

President's Report

It has been a hectic start to the year for the DWDV team with many exciting and innovative projects on the go.

This year marks DWDV's 50th anniversary. Founded in 1974, DWDV was formerly known as the Voluntary Euthanasia Society of Victoria (VESV) and was originally established as a law reform and education organisation.

We have seen many welcome changes in end-of-life choice options in the intervening 50 years, the most important being the legalisation of Voluntary Assisted Dying. With a rapidly aging population, we must now consider the direction end-of-life care will follow in the next 50 years and beyond.

Late last year we were thrilled to finally publish the late Dr Rodney Syme's book *A Completed Life*, and fervently hoped enthusiasm for the book would not wane over the Christmas period. Our concerns were unfounded and interest in Rodney's book was also piqued by an incredible two-page extract printed in *The Weekend Australian Review*, a fantastic review by Suzanne James, as well as numerous references on radio and social media.

Caroline Overington, Literary Editor of *The Australian* wrote in the week following the publication of the extract that she had received a mountain of mail in response and said "*Your letters suggest that he's right. In truth, I didn't get a single letter arguing against euthanasia for competent adults.*" That was until the following week when one reader was determined to buck the trend!

A Completed Life has journeyed far and wide throughout Australia and can now be found on the shelves of many Australian bookshops. Copies have been sent to individuals overseas and we have received some wonderful feedback. So we fervently wish Rodney could have been here to witness the success and interest shown in his book, discussing issues he was so very determined to address.

In February we sent our submission to the Centre for Evaluation and Research Evidence (CERE) at the Victorian Health Department for the "*Five year review of the operation of Victoria's VAD Act 2017*".

Our submission, of which we were very proud, was the result of 18 months of comprehensive work by our 'Review subcommittee'. The subcommittee was headed by former Vice President of DWDV, John Hont. I can't begin to thank John and the committee for the incredible effort each person invested in this huge project. We would also like to thank our colleagues at Dying with Dignity Western Australia, who were simultaneously working on their 2-year VAD review, for their collaboration, frequent thought-provoking discussion, exchange of numerous emails, and friendship.

Gratitude must also be directed to all our wonderful members and supporters for their valuable feedback on VAD that was carefully considered during the drafting of our submission. We were complimented by many, not only on the content of our submission, but also on its very smart appearance!

We have also provided a submission to 'The ACT VAD Act Inquiry' and the 'Expert Advisory Panel on VAD legislation for the Northern Territory'. We eagerly await news from The ACT on the progress of a VAD Bill introduced into the Parliament last October, and news on the drafting of a NT Bill, hopefully soon.



Jane Morris

(Continued on P2)

(Continued from P 1)

The issue of VAD ineligibility for those diagnosed with dementia remains a constant topic. Most media interviews in which DWDV Board members have participated have referenced this critical issue. The ACT and the NT both regard this as an important issue warranting careful examination and consultation. A national committee has been created, including DWD organisations from within Australia and the End-of-Life Choice Society New Zealand. We know this is an issue of overwhelming concern to most people and acknowledge the importance of initiating a national discussion.

The next session in our post-Voluntary Assisted Dying support group pilot program, run by Griefline in collaboration with DWDV, commenced on 26 March. We continue to be indebted to those contributing to this amazing work; Griefline, Jane Nosworthy and Nicole Grundy.

DWDV continues to conduct public presentations on End-of-Life issues. This year we have had requests from organisations such as Probus, U3A and local councils from country Victoria. Whilst we are extremely grateful for the interest shown by these rural groups, we are unfortunately unable to guarantee face-to-face presentations and are therefore making provision for the availability of online recordings and discussions.

Our Young Ambassador group continues to grow, with the inclusion of some amazing individuals. I never cease to be amazed by the work going on behind the scenes or under the direction of DWDV Board Member Danielle Clarke and DWDV member Jono Simko. Individuals from all over Australia are encouraged to join.

Grief Through Art

Following the death of someone special in their lives, many people find it cathartic to write down their thoughts.

Not everyone can convey their grief through the written word, and some find it easier and more satisfying to express their feelings through artwork. Everyone is different, so artwork can mean drawing, painting, ceramics, photography, textiles, calligraphy, scrapbooking ... indeed, any form of artistic expression.

For this reason, we've created a Grief Through Art gallery on our website, under Personal Stories, to share these kinds of stories as well.

