

# Dying with Dignity Tasmania (Inc)

PO Box 1022  
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***your right to choose***  
[www.dwdtas.org.au](http://www.dwdtas.org.au)  
May 2010

## **DwDTas Committee**

Mike Harris (President)  
Trish Kershaw (Treasurer)  
Beatrice Bentley  
Barbara Porter  
Noel Woodrow

Margaret Sing (Vice President)  
Kay Scurr (Secretary)  
Allan Cameron  
Marian van den Byllaardt

## **OUR BUSY YEAR IS WELL UNDERWAY**

A busy year is ahead of us and work is well underway. We can look forward with some optimism to a new dying with dignity Bill and hopefully improvements related to end-of-life planning issues.

The visibility and credibility of DwDTas with MPs have been lifted significantly through our activities at the time of the last Bill and through the pre-election action, including surveys of new candidates and contact with MPs recontesting their seats. They have had the Legislative Charter drawn to their attention and it includes information on some enduring guardianship issues as well as legislation.

We are hopeful that the 'alliance' of Labor and the Greens in the new government will be positive for dwd legislation and that Labor MPs who may have been reluctant to support the 2009 Bill as a Greens initiative, in a fiercely competitive pre-election environment, will be more likely to support a Bill in the new situation.

Nick McKim told us at the time of the last debate that he would introduce a Bill after the election and stated publicly that he would take a consultative approach. DwDTas has congratulated him on this commitment and encouraged consultation as the best way forward. The Deputy Premier, Lara Giddings, has also stated clearly that she will be active and supportive of the development of a new Bill. We also have reason to believe that she has a great understanding of end-of-life issues and may support initiatives to improve advanced care and other end-of-life planning.

We are sorry that two of the strong supporters of the Bill lost their seats in the election – Ross Butler and Lisa Singh. Ross had also been very helpful to DwDTas in printing our newsletter and other assistance and we have written to thank him and wish him well. However, there are a number of new MPs who have either stated their support for our Legislative Charter or support with reservations. We have reason to believe a number of others who did not respond to our pre-election survey may be sympathetic to dwd legislation. In addition, two of the arch-opponents of the legislation have also lost their seats, ie Brett Whiteley and David Llewellyn.

## **Plan for 2010**

At its May meeting the Committee approved in principle an action plan with the slogan: "Dying with dignity – making your wishes known and having them respected". This reflects the broad goals of Dying with Dignity Tasmania.

We are working on two major priorities:

1. Getting a new Bill developed and passed; and
2. Improving end-of-life planning.

## What we've done so far

- As well as the letters of congratulation to Nick McKim and Lara Giddings on their re-election, we have requested brief initial meetings with each of them to discuss the process for a new Bill and what information and assistance could be provided by DwDTas.
- DwDTas has also sent letters of congratulation on their election to a number of MPs who have indicated they are sympathetic to dwd legislation or whose views are not known but we have some expectation they will be supportive. We have told them we will be in touch to discuss a new Bill as well as our proposals related to other end-of-life issues.
- The 2009 Bill had a number of 'technical' problems in the drafting that were criticised by the legal fraternity including representatives of the Parliamentary Counsel. Our letter to Nick McKim has urged him to get agreement to Parliamentary Counsel assistance for Private Members' Bills and this will hopefully address the technical issues with any new Bill. The Premier and Deputy Premier have also been urged to support and facilitate this access.
- The DwDTas Committee has given some consideration to a discussion paper on key issues related to a new Bill and an analysis of how the 2009 Tasmanian Bill compares to the Oregon legislation and Bills proposed in other States, including Victoria, SA (two Bills) and WA. If you would like a copy of the discussion paper, please contact the Vice-President, Margaret Sing.
- As part of the preparation for lobbying for a new dwd Bill, two members have examined the submissions made to the Parliamentary inquiry into the 2009 Bill. (See the report below.)

## End-of-life Planning

The Committee will be considering action that DwDTas should take in relation to end-of-life issues (eg improving the documents available through our website) and there will also be proposals developed to take to Ministers and other MPs.

Key issues that need to be addressed include:

- Many people do not know about Enduring Guardianship
- Many people have difficulty with the forms and need more assistance
- There is a need for more regular updating of people's wishes
- There are different arrangements in all the States
- Advanced health care planning needs to be improved generally and particularly within hospitals.

## SUBMISSIONS TO THE 2009 PARLIAMENTARY INQUIRY

There is a dominant impression from reading the submissions to last year's Parliamentary inquiry into the 2009 Bill – that is, religious groups conducted a concerted and well-organised campaign to get submissions from within Tasmania and from interstate to oppose the Bill. This gives a very biased impression of what the majority of Tasmanians want, as demonstrated in independent, reputable opinion polls over many years. The polls also show that a majority of those with a religious affiliation support voluntary euthanasia.

We will continue to remind MPs of this as well as the fact that the Christian groups strongly represented in the submissions are a tiny percentage of the Tasmanian population over 14 years of age according to the 2006 Census. For example, 'Presbyterian and reformed' were 3%, Baptists 2% and Lutherans a miniscule 0.2%. Only 19% of the Tasmanian population over 14 years of age identified as Catholic.

