



'The right to die is as inviolable as the right to life' Sir Mark Oliphant

Doctors for Voluntary Euthanasia Choice

While citizens wait for the legislative reform process to play out on a state by state basis, there is constant activity on other fronts as part of the quest for voluntary euthanasia law reform. A new group, *Doctors for Voluntary Euthanasia Choice* (website: drs4vechoice.org), is an independent national group of doctors who support the right to choose voluntary euthanasia under prescribed circumstances. It was formed by the merger of two groups: *SA Doctors Supporting Choice for Voluntary Euthanasia* and *Doctors for AMA Neutrality on Voluntary Euthanasia*. Their website states:

We are a national organisation of Australian medical practitioners, both current and retired, who are committed to having a legal choice of providing information and assistance to rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives. Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

The website also provides information on the stance held by a range of national and international medical societies and professional colleges on voluntary euthanasia. The primary aim of *Doctors for Voluntary Euthanasia Choice* is:

... to legalise voluntary euthanasia, and part of this objective is to ensure that professional medical

bodies adopt or maintain a neutral attitude towards the legalisation of voluntary euthanasia in order to reflect the range of views of their membership.

It is interesting to compare the aims of this doctors' group with another doctors' organization *Medicine with Morality*, which was formed in early 2006, with aims to:
...unite doctors across Australia in response to an increasing drift of medical ethics away from moral absolutes.

The moral absolutes held by members of this group lead them to oppose a range of practices, including abortion, embryonic stem cell research and voluntary euthanasia.

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The implication from the title of this group is, that by opposing the right of any individual to request and receive a final act of merciful clinical care through voluntary euthanasia, a doctor is acting 'with morality'.

In distinction, doctors joining *Doctors for Voluntary Euthanasia Choice* seek to strengthen societal and political recognition of the need to alleviate futile suffering as an ethical imperative. This sometimes involves acceding to rational requests for voluntary euthanasia. The group provides evidence that the practice can be ethical, that it is actively sought for by patients in Australia, and that it is acceptable to Australians.

*Please spread the word on this important lobby group **Doctors for Voluntary Euthanasia Choice** or consider joining if you are a medical practitioner.*

Update on SA VE Bills

Recent editions of this bulletin have focused on the status of Bills before state parliament; more recently the 'Medical Defences' Bill. At this stage no further information is available on this Bill, but an article in *The Advertiser* advises that Dr Bob Such (Ind) has revived his push for legislative reform, making changes to a bill he put before parliament in 2010 (Daniel Wills 'MP in voluntary death push', 2nd Mar 2012). *The VE Bulletin* will advise on the status of this and any other Bills as information comes to light.

The VE Bulletin is available by email:

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**Email: info@saves.asn.au to receive
future editions by email. Thank you.**

Urgent call for assistance

SAVES' president Frances Coombe sends the following urgent call to all members:

Dear friends: At SAVES AGM on April 22nd our long standing secretary, Anne Hirsch, will not be re-nominating for that position. After 26 years of devoted service in this role Anne will be standing instead for an 'ordinary' (hers will be extraordinary really!) committee position. As you would appreciate, I cannot manage as President without a secretary at my side. We have not had any offer of replacement for our former administrative secretary, Victoria Pollifrone, who moved back to the Northern Territory last year, and it is difficult for me to manage the extra tasks. I ask that you please consider if you would be able to undertake this position. Prerequisites are computer literacy and enthusiasm!

SAVES is also calling for other committee members. Please don't wait until the existing committee 'go to their graves'! Please volunteer NOW!

You can phone me any time on 7070 4030 (except Tuesdays and Thursdays) or 0421 305 684 to discuss your possible contribution in this vital role.

Thank you!

SAVES gives sincere thanks to the Humanist Society of South Australia executive for their generous donation upon the dissolution of the society and the dispersal of its funds, due to the ill health of committee members.

