



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

## **Palliative care and constraints on the 'chat' about dying**

National Palliative Care Week was held on the 20th-26th May. This year's theme was having a discussion about death and dying: or more specifically, having a 'chat'. According to the PCA website this reflects the view that 'Some things are too important to be left unsaid - Let's chat about death and dying' (<http://www.palliativecare.org.au/>).

SAVES is a member of Palliative Care Council of SA and acknowledges the important role and responsibility concerned with delivering high quality palliative care. SAVES participated in the first Australian Conference on Hospice and Palliative Care held in Adelaide in 1990; with the theme being 'Hospice: A Concept of Care'. At this time palliative medicine and the hospice movement were becoming more developed, and advanced by the passage of the 1995 *Consent to Medical Treatment and Palliative Care Act*.

While this Act protects doctors and patients, if palliative care has a secondary effect of shortening life, it cannot meet the needs of all dying people, with their very different physical and psychosocial needs; values and belief systems; and unique subjectivities. It does not render a voluntary euthanasia law unnecessary. Palliative care and voluntary euthanasia both involve medical interventions and are both 'concepts of care'. As SAVES has argued:

*Voluntary euthanasia, hospice and palliative care have a common interest in 'dignified' dying; compassion for suffering; and concern for quality of life. Above all, they share a deep commitment to patient autonomy, to giving patients what they recognise as good for them, rather than requiring them to live (and die) as seems good to others (1).*

Palliative Care Australia (PCA) outlined 'A New Vision for Palliative Care in Australia' in a media release on 24th April 2012, in which it states:

*Australia needs to rapidly advance towards a position where any person, from diagnosis to the advanced non-curative stage of disease, in any setting, lives well and dies well in the place of their choosing. This means person-centred, integrated and holistic service planning and delivery. It will ensure that every Australian receives high quality, coordinated, reliable care over which they retain choice, control and dignity to the end of their life... Care at the end of all of our lives is far too important to be left to a lottery (2).*

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What must be acknowledged is that in some jurisdictions end of life and palliative care is no longer such a 'lottery'. While not underplaying the very real financial and other constraints on delivering optimal quality care in any jurisdiction, there is evidence that the drive for legalised voluntary euthanasia can promote the development of palliative care.

While space does not permit a full review, Belgium, for example, doubled the funding to palliative care, and granted specified rights to palliative care when it introduced a voluntary euthanasia law in 2002 (3). In the USA, the Center to Advance Palliative Care (USA) provided a 'report card' on levels of access to palliative care on a state by state ranking: noting that states that have introduced physician-assisted dying laws ranked very highly (4).

The Oregonian Hospice Association acknowledges the social benefit of that state's physician-assisted dying legislation, stating:

*The Oregon Hospice Association and Oregon's hospice community respect Oregonians' right to choose. Oregonians need to know, however what their choices are. In public debates over physician assisted suicide [sic], opposing alternatives are often offered. "Suffer or die", "Hospice or physician-assisted suicide". But no dying Oregonian must suffer, and no dying Oregonian must choose between hospice and physician-assisted suicide. A dying Oregonian can choose both from among the options on the end-of-life continuum of care... Oregon's hospices support patient choice (5).*

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According to Dr Nancy Sutton, board member and Medical Director at the Community Hospice of Maryland USA, doctor-assisted dying is not the antithesis of palliative care; rather:

I think it's taken as a way of providing comfort for unrelieved suffering. And so in that respect, it would be consistent with a palliative care approach (6).

The state of play in the different international jurisdictions that have legislated for the right to voluntary euthanasia or physician-assisted dying dispels the myths, promulgated by opponents of end of life choices, that palliative care and voluntary euthanasia are incompatible, or that voluntary euthanasia has a negative impact on palliative care services (7). Terminally ill people may legally achieve the 'good death': a guaranteed death on their own terms. This is instead of facing what is essentially the 'lottery' they may face at the end of life; depending on the specific trajectory of illness and decline, and how well associated physical and psychosocial suffering can be ameliorated.