We also invite everyone who'd like to do so to contribute to our gallery.



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Rosehaven: A Haven of Comfort and Dignity

by Bianca Hurlle (Manager of Rosehaven)



Bianca Hurlle

Rosehaven Hospice, nestled in the heart of Mansfield, Victoria, is not just a respite and end of life care home, but a beacon of hope and support for the people in the community. Situated on 4.5 acres of lush gardens, Rosehaven is a not-for-profit charitable organisation, with DGR status. It has become a haven for those with a life limiting illness, offering a range of services free of charge.

At Rosehaven, the focus is on holistic care, providing respite and end-of-life services with compassion and dignity. The five-bedroom purpose built, nonclinical hospice serves as a comforting retreat for those seeking solace during their final days, surrounded by the tranquillity of nature.

Rosehaven's impact extends far beyond the grounds. The organisation runs an upcycled, recycled clothes shop, not only promoting sustainability but also generating funds to support their charitable endeavours. Services such as advance care planning, advocacy, and community education on end-of-life choices are offered to empower individuals and their families.

Our community outreach program is a lifeline for those facing a prognosis of 6-12 months, providing practical assistance like transport, shopping, feeding and walking pets, along with emotional companionship and respite care. We have a shed brimming with equipment and aids, that can be loaned, assisting people to remain living independently and safely in their homes for as long as possible.



Rosehaven's commitment to supporting families doesn't end with the passing of a loved one. They offer after-death care and the option to hold memorial services on-site, giving families the time and space to grieve and bid farewell in a meaningful way. They also provide a grief and bereavement program.

The sense of community at Rosehaven is palpable, with weekly Friends of Rosehaven morning teas providing volunteers a chance to come together, share stories, and build connections. The community garden, shared with volunteers and local groups supporting vulnerable families, not only provides fresh produce but also fosters a sense of belonging and support.

In essence, Rosehaven Hospice is more than just a care facility; it's a place of compassion, advocacy, and support, enriching the lives of those it touches and ensuring that everyone in the community can live their final days with dignity and peace.

Advocacy forms the cornerstone of Rosehaven's mission. We champion for the rights and choices of those in our care. Whether advocating for our people, facilitating advance care planning, or empowering families to make informed decisions, Rosehaven's advocacy helps shape policies and perceptions on a broader scale.

Choice was not just an option but a fundamental principle at Rosehaven. Recognising that each individual's journey was deeply personal, we offer a range of options and pathways, empowering guests to make decisions that align with their values and beliefs. Whether choosing where to spend their final days or how to honour their legacy, every choice is honoured with reverence and respect.



(Continued on P4)

Rosehaven: A Haven of Comfort and Dignity

(Continued from P 3)

As the vision of Rosehaven Hospice continues to unfold, it serves not only as a model of excellence in end-of-life care but as a catalyst for change in society's perception of death and dying. Through our commitment to normalising death, providing quality outcomes, advocating for choice, and nurturing a compassionate community, Rosehaven is illuminating the path toward a more compassionate and inclusive future for all.

At Rosehaven Hospice, the vision transcends conventional notions of care. It's a sanctuary where the natural cycle of life, including death, is embraced with dignity and compassion.



This ethos became especially pronounced when Mrs. J, diagnosed with a rare form of Parkinson's, (Progressive Supranuclear Palsy – PSP), sought respite care while her husband underwent cancer treatment. Rosehaven provided her with a home to come to, and volunteer transport for the husband to attend treatment an hour and a half away, regularly over 6 fortnights. In the nurturing environment of Rosehaven, Mrs. J felt safe to openly discuss contemplating VAD. Supported by staff and volunteers, she found solace in candid conversations about her end-of-life choices. When the time came, she peacefully transitioned with her loved ones by her side on her verandah, her final moments serene.

Recognising the need for post-VAD support, Rosehaven initiated comprehensive training for its team. They invited experts like Jo Hymus, Hume region VAD navigator, to educate staff and volunteers about VAD and its implications, fostering a non-judgemental atmosphere where people could discuss their desires openly.

Rosehaven realised that rural communities faced unique challenges accessing VAD, including stigma, logistical hurdles, and facility restrictions. To address this, they pioneered a Volunteer VAD Program. Trained volunteers are offering transportation, emotional support, are witnessing documents and being a companion throughout the process. Rosehaven's serene surroundings provide a comforting backdrop for individuals and their families during this deeply personal journey.



