

SAVES BULLETIN

NEWSLETTER OF THE SOUTH AUSTRALIA VOLUNTARY EUTHANASIA SOCIETY INC. (SAVES)

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

Update on the 2014 law reform agenda

The March 2014 SAVES Bulletin advised that Stephen Kenny (spokesperson for Lawyers for Death with Dignity) and Amy Orange (convenor, Syndicated Voluntary Euthanasia Youth Advocates) were standing for the Legislative Council in the March state election in South Australia as the group *Legal Voluntary Euthanasia*. (An overview is provided later in this bulletin).

By nominating two candidates, supporters were able to vote for voluntary euthanasia and SAVES was able to facilitate discussion and negotiation between other parties in relation to law reform. Voluntary euthanasia and physician-assisted dying are becoming mainstream, with recent mentions in TV dramas, regularly on TV and radio current affairs and talkback shows, and, perhaps more obliquely, in the press.

Since the election SAVES has continued to brief MPs on the need for law reform and provide background information on recent research and reports from Australia and overseas. **Page 9 of this Bulletin shows one of the several newsletters being sent to MPs on different issues.** SAVES has also developed a model for a new Bill and anticipates that a Bill will be introduced to parliament later in 2014.

In meeting with MPs it is evident that each MP is very aware of whether there is any active support or opposition to voluntary euthanasia from within their electorate. Many MPs are undecided and remain nervous of voting in favour of voluntary euthanasia if there is a threat of negative publicity. This is a

standard political response to media commentary which brands something "a contentious issue". Groups and organisations which oppose voluntary euthanasia remain active and there is evidence that they are well resourced and well organised to ramp up their lobbying efforts with MPs to oppose and frustrate any attempt at law reform.

From our discussions, it is clear that silent support for voluntary euthanasia will not be sufficient to encourage an MP to vote in favour of a voluntary euthanasia Bill if he or she is not already motivated to do so. MPs need evidence of active support for voluntary euthanasia from their electors if they are to move from being undecided to supporting law reform. We know that 82% of people support law reform, but remaining silent will not achieve the objective. **It is essential for everyone who supports law reform to enable voluntary euthanasia or physician-assisted dying to let their local State MP know.**

DONATIONS TO SAVES

SAVES members continue to be generous donors towards the society's ongoing campaign for law reform. The different initiatives and ongoing work incur considerable costs, even though the society is staffed entirely by volunteers.

All donations - large or small - are always welcome.

Thank you!!

State election up-date: Legal Voluntary Euthanasia Party

The *Legal Voluntary Euthanasia* Party which stood at the last state election was an important initiative for keeping the issue of voluntary euthanasia law reform on the political 'radar'. In the 2010 election, there were two groups of voluntary euthanasia candidates: the *Legalise Voluntary Euthanasia* candidates, (the late) Jenny Wheaton and Denis Haynes, who received 5,160 first preferences; and *Christians for Voluntary Euthanasia* candidates, Ian Wood and Reverend Dr Craig de Vos, who received 2,379 first preferences. After the distribution of preferences, the two groups combined had a total of 8,990 votes out of a total of 957,000 formal votes counted at the election. The voluntary euthanasia vote in 2010 represented 0.94% of the total vote.

In 2014 the electoral climate was different. No minor parties were given any media coverage. It was difficult to get the message across even though SAVES staged media events, including a campaign launch at a city hotel. The candidates and supporters ran a social media campaign, a dedicated Facebook page, as well as 'on the ground' activities including street marches with members wearing red campaign T-shirts and holding placards. Candidates Amy Orange and Stephen Kenny worked very hard to secure votes by taking the opportunity to attend election events and question local candidates.

Another difference in 2014 was the nomination of candidates from the Nick Xenophon Group (INX). Due to the eight year terms for Legislative Councillors, there were no INX candidates in 2010. In 2014, INX received 130,000 first preferences, which affected the votes of all minor parties. (The (now) Senator Nick Xenophon was formerly a Member of the Legislative Council and was elected to the Senate in 2007, nominating John Darley to fill his vacancy in the Legislative Council.)