The National Palliative Care Week call for a 'chat' on death and dying is a chat that occurs within the context of the PCA *Position Statement on Euthanasia and Physician Assisted Suicide*. This states unequivocally that 'euthanasia and physician assisted suicide are not part of palliative care practice'. This is despite PCA acknowledging:

*... a wide range of views and perspectives in the Australian community about the ethical issue of the deliberate ending of life for a person living with a terminal condition.*

This wide range of views includes the view of over 80% of Australians that voluntary euthanasia should be an available option under prescribed circumstances. The position statement also makes the claim that PCA 'recognises and respects the diversity of personal, religious and cultural views of people and encourages open and honest discussion.'

‘Open and honest discussion’ has also been called for in the National Health and Medical Research Council (NHMRC) document released in September 2011 entitled *An ethical framework for integrating palliative care principles into the management of advanced chronic or terminal conditions*. The framework and a companion guide, *Living well with an advanced or chronic condition: How ethics helps*, identifies and describes ‘the ethical principles and values of relevance in the final twelve months or so of a person’s life’ (8).

Citing Beauchamp and Childress (2009) the NHMRC states that these are clinical integrity, respect for persons, justice, and beneficence; and that social justice:

*...involves respect for and fair benefit to all concerned. The dignity of persons must be both morally and legally respected, so that justice is done, and seen to be done.*

Further:

*Beneficence requires that the person’s changing needs and preferences about care and treatment options and sites of care are recognised ... with their inalienable human dignity always respected (9). (emphasis added)*

As part of this call for discussion the NHMRC document highlights key questions that health professionals should ask themselves, including:

*What resources do I have for discussion about euthanasia if this is raised by the person, or families and carers? Am I able to have an open and honest discussion canvassing all of the relevant issues: for them and for me?*

However, for the context of palliative care delivery in Australia, answers to this question are necessarily constrained by the underlying values endorsed in the PCA position statement, and the earlier version adopted by the National Palliative

Care Council on 19-20 March 1999. This stated:

1. Palliative care practice does not include deliberate ending of life, even if this is requested by the patient.
2. Acknowledges that while pain and other symptoms can be helped, complete relief is not always possible, even with optimal palliative care, and
3. Recognises and respects the fact that some people rationally and consistently request deliberate ending of life.

This statement is consistent with the Australian and New Zealand Society of Palliative Medicine’s current position statement on *The Practice of Euthanasia and Assisted Suicide* (10).

There is a very obvious inconsistency in these statements which creates a serious dilemma for clients of palliative care services (11). These statements beg the question as to who will advocate for those who are forced to suffer as a consequence: or, where does the ‘buck stop’?

Arguably the care ‘lottery’ relates not only to the vagaries of a funding lottery, but also the lottery for individuals, based on necessarily foreclosed choices that may, therefore, extend physical and / or psychosocial suffering at the end of life. Given this, a serious discussion on death and dying must move beyond a ‘chat’ to deal with the other very serious question, ‘What are we to do about it?’

Palliative care services are taxpayer-funded services. There is therefore an urgent need to develop an overarching ethical and funding framework to ensure that each and every client of these services ‘retains choice, control and dignity to the end of their life’ (PCA 2012); remembering that dignity is ‘inalienable’ (Beauchamp & Childress 2009). This means that dignity is a subjective concept and is not transferable to another. The concept cannot be imposed by, or repudiated by, another.

**For SAVES:**

*Voluntary euthanasia is an option of last resort welcomed by the majority, which only a small minority will use. It concerns incurably ill patients for whom the prospect of extended life has become unbearable, whose distress is not relieved by palliation, and who firmly wish to die. In such circumstances palliation ceases to be a 'concept of care'. It no longer serves the interest of the patient, but those committed to the minority view that it is never permissible to deliberately bring about death (1).*

The 'chat' about death and dying must extend to a serious discussion on dealing with these unresolved ethical, social justice and public policy questions – not evading them.

**Julia Anaf**

*(See the article and photograph later in this edition on SAVES' in Rundle Mall on June 1st)*

**References:**

1 - South Australian Voluntary Euthanasia Society, *Hospice, Palliative Care, Voluntary Euthanasia: Concepts of Care*. (Pamphlet).

2 - <http://www.palliativecare.org.au/Portals/46/media/PCA%20Media%20Release%20-%20A%20new%20vision%20for%20palliative%20care%20in%20Australia.pdf>

3 - Bernheim JL, Deschepper R, Distelmans W, Mullie A, Bilsen J, Deliens L, (2008), 'Development of palliative care and legalization of euthanasia: antagonism or synergy?' *British Medical Journal*, 336: 864-867.

