

President's Update

The most recent Voluntary Assisted Dying Review Board report, July 2022 to June 2023, contains its usual wealth of information and helpful remarks. As well as noting the continuing absence of significant cases of non-compliance, and continued growth in the number of practitioners who have registered to complete training, there is also a succinct description of the process of seeking VAD. We appreciate the Board's support for legislative change to permit the use of telehealth, as the current implied ban discriminates on the basis of location and state of health.

Whilst there seems a general increase in acceptance of VAD by the community, resistance remains. We understand that within the premises of certain providers of medical care such objection can be more than just a noting of a personal or corporate position, and can verge on harassment of those seeking to provide what is permitted under the law. It seems a resolution is in the making.

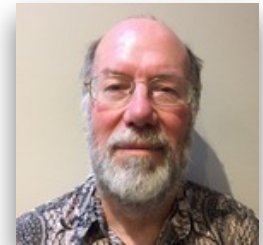
A special case of opposition appears in the case of the VCAT finding against DWDV Board member Dr Nick Carr. For an inconsequential administration error that neither benefitted Dr Carr nor disadvantaged his client,

Nick was subjected to several years of seemingly endless requests for further information.

The process ended with the Medical Board of Australia bringing the case to VCAT, and a reprimand and a \$12,000 fine for Dr Carr. It is difficult to see how such an outcome would occur without significant opposition to VAD within the medical bureaucracy. The penalty is way out of proportion to the offence.

For Rodney Syme's last book, *A Completed Life*, we consider we have done all we can to get it published. We are pleased to have been able to get a number of essays to include, written by others who could be available to comment on the book. Also we are grateful to Belinda Nemeč for professional editing, and are hopeful of publication before our AGM on 11th November.

We note the passing of long-time Ambassador and DWDV member Gordon Moffat AM. Gordon was a very generous supporter of DWDV and many other organisations, and will be missed.



Hugh Sarjeant

Some statistics from the VADRB Report 2022-2023

Between June 2019 and June 2023:

- 2203 applications to access voluntary assisted dying have been started
- 1527 permits were issued
- 912 permit holders died from taking the prescribed substance
- 347 trained medical practitioners are now registered in the portal to support VAD
- Median age of applicants was 74 years, and half of all applicants were aged 65-81 years
- Just over half of the applicants were male (54 per cent male, 46 per cent female)
- Over one third (36%) of applicants lived in regional Victoria, despite only 22% of the Victorian population living in regional areas
- 81 per cent of applicants were accessing palliative care at the time of requesting VAD
- 15 per cent had a non-malignant diagnosis, most commonly a neurodegenerative disease



Access the full report here: <https://www.safercare.vic.gov.au/about/vadrb>

VAD Support for Families, Friends and Carers

Support is available for families, friends and carers of people choosing VAD, both during and after the VAD process.

We know that some people have no one to talk to about their experience, while others prefer not to discuss what may be considered by some to be a 'contentious' topic. Our support programs provide an opportunity for you to discuss your experiences and build a sense of community with others who understand and appreciate your VAD journey.

DWDV and Griefline have developed a pilot program to offer group support for people at different stages of the VAD journey:

Pre-VAD support groups if you are facing the death of someone who has chosen the path of VAD.

Post-VAD support groups if you are seeking group support after the VAD death of a family member or friend.

These groups offer a safe space for you to connect and share with others who can relate to the uniqueness of loss and grief associated with VAD.

More information about these groups and how to register your interest is on our website at <https://www.dwdv.org.au/our-services/vad-support/>

Information for Consumers and Caregivers

A new consumer brochure from QUT's Australian Centre for Health Law Research provides practical tips to help people who are seeking information about voluntary assisted dying (VAD), but are not sure where to start.

This brochure is based on new research published by Professor Ben White, Ruthie Jeanneret and Professor Lindy Willmott, which shows that some people who want VAD have found it difficult to find someone who can help them.

Some people may not even know VAD may be an option for them. This remains a particular issue in Victoria because doctors are not allowed to raise the issue of VAD with their patients.

The brochure explains how consumers and caregivers can deal with some of the key barriers to VAD access:

- I don't know if I am eligible for VAD
- I don't know who to contact about VAD
- I am not sure how to talk about VAD with my doctor
- I am in a hospital, palliative care unit or residential aged care facility that objects to VAD

Thank you to the ACHLR team for creating this clear and practical resource to help people seeking VAD and their supporters.

