



Our Mission: To bring about such changes in Western Australian Statute Law and to medical ethics as will allow a person to receive medically assisted euthanasia under circumstances specified by him or her, when legally competent to do so.

Voluntary Euthanasia - *My Five Reasons* to Legislate

On 17th August the Council of The Ageing (COTA) organised a conference "Death: a Whole of Life Experience" at the State Library of WA in Perth. One of the participants was the Hon Robin Chapple MLC, who offered a very eloquent and compelling insight into his reasons for introducing the *Voluntary Euthanasia Bill 2010* into Parliament on 20th May 2010.

This is a much abridged version of his talk, published with his kind permission.

Reason 1 – Personal experience

My first reason to support this Bill will resonate with those of you who have seen loved ones suffer in the final days, weeks, months or even years of their life. The fact is, the last stages of a terminal illness are often times of unbearable pain, of unendurable suffering, of loss of dignity and of great anguish. Those of us who have seen a loved one endure this suffering, know this suffering first hand, and we do not want it one day to be ours, or indeed anyone else's, to bear. The first reason to support this Bill is therefore a very personal one : I do not wish others to suffer the way my loved one suffered.

The death of my own mother is one of the reasons I am determined to follow through with this legislation. More than twenty five years ago, my mother was diagnosed as terminally ill here in Perth. For five or six weeks, she lay in a hospital bed waiting to die, wanting to die and she expressed to me on a number of occasions her personal desire and wish for an end to her suffering. At the end of each day she would say goodbye, with the hope that she could will herself to end it all. When I'd arrive the next day, she'd have tears in her eyes because of her own failure to will herself to depart.

There are other people in this State with similar stories to tell. Most of them have one thing in common : a desire to see this Bill succeed.

Reason 2 – Compassion

The second reason is related to the first, although it is more altruistic. It is widely acknowledged that sometimes, when death comes closer, even with all the advancements

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ATTENTION MEMBERS !

WAVES has been informed that the

Voluntary Euthanasia Bill 2010

is scheduled to be debated in Parliament on Tues 21st (15.00), Wedn 22nd (14.00), Thurs 23rd September (10.00 am).

Please check the dates and times, before joining us in the gallery. See you there!

The debate can also be followed live online:

<http://www.parliament.wa.gov.au/web/newwebparl.nsf/iframewebpages/Legislative+Council+-+Interactive+Business+Program>

in palliative care, no amount of painkillers is enough to stop the pain and no amount of sedatives enough to provide relief.

In that instance often the only way to escape the suffering is through the cessation of life.

Christian Rossiter taught us this as one of the last acts of his life. For him, the suffering was such that there was no escape other than to die.

Although Mr Rossiter would not have been able to make use of this particular Bill, because he did not have a terminal illness, he showed all of us that sometimes suffering cannot be alleviated and death is the only way to escape. And in his time of need what options did he have available to him? The WA Supreme Court said his carers could stop giving him food and water in accordance with his instructions. So the option he was given was to starve or dehydrate to death to escape his suffering. Imagine a society where this is the only option available? You do not have to imagine for too long; this is the current legal reality of our society.

Other people are more fortunate than Mr Rossiter in that they can move and swallow. These people have more choices available to them because they can buy the drugs that might cause their death themselves or they bring about death through other ways. These ways often involve great pain and the worst kind of surprise for their family and friends. The terminally ill are forced to make secret plans instead of being able to surround themselves with their most beloved people at the time of their parting.

I believe our society wants laws that are more compassionate than this. I believe our society is sufficiently compassionate to recognise that for some people the pain and suffering is so great and so prolonged, that death is the only way out. Surely we can do better for those people than a death by starvation or dehydration, or some other way that the person has to conjure up without consulting loved ones or having the skilled advice of a trusted medical professional. Surely we can offer a controlled, gentle, peaceful death?

The word 'euthanasia' comes from the Greek '*eu*' and '*thanatos*', which means '*good death*'. The Bill is a part of how that goal should be pursued. Importantly though, palliative care will ultimately be directly involved in far greater numbers of people achieving a good death than

will this Bill. It is estimated, from places where voluntary euthanasia or assisted suicide is legal, that only 2% of deaths are such that palliative care is unable to relieve suffering so that a request for assistance to die is made. But that estimate understates a key part of my suggesting compassion as a justification; a society that makes voluntary euthanasia lawful sends a powerful signal of support not just to the dying but to the elderly. Older persons, such as myself, don't want to advance in age knowing that, when terminal illness strikes, we may have to endure untreatable pain or suffering without access to all of the possible options. Having the option of lawful voluntary euthanasia available will offer great solace to all who contemplate their inevitable death, not just those for whom death is imminent. In other words, lawful voluntary euthanasia will be of great psychological support to the great majority of people in the community, even though we know that only a fraction of those people will actually seek it for themselves and only a fraction of those people will actually die in that way.