With funding support from the Harry and Clare Friday foundation, Rosehaven expanded its facilities to enhance end-of-life experiences, purchasing a procedure chair and a trolley, so people can access our beautiful gardens, offering a tranquil setting for reflection and connection with nature. We are able to provide post-mortem care, organise celebrations of life, create a familiar environment with people's pictures and possessions - all whilst ensuring equitable access to quality end-of-life care.

Rosehaven's holistic approach extends beyond physical comfort to encompass emotional support for families. By offering space for mourning and personalised ceremonies, this helps alleviate the burden of grief, fostering healing and acceptance.

In essence, Rosehaven Hospice is redefining end-of-life care, championing advocacy, choice, and community in the face of mortality. Through their compassionate initiatives, we not only normalise discussions about death but also empower individuals to embrace their final journey with dignity and grace.

Five year review of the operation of Victoria's VAD Act 2017

Visit the News section of our website to download DWDV's submission to the Centre for Evaluation and Research Evidence (CERE) at the Victorian Department of Health.

This submission has resulted from a huge amount of work by a DWDV subcommittee, headed by former DWDV Vice President, John Hont.

We thank all our wonderful members and supporters for their valuable VAD feedback that has been carefully considered during the drafting of this submission.



<https://www.dwdv.org.au/five-year-review-of-the-operation-of-victorias-vad-act-2017/>

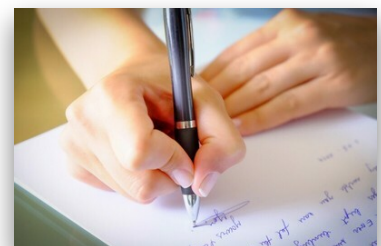
How to upload your Advance Care Directive to My Health Record

1. Sign in to My Health Record via myGov
2. From the *Documents* tab, select the *Advance Care Planning* link.
3. Click the *Add an Advance Care Planning Document* button.
4. Scroll down to the *Select a PDF file to upload* section and select *Browse* to find the scanned PDF copy of your advance care planning document saved to your computer.
5. Enter the date that the document was last updated.
6. Enter the name and contact number of the person who wrote the plan.
7. Select *Next*. The document will be uploaded.
8. Once the document is uploaded, you can check that you uploaded the correct document, it's the right way up, and all pages are included
9. Are you happy with the document upload? If you're happy, select *Save* and then *OK* or if you wish to make changes, click *Cancel*. Then make the necessary changes in the document and start the process again.



IMPORTANT NOTE: *Review and revise your advance care plan and goals of care documents as your wishes, preferences and/or advance care document custodian change.*

You can download Advance Care Directive forms and guidelines from our website under **Our Services > Advance Care Directives** or by contacting our office.



Viruses, zinc and Vitamin C



Dr Nick Carr

Here at DWDV we talk a lot about dying well, but we're also pretty keen on the bit that comes before this, ie living, and living well. With an early start to this year's flu season, it's a reminder that respiratory viruses are constantly trying to make life a bit more miserable. And sometimes, shorter.

We know that antibiotics have no effect on viruses, so what else can we do? If anyone should know, it's someone who's won the Nobel Prize, particularly if they've done it twice. Linus Pauling was one such person, and in the second half of the 20th century he became convinced of the therapeutic power of Vitamin C. He reckoned megadoses would fix all manner of things, from colds to cancer. Too good to be true? That's what The Establishment concluded, and Vitamin C fell out of favour.

Many years ago, when working on our national coughs, colds, and flu campaign, I did a bit of digging. Keen as I was to promote the No Antibiotics message, I felt there was a place for something more positive.

And that's when I unearthed some newer data on not just Vitamin C, but also, and perhaps more importantly, zinc.

How do these work?

Vitamin C is thought to stimulate immune function by boosting white cell production and function, as well as acting as an antioxidant. "Acting as an antioxidant" is one of those phrases you hear a lot. I've no idea if it really translates into anything physiologically meaningful, but it sounds impressive.

Zinc may inhibit viral RNA polymerase, stopping viruses from multiplying. Note the word 'may' in that sentence. It may also act as an anti-inflammatory. See comment re antioxidant above. Oh, and that 'may' word again.