Download the brochure from the Resources section of our website.



Scan with your phone camera to go to the support group registration page on the Griefline website



Email: dwdv@dwdv.org.au

Phone: 0491 718 632

Address: PO Box 743, Kew, VIC, 3101,

DWDV Support Group

Several years ago, shortly after VAD had become operative in Victoria, I visited an elderly couple as a DWDV volunteer to witness the signing, by the VAD participant, of the written request component of the VAD process. The couple spoke fondly about their children and numerous grandchildren but, upon our departure, mentioned that they did not want to inform any family member or friend that they had decided upon VAD as the chosen manner of death.

I left thinking about this decision they had made, and what struck me most was the incredible burden the remaining partner would have to carry round forever by internalizing this 'secret'. Few people at this time knew about the existence of VAD legislation and only a few people had traversed the VAD journey. I felt that surviving partners/friends needed the option of being able to 'talk', with anonymity if necessary, to someone else who had shared this unique experience.

I met the delightful Cheryl McKenna who had recently been through the VAD experience with her dear dad, Jim. Cheryl was extremely enthusiastic about participating in a group where she could listen to the experiences of others, having an intimate knowledge of the VAD process herself. Then along came the vivacious and passionate Nicole Grundy, an end-of-life doula, who herself had experienced the VAD journey with her father. Nicole's enthusiasm for a one-on-one peer support program was boundless.

We created cards providing information on this service and upon which we attached sunflower seeds from the garden of Jim, Cheryl's father. We hoped to spread the VAD word just as we were disseminating the seeds. Our group slowly increased, and we greatly welcomed DWDV board member Jane Nosworthy. Jane's generosity of spirit and innate consideration for others enabled her to become another "warm pair of ears", having also lived the VAD experience.

Throughout this time, we received many requests for access to VAD support groups. Now, as reported, we have created such a group in collaboration with the wonderful team at Griefline.

The DWDV Board would like sincerely to thank Nicole Grundy and Jane Nosworthy for all the work they have done to enable us to be part of this critically needed and valuable resource.

They have dedicated many hours together and with Griefline members to achieve this remarkable initiative. We are indebted to the camaraderie displayed by all those with whom we have communicated at Griefline.

I would especially like to thank Nicole for all her help over the last few years. Despite some challenging times in her life, Nicole has always made time to listen to others. She has done so with great empathy, compassion, and wisdom. She has always retained her unabated enthusiasm and infectious optimism in assuring me that one day there will be support for those who have helped a loved one through VAD.



Jane Morris

"Volunteering is the lifeblood of our communities. It's not just about giving back; it's about giving forward and creating a better world for all of us."

Michelle Obama

***DYING WITH DIGNITY VICTORIA
ANNUAL GENERAL MEETING
Saturday 11th November, 2:00 pm
Hawthorn Library***



Artificial Intelligence ...



Dr Nick Carr

AI has dominated tech news in 2023, and apparently the end of the world may very well be nigh - though Chat GPT so far can't tell us when. Or how. But closer to home, to compensate for my woeful typing skills, I've been using AI to write my medical notes. And it has changed my life (well, a little bit of it anyway).

With patient consent, I fire up the software and a microphone listens to the whole consultation. Once that's over, a clever little privacy program deidentifies the transcript, removing all names, dates of birth and so on, and then sends it to the AI thingy. Somehow, this sifts through the chat, removes all the bits about the weather, the patient's cat and all the "Have you lost weight, doctor?" comments, and then sends back my medical notes. In the format I want, under headings such as Subjective, Personal, Examination, Assessment and Plan.

I copy these into the patient's record and edit for accuracy (very little needs changing). Then when I click a button, any record elsewhere is wiped, no traces left, all gone.