Despite these challenges, the Legal Voluntary Euthanasia Party received 4,533 first preference votes and a total of 7,468 votes after preferences were distributed. In 2014 there were 1,011,000 formal votes counted, so this represented 0.74% of the total vote. Of note was the strong support from voters in Mt Gambier; one of the cities SAVES visited as part of its postcard campaign last year: an initiative that was reported on prominently in the local newspaper *The Border Watch*.

SAVES members rallied to help with both the postcard and the election campaigns, collecting signatures, asking their candidates if they supported legalising VE, staffing polling booths and distributing Pro Misery flyers. Frances Coombe is very heartened by members' enthusiasm and greatly appreciates their work. **Please do now let your MP know that you want him or her to vote for legalising voluntary euthanasia.**

SAVES membership fees

The following membership fee increases were ratified at SAVES 2014 AGM:

Annual
Single \$30, Double \$40 with half rates for concession (\$15 and \$20 respectively)

Life membership
Single \$350, Double \$450

Advance Care Directive update

Guest speaker at SAVES November 2013 public meeting was Kathy Williams, Senior Policy Officer at SA Health, who discussed the *Advance Care Directives Act 2013*. SAVES is pleased to advise that this Act became operational this July.

SAVES committee members Frances Greenwood and Julia Anaf attended separate briefings on 'Planning Ahead: Take Control of Your Future

Today'. Speakers included representatives of Health Consumers Alliance of SA Inc, SA Health, Legal Services Commission, Donate Life and Office of the Public Advocate who discussed a range of the legal tools available to help secure health, financial, legal and personal choices including:

- Enduring Power of Attorney
- Advance Care Directive (ACD)
- Will
- Registration for organ donation

Any Enduring Power of Guardianship, Medical Power of Attorney or Anticipatory Direction completed prior to 1 July 2014 is still legally effective. However, the new comprehensive Advance Care Directive (ACD) replaces them all. It allows for documenting your wishes, preferences and instructions for future health care, including personal matters and living arrangements. It also allows for appointing one or more substitute decision-makers to act on your behalf if you are unable to do so in the future – either for the shorter or longer-term.

The ACD is a four page document included in a comprehensive guide that is available free of charge for downloading at www.advancecaredirectives.sa.gov.au The website holds additional information including fact sheets, resources and links to help you complete an ACD. An interactive version of the form is also available on line which will step you through the process. This well designed but short animated cartoon is also helpful. <https://www.youtube.com/watch?v=YfHj32zNu5k&feature=youtu.be>

For those who cannot obtain the kit online please call Service SA on **13 23 24** during normal business hours to arrange for a copy to be posted for \$5.00. The Legal Services Commission can also offer advice and witness your ACD if required. Contact them on **1300 366 424** or through their website at www.lsc.sa.gov.au

Don't delay in clarifying your wishes and gaining the peace of mind that comes from knowing that your wishes will be respected if others need to make decisions for you.

“Tic toc, tic toc, dying to a killer clock”

This is the title of a website petitioning Prime Minister Tony Abbott to allow a conscience vote on the *Dying with Dignity* Bill introduced into the Senate by Greens Senator Richard di Natale and Alannah Mac Tiernan (Labor, Lower House WA). The website is the initiative of Peter Short, 57, who has terminal oesophageal cancer and only months to live. In *The Age* newspaper on 20th May Mr Short stated ‘I will not accept dying at the end of a morphine drip in a drugged state. It would not benefit my family, my friends or me’. He has stated that he will die at a time of his own choosing, and that:

‘I respect those who believe it is better to hold on until the very end, whatever suffering that entails. Both paths are dignified. What is undignified is not having the choice’.

On the website there is also an opportunity to help ‘crowd fund’ a documentary that is following Peter and his family’s experience. The aim of the documentary is ‘to improve the end of life options of every terminally ill Australian by hustling politicians, lawmakers, lobbyists, activists, corporate Australia and anyone who will listen’. A donation will help ensure that the documentary happens. In his quest Peter Short has become a key media spokesperson and he knows that every minute counts. Mr Short is a former executive with Westfarmers /Coles and has written to the chairman, board members and CEOs of Australia’s top 300 companies urging discussion on a person’s right to die on his or her own terms.

