



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 Bill 2010

and its sad demise

On 22nd September 2010, around midnight the Legislative Council of the Western Australian Parliament voted on the Voluntary Euthanasia Bill 2010, introduced by Hon Robin Chapple. The members voted 24 to 11 against the second reading and thus defeated the Bill.

While unfortunate, it has to be remembered that after four attempts this was the first time a voluntary euthanasia bill had been voted on. The previous attempts were frustrated by complete apathy on the part of successive governments and were never given the time to be debated. So we have to accept that this time it was an improvement and a step forward.

My theory is that politicians are not very keen on debating the issue and hardly sincere in their arguments against the subject. So we have to appreciate the present Government's attitude in allowing time for a debate on the issue. The Council debated and got it out of their system and they can claim that no one can say that politicians are not coming to grips with the issue. While that may be their claim, my view is that it will be dishonest on the part of the politicians to claim that.

Going through the Hansard records of the debate makes painful reading. Anyone following the debate can be forgiven for thinking that it was like listening to excuses. It certainly gave the impression that some members had already decided to vote against the bill and then went about manufacturing reasons for doing so. It is a great pity that they could not have an honest debate.

They just trotted out the same old tired points.

To the best of my knowledge, Mr Chapple had written to every member of the Legislative Council seeking their input on the bill. I believe he made alterations on the basis of their feedback; however the response was generally poor. To my way of thinking he was ready to go a long way to remove any doubts about the legislation. More than one member claimed later on that they felt the bill had many deficiencies, but the question remains: did they honestly try to amend the bill?
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Notice of a GENERAL MEETING

**Wednesday, 18th May 2011
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:

Ms Michele Kosky
Health Consumers Council WA (Inc)

Afternoon tea provided

All welcome

There was never any doubt that Mr Chapple had tried to satisfy the many nay-sayers and accepted that to make the bill palatable to them (what he hoped was a majority), he had to make it more restrictive than he would have liked. He was keen to ensure that at least the principle of voluntary euthanasia would be accepted by the House. In the end, even that was held against him and his bill.

It was strange to hear the debate, very much like the conversations of the deaf. It was as if they had not heard anything before and read even less. In support of my view I can only ask: please, read the Hansard and see if you can draw a different conclusion? I cannot, in this article, quote every amazing claim made during the debate, but I shall try and give a few examples.

Mr Nick Goiran offered the proposition that "...it is a legal impossibility to protect against involuntary euthanasia when voluntary euthanasia is legalized", and then proceeded to theorise that a euthanasia request should be regarded as a contract between the doctor and the patient and that the law of contract should come into play. Since duress will be hard to prove after the event, he felt that the legislation was imperfect! He also quoted from Dr Keown's evidence at the 1997 Senate hearing and a writing of Carlos Gomez in a 1991¹ publication, completely ignoring the fact that the Euthanasia Law was passed in the Netherlands in 2002 and could hardly be evaluated in 1991 or even 1997.

Mr Goiran also quoted Dr Els Borst (Minister for Health in Holland during the debate on legalization of euthanasia) out of context, and quoted her words selectively. He also cited a report on case studies in the Northern Territory which has been refuted by one of the authors, i.e., Philip Nitschke. I am at a loss to understand what Mr Goiran was trying to prove: that euthanasia law cannot be regulated? Do we scrap all the traffic laws because those are being violated almost on a daily basis!

Mr Goiran's case against seems to be that it will be hard to regulate and that there should be emphasis on more funds for palliative care. It will be apposite to quote Dr Marc Desmet SJ, Head of Palliative Care, Virga Jesse Hospital, Hasselt, Belgium: "...When I think of the human aspect, I can't escape the conclusion that a

decision of euthanasia brings serenity to some people ..."²

Ms Ljiljana Ravlich accepted that she is influenced by the Catholic Church, even while she was trying to cover it by dubious arguments.

Ms Liz Behjat considered that euthanasia legislation is not important enough and somewhat of a diversion from more weighty matters¹. While questioning the polls she also doubted if the legislation will remain as restrictive as it is presented. However rather surprisingly she questioned the definitions of a terminally ill person and claimed that it is unfair to exclude persons below 21 and persons who may be terminally ill but have more than two years to live.

Both Mr Brian Ellis and Ms Mia Davies seem to be quite comfortable about physicians taking unilateral decision to terminate a patient's life in the final stages, yet had reservations about legislation that will formalize and legalize such acts.