SAVES was formed in 1983 as an initiative of the Humanist Society of South Australia to support the aim of the Council of Australian Humanist Societies which is *to build a more humane, democratic society using human capabilities, tempered by critical reason and a spirit of free enquiry*. These funds will be targeted towards

achieving SAVES' primary aim of achieving voluntary euthanasia law reform as a humane endeavour.

Update on the Netherlands

Thanks to the translating skills of SAVES membership officer, Gerry Versteeg, we are kept up to date on news from a range of sources from the Netherlands. This year marks the 10th anniversary of enactment of the voluntary euthanasia law, and Right to Die Netherlands (NVVE) commemorated this in February. In reflecting on this historic achievement the society posed the question as to whether there was reason for optimism or celebration, or to what extent the law has not delivered citizen's expectations.

The reality is that the voluntary euthanasia law remains a law for doctors, and in practice a patient's wishes depend on the discretion of the doctor. While this is a positive safeguard, there are some occasions when wishes may be thwarted, including by not taking requests seriously. Later this year six specialised teams comprising one doctor and one nurse will begin making house calls in the Netherlands. NVVE states that these teams will visit those people who wish to end their lives and are eligible to elect voluntary euthanasia under Dutch law, but whose wishes are not being honoured for different reasons.

On 1st March 2012 NVVE opened an 'end-of-life clinic' in The Hague and individuals unable to have euthanasia administered at home will have this fall-back position from around the middle of the year. Individuals seeking release must undertake the lengthy intake procedure required under Dutch law and the accompanying reporting mechanisms. Doctors must ensure that the decision is well-considered and voluntary, and that the patient's situation is hopeless and unbearable. Patients in the Netherlands now have the right to choose voluntary euthanasia under

circumstances enshrined in law but also have an effective right to review through another legal approach, if necessary. Jan Suyver, aged 65, was approached to become president of the Foundation End of Life Clinic Committee. His background is in the judicature and the Ministry of Justice, with a previous role in voluntary euthanasia policy. He was president of a regional commission on voluntary euthanasia and attaches great value to his good relationship with the KNMG, the doctors' organization, as he moves into this position.

The 'conscience' vote: undermining a secular democracy

An article in the Sydney Morning Herald on 29th November 2011 reminds us of how 'conscience' votes undermine the separation of religion and politics as a defining principle of secular and liberal democracies ('Conscience votes corrupt our political system', Dr Ryan Walters).

A statement released by SAVES in February 1997, in protest at the widespread abuse of the conscience vote by parliamentarians charged with determining the future of the Northern Territory Rights of the Terminally Ill Act, asked the question 'Is it ethical in a secular liberal democracy for an elected member to knowingly vote against the wishes of the electorate, merely on personal grounds?'

The statement noted that *lobbying members of parliament over voluntary euthanasia legislation reveals that the dilemma has been resolved for some by the fortunate discovery in themselves of an "informed conscience"*. The statement pointed out that this is a combination of moral and intellectual wisdom apparently possessed by members of parliament but lacking in most voters. This brought to mind the words of Edmund Burke in Britain over 200 years ago, that political

office is ‘a trust from Providence’: an appalling denigration of the universal adult franchise and a democratic system that is essentially secular.

The notion that voters choose people to represent them who are to be guided in what they do by what they think a deity requires of them, rather than by those who elected them, substitutes a version of theocracy for democracy. SAVES’ statement argued that the question facing elected lawmakers is not, ‘Is the proposal repugnant to you?’ but, ‘What do the people want and will society benefit?’

A conscience vote allows an MP to vote, or refrain from voting, according to what seems personally ‘right’ or ‘wrong’ regardless of party affiliation or policy. It is obviously not a measure of any universal truth, as individual consciences are diametrically opposed on moral issues - not least voluntary euthanasia. As Walters argues in his article in the SMH, in discussing the link between representation and the public interest one view is that politicians may be understood as trustees of the public good. Two other views are that politicians are elected on the basis of the collection of policies they each bring to the electorate, and also that they should adhere to public opinion as closely as possible.