Support the documentary and sign the petition to Prime Minister Abbott calling for a conscience vote at: <http://petershort.com.au/documentary/>

Religious beliefs are no barrier to law reform

Holding a religious belief does not automatically preclude a person supporting voluntary euthanasia law reform. As SAVES advises MPs, and as reported on before in SAVES Bulletins, scientific polling on voluntary euthanasia often includes questions on the religious views of respondents. These reveal very high levels of cross-denominational support; especially of the laity.

Not all church leaders support institutional or fixed opposition to voluntary euthanasia based on religious doctrine. As it happens, Christians have always been active in the modern voluntary euthanasia lobby. Among the founders of the American Euthanasia Society in 1945 were several prominent Christians.

SAVES has called attention to the clerical supporters of their cause over many decades. These include Michael Hare Duke, the Episcopal Church in Scotland's Bishop of St. Andrews; Lord Soper, a former president of the English Methodist Church; and Jacques Pohier and Hans Kung: eminent, though controversial Catholic theologians.

Recently two other highly respected and influential church leaders have taken a supportive stance. This July Archbishop Emeritus of Cape Town and Nobel peace laureate, Desmond Tutu stated his support for medical aid in dying. He argued:

“I have spent my life working for dignity for the living. Now I wish to apply my mind to the issue of dignity for the dying.”

Former Archbishop of Canterbury, Dr George Carey, once an opponent of voluntary euthanasia, has changed his position; posing the question:

“Had I been putting doctrine before compassion, dogma before human dignity? I began to reconsider how to interpret Christian theology on the subject. As I did so, I grew less and less certain of my opposition to the right to die...I would have used the time-honoured argument that we should be devoting ourselves to care, not killing. I would have paraded all the usual concerns about the risks of ‘slippery slopes’ and ‘state-sponsored euthanasia’. But those arguments which persuaded me in the past seem to lack power and authority when confronted with the experiences of those approaching a painful death...It fails to address the fundamental question as to why we should force terminally ill patients to an unbearable point. It is the magnitude of suffering that has been preying on my mind as the discussion over the right to die has intensified.”

Adelaide theologian, Rev Dr Craig de Vos, patron of the group *Christians Supporting Choice for Voluntary Euthanasia*, stated in response to Dr Carey's changed position:

“Religious beliefs are frequently used to oppose the right of people to choose to die peacefully. Opposition from Christian groups has been a major barrier to achieving change in the law in South Australia – despite the strong challenge to those views from other Christians and our group *Christians Supporting Choice for Voluntary Euthanasia*...In the light of former Archbishop of Canterbury, Dr George Carey, changing his mind and now supporting right to die legislation, I urge Members of Parliament in South Australia who have used their religious beliefs to oppose all Bills aimed at providing choice for people at the end of life, to reconsider their interpretation of Christian theology”.

“Our message, and from the South Australian Voluntary Euthanasia Society, and supported overwhelmingly by the voters of South Australia, is that we want a new law for the right to end our suffering, our misery and to have a choice to die with dignity.”

MPs steadfastly opposing law reform, and therefore “pro-misery”, include **Hon Tom Kenyon, Hon Tom Koutsantonis, Hon Jack Snelling, Hon Martin Hamilton-Smith, Leesa Vlahos, Hon Dennis Hood, and Adrian Pederick.**

The Medical Services (Dying with Dignity) Bill 2014

The last time voluntary euthanasia law reform was debated in federal parliament was in relation to the *Euthanasia Laws Act*, commonly known as the ‘Andrews Bill’ which overturned the NT *Rights of the Terminally Ill Act* in 1997. The issue has again come into the federal arena by the tabling of the *Medical Services (Dying with Dignity) Bill 2014* by Senator Richard di Natale (Greens) and Alannah Mac Tiernan (Labor lower house member for Perth). By bringing forward the matter as a health issue (medical services provision) it then becomes a matter for federal parliament. Should this Bill be successful it would accommodate all six state legislatures, rather than each having to ‘go it alone’.