4 - Centre to Advance Palliative Care <http://www.capc.org/reportcard/>

5 - <http://www.oregonhospice.org/>

6 - Hutton -Goldberg, K 'Leading Hospice Organisation Drops Opposition to Doctor-Assisted Suicide, KPBS News, 28th February 2007.

7 - Wesley Smith <http://euthanasia.procon.org/view.resource.php?resourceID=000126#Palliative>

8 - See website [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

9 - Beauchamp, T.L., & Childress, J. F. 2009. *Principles of biomedical ethics*. 6th ed. New York, Oxford University Press.

10 - <http://www.anzspm.org.au/c/anzspm?a=da&did=1005077>

11- Syme, R. cited in The VE Bulletin, Vol 16 No 3, November 99.

***Pain relief is a human right***

A report on the 'Your Death Your Choice' Forum (1), recently held in Maroochydore, notes that Ethics expert, Professor Colleen Cartwright, told the forum that the United Nations, the World Health Organisation, and some Australian laws recognise adequate pain relief as a human right. Professor Cartwright argued that there is no excuse for leaving someone who is dying in pain as this is abuse; and 'If people are going to be denied their human right, perhaps the only recourse we will have is to take legal action'. Anyone involved in providing care is potentially liable to prosecution, with successful prosecutions in the USA of hospitals, nursing homes, doctors and nurses. It was still unknown if liability could extend to governments.

(1) 'It's a Right to Get Pain Relief: UN' 20th May 2012. <http://www.frasercoastchronicle.com.au/story/2012/05/20/its-right-to-get-pain-relief-un-your-death-choice/>

## Timeline: VE Bills in SA Parliament

*Frances Coombe has compiled the following timeline of voluntary euthanasia legislation in the South Australian Parliament to show that this is an issue that remains on the legislative arena due to overwhelming citizen demand.*

1995: *Voluntary Euthanasia Bill* presented to the House of Assembly by John Quirke (Labor) but rejected without debate 13-31.

1996: *Voluntary Euthanasia Bill 1996* (which had been drafted by SAVES) presented by Hon. Anne Levy (Labor) in the Legislative Council. This had a substantial second reading debate, being referred to a Social Development Committee which in 1999 finally tabled its recommendation in that active voluntary euthanasia and physician-assisted suicide remain criminal offences.

2000: *The Dignity in Dying Bill* presented in the Legislative Council and the House of Assembly in November by Hon Sandra Kanck and Hon Dr Bob Such (Independent) respectively.

2001: In March the Bill in the Legislative Council was voted into committee stage ten votes to nine, but was then dismantled by a strategy of voting against the 'Objects of the Act' by 12 votes to 9.

2002: *The Dignity in Dying Bill 2002* presented in the Legislative Council by Hon Sandra Kanck. It was voted into the committee stage nine votes to eight where the first three clauses were accepted, but the Bill was then 'railroaded' and defeated by 13 votes to 8 in 2004.

2003: *The Dignity in Dying Bill 2002* presented to the House of Assembly by Hon Dr Bob Such, and withdrawn in 2005 due to the pending election. Members of parliament in marginal seats are reluctant to vote on so-called controversial issues near an election.

2006: *The Voluntary Euthanasia Bill 2006* was presented by Hon Bob Such into the House of Assembly.

2007: Parliament was prorogued, requiring Hon Bob Such to present his Bill again; subsequently entitled the *Voluntary Euthanasia Bill 2007*.

2008: Parliament was again prorogued and Hon Bob Such presented his Bill once again, as the *Voluntary Euthanasia Bill 2008*. The Hon Mark Parnell (Greens) presented a different bill into the Legislative Council, entitled *Consent to Medical Treatment and Palliative Care (Voluntary Euthanasia) Amendment Bill 2008*. These Bills were carried through into 2009. The Parnell Bill failed by 2 votes, and the Such Bill lapsed.

2010: *Voluntary Euthanasia Bill 2010* presented to the House of Assembly by Hon Bob Such. *Consent to Medical Treatment and Palliative Care (End of Life Arrangements) Amendment Bill 2010* – were joint Bills presented into the House of Assembly by Hon Steph Key (Labor) and Hon Mark Parnell. On November 24th the Bill failed 'on the voices' in the Legislative Council. The Bill lapsed in the House of Assembly.

