DYING with DIGNITY

Tasmania (Inc) **our right to choose**

POBox1022 www.dwdtas.org.au

Tasmania. February 2008

U.S. Oregon celebrates ten years of assisted dying

Barbara Coombs Lee, President, Compassion and Choices

In October, Oregon passed the 10-year milestone for the Death with Dignity Act. For 10 years, that law has been a still, small voice of hope for dying patients – a quietly powerful message that no one will be forced to suffer needlessly or endure the relentless loss of body and mind because there are no other options.

Keeping the law intact has required vigilance and fortitude. It has prevailed in both Oregon's Legislature and in Congress. It has overcome extended attacks by right-to-life groups and the John Ashcroft-led Justice Department, until Oregon's lawmaking authority was vindicated in the U.S. Supreme Court. The law's opponents claimed it would destroy end-of-life care, would harm vulnerable populations, and would become a slippery slope for abuse. None of that has happened.

On the contrary, end-of-life care in Oregon is now both better and more accessible, and there is no evidence the law has harmed anyone…..Palliative medicine and pain care have made huge strides…doctors throughout Oregon recognised the importance of proper pain treatment, referred more patients to hospice and improved their ability to recognise depression among the terminally ill. Approximately 50 percent of Oregonians now die in hospice care. Fewer Oregonians die in hospitals and more die in the familiar, loving environment of their homes than in any other state.

Since 1997, 292 Oregonians have used aid in dying. That's about one in 1,000 deaths. In contrast, many more terminally ill patients think and talk about aid in dying, as one in six discusses it with loved ones. About one in 50 actually begins the eligibility process by speaking to his or her doctor. Many consider it: few need to use it. And that's a good thing. The law helps all people equally and harms no one. The journal of Medical Ethics recently published compelling evidence that the Death with Dignity Act does not adversely affect people considered "vulnerable" such as the disabled, the elderly and the uninsured.

Refusal of Food and Fluid

Auto euthanasia: A Research Report

In Strasbourg at the Europe RTD conference Boudewijn Chabor, MD PhD, a psychiatrist, long-time Right to Die (RTD) activist in the Netherlands, and a co-author of the Guide to Humane and Self-Chosen Death (2006), presented the research he has conducted over the past four years on 97 families whose member died by Voluntary Refusal of Food and Fluids (VRFF). In addition he examined Dutch date for five years (1999-2003) on the end of like for 37,000 persons in the Netherlands. His research led him to several conclusions:

1. There are 2800 VRFF deaths per year in the Netherlands. Dying by the ingestion of Sleeping Pills in conjunction with a Deadly Medicine (SP&DM) occurs 1600 times. These two methods are considered Auto-Euthanasia, that is a death carried out by one's own responsibilities without

the help of a doctor. They occur 4400 times a year. Active Voluntary Euthanasia by a physician occurs 2300 times. Interestingly, the self-administered methods, or Auto Euthanasia, occur almost twice as often as euthanasia by a doctor.

2. About 75% of the interviewed persons judged the dying process using VRFF as a dignified death: 25% did not. There was a trend to judge VRFF as more positive than SP&DM.

3 The length of time to death in VRFF depended on the amount of fluid intake. It took 7-15 days when less than 50cc. Of fluid a day was taken. It took 16-30 days if fluid intake was gradually diminished.

4 Of the hastened deaths of people over 60 80% were by VRFF. Of all the auto-euthanasia deaths, 60% of the patients were women.

5 In both auto-euthanasia methods of death, 40% of the patients had a deadly disease;; 30% had a serious disease like MS or Parkinson's and in 25% the patient had a serious handicap, e.g. blindness, deafness or no ability to walk.

6 In more than 50% of the SP&DM cases someone was present at the time of death.

7 The literature suggests that 15-20% of patients in hospice care stopped their attempts at VRFF often under pressure from relatives.

8. In 60% of VRFF cases there was medication 3)% of which was morphine.

9. In the VRFF cases 50% died at home and 50% in an old peoples' home.

10. Half of the Auto Euthanasia subjects did not discuss euthanasia with their doctor.

11. In the final stage of VRFF, it is necessary that daily professional care is provided to alleviate problems of the oral cavity, bedsores, hallucinations etc.

Chabot's book on Auto-Euthanasia is not yet available in English.
From The World Right-to-Die Newsletter Winter 2007

Euthanasia a test for Rudd: Nitschke

Deciding whether to allow a parliamentary conscience vote on the right to die will be a testing time for Prime Minister Kevin Rudd, prominent euthanasia campaigner Philip Nitschke says.

Australian Greens Leader Bob Brown plans to introduce a private bill to the Senate next week aiming to restore the Northern Territory's right-to-die legislation which was overturned by the commonwealth in 1997. Senator Brown has written to Mr Rudd seeking his support for a conscience vote on the bill.
SMH 7.2.08

Senator Brown says the key issue is not what Prime Minister Kevin Rudd's stance is on voluntary euthanasia, but whether he will allow a conscience vote.