The *Medical Services (Dying with Dignity) Bill 2014* particularly refers to the rights of terminally ill people in seeking assistance in ending their lives, and the appropriate framework and safeguards with which to do so. SAVES sent a submission to the Legal and Constitutional Affairs Legislation Committee on the exposure draft of the Bill, giving in-principle support and suggesting some changes. Selected submissions may be read at:

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Dying_with_Dignity/Submissions

Australian “Ambassadors”

Readers may be aware that over 100 high profile Australians have ‘put their hands up’ to become ambassadors for choice for voluntary euthanasia. They represent a microcosm of the community and include politicians, key business leaders, ethicists, theologians, writers, academics, philosophers, actors, and members of the medical and legal establishments. There are also well known sporting and social identities. The most recent people to join this list are Gareth Evans AC QC and Greg Combet AM.

Gareth Evans is an academic lawyer and barrister by profession. He represented the Australian Labor Party firstly in the Senate and then as the Member for Holt, from 1978 to 1999, serving in various Ministerial portfolios including Attorney General and Foreign Minister during the Hawke and Keating governments. He remains one of the longest-serving federal cabinet ministers. He later became the CEO of the Brussels-based International Crisis Group, and is widely acknowledged as a key proponent of the *Responsibility to Protect* doctrine which obliges the international community to protect people from genocide and other mass atrocities. Since 2010 Gareth Evans has been Chancellor and, since 2012, an Honorary Professorial Fellow of the Australian National University.

Greg Combet AM MP is a former Australian politician and activist leader of the trade union movement. Between 2000 and 2007 he was Secretary of the Australian Council of Trade Unions. He was elected member for the New South Wales Federal seat of Charlton for the Australian Labor Party at the 2007 election. Minister Combet held several Ministerial portfolios in the Rudd and Gillard Governments. He retired from parliament in 2013.

We are very fortunate to have these new ambassadors backing the over 80% of Australians who seek law reform.

International Conference on End of Life

The International Conference on End of Life: Law, Ethics, Policy and Practice 2014 (ICEL 2014) was held in Brisbane between 13th-15th August. This highly successful conference provided a global forum for health law scholars, bioethicists, legal and health practitioners, and health law and bioethics institutions to meet and discuss and debate issue of law, ethics, policy and practice relating to the end of life. SAVES president Frances Coombe presented a paper at the conference co-written with SAVES vice president Julia Anaf under one of four conference themes: 'Euthanasia and assisted suicide'. Frances gave an overview of SAVES' history entitled *Advocating legal voluntary euthanasia – the South Australian experience 1983-2014*. Frances joined Dr Rodney Syme (DWDV) and Neil Francis (former CEO of Your Last Right) who also gave presentations.

Bequests to SAVES

Making a bequest to SAVES is one way to make a significant gift 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.

*****Note changed November meeting date**

SAVES public meetings are held three times a year at 2.15 pm on Sunday afternoons at the Box Factory 59 Regent St South, 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 is November 16th 2014 Make a diary note now!

No chance to say goodbye

Dr Rosie Jones (Doctors for VE Choice) shares (verbatim) a patient's sad experience of loss and grief and her own reflections:

"My mother was diagnosed with breast cancer at age 64. When she was 52, my sister was also diagnosed with breast cancer. She had a mastectomy, and chemotherapy which she hated. Eleven years after the breast cancer, my sister was diagnosed with secondary liver cancer. We were devastated as our mother had died from secondary pancreatic cancer in hospital in a most degenerative state. My mother would have felt deeply humiliated if she had understood the state she was in.

My sister's cancer was too advanced for surgery. It was suggested that chemotherapy would only give her possibly an extra six months. Other treatment affected her heart function. So, she decided that sometime in the future, she would take her own life. She wished to be in control of her life, and death, and not live in unbearable pain or as a vegetable like our mother.

This decision was discussed openly with her children and me. At first I protested, and then I came to respect her decision as it was her pain and her life. I knew that she intended to find the means to take her life but she never told me the details. For my protection, she said. We discussed whether her eldest daughter and I could be with her, but she found out that we would be prosecuted just for being with her in her last moments.