Evidence

Here is my brief summary of the evidence for their use, both for prevention and treatment. As you can see below, the evidence for zinc is probably a bit stronger than for Vitamin C.

A meta-analysis of 29 trials of Vitamin C (250-500mg daily) for prevention showed a reduced duration of colds (adults by 8%, children by 13%) and a reduced severity. Not a lot, really. Cold frequency was not reduced in these trials. However, in 5 trials of extreme athletes (I'm looking at you, DWDV members), cold frequency was halved.

In treatment trials, Vitamin C has shown no consistent benefit, except possibly at higher doses (around 8g a day).

A meta-analysis of 15 trials of Zinc showed that Zinc supplements were effective in preventing infection, with supplemented groups having fewer episodes of respiratory infection, and, in children, less school absenteeism and fewer antibiotics.

Higher doses of zinc taken as treatment were effective in reducing the duration and severity of colds in otherwise healthy people. A range of Zinc types (eg Sulphate, Gluconate, lozenges, syrups etc) was used, and a wide range of different doses.

My suggestion

No trials used both Vitamin C and Zinc, but there is no physiological reason why they would not work well together, so I use both. The best value product I could find is "Nature's Own Zinc + C" chewable tablets (I don't have shares, honest), but any similar product should be as effective.



(Continued on P7)

Viruses, zinc and Vitamin C

(Continued from P 6)

Prevention

Chew 1 tablet daily during the cold and flu season.

Side effects: There should be none at this dose.

Treating an infection

At the start of an infection, chew 2 tablets every 3-4 hours for 3-5 days.

Side effects: There is no known risk of taking these sorts of doses of Vitamin C and Zinc for short periods. People who are sensitive to Vitamin C may get bowel looseness, and Zinc can cause a metallic taste and occasionally nausea. In either case, reduce the dose.

Personal experience

I've been using a daily dose of zinc and Vitamin C ever since Covid began, so over 4 years now. I've had one minor cold and have tested positive once to Covid without having any symptoms at all. Proves it works, N=1. In the past, I've found that high dose, short term use has stopped 2 out of 3 colds in their tracks.

I also recommend the preventive daily dose for all my patients in Year 12 – anything to help them get through that stressful time.

Final word

The above is only a suggestion and, as you can see, has a minimal evidence base. What is evidence based is vaccination, so please keep up your Covid vaccines and get the annual Fluvax when it's available, which will be soon.



A Completed Life by Dr Rodney Syme

This book presents Dr Syme's views on the plight of people with dementia, and his suggestion for further legislative change.

The book's title reflects a life that has been long, and where all that was possible has been achieved - and so is in a sense 'complete'.



There follows consideration of the problems that may follow, and what may be a reasonable response.

You can purchase Rodney's book from the Shop section of our website, as a paperback or an ebook.

<https://www.dwdv.org.au/store/>

Important note: the ebook available on our website in epub format, suitable for Kobo and other e-readers except Kindle. Kindle users need to purchase the ebook from Amazon instead .

The paperback is also available on Amazon or can be purchased through your favourite bookshop.



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.

For more information, visit our website under Our Services > VAD Support.



Interviews

This section of our website shares interviews in which DWDV Board members or other representatives have participated, whether as an interviewer or interviewee.

<https://www.dwdv.org.au/other-resources/interviews/>

We will be posting more to this page as they become available.

Listen

- Jane Nosworthy, DWDV Secretary, discusses VAD on Rob Cameron's Front Page program.
- Dr Nick Carr discusses issues about access to VAD for people living with dementia, in an episode of The Conversation Hour.



Watch

- Jane Morris, President of DWDV, speaks with Bianca Hurlle, Manager of Rosehaven Hospice, in Mansfield Victoria, which supports individuals and their loved ones through the voluntary assisted dying process. They talk about the operations and impact of Rosehaven. *(You can also read more about this in Bianca's article on page 3.)*



NEWS FROM AUSTRALIA ...

National

The topic of the inability of individuals diagnosed with dementia to access voluntary assisted dying is gaining traction, all over Australia. This is an issue of overwhelming concern to so many people and DWDV applauds that it is finally being given the attention it warrants.

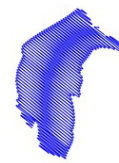


Independent Federal MP Kate Chaney has introduced a bill into parliament that seeks to overturn the Federal law that prevents any VAD discussion being carried out, by a doctor and patient, over a carriage service.