Research reveals that politicians tend to hold a combination of the above three views in defending their policy positions, but what all these stances demand is that politicians prioritise fulfilling the duties of public office over promoting their own private interests.

The problem with the ‘conscience’ vote is that it blurs this distinction between the politician’s duty as a public office holder and the personal duties he or she may hold as an adherent of an ideology or religion, because:

Unlike a party platform, committee deliberations, or a parliamentary inquiry, conscience doesn’t actually inform voting. It tells us only to look inside ourselves but not what we’ll find there, which could be all sorts of things: university-student ideologies, religious convictions, moral visions. It is the role of political parties and the ritual of parliamentary process to discipline these private enthusiasms by subjecting them to the duties invested in the public office of a politician.

What a conscience vote really represents is the failure of a party to impose party discipline on some of its members, generally due to the overarching religious commitments of some politicians that are inevitably given precedence. As Walters argues, such abuse of office arises from the same conflict of interest as awarding public contracts to family members. Instead, the merit of any legislation must stand or fall according to:

... some mix of public policy criteria, notions of discrimination, and popular support. That the appropriate mix will differ between politicians and be fiercely debated is simply the outcome proper to liberal democracy.

From the journals

An article by Clare Dyer in the British Medical Journal compared six European countries when coming to the conclusion that ‘the legalisation of assisted dying does not undermine the provision of good palliative care’ (BMJ 2011;343:d6779 ‘Legalisation of assisted dying does not harm palliative care, study concludes’). The article notes the European Association of Palliative Care report which highlighted that palliative care is as well developed in countries with laws allowing for assisted-dying or voluntary euthanasia as it is in countries that do not. The article concludes: *There is evidence of advancement of palliative care in countries with legalised euthanasia, also after the legalisation of euthanasia and/*

or assisted suicide. The idea that legalization of euthanasia and/or assisted suicide might obstruct or halt palliative care development thus seems unwarranted, and is only expressed in commentaries rather than demonstrated by empirical evidence.

The article provides further important information underpinning the research conclusions, and is expanded on later in this bulletin in respect of Belgium.

Assisted dying and suicide

The Death with Dignity National Center website (www.deathwithdignity.org) includes a wealth of information on the momentum of advocacy for the right to assisted-dying. Terminology is critically important, with language eliciting strong feelings. Their website states:

‘Suicide’ is generally defined as the act of taking ones own life voluntarily and intentionally -- generally as the result of an individual’s self-destructive impulse and mental illness and often independent of a terminal illness. Because a terminally-ill adult patient who is deemed mentally competent chooses to hasten his or her death through a physician’s assistance, “physician-assisted dying” is more accurate than “physician-assisted suicide.”

In a comment on the site (April 25, 2011) Melissa Barber makes the point that those who oppose Death with Dignity Acts frame the issue as ‘suicide’ or ‘assisted-suicide’ as a fear tactic. Instead, citizens seeking recourse to either the Oregon or Washington laws are seeking to hasten an already imminent and inevitable death. Barber argues:

None of the moral, existential, or religious connotations of “suicide” apply when the patient’s primary objective is not to end an otherwise open-

Your Anticipatory Direction

If you have not already completed an Anticipatory Direction, also known as Advance Directive, please do so to ensure that your end of life wishes are respected.

You can choose from the:

(1) Consent to Medical Treatment and Palliative Care Act 1995.

Forms are available for downloading from the Dept of Health website www.dh.sa.gov.au/consent or may be collected from Service SA, Government Information Centre 108 North Terrace Adelaide, or by ringing the Office of the Public Advocate.

(2) Guardianship and Administration Act 1993.

There is a link to the Office of the Public Advocate from the above website for completing an **Enduring Power of Guardianship** under this act. Either Anticipatory Direction may be obtained by telephoning the Office of the Public Advocate (08) 8269 7575 or by country free call on 1800 066 969). An Enquiries Officer will answer any queries concerning Anticipatory Directions.

ended span of life but to find dignity in an already impending exit from this world. Individuals who use the law may be offended by the use of “assisted suicide,” because they are participating in an act to shorten the agony of their final hours, not killing themselves. Cancer (or another underlying condition) is killing them.