"The parliament works best when there is a conscience vote, whatever the issue" he says. All opinions polls show the majority of Australians support this legislation and the pioneering efforts of the Northern Territory in having this brought to national attention and I would hope that we can get that back on track again for a review 11 years down the line."
Exit News and Forum

TO DIE WELL – SIDNEY WANZER MD.

Recent publication reviewed by the Editor.

Workings in general practice and later at Harvard Medical School, Dr Wanzer's extensive knowledge and compassion in end-of-life matters are well presented and valuable.

He writes of two 'turning points' in the dying process. The first one being when the time to cease aggressive treatment aimed at curing the disease and prolonging life is reached with agreement between the patient, family and medical personnel. Dr Wanzer stresses that this is not easy, but an acknowledgment of this point is important, then the focus can turn to comfort care, thus the patient, family and medical personnel are all working together. Of course, the second 'turning point' has to be the decision to hasten death.

Dr Wanzer writes of the importance of staying in control. He refers to untreated pain as a form of elder abuse and he sees no problems with patients with dementia, who have previously signed end-of-life treatment documents being allowed to die this way.

The history of the founding of the Euthanasia Society of America in 1938 to the present day is documented. A merger to *Compassion & Choices* seems to be the main organisation now. The most interesting name to me was Oregon's *Death with Dignity,* which was formed in 1994. Efforts to legalize voluntary euthanasia were successful in the same year. This was carried out by a **Referendum…………..**(*sorry, but my mind went into overdrive at this point thinking why can't Tassie have a Referendum too?* Ed.) The law was not implemented until 1997, due to obstruction!

A most valuable part of the book gave the following wording for inclusion in end-of-life choices documents. As you will see the following wording fits neatly as an alternative into the current wording available from DwDT.

My wishes are as follows:

- I want no measures taken to prolong my life.
  - I wish to be kept comfortable, free of pain, and maintained in a dignified state.
- I wish any medication that is used to keep me comfortable and free of pain or other distress to be in sufficient dosage that distress, physical or psychological, is relieved, even if such medication hastens my death.
- If I get an infection, do not treat it – just make me comfortable. Use no antibiotics.
- If I cannot feed myself, just leave the food for me. Do not spoon feed me or encourage me in any way to eat or drink. Do not treat dehydration with anything other than fluids offered orally, and do not try to encourage drinking beyond what I clearly desire.
- Give me no artificial feeding or hydration of any sort. I do not want a tube inserted to administer food or hydration (no intravenous fluids).
- If I cannot breathe for myself, I do not wish to be put on a ventilator. Oxygen is not to be administered other than possibly for the relief of air hunger. Low oxygen levels in the blood are not a sufficient indication for the use of oxygen.
- If my kidneys fail, I do not want dialysis.
- If I stop breathing or my heart stops beating, I do not want cardiopulmonary resuscitation.
- I want no blood transfusions.
- If I have a heart attack or stroke, do nothing to extend my life, but do provide comfort measures.
- I want no surgery unless it is absolutely necessary to control pain.
- I want no x-rays, blood tests, other laboratory tests, or invasive diagnostic procedures.
- I do not want regular vital signs to be taken, including blood press and temperature measurements.
- I do not want to be treated in a hospital, but wish to be made comfortable where I reside.
- Other ……………………………………………………………………………………….

WRITING & REGISTERING YOUR ENDURING GUARDIANSHIP.

The current Adult Education program in Hobart is offering a one day, 3 hour session, to be held on Tuesday, 18 March. The reference number for this course is SA0525. Phone contact number is 6233 7237.

If you have not already completed or you wish to update your Enduring Guardianship maybe this is an easy way.

EXIT INTERNATIONAL MEETINGS IN NEW ZEALAND

Four Workshops were held in Auckland, Wellington, Nelson and Christchurch earlier this month with Dr Nitschke's visit generating a great deal of interest and publicity in NZ, after he was detained on his arrival by Customs officials and held for 2½ hours. Copies of his book *Killing me Softly* which has been specially amended for NZ and intended for submission to the Censorship Authorities were seized, but they were later returned to him, and only the coffee pot which he was carrying was taken from him instead!

A coffee pot! One can only wonder what kind of coffeepots, espresso machines, filters or plungers are currently banned from being taken into NZ? New or used ones? What other contraband objects could be lurking in ones baggage? Perhaps current travellers in this direction would do well to enquire beforehand.

EXIT INTERNATIONAL WORKSHOPS

Launceston	15th March 2008
Hobart	17 March 2008

Contact: Lindy Boyd on 03 9850 8192

SALAMANCA MARKET STALL
Saturday, 9 March.

Volunteers to assist a committee member, any time between 8am and 2pm.

If you can help please phone……………..

Reminder

Waterworks Barbecue

(Waterworks Road)
Saturday, 23 February at 12 noon.
Site no. 2.
Come and meet your committee members

We respect the wishes of those who wish to live for as long as possible.
We work for those who want the right to be allowed die at a time of their choosing, When they are hopelessly ill and may be in pain.
We live in a democracy.

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