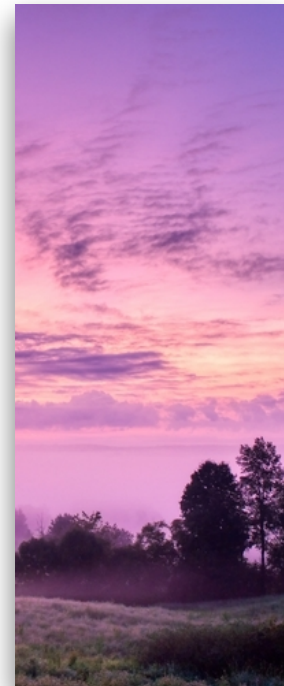
Not only does this save time, the notes are more thorough than my 2 finger hunt and peck would allow and, crucially, I get to sit back and really attend to what the patient is saying, knowing that the note-keeping is being taken care of for me.

It's in a trial phase, but if it's this good now, it will definitely become an essential tool in the near future. And as one tech-head commented, this is exactly what AI should be used for, to streamline otherwise mundane and time-intensive tasks.

But to make this column relevant to the DWDV Newsletter, I then did, as others have done before, and asked Chat GPT to write some poetry, but this time with a VAD twist:

Write a sonnet in Shakespearean style that explains why voluntary assisted dying is a good option for the very old and/or sick :

In twilight's grasp, when shadows softly fall,
And age and ailment grip life's fragile frame,
Should light of hope grow dim, one choice stands tall,
A solace for the old, a tender flame.
Voluntary assisted dying, fair and just,
Extends compassion to the worn and weak,
For those whose souls bear burdens that combust,
A path to rest when sorrow's tears doth leak.
For some, a life entangled in despair,
Where pain and suffering claim each morrow,
To grant release, to show that we do care,
To ease the anguish and assuage their sorrow.
In dignity's embrace, let mercy gleam,
To honor choice, and life's last breath redeem.



No threat to The Bard, but better than anything I could conjure. And it took 20 seconds...

... and a postscript!

The wonderful reception staff at my practice have to negotiate consent (or not) from all my patients for the use of the AI app.

So, just for fun, I sent them the above piece.

A few days later I received a response that astonished and delighted me. I love the grumpy edge to it, but most of all I love the poem. See what you think.

For me, it's Elle Verlaque 1, AI 0!

Elle said *"Hmmm, I decided to take up the AI challenge because although I approve of the note taking, the creativity bit irks me."* 😊

It was harder than I thought – and I didn't even attempt Shakespearean prose!"

Dr Nick Carr

The edges of my life's story are curling,

Paper thin and parchment yellow

A dark night creeps across the meadow early,

its skeletal fingers grasping at my elbow

But I am unafraid, look, my feet carve their own path
through the tall grass

The fronds slipping through my finger tips as I pass

I did not choose my beginning but there is a sweetness in
the air at choosing my end

I am ready to join the stars, to return to the heavens, to
go back where it all began

My children will weep but not forever, my friends will
grieve but not for long

I am a child of the sky, I am my spirit's song

I am ready

Elle Verlaque (2023)

Irene Renzenbrink: DWDV Ambassador

We warmly welcome Irene Renzenbrink to DWDV as an Ambassador. Irene is a qualified expressive arts therapist who has worked as a social worker, with extensive experience in palliative care and bereavement support. In the last ten years, she has focused on expressive arts in which she completed a PhD.

Irene is considered a leader and major contributor to grief education and support, both within Australia and internationally. She was a founding member of the Australian National Association for Loss and Grief (NALAG) in 1977, a direct result of the Granville Train Disaster. In the same year she played an integral role in the development of the Victorian State Branch of NALAG.

She has since gone on to play vital roles in the development of loss and grief support services, particularly in relation to state and national palliative care and death and dying support services. Irene was also a founding member of the Centre for Grief Education in Victoria and is a member of the prestigious International Working Group (IWG) on Death, Dying and Bereavement. She has convened many IWG committees and task groups as well as being recently appointed to the Irish Hospice Foundation where she will help develop palliative care and bereavement support services.

Her recent book, *"An Expressive Arts Approach to Healing Loss and Grief: Working Across the Spectrum of Loss with Individuals and Communities"*, was published in 2021 and described as: "An invaluable resource to expand understanding of grief and explore the power of expressive arts to heal both communities and individuals."

We look forward to many valuable and insightful conversations with Irene.



Irene Renzenbrink

DWDV Young Ambassadors

All people deserve a death with dignity. This includes having quality end-of-life care choices that meet your needs, values and preferences.