To underscore this point Ms Barber cited the views of one correspondent, who recently sought a medical prescription under the law, claiming that:

I have not decided if or when I will use it [the medication], but it gives me great relief to know that I have some control over my dying process. I do not think of using the medication as suicide, and I don't think others should either. It would be part of a dying process that has already begun, not of my choice. It would be done in consultation with my family. It would be done to spare myself and my loved ones unnecessary suffering. Traditional medical care treats illness as a battle. Living is winning; dying is losing. But I find this battle metaphor unhelpful in dealing with terminal illness like mine. Living is not winning if the quality of life is low ...

I am not trying to get better or live longer. Those things would be nice, but they're not my goal. My goal is to feel as good as possible as long as

possible ... I would not really be choosing between living and dying. I would be choosing between different ways of dying. If someone wishes to deny me that choice, it sounds to me like they are saying: 'I am willing to risk that your death will be slow and painful'. Well, thanks a lot, that's brave of you.

This correspondent's view provides a strong rebuttal to views expressed in commentary cited below from PilotCatholicNews.com (1) concerning the initiative for a "Death with Dignity" Act in Massachusetts. This commentary, using the term 'physician-assisted suicide, presumes that 'dignity' is an attribute that may be imposed on another individual even against his, or her, own judgement and best interests. It states:

*There are two categories of problems associated with the initiative petition for physician-assisted suicide--problems of a fundamental nature and those concerning a lack of adequate safeguards. Both sets of problems ultimately arise from the fact that physician-assisted suicide is a **denial of the dignity of the human person** (emphasis added).*

To reiterate the point made in prior editions of The VE Bulletin, it is the success of this powerful minority view in thwarting the will of those who seek to achieve their own conception of a dignified end to life that exemplifies what it means to be denied the right to die with dignity. The Oregon Department of Public Health, American Public Health Association, American Psychological Association, American Academy of Hospice and Palliative Care, American Medical Women's Association, and the American Medical Student Association have adopted the term patient directed dying or physician aid-in-dying and have rejected the term physician-assisted suicide (2).

References:

(1) Massachusetts Death with Dignity Act: Framing

Just a reminder...

SAVES public meetings are held three times a year at 2.15 pm on Sunday afternoons at the Disability Information and Research Centre (DIRC) 195 Gilles St Adelaide at 2.15pm. This is an important forum for updating members on SAVES' activities, legislative issues and relevant local, national and international events and initiatives. Guest speakers provide a further informative dimension to these meetings which conclude with informal discussion over tea and coffee. The next meeting, SAVES AGM, will be held on April 22nd 2012.

the issue' PilotCatholicNews.com, 17-2-12
<http://www.thebostonpilot.com/article.asp?ID=14337> accessed 22 -2-12
 (2)<http://depts.washington.edu/bioethx/topics/pad.html>

Online polling and the media

The growing practice of online polling by media groups on the level of community support for voluntary euthanasia is a concerning trend to the extent that it leads to anomalous polling. In line with earlier online polls, the January 2012 Adelaide Now poll was completely out of step with reputable scientific polling that has been conducted by Newspoll, Morgan Poll and The Australia Institute. These polls consistently register over 75% community support for choice for voluntary euthanasia.

Properly conducted polling focuses on a specific number of respondents in a particular population group which predicts a wider response. Posing questions 'to the whole world' through online polling is unscientific and potentially attracts the attention of powerful global networks of vested interests, especially on 'life' or conviction issues. These have the capacity to radically skew polling. The January 2012 *Adelaide Now* online polling was highly unrepresentative; not only of community support but also with the 'phone-in' voting of its print copy or *The Advertiser* poll. This was much closer to the scientific polling levels, presumably by being less open to mass manipulation.