2011 - *Criminal Law Consolidation (Medical Defences- End of Life Arrangements) Amendment Bill 2011* was presented to the House of Assembly by the Hon Steph Key.

2012 – *Voluntary Euthanasia Bill 2012* was presented to the House of Assembly by Hon Dr Bob Such (with some changes in content to his 2010 bill).

### A quote from SAVES website

'The culture of silence spawned by the illicit nature of euthanasia results in a culture of trial and error, or backyard or "coat-hanger" euthanasia'  
(p. 255 'Angels of Death: Exploring the Euthanasia Underground' by Dr Roger Magnusson)

## 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 2012 public meeting is on the 22nd July.*

**Make a diary note now!**

## President's report 2012 AGM

Frances Coombe welcomed approximately 50 members and guests to SAVES 2012 AGM. Amongst invited guests was SAVES' founding president Professor Jim Richardson. Also welcomed were members of the South Coast Support Group, including Secretary Den Haynes and his wife Pat; also Claude who has kindly offered her help since Jenny Wheaton's untimely death. Frances, who has now been president for 12 years, paid special tribute to Secretary Anne Hirsch who is relinquishing the role that she has held since 1986. It is fortunate for SAVES that Anne is continuing on as a committee member.

Frances spoke of the review and upgrade of both SAVES' large display and the website; and of the different activities the society has been engaged

in. One was Barrio, a part of the Adelaide Festival of Arts, for which SAVES received an invitation to participate. Sandra Kanck, Sandy Bradley, and Julia Anaf engaged with Festival patrons in an 'armchair' discussion on the final evening which had the theme of 'Endings'. It was fitting that SAVES promoted its advocacy role towards ensuring the right to a 'good ending' for each individual by removing existing legislative barriers to choice for voluntary euthanasia. SAVES also had a presence at the Disability and Ageing Expo in August.

Frances thanked the committee and the many other people who support SAVES; including Michael and Libby Drake who manage SAVES' Facebook listing. She also gave an overview of the work of the many groups supporting law reform to allow voluntary euthanasia in prescribed circumstances. These include Doctors for VE Choice; SA Nurses Supporting Choices in Dying; Christians Supporting Choice for Voluntary Euthanasia; and Lawyers for Legalising VE

Peter Goers, an actor, director, reviewer, former academic, and the current host of the radio program *The Evening Show* on ABC 891, was guest speaker. He engaged the audience through vignettes on his life, and explained that a conversation with SAVES vice president Mary Gallnor led to his change of heart on voluntary euthanasia: from a position of opposition to one of support.

## SAVES in Rundle Mall

As part of its community role SAVES' committee and members staffed a marquee in Rundle Mall on Friday 1st June from 9am – 7pm. This was to engage with members of the public and answer their many questions on the status of legislation currently before parliament, and how they may contact their local MP to express their views. Passers-by eagerly approached the stall in a constant stream to ask 'What can I sign?' or to find out how to help advance the cause.

Part of the reason for hosting a stall at this time was to make the point that it is necessary to extend the context of Palliative Care Australia's call for a 'chat' on death and dying'. A banner reading *Voluntary euthanasia – a vital part of any 'chat about dying'* was displayed on the marquee.

Over 80% of the population want more than a 'chat' and seek legislation for patient-directed dying through legal choice for voluntary euthanasia. Palliative Care Australia states that its vision is "Quality care at the end of life for all" and its mission is "To influence, foster and promote the delivery of quality care at the end of life for all." (1).

It is therefore most appropriate that voluntary euthanasia be an option of last resort in palliative care.

(1)<http://www.palliativecare.org.au/Aboutus/AboutPCA.aspx>



**SAVES is grateful to members for donations towards our primary aim. However, to save valuable resources, receipts are only forwarded upon request. Thank you for your understanding.**

## **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.

## **The international scene**

There is currently much to report on internationally, including news from France, Italy, Canada, USA, South Africa and New Zealand.

### **France**

Newly elected French President Francois Hollande stated a view which suggests that he will support legislative change for assisted-dying:

*....all adults in the advanced or terminal phase of an incurable illness, provoking unbearable physical or psychic suffering, and that cannot be alleviated, can request, within precise and strict conditions, to receive medical assistance to end their life with dignity.*

### **Italy**

Eurispes, a private non-profit 'think tank' operating since 1982 conducted a 2011 poll from a representative sample which showed 66.2% support

for choice for voluntary euthanasia, with 24% opposing and 9.6% undecided. This represents a 6% increase in support since 2004.