Mr Michael Mischin was most flippant about published polls and seemed to dismiss those merely because results did not match his perceptions. He asserted: "...It seems to ignore also that polls are notoriously unreliable measure of public opinion, Obviously, a poll of about 400 people out of the state's population of something like two million people is a relatively small sample. It may have some statistical relevance but I note that something like over one million Western Australian, out of the 1.3-odd million Western Australians who were eligible, voted during the last daylight saving referendum"¹

Mr Mischin, very conveniently, failed to mention that the polls had accurately predicted the referendum result, also the fact that despite repeated submissions the Government of the day has persistently refused to hold a referendum on legalization of voluntary euthanasia.

Mr Mischin selectively quoted from documents, often ignoring the conclusions drawn, perhaps because it did not agree with his arguments. His surprising condemnation of Dr Howard Martin, the English doctor who helped his patients at the end of their lives, was at odds

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President's Report

You will notice from the details at the rear of this Newsletter that there have been changes to your Management Committee for 2011. I have taken over the task of President from Ranjan Ray, who has held that position with distinction for the past nine years.

Our Society is deeply indebted to Ranjan, who with wife Linda's help, has steered the WAVES ship so ably for that time. Ranjan has agreed to assume the Vice President's position and I will be relying heavily on his experience and guidance in the year to come.

This year we have a rejuvenated committee with Tina Christensen taking over the Treasury and assisting with the upgrade of our Membership Database. David Kelly will be our Minute Secretary and Database manager. Other Committee Members are Bill O'Brien (our Director on 'Your Last Right' - YLR), David Hounsome, Brian Ross, Stephen Walker and Liz Mackie.

In order to become more effective this year we have decided to reduce the number of General Meetings and Newsletters to two. This should allow your committee more time to get on with the business of pushing for legislative change. Details of the May General Meeting can be found on the front page of this Newsletter.

Given that the Management Committee consists of only eight members it goes without saying that the tasks facing us will be ineffective without substantial assistance from the general membership. I realize that considerations such as health and age will restrict the assistance expected but I would hope that from a membership of over twelve hundred, we are able to get solid support from those who can assist in our various endeavours.

These are exciting times with a real sense that the Voluntary Euthanasia movement in Australia is on the threshold of a breakthrough. Our alliance with other VE societies in Australia through 'Your Last Right' has given our movement a renewed sense of purpose and direction.

Remember, the forces arraigned against us may be few in number but they are determined and becoming more organized. Half-hearted resistance on our part will see them enjoy success beyond their representation in the wider community.

Murray Hindle
President

Palliative Care and VE

At our last AGM we invited as our speaker, *Mr Will Hallahan*, CEO of Palliative Care WA. He outlined the close relationship that exists between palliative care and the rights of the individual to a peaceful death. It was good to hear, that in his opinion there is no gulf between palliative care and voluntary euthanasia - they complement each other in easing the suffering of the terminally ill.

WAVES has to make sure that the relationship between palliative care and VE is consolidated and to this end we have agreed to join hands with this worthy organisation.'

with his support of doctors using double-effect arguments to do the same. He consistently and provocatively termed euthanasia as “killing”, despite the fact that the doctor would only be helping to alleviate suffering, with strict limitations.

It was very frustrating to hear the members complaining about lack of evidence when briefing offers were made to all members. Not a single member who voted against the Bill approached WAVES for a briefing.

The members quoted favourably any statement from AMA that was anti-Bill, forgetting or ignoring the fact that AMA represent less than 40% of doctors.

Mr Ed Dermer quoted from a research paper: *"Two Decades of Research on Euthanasia from the Netherlands, What Have We Learnt and What Questions Remain?"* and then went on to ignore the conclusions drawn and yet his colleagues Mr Mischin and Mr Goiran had bemoaned the fact that no evidence was provided in support of smooth working of the legislation abroad. Ms Helen Morton said: *"The palliative care specialists to whom I have spoken made it absolutely clear that they can manage the pain."*¹ This ignores repeated assertions by various palliative care specialists that they can not help in all cases.