Reason 3 – Autonomy

A third reason I am advancing to persuade Parliamentarians to vote in favour of this Bill is that of autonomy: a person's right to largely control what they do with their life should, within reason, include the ability to choose when and how that life will end.

Laws exist for many reasons. They exist to prevent people from harming each other, to protect property, to uphold social decorum and to maintain the fabric of a functioning and civilised society. Voluntary euthanasia transgresses none of these. Provided the terminally ill person's wish to die is properly informed and the consistent expression of a sound mind, the death of that suffering person hurts no one. It is the most personal act imaginable.

Who are we, the lawmakers of this State, to deny such a person that choice?

If Parliamentarians vote against this Bill, wouldn't they be forcing their ethical framework onto others?

A person has a right to choose many things. In the case of the terminally ill, when and how their life will end should be one of them.



Letter from the President

Another year is coming to an end and once again our parliament is considering another bill to legalise voluntary euthanasia. Hon Robin Chapple's bill is on the table in the Legislative Council and the Government has undertaken to allow a debate on it sometime this year.

We expect that it will be debated in the spring session of the Council which runs from September to November. We have planned to present our petitions to the Parliament while the debate is taking place, but we are in the dark about the exact dates of the debate.

If we can, we would like to arrange a rally as well and I hope that as many members as possible will be able to attend. While we cannot tell you when it will happen, I can assure you that it will not be a very long rally and the walk will be all downhill. We would like to give ample notice to members about the debate in Parliament and the rally. Because we are working in the dark as to the date, we hope you will understand if the notice is rather short.

I want to thank all of you for going to the trouble of getting the petition forms signed. Regardless of how many signatures you collected, we appreciate your effort and please accept our thanks.

I have in the past mentioned that the late Mr Clem Jones, ex-mayor of Brisbane, had left a bequest of five million dollars for the promotion of voluntary euthanasia. The trustees for the estate have agreed to fund worthwhile ideas and a company called the YourLastRight.com has been formed to coordinate all promotion efforts nationwide. WAVES' Committee has decided to join the informal national alliance and has nominated a director for the founding board. We are very encouraged by the development and are quite optimistic about the entire concept. We have contributed funds towards it and we hope it will be a worthwhile investment. We are hoping for some exciting outcome and shall keep you informed as we learn more.

We consider that it will be a good investment to advertise in the local media about the Voluntary Euthanasia Bill 2010 and have decided to spend a fair amount for that.

Hopefully all this publicity will give us dividends, if not immediately, in the long run.

One of the fall-outs of the recent election has been the rise of the Greens and their effective control of the Senate. It augurs well for the bill, proposed by Senator Bob Brown, to repeal Kevin Andrews's Voluntary Euthanasia Act, even if he has to reintroduce it in the new Senate.

It is a bit late now but I would recommend to you the following extract from the policy paper of the Australian Democrats, issued before the recent election.

"..... Our plan .. nationally consistent voluntary euthanasia laws with sophisticated safeguards for end of life decisions...."

It is encouraging that the political parties are becoming aware of the public demand for the right to have a choice regarding end-of-life decisions. We feel that the time is not distant when the major parties will have to accede to the overwhelming public call for that right.

I have mentioned about the world conference of the World Federation of the Right to Die Societies to be held in Melbourne from 6th to 10th October and the Society has decided to send two delegates to the conference. It will be nice if some other members could possibly attend the conference. The World Federation does not come to Australia often and we have a unique opportunity to confer and discuss the way forward and plan for it. Some European countries are far ahead of us in their social arrangements and legal steps. We have a lot to learn from them and we hope to pick up a few pointers.

All the talk of expenditures brings me to the subject of funds and the Society's financial position. The Society's main function is to publicise the concept of voluntary euthanasia and lobby for its legalisation. To that end we have to advertise and promote events.

As you may be aware our funds depend on the members' subscription, but mainly on donations and bequests. It has been suggested that if we

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Letter from the President - *continued*

are to carry out our aim and promote our vision, we have to increase our subscription to generate more funds. The alternative is to encourage more donations and more bequests. The ideal is perhaps to have a combination of all three. So, while we shall have to consider increasing the subscription nominally, we shall hope for more donations and bequests from our members.

To succeed in our aim, and I am certain we shall succeed, we have to depend on our members' generosity to help us in our task.

We shall persevere in our mission, but we cannot do that without your help, both moral and financial.

How to ... make an Advance Health Directive

There has been a lot of talk about AHDs since the Health Department made their form available, but when it comes to filling one in, many of us are still not quite sure how to go about it. How will it work?