Online polling may have a role in monitoring more superficial or 'celebrity' issues, or personal preferences for goods and services. However, using unscientific polling on voluntary euthanasia or any other 'life' or public policy issues, serves to blur the lines between scientific and unscientific polling and may unwittingly give unwarranted legitimacy to unscientific polling.

An article in the Sydney Morning Herald* revealed the manipulation of SMH online voting, with the number of votes on one particular issue being eight times that of the actual number of online readers of the article. Fairfax staff confirmed that voting had been manipulated, and stressed that polls were not scientific, but merely added to articles for 'entertainment value'. However the important point was also made that:

On controversial issues they [online polls] are held up by interest groups as a rock solid gauge of public opinion ... Online polls are notorious as they are easily 'gamed' by people with a little computer knowledge.

This is important in respect of choice for voluntary euthanasia, as the potential for both national and international manipulation of polling thwarts the will of South Australians (and all Australians) who overwhelmingly support the 'right to choose' when faced with futile and intractable suffering. It is of utmost concern that this issue be taken seriously by media proprietors. It is also of note that the Fairfax press now places disclaimers next to online polls to highlight that these are unscientific. This still begs the question as to why such polls are conducted so indiscriminately in respect of important and contested public policy issues.

*Asher Moses 'Alternative health poll exposes malaise', SMH, Feb 10th 2012.

Integrating palliative care and voluntary euthanasia

In the December 2011 (issue 61) edition of the *World Federation of Right to Die Societies* newsletter Dr Jan Bernheim MD PhD* discusses the integration of palliative care and voluntary euthanasia in Belgium. He notes that an explicit motive of hospice founder, Dame Cicely Saunders,

was preventing voluntary euthanasia or assisted dying. However, palliative care and voluntary euthanasia share several grounding ethical values, including ‘beneficence to the patient, respect for patient autonomy, and aversion to medically futile treatment’. Even so, in other than those jurisdictions that allow voluntary euthanasia, the two practices are often seen as ‘antagonistic societal developments and adversarial political causes’.

A distinctive feature in Belgium was that both practices had wide public support and went largely hand in hand. Belgium was second only to the UK in developing palliative care when it legalised voluntary euthanasia in 2002. When the voluntary euthanasia bill was enacted it was in tandem with a bill on patients’ rights, as well as another expanding palliative care nationwide. This included doubling its funding and integrating palliative care in national health insurance. Dr Bernheim makes the point that consecutive robust epidemiological studies between 1997 and 2008, published in top international medical journals, have found no ‘slippery-slope’ outcomes from legalising voluntary euthanasia. Quite the contrary, there are several indicators that suggest greater consultation preceding end-of-life decisions, and a decrease in the incidence of life being ended without explicit patient request. Dr Bernheim concludes:

Historical, epidemiological, public funding and regulatory data suggest that the legalization of euthanasia enhances development of palliative care. The process of legalization of euthanasia was ethically, politically and budgetarily linked to the development of palliative care. Euthanasia can be part and parcel of integral palliative care.

In the document *Australians Deserve to Age Well: Blueprint for Reform*, published by Palliative Care Australia (10th February 2012), Dr Yvonne

Luxford CEO, highlights a ‘step by step process for reform’. Palliative Care Australia calls for increased funding as a priority, but also makes the important point that:

One of the key areas of reform is the notion of dying well, this follows palliative care and dying with dignity being ranked as major issues for older Australians.

The views of over 80% of Australians highlight a broader concept of ‘dying with dignity’: one that is determined by each individual, as well as being a political and policy imperative. Arguably Belgium provides a ‘blueprint’ for how this might be achieved.

*Dr Bernheim is Emeritus Professor of Medicine and Medical Ethics, and a member of the End-of-Life Care Research Group, Vrije Universiteit Brussel, Belgium.