The following excerpt from a British Medical Journal Editorial shows that Palliative Care and Voluntary Euthanasia should go hand in hand

and we should not keep our minds closed to it: *"We can fairly conclude that in Belgium – where universal access to health care exists, including broad access to team based palliative care, and where primary care doctors often remain involved in their patients' care through to the end of life – legalizing euthanasia has not led to a high frequency of hastened deaths. The authors are correct in their conclusion that palliative care and legalized euthanasia can coexist. Was this really in question?"*³

Councilors supporting the Bill repeatedly asserted that the principle of voluntary euthanasia should be debated and not the shortcomings of the Bill. They brought up excellent points in favour, but unfortunately were received with disinterest.

In conclusion, let me say that a Palliative Care specialist was in Perth in November and gave a talk on End-of-Life Care. The talk was widely advertised and publicized, but unfortunately, with a few honourable exceptions, Members of Parliament and Palliative Care specialists failed to attend the talk. MPs particularly were individually invited. So much for their concern for palliative care and end-of-life care!

R Ray

Notes:

1 Hansard : Legislative Council pp 6871 – 6916, 7021 – 7092;

2 *Tertio*, 2008;

3 *BMJ* 2009; 339; b2730.

How the Upper House voted ...

Ayes (11)

Hon Robin Chapple

Hon Alison Xamon

Hon Sally Talbot

Hon Lynn MacLaren

Hon Jon Ford

Hon Sue Ellery

Hon Giz Watson (*Teller*)

Hon Ken Travers

Hon Linda Savage

Hon Philip Gardiner

Hon Adele Farina

Noes (24)

Hon Liz Behjat

Hon Norman Moore

Hon Nigel Hallett

Hon Wendy Duncan

Hon Jim Chown

Hon Ljiljana Ravlich

Hon Robyn McSweeney

Hon Donna Faragher

Hon Ed Dermer

Hon Matt Benson-Lidholm

Hon Helen Morton

Hon Alyssa Hayden

Hon Phil Edman

Hon Peter Collier

Hon Max Trenorden

Hon Michael Mischin

Hon Nick Goiran

Hon Kate Doust

Hon Helen Bullock

Hon Simon O'Brien

Hon Col Holt

Hon Brian Ellis

Hon Mia Davies

Hon Ken Baston (*Teller*)

VE debate across generations

“When people are diagnosed as terminally ill, they could be in a lot of pain for a big part of their life ... dying gradually. It’ll get to a certain point where they can’t do anything and they realise that their life is not worth living.” John exchanges a meaningful look with his wife of 57 years, Peggy. “Whether you’re young or old – we all have the same feelings.”



I am sitting at the dining table in their comfortable home. Pictorial memoirs of their wonderful life together adorn the walls and tabletops. Peggy and John are high on life, even at the ages of 79 and 80.

Voluntary euthanasia is not about dying. It is not even really about death. It is about choice and the freedom to choose. Neither Peggy nor John wishes to die but admit that they have discussed their end-of-life plan. Peggy tells me that if one of them was to fall very sick with no chance of recovery and VE was not legal, then they would take their own lives. “I couldn’t live without Peggy.” John says, squeezing her arm affectionately.

I suggest that where there is life, there is death; however, isn’t it true that many young people tend to think about other things that are more applicable to them?

25-year-old Peter agrees but feels that education is a critical factor when it comes to voluntary euthanasia. “Young people are probably not aware of VE, or they don’t understand the full implications of it. Bring it into schools. They teach sex education – sex is about life and VE is about death. It’s both sides of the spectrum: The Yin and the Yang. You should not have one without the other. If children are concerned about what they learn, they will speak to their parents, and hopefully it’ll snowball from there.”

“Yes” says 24-year-old boilermaker Rowan, “and I think more elderly people should speak at schools and say what a great life they have, but when their lifestyle is no longer feasible and they want to go, they should be allowed to make that choice.”

John agrees: “I wouldn’t want anybody that I love to have to suffer. We need to give dignity back to those who are suffering in a lifestyle they can’t possibly sustain.” Peggy nods. “If you wanted euthanasia, you could die with dignity, have all your friends and family around you and say your goodbyes.”

Rowan is a Christian and believes that if your organs no longer work, then it is your time to go and medical intervention is playing God. “It’s not natural to live past your designated time just because science can keep you alive... I don’t want that to happen to me. I think that the more VE is discussed the less taboo it will be within our home and community. A time will come when we will need to ask ourselves, ‘What would nanna have wanted? Or my brother or my child?’ These are questions that one must address sooner rather than later.