During previous Government presentations we were advised to be 'specific' when describing circumstances, and inference was made that *"The AHD will benefit those people who already suffer from a known illness or condition which can be labelled a 'circumstance'."* Does this mean that we are at a disadvantage if we are healthy - how can we know at the time of filling in our AHD what the circumstances of our situation will be in the future?

Obviously it will be impossible to include all illnesses and conditions, that we may want to cover, in one sentence.

The answer may lie in the list of *"examples of common circumstances"* (look it up : www.health.wa.gov.au/advancehealthdirective 'Preparing AHD' – pg 9), which provides various options from which to choose. Some of these circumstances are not very 'specific' at all: 'disease' or 'life limiting condition' would cover many physical situations.

As with most ambiguous propositions, common sense will prevail – it may be sensible to take a step back and ask ourselves the question: *'What is the purpose of it all?'*

Remember that **your AHD will only come into effect when you cannot communicate.**

The circumstance, when your AHD will be used, could make a difference. In emergency situations, when decisions need to be made quickly, medical staff are obliged to provide emergency treatment to stabilise their patient before looking for more information. They will have no time to look for your AHD.

After this procedure, they will have to rely on your AHD to know how you want to be treated. So, put yourself into their position: what will help them to understand quickly what you want? Is your AHD **easy to find?**

Is your AHD **clear and concise** about each treatment you want on each occasion?

The AHD form allows for three circumstances. More pages can be added, but keep in mind that the more complicated it gets, the more difficult it will be for your doctor to make a quick decision.

WAVES' advice is to **involve your doctor as much as possible.** Check with him/her about :

- the list of circumstances on the Government website, mentioned earlier
- your AHD and ask him/her to be a witness. Remember: you need 2 witnesses at the time of signing, one authorised to sign statutory declarations.

For examples of AHD requests see page 6.

Reason 4 – Legal clarity

The fourth reason for supporting this Bill is the reason least open to argument: that this Bill will insert regulation, safeguards and legal clarity into a practice that is already occurring without any such legal framework.

Euthanasia is a frequent and fairly uncontroversial result of good palliative care. It happens when a doctor acts out of compassion and quietly administers what he or she thinks may be slightly too many sedatives or painkillers. Death may not necessarily be intended in this instance, but it is an outcome that is possible, even anticipated.

Premier Colin Barnett alluded to this practice himself when he has said, in various media, that he supports doctors “to deal with situations on a case by case basis”. This is a statement in support of lawless and unregulated euthanasia. I think we would all agree that death being brought about in this manner is far from ideal, even though it may be done in good faith and with great compassion.

Broadly speaking, there are two main problems with, what is in effect, the current system of offering euthanasia to the terminally ill. I use the word ‘system’ cautiously though!

First, it affords inadequate protection to medical practitioners (and anyone else) who assist in the administration of slightly too many painkillers to a terminally ill person in the process of administering palliative care. Some protection is afforded by the Criminal Code, but only if a jury finds the doctor’s administration of those painkillers “reasonable.” What doctor wants to take that risk?

The second problem is that the current, some would say ‘covert’, system affords no protection to the patient. There is no law that obliges a doctor to be sure that a patient wants to die, or that the patient has arrived at his or her decision with a sound mind, and without the burden of external pressure. There is nothing to oblige a doctor to tell that patient about the availability of counselling – or the availability of palliative care – and there is nothing to ensure that families do not force a decision to obtain benefits under the patient’s will. These problems are exacerbated by the fact that – because it is not unusual for there to be deaths

as a result of this intentional over-prescription of pain-killers – those deaths are often not investigated. This only serves to make the risk of abuse greater.

Although instances of abuse may well be rare, surely the fact that the door is open to risk means that we need to act now to close that door through the passage of this Bill, or something very like it.

Reason 5 – Statistics

The fifth and final reason – and it is a reason that no politician can safely ignore – is the evidence of demand from the public for this reform. In August 2009, Westpoll declared that 79% of Western Australians support voluntary euthanasia. In October 2009, Newspoll declared that 87% of Western Australians support voluntary euthanasia. People from the country take note – that figure increases to 92% in regional WA.

For many of you these statistics will not sway you one way or the other, and I respect your view. Certainly there are issues that I could not be swayed on just because the figures say that I should for the sake of retaining my seat. But what each of us should take note of is this – the majority of Western Australians want us to introduce a law that legalises voluntary euthanasia. The way we vote on this will certainly affect whether we are voted in or out at the next election. This is democracy working as it should. It needs to be noted that this issue is one that voters may well be paying attention to next time around.

Dr Rodney Syme says that “*a right to live does not include an obligation to do so under every circumstance*”. I think he is right.

Surely we as a society have progressed past the point where we prevent a suffering, terminally ill person from ending his or her life just because some of us still think that it is wrong to do so. Surely the fact that it hurts no one, means that we can give such people control over this part of their lives. And surely, because it is already happening, we need a law that inserts regulation and protection for doctors and patients alike. All this law does is give people a choice – a choice we, in the majority, no longer believe to be wrong.