The Young Ambassadors (YA) group exists to be a voice for young people who seek to die with dignity or who require end-of-life options and information.

While requiring end-of-life care can be challenging for people of all ages, there are certain factors that may make it particularly difficult for young people:

Emotional and Psychological Impact

Facing the end of life at a young age can be profoundly distressing. Young people may experience heightened emotional and psychological challenges, including feelings of unfairness, anger or fear. They may struggle with unfulfilled aspirations and unfinished goals.

Limited Age-Appropriate Services

End-of-life care services are typically designed to cater to older people. Young people often have different needs - including capability to support continued schooling/working, facilities to host friends, technological capabilities etc.

Work and Responsibilities

Young people requiring end-of-life care may have young children, dependent family members, or financial responsibilities, such as mortgages or loans. This can impact their ability to receive care.

Lack of Preparation

Young people typically do not anticipate or plan for end-of-life situations, before they are forced to make these important decisions.

Taboo

As a society we are uncomfortable having conversations about the reality of young people dying.

YA Volunteer Network

We are striving to build a Volunteer Network with a wide range of life experiences, professional backgrounds, skills and passions. We believe that this diversity will not only enrich our organisation but also enhance our ability to understand and address various community needs effectively. When you register to the Network, we will contact you about opportunities for you to get involved.

We welcome people from across Australia to join our Network.

Expressions of Interest

The YA Volunteer Network is open to new members and is accepting Expressions of Interest. They welcome EOIs from young people (under 40 years of age) who are passionate about improving end-of-life care or people that have specific insights or experience assisting a young person to navigate end-of-life care.

Does this sound like you? Or perhaps a family member or someone else you know who may be interested?

If so, our EOI form is on the DWDV website here:

<https://www.dwdv.org.au/about-us/dwdv-young-ambassadors/>



*DWDV Young Ambassadors
Clockwise from top left: Danielle Clarke, Liv
Nicholls, Jono Simko, Anna Philip*

A long tunnel with some light at the end



Dr Nick Carr

Many DWDV members will already be aware that in August 2023 I was found guilty by VCAT of professional misconduct. This was due to an error I made in the paperwork for a VAD case back in February 2020. Many have expressed surprise, concern or downright perplexity at this outcome, so I thought a brief explanation might help.

The error occurred during the written declaration. This is the most legal and formal part of the process, where the patient confirms their request to pursue the VAD process in writing. It has to be witnessed by 2 independent adults and involves the completion of multiple pages of paperwork.

The patient in question, a wonderful man, sparky despite his end-stage disease, relished the event and the audience. He was quick to talk but slow to write, and somehow in all the distraction I missed that he had not signed one box. Everything else was completed correctly, name, address etc, just not the signature. To this day I still cannot quite fathom how I missed it. But I did.

As an aside, the 2 other witnesses also signed to confirm that the patient had signed, when in fact he had not. Absolutely no blame can be attached to them. They were volunteers, there to help, doing this for the first time ever. I was instructing them and in charge of the process. But it perhaps illustrates the distracted nature of the process on the day that we all made the same mistake.

The VADRB noted the missing signature and emailed me:

“We are process checking your case VAD... and have noted the Witness declaration is not signed and dated by the patient. Could you please arrange for the patient to sign and date this document before we can progress the case. Once completed, please email it through to...”

I did as instructed - the patient came back and signed the form. The VADRB accepted this form and the case progressed. In hindsight, it's easy to see that this was naïve, as clearly from a legal perspective this was not due process. However, there was never any doubt about the patient's competence and wishes, and the VADRB seemed

happy. Or so I thought.

Several months later I received a letter from Betty King, then head of the VADRB, saying that the form was non-compliant and I was being reported to AHPRA. Therefrom ensued 3 years of legal process resulting in a reprimand and fine.

In answer to some FAQs I've received:

One reason AHPRA seems to have pursued this case with some vigour is because of my 'prior'. Ten years ago I helped my patient Beverley Broadbent avoid being labelled a suicide by writing 'heart attack' on her death certificate. This may have been a poor decision on my part, but it was done deliberately and to help Beverley achieve the outcome she wanted. This recent VCAT episode was simply an honest mistake, and to me clearly a different case. However, they conflated the two.