Source: <http://www.worldrtd.net/publications>

## Canada

The Montreal Gazette reports that a committee of the National Assembly unanimously recommended that rules be established to shield from prosecution doctors who assist terminally ill patients to die. While the Canadian Criminal Code prohibits voluntary euthanasia, the committee that comprises members from all political parties has proposed that Quebec's attorney-general grant a directive to support the move, if doctors follow a series of legislated conditions.

Reference: 'Medical aid' to die endorsed: Doctors protected: Recommendations could be law by 2013'. Kevin Dougherty Gazette Quebec Bureau March 23 2012

<http://www.montrealgazette.com/news/Medical+endorsed/6346082/story.html#ixzz1wDMkCUDe>

## Oregon

The 13th Annual Report from the Oregon Department of Health on the *Dying with Dignity* law shows that it remains largely consistent with previous years. One hundred and fourteen prescriptions for lethal medications were written, compared with 97 during 2010. At the time of the report there were 71 known DWDA deaths during 2011, corresponding to 22.5 deaths per 10,000 total deaths. Fifty-five physicians wrote the 96 prescriptions.

Since the law was passed in 1997, 935 patients have had prescriptions written and 596 have died from ingesting medications prescribed under the DWDA. Of the 71 patients who died under DWDA in 2011, most (69%) were over age 65 years; the median age was 70 years. As in previous years, most were white (95.6%), well-educated (48.5%

had at least a baccalaureate degree), and had cancer (82.4%). Most patients died at home (94.1%); and most were enrolled in hospice care (96.7%) at time of death. 96.7% of patients had some form of health care insurance, although the number of patients who had private insurance (50.8%) was lower in 2011 than in previous years (68%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (45.9% compared to 30.4%).

As in previous years, the most frequently mentioned end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (90.1%); loss of autonomy (88.7%); and loss of dignity (74.6%). In 2011, one of the 71 patients was referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of ingestion for 6 (8.5%) patients, compared to 18.7% in previous years. As part of reporting mechanisms, during 2011 no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements.

It is timely to note that Dr. Peter Goodwin, a family doctor and right-to-die activist, took his own life on March 11, 2012, aged 83. He did this legally, with the blessing of his family and doctors, under the Oregon law allowing the first physician-assisted dying law in the country that he was instrumental in creating. <http://healthland.time.com/2012/03/14/peter-goodwin-the-dying-doctors-last-interview/#ixzz1wE6bE7xn>

## Massachusetts

On November 6th 2012 voters will determine whether Massachusetts will become the fourth state to legalise physician-assisted dying. Lewis Kafka, a sponsor of the legislation argued that *Everyone must be allowed to make their own choice with their own beliefs*. The Catholic Church is 'stepping up' its opposition. Roman Catholic Cardinal Sean O'Malley claims that physician-assisted suicide undermines the teaching of the church regarding the human dignity of all people. Reference: The Boston Globe 07/03/12



## United Kingdom

Dying in Dignity UK has welcomed the decision in March 2012 that the Director of Public Prosecutions' guidelines clarifying that people who compassionately assist a loved one to die at their request are unlikely to be prosecuted; while those who act maliciously will feel the full force of the law. The debate was secured by Richard Ottaway MP, a senior conservative politician. Dignity in Dying chief executive Sarah Wootton said:

*The passing of Richard Ottaway's motion represents a landmark in the evolution of a more compassionate approach to end-of-life decision making. There is no appetite from the public or the Courts to prosecute those who compassionately assist a loved one to die, at their request. Parliament has shown a consensus of support for this approach, as well as recognising that we must continue to develop end-of-life care for all.*

*Given MPs have accepted for the first time that people who reluctantly assist their dying loved ones to die should not be prosecuted, I question why these dying adults must travel to a foreign county to die at great financial and emotional cost.*

*While today's vote provides further security to those dying adults who are considering asking loved ones for help to die, there is still no safeguarded assisted dying law in the UK and this must change.*