My sister died on 4th July, 2011 (American) Independence Day. This was her final statement. She had her hair done, wrote out her last letters to us, and arranged for the district nurse to visit: to be the first person to find her.

Unfortunately, she never told me the day she was going to die. I had a cold the weekend before when we were together, and didn't kiss her goodbye like I usually do (a ritual I now have after having a stillborn baby. I never wanted again to be in a position of "Never being able to say goodbye"). My sister led me to believe that I would see her as usual on the following Wednesday. Why couldn't she have been allowed to tell me? I held the hands of my mother, my father and mother-in-law as they died. It was comforting for me to be there for them and be able to say goodbye. Why couldn't I have held my sister's hand so that she didn't die alone?

My heart still grieves that I didn't say goodbye, and it always will."

Postscript by Dr Rosie Jones

Since I had planned to accompany my patient to her sister's bedside, I thought it was wise to seek legal advice and that I did with two Professors of Law, making the following query:

I have a dear longstanding patient and very bright woman whose sister is dying from breast cancer and who proposes to suicide. When asked if she was to be present at the death, she seemed unsure but on the whole thought she should be there. I then offered to be there with her if she concluded that

my support would be welcome. I have not gone so far as to assist with prescribing drugs as I have no knowledge of her sister and her clinical course. I am aware of a number of illegalities in this proposition but I am not too fazed by that considering that the support of a dying individual is paramount.

And one of them responded with his reply/opinion running as follows:

I would suggest caution on your part. Section 13A of the Criminal Law Consolidation Act says this:

- (5) A person who aids, abets or counsels the suicide of another, or an attempt by another to commit suicide, shall be guilty of an indictable offence.
- (6) The penalty for an offence against subsection (5) shall be
 - (a) subject to paragraph (b) [*don't worry about this part- (b) talks about suicide pacts*]
- (1) where suicide was committed, imprisonment for a term not exceeding fourteen years;
- (11) where suicide was attempted, imprisonment for a term not exceeding eight years.

It's the counselling that worries me, as you would be deemed to be a counsellor by your presence even if she were not your patient. The sister would need to be careful too, and would need a rock solid suicide note and evidence that she played no part in the decision of the deceased nor on the means of the delivery, which would be very hard in the absence of witnesses. I would not advocate this at all, but if it were to transpire, there may need to be a video tape of the event in order to exculpate the sister from any suggestion that she aided, abetted or counselled her sister. Very tricky, in the absence of parliamentary reform.

(RJ) I didn't go and neither was she given the opportunity. The poor woman died alone.

The VE Bulletin is available by email:

Please consider this option to reduce postage costs:

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

THANK YOU

An open letter to each state and territory coroner

Even though this initiative dates back to March this year it is never-the-less important. The online forum *Online Opinion* published an open letter to each state and territory coroner by former NT Chief Minister Marshall Perron. In this letter Mr Perron expressed his concern over the growing incidence of ‘rational suicides’ by elderly, hopelessly and terminally ill people who are determined to avoid spending their later life in different forms of intractable suffering but instead experience unnecessarily premature, lonely and often violent deaths. Mr Perron stated that it is certain that the number of rational suicides known to coroners is only a fraction of those taking place. There is also anecdotal evidence that disguised deaths due to inert gas inhalation occur regularly in Australia:

The vast majority of rational suicide cases are known only to the immediate family. The public, policy makers and politicians are blissfully unaware of the scale of the distress, and will remain so without the official watchdogs, coroners, exposing what is happening behind closed doors... I appeal to you to consider establishing guidelines that would reveal the numbers of euthanasia suicides and make recommendations to reduce the adverse effects. A starting point might be the adoption of a common definition of rational suicide or euthanasia suicide. Coroners could also recommend Parliament, Government or a Law Reform Commission review the law on assisted suicide considering the reality of rational suicide...