Many have suggested I appeal. However, I was strongly advised to accept a negotiated outcome (reprimand and fine) to reduce the risk of someone at VCAT pressing for a stronger sanction such as suspension. I accepted this advice. This is one reason an appeal is not an option.

My legal advice is that an appeal could only be on an error in law. No such error exists, so there is no prospect of an appeal.

Anyone who has been through a protracted legal process will know that it is draining and disheartening. DWDV were kind enough to institute a crowd funding page, which drew over 290 responses. In addition to the very generous financial contributions, the most heart-warming aspect has been the many kind and supportive comments.

To all those contributors, many of whom were from DWDV, thank you from the bottom of my heart. Vulnerability is a not a normal part of my life script, and I have been humbled and enormously buoyed by the kindness of so many. The legal wound ran deep, but your generosity and beautiful words have been the most potent of balms. Thank you.

For those for whom too much detail is never enough, here's the link to VCAT's written report:
<https://www8.austlii.edu.au/cgi-bin/viewdoc/au/cases/vic/VCAT/2023/945.html>

News From Australia

National News

Since June 2019, when VAD legislation became operative in Victoria, we have seen the 2005 Federal Criminal Code amendment prove extremely problematic for some traversing the VAD process. This amendment banned discussion that was said to incite or counsel an individual about suicide over a carriage service. The process of VAD was subsequently interpreted as equating to that of suicide. All states have found this issue problematic. It had been hoped this would be resolved by what appeared, in 2022, to be a sympathetic Federal Attorney General, Mark Dreyfus, with an announcement made at the last Standing Council of Attorneys-General. However, this has failed to eventuate, with a report that submissions made by Dreyfus to the Federal Court have stated that VAD should be considered a form of suicide. Hope that the case will be resolved now lies in the hands of Melbourne GP, Dr Nick Carr, who is pursuing legal action to seek a judicial interpretation of "suicide". His case has been listed for hearing in October. As more Australians avail themselves of VAD, calls have been made for the formation of guidelines in relation to VAD and organ donation. There has been a lot of discussion about the ineligibility to VAD, of individuals diagnosed with dementia.



Australian Capital Territory

The findings from the February ACT public consultation into VAD have been released. Over 375 individual contributions were received in addition to 100 submissions from interested stakeholders. Roundtables, conferences and workshops were held at which health, disability and aged care sectors were represented. Nearly 3,000 people completed a Panel survey. A final model for an assisted dying framework headed by the Territory's Human Rights Minister, Tara Cheyne, will be revealed later this year. It is reported that children from the age of 14-years-old will be considered for VAD eligibility. It is expected that time frame prognostications until death requirements will be scrapped. The ACT Deputy Opposition Leader has said that he will not vote for the "extreme" VAD laws that the ACT government is planning.



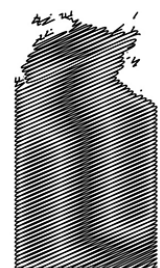
New South Wales

This is set to be the final state to implement VAD from November 28 this year. Assisted dying advocates were incensed to read that "The Anglican Church has advised its aged care homes to discourage residents from using voluntary assisted dying when NSW's laws take effect this year and has warned the practice could become so morally corrupting for church-run facilities that it may have to exit the industry." Meanwhile, much work continues in the lead up to the implementation of VAD in NSW on November 28 this year. DWDNSW has facilitated some wonderful webinars on end-of-life issues which can be found on their website <https://www.dwdnsw.org.au/>.



Northern Territory

In June, Northern Territorian newspapers reported that the Chief Minister, Natasha Fyles, was under increasing pressure to initiate urgent action on assisted dying reform from a groundswell of support from the party rank and file. A month later there were reports that the NT government had moved to set up an advisory panel to begin community consultations on VAD. It will be chaired by former NT Administrator Vicki O'Halloran AO and eminent barrister Duncan McConnel SC. It will report to the government by July 2024, meaning any legislation will come after the next NT election in August 2024. The government is currently seeking expressions of interest from people with the requisite skills and background to sit on the panel.