### Reference:

<http://www.dignityindying.org.uk/>

## South Africa

A campaign to legalise doctor-assisted dying and voluntary euthanasia was launched in Cape Town 17 May 2012 supported by the Ethics Institute of South Africa (EthicsSA) and Dignity SA. Professor Willem Landman, executive director of EthicsSA, calls for 'statutory legal clarity and reform' on end of life issues, arguing:

*Competent persons have a moral right to make their own choices, including choices about their own continued life in clearly defined conditions, and to act upon these choices.*

### Reference:

<http://mg.co.za/article/2012-05-17-campaign-to-legalise-assisted-suicide-in-sa>

## New Zealand

Seventy five per cent of New Zealanders support choice for voluntary euthanasia, and opposition politician Maryan Street is working on an *End of Life Choice Bill*. The failure to legislate results in 'mercy killings' as families are forced to take things into their own hands. In 2003 nurse Lesley Martin was jailed for 15 months for assisting the death of her terminally ill mother, and despite public sympathy for her plight, parliament narrowly rejected legislative reform 60 votes to 57. In 1995 a similar bill was heavily out-voted, but by 2003 support had grown so much it failed by only three votes.

Now a 50 year old scientist has just been released from five months house arrest for assisting the death of his 85 year old mother in 2006 after she had begged for release from cancer-related suffering and had tried unsuccessfully to starve herself to death. Meanwhile, another man awaits trial in Auckland on a charge of aiding and abetting the suicide of his wife, who suffered an aggressive form of multiple sclerosis. The need to resort to mercy killings is an indictment on a civilised society, and Reverend John Murray, a former moderator of the Presbyterian Church in NZ, is one outspoken advocate for voluntary euthanasia law reform, stating:

*Voluntary euthanasia is not a violent, lonely, act which most suicides are, but it is recognition of the right to die, where friends and family can share the event, share in the joy and sorrow of that.*

**Sources:**

<http://www.heraldsun.com.au/news/more-news/cases-against-two-men-spark-euthanasia-debate-in-new-zealand/story-e6frf71f-1226342967264>

<http://tvnz.co.nz/national-news/support-grows-voluntary-euthanasia-4857016>

***Voluntary Euthanasia Support and Advocacy Groups***

Several support and advocacy groups share the aim of law reform to allow choice for voluntary euthanasia under prescribed circumstances. These are listed below with contact details for members and other interested parties who may seek to join or make enquiries.

***Your Last Right***

YourLastRight.com is the peak body for aid-in-dying law reform in Australia. It is the national alliance of State and Territory dying-with-dignity and voluntary euthanasia societies.

Website: <http://www.yourlastright.com>

Keep in touch via e-newsletter, Facebook, Twitter and YouTube.

Phone: +61 (0)3 9877 7677.

***Doctors for VE Choice:***

Website: [drs4vechoice.org](http://drs4vechoice.org)

**Dr. Rosemary A. Jones**

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***SA Nurses Supporting Choices in Dying***

Convenor: **Ms Susie Byrne** email: [sanursessupportingchoicesindying@hotmail.com](mailto:sanursessupportingchoicesindying@hotmail.com)

Facebook: SA Nurses Supporting Choices in Dying.

***Christians Supporting Choice for Voluntary Euthanasia***

Website: [www.christiansforve.org.au](http://www.christiansforve.org.au) National Co-ordinator: Ian Wood

Villa 1, Hampton Mews, 4 Wills Place, Mittagong NSW 2575

Email: [Christiansforve@westnet.com.au](mailto:Christiansforve@westnet.com.au)

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## NOTICE OF GENERAL MEETING 2012

The SA Voluntary Euthanasia Society Inc. (SAVES) will hold a public meeting at The Disability Information and Resource Centre (DIRC), 195 Gilles St, Adelaide on

**Sunday 22nd July at 2.15 pm:**

Guest speaker will be Rick Sarre, Professor of Law and Criminal Justice at UniSA, who will speak on the topic:

*'Legalising voluntary euthanasia – a theological and legal perspective'*

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

**All welcome!**

**Other public meeting for 2012 is on 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 \$ .....

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Please indicate method of payment and send completed form to:

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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.



### **Committee:**

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Vice Presidents

Frances Coombe

Mary Gallnor

Julia Anaf

Hon. Secretary

Hon. Treasurer

Minutes Secretary

Anne Hirsch

Hamish Claxton

Libby Drake

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