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I tell them about Glenda Rains, a speaker from Townsville International Women's Conference, who wrote a paper on Voluntary Euthanasia and in it states:

"We live in a death denying society. There is inadequate death education and society needs an informed and humane framework, not only a medical model, to deal with death and dying as an inseparable part of living."

John nods "I'm a great believer in education..."

Rowan agrees: "Children need to have the *frightening* and the *unknown* removed from the subject of death. Take them for a walk through a cemetery and explain how life begins but does end, and cemeteries are concrete celebrations

of someone's life. Therefore they will never be truly forgotten."

Although 50-odd years separate their lives and they have never met, two men in their mid twenties and an elderly couple all feel the same amount of powerlessness about the lack of legislative freedom. This message should be repeated throughout the community – maybe then the stigma surrounding the issue of VE will decline.

We should be listening, not just speaking. If more politicians were to do that, the world would be a far better place.

Jacqui O'Leary

NEWS Update

The case of Graeme Wylie

Members may remember the case of Caren Jennings and Shirley Justins in Sydney, who were charged and convicted of manslaughter of Graeme Wylie.

To recap, the two women were accused of supplying Nembutal to Graeme Wylie. Wylie wanted to commit suicide, but was believed to have been suffering from Alzheimer's Disease. After they were tried and found guilty Caren committed suicide rather than go to jail and Shirley was sentenced to week-end detention.

WAVES sent a contribution towards funding of their defence. Now the appeal court has quashed the conviction because it found that the trial judge had erred in his direction of the jury, which is indeed good news for Shirley, but alas too late for Caren.

South Australia VE Bill withdrawn

South Australia had a setback on its quest for voluntary euthanasia legislation.

Mike Parnell withdrew his bill at the last moment when he accepted that there was not enough support for his bill. The Health Minister John Hill has talked of tabling an alternate bill later in the year.

Tasmania next?

There is more encouraging news coming out of Tasmania, where the new Premier, Ms Lara

Gidding and the Parliamentary Leader of the Greens, Mr Nick McKim, have agreed to co-sponsor a bill to legalise voluntary euthanasia, although its form has not been finalised as yet.

Vermont USA going for law reform

Vermont's proposed legislation emulates the groundbreaking and time- tested Oregon and Washington Death with Dignity Acts and would be the third of its kind in the US. Well-crafted Death with Dignity laws have been demonstrated to work the way they're intended.

They're backed by 13 years of data and independent studies which show no evidence of a slippery slope for vulnerable populations.

Montana is another state in the USA which is considering passing similar law.

Medic Alert bracelet

For those that are interested in a Medic-Alert type bracelet, indicating 'Do not Resuscitate', such is available from internet at:



[http://www.mediband.com/All-Bracelets/c38/p457/Do-Not-Resuscitate-\(DNR\)-ALERT!-Bracelet/product_info.html](http://www.mediband.com/All-Bracelets/c38/p457/Do-Not-Resuscitate-(DNR)-ALERT!-Bracelet/product_info.html)

We have to thank Ms Carol Tadewaldt-Wren for this information.

Notice Board

An Advance Notice

A forum on Voluntary Euthanasia and End of Life Choices will take place on Wednesday 22nd June 2011 at 7.30 pm in the Senior Common Room at Christ Church Grammar School, Queenslea Drive, Claremont.

The participants will be University of Notre Dame and WA Voluntary Euthanasia Society. Canon Frank Sheehan from the Centre of Ethics has kindly agreed to be the Moderator.

All are welcome. Free entry, but please confirm the time and the venue by ringing 9387 5126. We hope that everyone interested in the subject will be attending.

Membership Subscriptions

At the January Management Committee meeting it was decided to hold subscriptions at the current level for the time being and promote the areas of donations and bequests.

Members will be aware that at the current level of subscriptions we barely cover the costs of our Newsletter and that the real work of our society is funded through the generosity of members through donations and bequests.

The easiest way of providing for a bequest would be by attaching a Codicil to your Will. For more information on this procedure, please see your solicitor or contact us.

West Australian Voluntary Euthanasia Society (Inc)

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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 !

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Vice-President: Ranjan Ray

Hon Secretary: David Kelly

Hon Treasurer: Tina Christensen

Committee Members

David Hounsome, Liz Mackie, Bill O'Brien (Dir YLR), Brian Ross, Stephen Walker

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