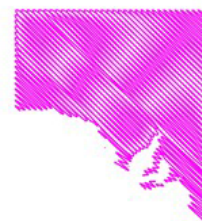
Queensland

Queensland doctors say the cost of VAD is preventing patients from accessing VAD. VAD is not listed on the Medicare Benefit Schedule, necessitating doctors to bill patients privately. Doctors who are part of the Queensland Voluntary Assisted Dying Working Group have put forward a proposed standardised private billing structure. The lack of remuneration for doctors, necessitating some to waive their fees, is considered partly attributable to the small number of specialist VAD providers.



South Australia

The major story to have been reported in South Australia was that of the death of 23-year-old Lily Thai who accessed VAD. She was diagnosed as a 17-year-old with Ehlers Danlos Syndrome, a genetic condition that, among many symptoms, resulted in excruciating pain. A courageous and selfless individual, she shared her VAD story publicly. A recent report issued by The South Australian VAD Board showed that 40 VAD permits were issued in the two months up to June 30, an increase on the 28 issued in the previous period. Of these, 32 people have ended their lives, aged between their 20s and their 90s. 19 had terminal cancer and five had neurodegenerative diseases.



Tasmania

The Tasmanian Department of Health released its report on the first six months of the operation of VAD. It reports that of 90 people who contacted the VAD Navigator Service, 65% had cancer and 12% had neurodegenerative diseases. 47 requests were made, 27 people were authorised to receive the lethal substance and 16 people died of an assisted death. Meanwhile, a group of Tasmanian doctors have voiced their frustration with the amount of administrative work involved (6-8 hours) with the VAD procedure and the requirement that they must provide a time frame prognostication until death.



Victoria

Former Health Minister and now Age Discrimination Commissioner, Dr Kay Patterson spoke at the National Press Club. When asked about her views on the ineligibility of individuals with dementia to access VAD, taking into account the predicted increase in dementia diagnoses in our ageing population, she responded by saying that she considers it appropriate that we have a sensible debate and discussion on this issue and that those diagnosed with dementia should be able to put a request for an assisted death in advance care directives, whilst they have decision making capacity. The mandatory 5-year review on the operation of the first 4 years of VAD is now in progress. The terms of reference are yet to be announced and targeted stakeholder consultation will occur in late 2023. The review will be conducted by The Centre for Evaluation and Research Evidence. The review will evaluate the systems, processes and programs related to voluntary assisted dying and will not consider changes to the legislation itself. Premier Daniel Andrews specifically stated that he will not overturn the ban that prevents doctors from initiating VAD discussion with their patients.



Western Australia

Following on from the former Western Australian Premier Mark McGowan's statement, in March this year, that we need to have a national discussion on VAD and eligibility for those with dementia, the new Premier, Roger Cook, has also stated his support in exploring this critical issue. However, when asked about broadening VAD eligibility criteria for those with dementia, the Western Australian Health Minister stated there would be no change to existing legislation.



... And Around The World



Austria

It has been reported that legislation rushed through the Austrian Parliament in 2022 is not working effectively and that the Austrian right to die society and Dignitas will present a revision of the law to the Constitutional Court.

Canada

As always there is a torrent of stories emanating from Canada. Many focus on what some consider to be the high numbers of MAiD deaths, especially in Quebec. There are stories about individuals wanting to access MAiD because of disability, lack of medical support, anorexia, and a woman whose trans-gender surgery had led to intractable pain. Most distressing was the story of a 35-year-old woman who was approved for MAiD yet, when the time came for the process to go ahead, she was forced to transfer out of the Catholic hospital where she had been a patient. Despite the Government previously stating that some hospitals can opt out of MAiD provision, the government is now said to be discussing the issue with the hospital - and MAiD advocates have been considering initiating a constitutional challenge. Interestingly, in Quebec the government has passed legislation requiring every publicly funded institution to provide MAiD. Plans to extend MAiD eligibility to those with a mental illness as the sole underlying condition, and the consideration of eligibility for mature minors and requests for MAiD for individuals suffering dementia through an Advanced Care Directive, are still proving contentious. Good news to learn that an Ontario hospital is setting up an integrated palliative care and MAiD facility and that a MAiD provider has been appointed head of palliative care at a Catholic hospital.

Cyprus

A British man in Cyprus was initially charged with premeditated murder but later convicted of manslaughter for the 'mercy killing' of his terminally ill wife. In July he walked free having served his 2-year jail term. In August it was announced that the Cyprus prosecution service is appealing his sentence. The only positive to have eventuated from this is that it has led to public discussion about assisted dying for the first time.