Jenny Wheaton: a woman of strength and conviction

In December I travelled to Victor Harbor to attend a memorial gathering for SAVES member Jenny Wheaton who died suddenly, in her late 60s. Jenny was President of the *South Coast Support Group*, formed in April 2010. She had already proved to be a strong and capable worker for SAVES, organising a public meeting at Victor Harbor, a display in the Victor Harbor market and a chartered bus to bring supporters to a SAVES *Legalise VE Rally*. Jenny and her friend Jeff travelled to Adelaide to help staff the *Legalise VE* days on the Parliament steps and in Rundle Mall. Jenny also had a car roof sign supporting choice for VE. Together with Denis Haynes, Secretary of the group, Jenny had stood as a Legislative Council candidate for *Legalise Voluntary Euthanasia* in the State election that year. Stories and memories of Jenny were shared

at the gathering, including mention of her strong support for SAVES, and it emerged that she was a warm, vibrant and giving woman, loved dearly by her family and friends and contributing to her community in many ways.

Certainly it is extraordinary that Jenny had contacted me, out of the blue, with her idea of starting a local support group. We have a number of enthusiastic and active members in and around Victor Harbor, and distance can make it difficult for them to attend meetings and events in Adelaide.

Since the group started, SAVES membership in the area has increased as interest is maintained through regular meetings with guest speakers to discuss VE news of the moment, ways of publicising the issue locally, lobbying MPs and generally enjoying a friendly get together. SAVES was kindly invited to have donation envelopes at the memorial gathering. These gave tribute to a woman of strength and conviction:

Bequests to SAVES

Making a bequest to SAVES is one way to make a significant gift towards furthering the aim of the society. This is to achieve law reform to allow choice for voluntary euthanasia.

The appropriate wording for the gift of a specific sum is I bequeath to the South Australian Voluntary Euthanasia Society Inc. the sum of \$.....

In the unlikely event that you wish to leave your entire estate to SAVES it would read I give, devise and bequeath the whole of my real and personal estate to the South Australian Voluntary Euthanasia Society Inc.

In memory of Jenny Wheaton

With appreciation of her work for law reform with the South Coast Support Group. Her warmth and friendship have been enjoyed by us all.

Denis and his wife Pat, who supported Jenny in a most efficient and capable manner since the group's inception, are now in need of support in order to carry on the group's most valuable work. Please contact them on den1929@bigpond OR 8552 1824, thankyou.

Frances Coombe

UK report supports assisted dying

An article in *The Guardian* (Esther Addely 5th January 2012) reports on the Commission on Assisted Dying, chaired by the former chancellor Lord Falconer. It states 'a choice to end their own lives could be safely offered to some people with terminal illnesses, provided stringent safeguards were observed'.

A legal framework would only permit those diagnosed with less than a year to live to seek assisted dying according to strict eligibility criteria. These would include two independent doctors being satisfied with the diagnosis and the person being aware of all the social and medical help available. The decision must be voluntary and without duress. The person must not have a mental illness and must be able to take the medication without assistance. The provision of high quality end-of-life care must be a priority for government independent of the issue of assisted- dying. It recommends that *in parallel with any change in the law, the government should also take action to tackle inequalities in end-of-life care and ensure that good quality end-of-life care is available to every person approaching the end of their life.*

Right-to-die case can proceed in UK

The *Sydney Morning Herald* reported (13th March 2012) that in a case that challenges the definition of murder in Britain, a man suffering with severe disability who claims that his life affords no 'privacy or dignity' will be granted a hearing on his request that he be allowed to die by doctor administered injection. Former corporate manager and rugby player fifty seven year old Tony Nicklinson suffered a paralysing stroke in 2005 allowing him no movement below his neck and communication only by blinking.

Following an approach to the British High Court in January, a judge has stated that may get a court hearing, making it the first case of this kind in Britain. The Ministry of Justice argued that this would require a change to the law on murder which is the responsibility of parliament and the government applied to dismiss the case. Nicklinson argued that British law foreclosed his rights to 'private and family life' as guaranteed under the European Convention on Human Rights. His argument draws on the 'defence of necessity', whereby in exceptional circumstances a person must be allowed to break the law. While being granted a hearing offers no guarantee it is a 'tremendously significant' small step, according to Emily Jackson, a law professor at the London School of Economics.