How to ... make an AHD - continued from page 4

We have compared the Health Department's AHD with WAVES' version and came up with, in our view, an acceptable 'standard' AHD. Of course, this is only an example and should not be seen as ideal or suitable for your personal use. We suggest that you make the drawing up of your AHD a family 'project', as you would with other important documents, and that you verify the outcome with your doctor.

EXAMPLES of how the WAVES' AHD format could be used in the Government AHD:

1. Treatment decision

In the following circumstances:

..... *if I am in a coma lasting longer than week(s), and/ or*

..... *if I am in a permanent vegetative (mindless) state for longer than week(s)*

I refuse consent to

..... *all treatment (including life sustaining treatments), except pain relief medication.*

2. Treatment decision

In the following circumstances:

..... *if I am experiencing life with permanent paralysis*

I refuse consent to

..... *all treatment (including life sustaining treatments), except pain relief medication.*

3. Treatment decision

In the following circumstances:

..... *if I am diagnosed with a physical, psychological, chronic or terminal illness from which I am not expected to recover and which will provide little or no prospect of a return to a reasonable and dignified existence*

I refuse consent to

..... *all treatment (including life sustaining treatments), except pain relief medication.*

SUMMARY

* The Government's AHD is now a legal document backed by the Guardian and Administration Act 1990 (S110Q(a) if :
"it is in the form or substantially in the form"
prescribed by Regulation 7 of the Guardianship and Administration Regulations 2005, form in 'Schedule 2'. See:
www.health.wa.gov.au/advancehealthdirective

Any other form of AHD, including WAVES' form, is supported by 'Common Law'- it will be recognised by the courts, but it may be challenged or queried in various situations.

* The AHD is your voice when you cannot speak. It needs to be clear and concise.

* The AHD is directed at the medical team that will be treating you. Their job can be made easier by including your doctor as a witness and by making sure a current copy of the AHD is on his/her file.

* Distribute your AHD: doctor, EPG, family. Write their names on your personal copy.

* Wear your WAVES' AHD-wallet card (with your doctor's name on it) at all times.

* Review your AHD when circumstances change.

Notice Board

Notice of an ANNUAL GENERAL MEETING

Wednesday, 21 October 2010
at 2 pm
Citiplace Community Centre

on the walkway between the Art Gallery and
Myer Store opposite the escalators at Perth
Railway Station.

Our speaker:

Mr. W. Hallahan
CEO Palliative Care WA

Afternoon tea provided
All welcome

Urgent appeal !

Some WAVES' committee members will,
for personal reasons, be leaving at the
start of next year. This will leave the team
seriously understaffed.

To be able to continue to function prop-
erly we NEED volunteers for the positions:

- [Secretary](#)
- [Membership \(Database\) Secretary](#)
- [Newsletter Editor](#)
- [Project Assistants](#)

Are you committed to WAVES' cause and
able to help to make it happen? Please,
contact us: tel. 9387 5126 or 9384 1421.

West Australian Voluntary Euthanasia Society (Inc)

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Email: info@waves.org.au

MEMBERSHIP RENEWAL FORM

Membership year runs from 1st of July to 30th of June of the following year

Standard Rates

- ☐ Single \$ 20
- ☐ Double \$ 30
- ☐ Life Single \$ 200
- ☐ Life Double \$ 300
- Donation \$

Pensioner / Student Rates

- ☐ Single \$ 15
- ☐ Double \$ 25
- ☐ Life Single \$ 150
- ☐ Life Double \$ 250
- (Rates effective from 1st July 2009)

Payable to WAVES at the above address or at any BankWest branch:

Account **WAVES - BSB no: 306-061, account no: 419 8239.**

Please complete this form and forward to us, or bring it with you to the meeting.

☐ Mr&Mrs ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Please print clearly

Initials Surname

Address

Postcode Phone Year of birth:

Email

EXIT News

EXIT International welcomes WAVES' members to join their organisation and points out that only Exit members are allowed to attend the meetings.

Please phone Carol O'Neil on 0429 039 167 for further details.



W.A.V.E.S has no religious, professional or political affiliation. Its membership comprises a wide range of people - some from a variety of professions, including medical and nursing; some from religious denominations and some politicians. Many have publicly expressed their support for the legalisation of voluntary euthanasia, both passive and active.

PARTICIPATE IN OUR CAUSE

You can help us make Voluntary Euthanasia a legal choice.
Explain it to your friends and family.
Write, phone or visit your State MP.

Make your views known !

WEST AUSTRALIAN VOLUNTARY EUTHANASIA SOCIETY (Inc)

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WAVES NEWS

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