Czech Republic

A recent poll shows that a big majority of Czechs support abortion and "euthanasia".

France

An assisted dying bill is said to be introduced into the French Parliament by the end of summer 2023. Ministers want to avoid the use of terms such as 'euthanasia' and 'assisted suicide' because of negative connotations. The government will look at the practice of self-administration of the medication rather than administration by caregivers. A body of experts that provides the government with advice, The Academy of Medicine, has said it will provide qualified support to the practice of self-administered medication but will not support physician administered medication.

Finland

Very rarely does Finland make VAD news, as the very conservative government is opposed to VAD. However, one Finnish doctor has called for VAD to be considered, saying Finland is falling behind the rest of the world in this respect, and over 85% of Finns support it.

Germany

Before it rose for its summer break the German government tried to introduce 2 legislative proposals that would newly regulate assisted dying. The Bundestag failed to pass both. A regulation is needed after the Constitutional Court declared in 2020 that euthanasia section 217 violates the Constitution.

Isle of Man

Following a landslide vote for an assisted dying bill in the Manx parliament last year (22-2 votes), the Isle of Man Assisted Dying Bill received its First Reading in the House of Keys, the lower House of Tynwald, in June. An opinion poll found that 87% of Manx residents supported a change in law. A Second Reading of Isle of Man's Assisted Dying Bill is expected in October 2023. Members of the House of Keys will then vote on the legislation. If the Bill passes, it will then be subject to a Third Reading, Legislative Council, and a final vote.

Ireland

The Oireachtas Joint Committee on Assisted Dying must publish its final report nine months after the first public hearing, which was held on June 13, 2023. This means that the Committee must finalise its work by 13 March 2024. The first module of six, Constitutional and Legal Issues, was discussed during five meetings. Constitutional law experts told the Oireachtas committee that nothing in Ireland's constitution prevents the parliament from passing VAD laws. A group of Irish doctors expressed their support for assisted dying legislation but do not want it to include eligibility for those with dementia or mental illness as sole underlying conditions. The Oireachtas is currently on summer recess until the end of September.

Italy

A woman in the Veneto region accessed an assisted death facilitated by the local health authority. The legality of this procedure was based on an earlier Constitutional Court ruling which said that assisted dying is legal under certain circumstances

Netherlands

Several people have legally accessed an assisted death in recent years, because of the difficulties associated with diagnosed autism or other intellectual disorder difficulties that have prevented them from leading a normal life. This has proved to be an extremely contentious topic, with opponents saying this provides a message to those suffering such conditions that their situations are considered hopeless. A Netherlands court has jailed for three years a man who was selling suicide kits to people outside of the Netherlands' regulated euthanasia scheme.

New Zealand

Assisted Dying providers in New Zealand have written an open letter to the government requesting that they change some wording in the End of Life Choice Act. It was originally proposed that the words "grievous and irremediable" were used to describe a medical condition. However, this was removed and replaced by a clause that stated 'a terminal illness likely to end the person's life within six months'. In July The Ministry of Health reported to the New Zealand Parliament on the operation of the VAD scheme for the period April 2022 to March 2023, the first full year of operation and stated that 328 people had accessed an assisted death.

Scotland

The Scottish Assisted Dying advocacy group, Friends at the End (Fate), have reported that 25 Scots have accessed an assisted death in Switzerland. They are backing Liam McArthur's VAD bill in the Scottish parliament. It is expected that McArthur will publish his bill later this year.

Slovenia

Slovenian VAD campaigners have gathered enough signatures to force debate on a VAD bill in parliament.

... around the World (cont)

South Korea

The National Human Rights Commission held a public forum on human rights and VAD. Some doctors fear that VAD will become the default option in the absence of adequate palliative care. However, there is widespread support for VAD amongst Korean citizens and also within the medical profession.

Spain

It was reported that 370 Assisted Deaths were carried out during the first 18 months of Assisted Dying implementation in Spain. In 2022 these deaths accounted for less than 0.07 percent of the total deaths in Spain.