An article in *The Guardian* (UK) on 27th January 2012 ('Lawyers in right-to-die case can act without fear of prosecution') reports that a high court ruling has also established that lawyers acting for a 43 year old stroke victim, living with locked-in syndrome and who wishes to end his life, may continue to act on his behalf without fear of prosecution or disciplinary action. The claimant will argue that the Department of Public Prosecution's

(DPP) policy on assisted dying lacks clarity and fails to account for people in his situation.

The Guardian notes that he is not arguing for a change in the law, but that the DPP amend current guidance so that professionals would not face criminal or disciplinary action if they assisted him in ending his life. What the judges stated was that solicitors may obtain third party information to present to the courts. This will allow for the claimant's lawyers to approach the Swiss clinic Dignitas for information about its services without acting unlawfully.

These two UK cases give insight into the important role of the courts when governments fail to act on politically sensitive issues.

Christians Supporting Choice for VE

Members will be interested to hear that Ian Wood, co-founder of **Christians Supporting Choice for Voluntary Euthanasia**, has moved from SA to NSW. *Dying with Dignity NSW* February 2012 newsletter notes that Ian will be actively involved in the NSW society's planning and events and has been 'vigorously presenting the case that Christian love and compassion dictate that those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia'.

The newsletter reminds readers that Ian stood as a candidate for the Legislative Council in SA and that his organization has been accepted into the World Federation of Right to Die Societies. SAVES wishes Ian and his wife Nancy all the best in their move, and the group's future success in pursuing its aims.

See www.Christiansforve.org.au

NOTICE OF ANNUAL GENERAL MEETING 2012

The 2012 AGM of the SA Voluntary Euthanasia Society Inc. (SAVES) will be held at The Disability Information and Resource Centre (DIRC), 195 Gilles St, Adelaide on

Sunday 22nd April at 2.15 pm:

Business will include the president's and treasurer's reports and election of office bearers and other committee members for a period of one year. Written nominations for official positions, signed by nominating and nominated persons must be received by Wednesday April 18th 2012.

The guest speaker will be **Peter Goers**, actor, director, reviewer, former academic and current host of the radio program *The Evening Show* on 891 ABC Adelaide and columnist for the *Sunday Mail*.

Tea/coffee and biscuits will be available at the conclusion of the meetings. Bring your friends.

All welcome!

Other public meetings for 2012 are on 22nd July and 4th November

South Australian Voluntary Euthanasia Society Inc. (SAVES)

Annual Membership Fees: Single \$ 25.00 (concession \$ 10.00) Double \$ 30.00 (concession \$ 15.00)

Life Membership: Single \$ 200.00, Double \$ 300.00

Annual Fees fall due at the end of February. Payment for two years or more reduces handling and costs.

Mr/Mrs/Ms/other Date.....

Address

..... Postcode Telephone

Email address if you want to be advised of SAVES activities.....

Date of birth (optional)

Your expertise which may be of help to SAVES.....

Membership fee(s) for..... year(s) \$

Donation \$

Total \$

Office Use	
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Changes	Letter

Please indicate method of payment and send completed form to:

**SAVES Membership Officer,
PO Box 2151, Kent Town SA 5071**

Enclosed cheque or money order

Or pay by Electronic Funds Transfer quoting name and type of payment to:

Commonwealth Bank BSB 065 129 account number 00901742

SAVES members support the Society's primary objective which is a change in the law, so that in appropriate circumstances and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional judgement and conscience of the doctor.

SAVES IS NOT ABLE TO HELP PEOPLE END THEIR LIVES

SAVES' Primary Objective:

A change to the law in South Australia so that in appropriate circumstances, and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgment and conscience of the doctor.



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