Rational suicide exists, it is time we acknowledged it officially, defined it and quantified it.
Article available at: <http://www.onlineopinion.com.au/view.asp?article=16078>

International news

Quebec

Terminally ill patients in Quebec now have the right to choose to die. The previous SAVES Bulletin noted that following a public consultation process 75% of the members of the Quebec National Assembly voted in support of Bill 52; also known as an act respecting end-of-life care. In June the Bill succeeded in the National Assembly in Quebec 94/22 with no abstentions. Veronique Hivon, a former Minister for Social Services who drafted the Bill said:

“For me, dying with dignity means dying with the least amount of suffering...and respecting who that person always was during his or her whole life.”

On 18th July a lawsuit was subsequently filed in the Superior Court of Quebec by the citizen movement *Living with Dignity* and the *Physicians’ Alliance against Euthanasia*. This Bulletin will report on the outcome.

The World Federation of Right to Die Societies

The World Federation, founded in 1980, consists of 54 right to die organizations from 26 countries. The Federation provides an international link for organizations working to secure or protect the rights of individuals to self-determination at the end of their lives.

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

Newsletter on current debates: defining voluntary euthanasia

Euthanasia means the act of bringing about a good death - one that is peaceful, gentle and relaxed. *Voluntary* euthanasia is a peaceful, gentle and relaxed death brought about at the express wish of the person.

In all nine jurisdictions around the world where voluntary euthanasia is allowed by law, safeguards have been included in the legislation which provide for medical support, a waiting period after a request is made, provision to change your mind and an intent to provide people who are suffering unbearably, the choice to die at a time and place of their choosing, in the company of friends and family.



The evidence from other jurisdictions shows that up to a third of people who request voluntary euthanasia do not make use of the prescription or medication. Once a person knows that they have control over their end of life arrangements, and that they will not be abandoned by their doctor if all treatments fail, their last few months become more tolerable and more relaxed.

Reports to Parliaments in those jurisdictions where voluntary euthanasia is legal, for example the state of Oregon in the USA, which passed legislation in support of voluntary euthanasia 20 years ago, show that the majority of people who make use of voluntary euthanasia are well educated, most with tertiary qualifications, and have terminal cancer. Nearly all - 97% - died at home.

Profound suffering is multifaceted and the three most frequently mentioned end-of-life concerns in Oregon were loss of autonomy (93%), decreasing ability to participate in activities that made life enjoyable (89%) and loss of dignity (73%).



The majority of Australians consistently support legalising voluntary euthanasia, as reported in Newspoll. All through the 1990s support was over 70% and it has been over 80% since 2007. The most recent Newspoll (2012) showed 82% support.

It is widely acknowledged, including by Palliative Care Australia and the Australian Medical Association, that even the best of palliative care cannot help all patients - between 5-10% find their suffering so unbearable that they persistently request an assisted death. Our palliative and medical care is highly regarded, but it can never be 100% effective.

The Australia 21 Roundtable report of 2013, a national discussion between supporters and opponents of voluntary euthanasia, came down in support of law reform.

There are two main terms used in the discussion about choice in dying:

Voluntary Euthanasia refers to the administration by a doctor of medication to bring about death at the request of a patient.

Physician Assisted Dying refers to the provision of medication to enable a patient to bring about their own death.

In South Australia it is currently legal for a person to take their own life, to have their treatment withdrawn or withheld (such as artificial respiration, life saving medication, nutrition and hydration) and for pain relieving drugs to be administered in a way which hastens their death. These options do not have the safeguards of protection, accountability and transparency included in voluntary euthanasia legislation in other jurisdictions.

Opponents of voluntary euthanasia often suggest that legislating to allow people to make the decision to die will result in the murder of people with disabilities, elderly relatives and people who are taking up space in a hospital. There is no evidence to support this claim. There *is* evidence that well thought through, controlled and medically supported voluntary euthanasia legislation gives people peace of mind and makes them less likely to take pre-emptive action at an extremely stressful time. Former vocal opponents of voluntary euthanasia, such as the former Archbishop of Canterbury, Lord George Carey, have



come to realize that their opposition to voluntary euthanasia promotes and prolongs misery, pain and suffering for people who are already suffering unbearably.