Of the 375 submissions opposing the Bill, 44 were from interstate and another 24 were emails that did not provide an address or any indication of where the submitters lived. The vast majority either stated explicitly a 'Christian' perspective or were so similar that it was clear that religion was the source of their opposition. One of the Catholic submissions contained over a thousand signatures.

Another feature of the submissions is the number of sects and groups claiming moral superiority and the absolute truth of their views and showing not one iota of respect for anyone else to act in accordance with other views and ethics.

For example, one of the submissions against the Bill came from a group calling itself 'medicinewithmorality.org.au' whose vision is "to preserve, in an age of rapid scientific and technological change, traditional medical ethics consistent with absolute values and to preserve the liberty of medical professionals holding these values to practise medicine according to their conscience".

The group's logo includes a quote in Latin from the Hippocratic Oath but also includes no mention of the start of that oath which requires doctors to "swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses", Greek ones of course given the origins of the oath in the fourth century BCE.

They make no mention of respecting current guidelines on good practice in medicine and the value of respecting patient choices.

The submission (of which we have a copy) includes the names of members throughout Australia. The list includes only one Tasmanian member, Dr Dennis Humphrey, and two associate members, one a nurse and one a pharmacist. The group also opposes abortion, stem cell research and the availability of RU486 and claims quite disingenuously that it is open to doctors of faith or non-faith to join. The group has been very active with letters to MPs and submissions to Parliamentary and other government inquiries on voluntary euthanasia as well as the other things they oppose.

By contrast, of the 121 submissions in favour of the Bill only 9 were from interstate and 4 were emails that gave no indication of their addresses. There were a few from those who identified themselves as Christian and who supported the Bill. There were also a number of very well argued positive submissions from experienced legal practitioners.

Included in those in favour of the Bill were many heart-wrenching stories about the agonising death of family, friends or patients. It is regrettable that medical practitioners provided largely negative submissions but there were a few who supported the Bill.

**We hope to make contact with them and other individuals and groups who provided supportive submissions to form alliances in lobbying for a new Bill.**

## **WORLD CONFERENCE, MELBOURNE, OCTOBER 7 - 10, 2010**

### **Public Symposium 8 October**

The theme of this year's conference is **Dying With Dignity – Bridging Principles & Practice**. Many countries have yet to achieve legislative reform (ours is no exception) despite ongoing concerted effort. A significant issue that fear campaigns filled with misinformation from opponents of reform can sometimes be effective in shutting down debate.

Therefore, the conference will focus on bridging principles and practices that help initiate and stimulate informed, respectful and rational debate amongst the public, legislators, medical care providers and other important stakeholders—and our leadership of and participation in it.

What are best practices in assisted dying for those suffering unrelievable torture of an end-of-life illness? How can we best engage relevant stakeholders and work *together* with them towards reform? Are health care practitioners well-informed in matters of end-of-life suffering, care and options and can we realistically contribute to improvements? How might we leverage the energy, knowledge, skills and experience of our network to create a desirable reform trajectory?

Online bookings for the symposium are now open on the DWDV website ([www.dwdv.org.au/WF2010/](http://www.dwdv.org.au/WF2010/)) or you can phone their office on 03 9877 7677 during business hours with your credit card details, or post a cheque to the office. Please note that tickets are selling fast.

Tickets prices:

Members: \$90 (or \$60 pension concession).

Non-members can purchase tickets (\$130/80)

The symposium will be held at *Rydges on Swanston*, 701 Swanston Street, Carlton, in the conference centre on the top floor. Tram numbers 1, 3, 3a, 5, 6, 8, 64, 67 and 72 run up Swanston Street from the city. Alight at Lincoln Square Park, stop 3.

## News from around the states and around the world

### VICTORIA

An article in the British Medical Journal in March 2010 outlines the findings of a survey undertaken recently at a major Melbourne hospital. The study shows that advance care planning improves end of life care and patient and family satisfaction and reduces stress, anxiety, and depression in surviving relatives.

### WESTERN AUSTRALIA

The W A Greens MP Robin Chapple has put forward a private member's bill, the Voluntary Euthanasia Bill (2009) and has given his second reading speech on it. The bill seeks *"immunity from criminal prosecution and civil ramifications to a person who assists a suffering terminally ill patient to die"* in accordance the bill. The bill allows those 21 years and over, who have a terminal illness that will cause death within two years and are experiencing considerable pain and suffering, to request euthanasia. The request must be witnessed by two independent and unrelated people. There is also a waiting period of 14 days before the patient can make the request again, this time in front of three medical practitioners of five or more years of experience, before it can be granted.

