme."* —

Attendee

Workshops are held in Kew
Next workshops 9th Feb, 11th May
Easy access by public transport

Member Pensioner: \$20
Member Non-Pensioner: \$40
Non-member Pensioner: \$40
Non-member Non-Pensioner: \$80
Reserve your place on 9877 7677 now.

"Finding herself in a dangerous new land, young Dorothy Gale kills the first woman she meets; then joins forces with three miscreants, one wielding an axe, to kill again."

A mock conservatives' description of the movie The Wizard of Oz starring a very young Judy Garland: based on the creativity they demonstrate when misrepresenting physician assisted dying.

Defender of Choice?

DWDV relies wholly on membership subscriptions, donations and bequests to fund its operations. We receive no funds from government.

Many of our members are Defenders of Choice: those who provide regular financial support by automatic monthly credit card contribution. All contributions, modest and large alike, make an important difference to our operations.

If you are not already a Defender of Choice and would like to consider it, contact the office on 9877 7677 for an application form.

If you are already a Defender of Choice, we would ask that you check your credit card expiry date to ensure that your support of DWDV continues when you get a replacement card, and to let the office know any new details.