Analysis of the data and legislation supporting voluntary euthanasia overseas, indicates that possibly 20 or 30 South Australians a year may make use of voluntary euthanasia legislation.

Voluntary Euthanasia Support Groups

Several 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. **These groups all comprise volunteers and would be appreciative of any financial assistance.**

Doctors for VE Choice:

Website: drs4vechoice.org

Dr. Rosemary A. Jones

North Adelaide Medical Centre, Suite 22, 183 Tynte St North Adelaide, SA 5006.

Tel: (W) (61) (8) 8239 1988 Fax: (W) (61) (8) 8239 1085 Mobile: 0407 729 407

Email: rosiej@internode.on.net

Professor John Willoughby

Mobile 0499 078 938

John.Willoughby@flinders.edu.au

SA Nurses Supporting Choices in Dying

Convenor: **Ms Susie Byrne** email: sanursessupportingchoicesindying@hotmail.com

Facebook: SA Nurses Supporting Choices in Dying.

Christians Supporting Choice for Voluntary Euthanasia

Website: www.christiansforve.org.au

National Co-ordinator:

Ian Wood

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

Email: Christiansforve@westnet.com.au

Patron and Member of the Executive:

Rev Dr Craig de Vos, Minister North Adelaide Baptist Church, 154 Tynte Street, North Adelaide SA 5006

Ph: (W) 08 8267-4971 (M) 0402 305 029

Email: minister@nabc.org.au, Website: www.nabc.org.au

Syndicated Voluntary Euthanasia Youth Advocates – ‘SAVE-YA’

Convenor: Ms Amy Orange: SAVEyouthadvocates@hotmail.com

Lawyers for Death with Dignity

Spokesperson Stephen Kenny: skenny@camattalempens.com.au or Emma at eriggs@cllegal.com.au with *Lawyers for Death with Dignity* as the subject heading. <mailto:skenny@camattalempens.com.au>

South Coast Support Group

Convenors: Denis and Pat Haynes den1929@bigpond.com

NOTICE OF NOVEMBER 2014 GENERAL MEETING

The SA Voluntary Euthanasia Society Inc. (SAVES) will hold its next general meeting at **The Box Factory 59 Regent St South, Adelaide: Sunday Nov 16th 2014 at 2.15 pm**

SAVES' president Frances Coombe

will discuss the August International Conference on End of Life (ICEL) and show the PowerPoint presentation on SAVES history of advocacy 1983-2014

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

Bring your friends.

All welcome!

South Australian Voluntary Euthanasia Society Inc. (SAVES)

Annual Membership fees: Single \$30.00 (Concession \$15.00), Couple \$40.00 (Concession \$20.00)

Life membership: Single \$350.00, Couple \$450.00

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

MEMBERSHIP FORM – or you can join online at <http://www.saves.asn.au/samem.php>

Date _____ Renewal () New Member ()

Surname(s) including Mr/Mrs/Ms etc. _____

Given name(s) or Initial(s) _____

Address _____

Suburb/Town _____ Post Code _____

Phone (Home) _____ (Work) _____

Email _____ (is also used to provide additional information)

Year(s) of Birth (optional) _____

Please make cheque or money order payable to SAVES and send with this form to:

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

Or pay by Electronic Funds Transfer:

Commonwealth Bank BSB 065 129 Account Number 00901742 - And please return completed form to the above postal address to ensure proper identification of your payment.

Do you wish to receive the Bulletin (newsletter) as attachment in PDF format? _____

How did you hear about us? _____

Your area of expertise that could be of help to SAVES _____

Membership fees for _____ years \$ _____

Plus donation to support the work of SAVES \$ _____

Total \$ _____

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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 medical judgement and conscience of the doctor.

SAVES IS NOT ABLE TO HELP PEOPLE END THEIR LIVES
(SAVES is not associated with Dr Philip Nitschke or EXIT International)

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:

President

Frances Coombe

Vice Presidents

Julia Anaf

Arnold Gillespie

Hon. Secretary /

Frances Greenwood

Minutes Secretary

Hon. Treasurer

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