The bill was seconded by the Independent Monique Ryan. The DWD organisations throughout Australia have been urging members to write to their Federal MHR and Senators, to express their support. It is also encouraging to see that The Australian Lawyers' Alliance calls on the federal government to do something about the telehealth ban for VAD. They argue that the ban puts VAD doctor providers at risk and leads to inequity of access for patients.

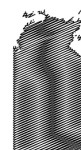
Australian Capital Territory

Following on from last October's introduction of a voluntary assisted dying bill into the ACT Legislative Assembly, a select committee was established to examine the proposed legislation before it is debated. The select committee released its majority report with 27 recommendations to the ACT's Legislative Assembly on 29 February. The ACT Government has four months to respond.



Northern Territory

The NT VAD legislation Expert Advisory Panel was formed last year and will advise on the development of a discussion paper, lead the consultation process and make recommendations for what will hopefully be the development of a framework for VAD legislation. As part of the consultation process Territorians have been able to have their say through an online survey or through face-to-face community meetings throughout the NT. The option of providing a written submission was also made available, to which DWDV has responded. Public consultation will occur through to the end of April and will result in the handing down of a report with recommendations to the NT government by the end of July. A Territory election will be held in August and unfortunately there has been no commitment by the CLP opposition as to whether they will continue to pursue a VAD Bill.



South Australia

February 1, 2024, marked a year since voluntary assisted dying legislation was implemented. One hundred and ten individuals have availed themselves of an assisted death in this time. It was reported that 121 doctors had registered to undertake the mandatory VAD training, of whom 73 had completed it.



Victoria

In this newsletter we have an inspiring and uplifting story about 'Rosehaven' Hospice, a five-bedroom home set amongst 4.5 acres of beautiful gardens in Mansfield, country Victoria. At Rosehaven a group of dedicated and VAD trained volunteers offer support to individuals and their loved ones, as they traverse the Voluntary Assisted Dying process.



Western Australia

A man who had been deemed ineligible for VAD because of a residency problem successfully appealed the decision at the State Administrative Tribunal.



... AND AROUND THE WORLD

Belgium

A recently released report shows that the number of individuals who sought an assisted death in 2023 had increased to 3,423. This number included deaths of those whose underlying conditions were solely psychological illnesses. One hundred and ten people had travelled from overseas countries to access an assisted death in Belgium. The European Institute of Bioethics reported that the number was likely to be 25-35% higher, as many cases went unreported.



Canada

The main news from Canada has centred around the Federal Government's support of a parliamentary committee report concluding Canada's medical system was not prepared to implement an amendment to the MAiD Bill C-7, which would expand MAiD eligibility to those in which a mental illness is the sole underlying medical condition. Subsequently, Canadian Prime Minister Justin Trudeau announced that the expanded legislation, due to become operative on March 17, 2024, would be again delayed. Bill-62 was proposed, passed and received royal assent on February 29th, immediately coming into effect and delaying implementation of the amendment for another 3 years until March 17, 2027. Canadians are divided over this contentious issue, with some stating that the expansion should never have been considered. Canada's Conservative leader has vowed that if elected he will legislate to completely rule out this amendment in the MAiD legislation.

In other news from Canada, it appears that legislation passed last year in Quebec, that would allow advance requests for MAiD by people with dementia, may never become operative. Despite the successful passage of the legislation, further change is still required to the federal Criminal Code to prevent health professionals from committing a crime should they choose to help end the life of someone no longer able to provide consent.

Czech Republic

The debate on 'euthanasia' and 'assisted suicide' has reopened after the announcement of an amendment to the law on palliative care.

Ecuador

Ecuador's High Court has decriminalised assisted dying and has ordered the government to draw up suitable regulation to govern the process.

Finland

A citizens' initiative calling for the legislation of assisted dying will be debated by MPs in parliament after a petition to the government calling for a debate received the requisite 50,000 signatures. A similar initiative in 2018 to legalise assisted dying failed in the Finnish Parliament.

Iceland

Five MPs from the Reform Party have presented the first ever VAD bill into Iceland's Parliament. The proposer, Katrin Sigridur, has said the bill is based on the Dutch model, and she emphasised the inclusion of a clause that would allow doctors to conscientiously object to the practice based on religious or moral grounds.