It will be July before parliament next considers this bill is. Opposition has already been mounted by the Australian Christian Lobby, regrettably asserting false information see eg

[http://www.acl.org.au/pdfs/load\\_pdf\\_public.pdf?pdf\\_id=1567&from=NATIONAL](http://www.acl.org.au/pdfs/load_pdf_public.pdf?pdf_id=1567&from=NATIONAL)

However, the Director of the Buddhist Society of WA has stated in a letter to the West Australian that *"In the type of extreme situations that Robin Chapple's Voluntary euthanasia Bill aims to address, most Buddhists would choose compassion, on the form of euthanasia, over prolonging a life that has become unendurable. They would want the option of euthanasia without the fear of legal punishment. In today's democratically governed multi-religious Australia, it is ethically wrong that one religious group should prohibit those of other religions, and those good people of no religion, from exercising free choice over their own body. Article 18 of the UN Declaration of Human Rights not only guarantees freedom of religion, but also freedom from religion. Euthanasia should be a free and informed choice, not a crime. The only debate around the Voluntary euthanasia Bill should be about the safeguards that protect its misuse."*

### SOUTH AUSTRALIA

Independent MP Bob Such is introducing a private member's bill into the House of Assembly. Last year a similar bill proposed by the Greens in the Legislative Council was narrowly defeated 11 to nine. Mr Such says his legislation is tighter and would only be allowed when a patient who is dying cannot get adequate pain relief. *"This bill has merit because it's very limited and has safeguards in terms of checks and balances. It's not available to anyone who simply wants to end their life and it's not about people who just don't want to live any more. That isn't allowed under my bill."*

### UNITED KINGDOM

#### British Humanists welcome new Medical Council guidance on end-of life care

The British Humanist Association (BHA) has welcomed new guidance by the General Medical Council (GMC) on end-of-life care. The guidelines make clear that providing life-prolonging treatment that is *"excessively burdensome"* or *"disproportionate in relation to the expected benefits"* when a patient is nearing the end of life may not be in the best interests of the patient and thus not always the best course of action. The guidance also makes clear that *"doctors have an ethical obligation to show respect for human life; protect the health of their patients; and to make their patients' best interests their first concern."*

Naomi Phillips(BHA) stated, *'Recognising that life has an end and that unnecessarily prolonging this natural process can increase patient suffering is very important. At the same time a good balance has been struck in the guidance because it advises that doctors should start from the assumption that life should be prolonged, although not at any cost, and that patients should be in charge of decisions about their care for as long as possible. Enjoyment of life is what gives life its quality and is of enormous importance.'*

## **Dr Michael Irwin: to face charges under new UK assisted suicide guidelines**

In April, Dr Michael Irwin, a retired British doctor who paid to help a terminally-ill patient commit suicide at a Swiss clinic, was set to be the first person charged under new guidelines for assisted dying. This carries a maximum sentence of 14 years. Dr Irwin, who admits he had accompanied two other previous strangers to the Dignitas clinic to help them take their own lives, wants to make a test case out of his assistance in helping Raymond Cutkelvin to die in 2007. Dr Irwin, a former chairman of the Voluntary Euthanasia Society and a founder member of Friends at the End, admits in his letter to Mr Starmer that he personally paid £1,500 – out of a total of £4,500 – to enable Mr Cutkelvin to die in the Swiss clinic.

## **Michael Bateman is spared prosecution after helping wife to die**

This was the first death in Britain in which the Director of Public Prosecution's new rules on assisted suicide have been used to decide that there should be no criminal charges. Mrs Bateman was bedridden from an undiagnosed condition and was cared for by her husband for three years before her death. The family had researched suicide methods on the internet and considered the possibility of travelling to the Dignitas clinic in Switzerland, where more than 100 Britons have killed themselves. Last October Mr Bateman helped his wife use a plastic bag and gas to end her life. But a statement from the CPS said yesterday that it was Mrs Bateman who tightened the strings of the bag and turned the gas on.

It was decided (April 2010) that a prosecution would not be in the public interest because Mrs Bateman, who had suffered from chronic pain for decades, had a clear and settled wish to commit suicide. Interviews with Mr Bateman and the couple's sons supported this. Mr Bateman was held to have been wholly motivated by compassion. He cared deeply for his wife and had taken care of her daily needs for several years.

## **Dying patients denied pain relief because of legal fears**

A UK survey in the Nursing Times states that dying patients are being denied adequate medication to control symptoms and relieve pain because nurses fear prosecution for assisting suicide. About 10% of respondent nurses said they had restricted a patient's medication despite that exacerbating symptoms, as nurses were concerned about being prosecuted. The respondents acknowledged that restricting medication left patients in more pain than necessary and prolonged their lives against their wishes.

Commenting on the survey, one nurse said: "I was worried about the authorities scrutinising the medication record with the intention of prosecuting me for over-medication, even though the dosage was ordered by a physician and necessary to relieve the patient's pain and suffering." Senior nursing leaders said the survey finding showed a need for "urgent" action and clarification of nurses' legal position and professional accountability.

## **NETHERLANDS**

In a new report from the Netherlands, their Institute for Health Services Research has found that the number of requests for euthanasia in the Netherlands has not increased since it was legalised in 2002. Researchers said that strict eligibility criteria have prevented the scenario painted by "anti-euthanasia hype."

## ***Got a contribution for the Newsletter ?***

Submissions welcomed by email or post:

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Post: DWD Tas, P O Box 1022, Sandy Bay, Tas 7006.

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