Switzerland

The Swiss Federal Supreme Court acquitted Dr. Erika Preisig, an assisted dying provider and President of Lifecircle, from a potential charge of premeditated or negligent homicide. In 2016 she helped a woman to die, despite not having a psychiatric report to prove that the woman suffered from mental illness. Despite an initial verdict being appealed by the prosecutor, the Federal Court, ruled in Preisig's favour and the decision was publicly announced on June 28, 2023.

Taiwan

A group of doctors in Taiwan has been working with Dignitas to help Taiwanese who wish to end their lives, access an assisted death in Switzerland.

United Kingdom

The recent result from a poll have shown that two-thirds of Britons support legalising assisted dying, with more people believing it is acceptable to break the law by helping a loved one to die than believing it wrong. The Health and Social Care Committee's inquiry into assisted dying continues. A member of the Swiss assisted dying organization, Dignitas, told MPs that the UK must legalize VAD to prevent dying and suffering Brits from having to travel to Switzerland to end their lives. Five hundred and forty individuals have accessed an assisted death at Dignitas and one in seven are Britons. A prominent British rabbi, Dr Jonathan Romain, has been appointed Chair of Dignity In Dying.

United States

The Oregon Senate has passed a bill, previously passed by the House in March, that removes the residency requirement for access to the Oregon assisted dying scheme. In July, the Californian Governor signed legislation that will allow doctors to prescribe end-of-life medication. The process of accessing assisted dying has now become easier following recent changes in June to Hawaii's Assisted Dying legislation. A Montana law will reinforce health practitioners' right to refuse patients any treatments that they conscientiously object to performing. This includes Assisted Dying and abortion. In 2021 the Californian End of Life Option Act was amended to allow the mandatory waiting period between the 2 oral requests for MAiD to be reduced from 15 days to 48 hours. The number of MAiD deaths in California increased by 63% in one year. This has prompted some disability rights groups to commence legal action to have the law overturned. They hope to see all assisted dying legislation across the country struck down.



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On Their Own Terms

In an article from ABC News, Aurora Stergiou from Western Australia shares the story about watching her husband slowly waste away to “a pitiful death”. She is advocating for a change to the Voluntary Assisted Dying law to help spare others the same anguish. “It was virtually a whole month just wasting away and waiting to die ... I don’t think anyone should have to go through that.”

Aurora is a devout Catholic. She also has a strong belief in a person’s right to die. In the lead-up to Jim’s death, Aurora became an advocate for voluntary assisted dying (VAD). She campaigned for the laws in Western Australia before the Bill eventually passed in December 2019.

She said seeing the laws pass was a triumphant moment. But it was also bittersweet. “It was a feeling of relief. But I was deeply saddened because people with Alzheimer’s were not included in that bill. And they should have been,” she said. She would like VAD to be made accessible to people with dementia and other neurodegenerative diseases via an Advance Health Directive.

First Australian to donate organs after voluntary assisted dying

As Marlene Bevern approached the end of her life, there was only one thing that really made her smile — the possibility her death would be life-saving. The former nurse from Ballarat was diagnosed with an aggressive form of motor neurone disease (MND) and was given just months to live.

She wanted to end her life via voluntary assisted dying (VAD) after seeing her husband Robert experience a painful death from pancreatic cancer eight years earlier. But she also wanted to donate her organs — something that had never been done in Australia by someone after assisted dying.

However, a combination of determination, medical support, and good fortune made it possible.

Ms Bevern, 66, chose to die at Grampians Health Ballarat earlier this year, where she relinquished her lungs, liver, and kidneys. Her organs saved four lives.

‘It was cruel’: dying patient denied euthanasia in Catholic-run hospital

When 60-year-old Sally* told her neurologist that she wanted to choose when to die, she was dismissed. Diagnosed with motor neurone disease, Sally knew her condition was incurable and that her rapid decline could include respiratory failure, difficulty swallowing and cognitive decline.

She wanted to die on her own terms, before her symptoms became unbearable. But Sally was receiving treatment at a Catholic palliative care hospital.

Sally lived in Victoria, where legislation allows those with neurodegenerative conditions such as motor neurone disease access to voluntary assisted dying. But her advocates say none of the doctors who diagnosed and treated her would provide the necessary paperwork for her to access euthanasia, nor would they refer her to someone who would.

(* Name changed for privacy reasons)

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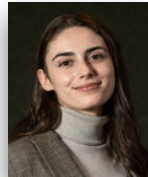
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