New Zealand

The End-of-Life Choice Act is up for review this year with many hoping that the law will be expanded. However it appears one of the obstacles to allowing this is the recent change of government.

... AND AROUND THE WORLD (cont)

France

The year commenced with many healthcare workers protesting in the streets of Paris against an assisted dying bill and abortion. After apparently wrestling with his conscience over the question of VAD in France, President Macron has just announced that an assisted dying bill will go before the French parliament in May. The conservative 'aid in dying' bill has been criticized by many individuals from Palliative Care and the Church. It is pleasing to read that President Macron has made it clear he will not be using terminology such as 'euthanasia' and 'medically assisted suicide'.



Germany

In February 2020, Germany's Federal Constitutional Court lifted the ban on physician-assisted death. This was seen as a significant change in end-of-life policy. However, this only allowed doctors to prescribe medication for patients to ingest themselves and physician-administered medication is still illegal. This has placed doctors in a difficult and challenging position, while they attempt to respect patient autonomy yet act within the professional legal requirements. The situation is further compounded by the absence of clear guidelines.

India

A husband and wife, with three children, are considering making a request to the Supreme Court for the entire family to seek an assisted death. The 2 younger children have been diagnosed with a rare terminal disease and the family do not have the means to survive. This is not a unique situation, as there have been numerous cases in the past of individuals faced with personal or financial hardship seeking an assisted death. Tragically they consider this their only option.

Ireland

At last, some positive news from Ireland. Following nine months of public hearings, the special Oireachtas committee on assisted dying released its report and has recommended that legislation should be introduced into the Irish Parliament to allow terminally ill people the right to choose an assisted death. The committee voted by a margin of nine to three in favour of legislating on the issue. Unfortunately, were Cabinet to act upon the recommendation, it would be very unlikely that legislation would clear both Houses of the Oireachtas before the next general election scheduled for March 2025.

Italy

There has been a lot of media coverage relating to a story about an Italian woman who accessed an assisted death in a Swiss clinic because of the profound depression she suffered following her son's death from a neurodegenerative disease. Her family were informed after her death. A Senator from the Italian opposition Democratic Party is proposing a bill to legalise assisted dying and this is set to come before the Justice and Social Affairs committees on March 26. In 2019 Italy's Constitutional Court announced the 'Caputo ruling' which made assisted suicide permissible in some circumstances. This has led to some regions in Italy introducing their own legislation regulating assisted dying, whilst other regions have been left in confusion. The proposed bill aims to guarantee uniformity of assisted dying legislation across Italy.

Korea

A Korean man, paralysed from the waist down as a result of acute myelitis, has filed a petition to the Constitutional Court in South Korea to review the constitutionality of laws that limit one's right to die with dignity - challenging local laws criminalising assisted death. His only option was to seek a physician assisted death in Switzerland, but he was aware his daughter who intended to accompany him would be punished under Korean laws for aiding in suicide.

... AND AROUND THE World (cont)

Malta

A surgeon promoted to the role of Maltese Health Minister has stated he believes doctor-assisted dying is justified in extreme cases, when even the best of palliative care is unable to ameliorate an individual's unbearable pain. Interestingly the Health Minister, during his interview, referred to the term "doctor assisted suicide" and later clarified that he had meant to use the more appropriate and generally accepted term "doctor assisted dying".



Mexico

In Mexico 77.7% of people are Catholic, yet a national survey carried out in 2022 showed 72.7% believe laws should be changed to allow for assisted dying. There have been several attempts to decriminalize and regulate the procedure but those who aid in an assisted death still face imprisonment. Assisted dying is covertly practised but only the privileged, with connections to doctors, can access it.

The United Kingdom

The fight for VAD legislation has seen a huge increase in momentum, with high profile individuals such as Dame Esther Rantzen, Dame Diana Rigg, Dame Prue Leith and Jonathan Dimbleby, publicly advocating for the cause. UK citizens were asked to sign a petition urging the government to hold a vote on VAD. In less than a month over 100,000 signatures were collected, ensuring the petition will be considered for debate in Parliament. It has been announced this debate will be held in the House of Commons on April 29.

Opposition leader, Keir Starmer, not only indicated his support but stated he wants assisted dying to be legalised after the next election. He confirmed Labour MPs would be given a free vote on the issue.

A recent poll surveying 10,000 people showed 75% supported assisted dying and only 14% did not approve. Hearteningly, it was supported by a majority of individuals with a religious affiliation.

Scotland: It's hoped an assisted dying bill will finally become law next year. This will be the fourth attempt to pass such legislation, the last one in 2015 when MPs voted on an assisted dying bill 36 for and 82 against. Liberal Democrat, Liam McArthur, who has drafted the bill says about two thirds of those MPs are no longer in Holyrood and many of those who opposed the bill at the time have had a change of heart. His bill is likely to be published soon.

Guernsey: A recent survey has shown more than 80% of Guernsey citizens support VAD. More than 70% of respondents believed the issue should be debated in this political term and 90% of participants said Guernsey should not wait for the UK to make a judgement on assisted dying.

Jersey: The government of Jersey has announced it will bring forward an assisted dying proposal. The States Assembly is now scheduled to debate assisted dying on May 21, following a 9-week lodging period.



... AND AROUND THE World (cont)

The Netherlands

A story attracting an enormous amount of attention world-wide was that of a former Dutch Prime Minister and his wife, who together sought an assisted death. They were both ninety-seven. Although couples amount to a small percentage of “euthanasia” deaths in The Netherlands, the idea of “duo euthanasia” is part of a growing trend. Last November an amended “completed life” bill was introduced by the Dutch Democratic Party. The Royal Dutch Medical Association still opposes the bill that would allow people aged 75 or over to end their lives when they no longer wish to continue living.



Slovenia

Following a vote on assisted dying that was decisively lost in the Slovenian parliament, supporters are now proposing to hold a referendum on the issue. Polls show there is majority public support for assisted dying legislation.

United States

This year has seen a lot of MAiD activity in many U.S states.

A news article in February reported MAiD is legal in ten states and Washington DC, and another 19 states are considering legalizing MAiD.

In **Virginia** an assisted dying bill narrowly advanced in the Senate with an 8 to 6 vote along party lines.

Tennessee is considering a VAD bill and will be the first Republican controlled state to do so.

Colorado legalized MAiD in 2016. A senate bill has amended the 2016 bill and will decrease the 15-day waiting period after the initial request to 48 hours, in certain situations. A further amendment to the bill, aimed to do away with state residency requirements, failed.

In **Maryland** a MAiD bill, with advocates stating there is unprecedented momentum for a bill, has failed - undoubtedly due to opposition by pro-life and disability rights advocates.

Illinois introduced a bill into the legislature and a Senate sub-committee is currently looking at it.

West Virginia's legislature passed a motion 97-9 to reject MAiD and has further decided to make a constitutional amendment to that effect. It's expected a vote will take place on November 5, 2024.

In **California** a Senator has introduced a bill to broaden California's MAiD program. The suggested amendments include removing the time until death criterion, shortening the interval of time between written requests, and considering enabling individuals with early-stage dementia to access an assisted death.

Indiana lawmakers are making clear they're staunchly opposed to any policy allowing physician-assisted suicide. In Indiana a Senate health committee approved a resolution in a 9-2 vote not to pass an assisted dying bill stating it “is a direct threat to human dignity, patient rights, and the disabled when the medical goal must be to eliminate suffering rather than the person who suffers.”

In **Minnesota**, a Republican politician who has introduced MAiD legislation several times since 2016, says his recent End-of-Life Option Act has gained more traction. The Act has recently passed two Minnesota House of Representatives committee hearings. It remains to be seen if the Act will receive a committee hearing in the Senate, due to time constraints.

DWDV BOARD



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SECRETARY

Jane Nosworthy



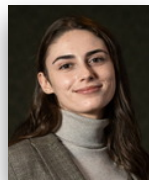
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CAN YOU HELP US WITH A DONATION?

We are deeply appreciative of the amazing work done by all our volunteers, but we also rely on the generosity of donors and other benefactors to help us support the right to individual end-of-life choices through voluntary assisted dying, advocate for improvements to current laws and provide support and education for individuals, organisations and communities.

With the end of the financial year on the horizon, would you consider making a donation to DWDV?

You can do so through our secure online form here: <https://www.dwdv.org.au/donation/>
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Alternatively, contact our office for details to make a payment by direct bank transfer or cheque.

We are a Deductible Recipient Charity, so all donations over \$2 are tax deductible.

