



End-of-Life Choice

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Member of the World Federation of Right to Die Societies

FEWER SUFFER OVERSEAS AS OUR CAMPAIGN MOVES ON

As the campaign for assisted dying makes gains in Canada, the United States and Australia our drive for a law change in this country moves into a new phase next month.

Parliament's Health Select Committee, which is holding a public inquiry into the issue, has been inundated with what appears a record number of about 22,000 submissions and is scheduled to start travelling outside Wellington to hold hearings.

President Maryan Street, whose petition on our behalf last year prompted the inquiry, says the response demonstrates voters' desire for MPs to tackle the subject. Meanwhile:

- Assisted dying became legal in Canada on June 17, following a Supreme Court ruling that denying help to terminally ill patients infringed human rights.

- California's 40 million people became legally entitled to access physician-assisted dying on June 9.
- A parliamentary committee in Victoria recommended a law change after an exhaustive public inquiry and the Premier of South Australia urged his fellow legislators to stop "forcing extremely ill people to needlessly endure pain". (See Page 7)

Our campaign was given a huge boost in June by Australian voluntary euthanasia campaigner Andrew Denton who spoke at the society's AGM in Wellington and in Christchurch and Napier. Andrew also spread the word in TV, radio and press interviews.

Read extracts of his moving and comprehensive speech on Pages 4 & 5.

GET READY TO TELL YOUR STORY

VESNZ's newly-elected President Maryan Street admits to "some trepidation" in succeeding respected medical specialist Dr Jack Havill as head of our organisation, but looks forward to the challenge. In her first President's letter, she writes:

"We are very usefully poised at the start of a Parliamentary investigation precipitated by our petition which has apparently received a record number of submissions. It is an odd period to endure right now as we wait for the select committee to start hearing a selection (and unfortunately, it can only be a selection) of the submitters.

"They will travel around New Zealand so that as many people as possible have a chance to speak to their written submissions. When the select committee comes to your town or city, be ready to back up whoever appears. They will need your support and it is very important for the select committee to see how much backing there is for our arguments.

"If you appear in front of the committee, don't be intimidated. Just tell your story, give your evidence and present your views as effectively as you can. Every one is a unique story but we have a common commitment to get law reform allowing people to choose how and when they might die, under certain circumstances, against strict criteria and

with all protections available.

"You don't need to have an answer to every question. They need to understand we are driven by compassion, not simply some abstruse human right. But it is also about human rights – the right to dignity, the right to retain autonomy as far as possible in the face of a terminal illness or an unbearable, irreversible condition. And it is also about the right to determine our own treatment, not have a doctor determine it for us out of fear of prosecution or criminal liability.

"We are clear about what we are doing and why - we have seen loved ones die badly. We have seen people trapped in irreversible conditions, which deny them any quality of life, by their own assessment, not anyone else's.

"Waiting for the committee to get hearings underway is hard. While we may feel as if we are doing nothing, we can help each other prepare our presentations. We can rehearse them and fire questions at each other to help equip ourselves for any appearance. We can continue to lobby those MPs whose opinions on the issue we don't yet know.

"We have been successful so far and now need to gear ourselves up for the next round of activity in August. And we can do it so much better together. Let's get out there and show them what we know and what we need. Good luck!"

SHOULD WE CHANGE OUR NAME?

Is the word “Euthanasia” in our title a liability, putting off potential members and counterproductive in building support for our cause?

Auckland branch thinks so and a motion urging the National Committee to survey members on a name change was passed by 28 votes to 10 at the AGM on June 19.

Others disagree, including immediate past President Dr Jack Havill who says changing our name now, in the middle of the Parliamentary select committee inquiry, would be very confusing for the public and media.

What do you think?

Branches are requested to consider the issue and let the committee know its members’ feelings with a view to a vote before next year’s AGM.

An Auckland branch discussion paper said we are the only society left in the world retaining *Euthanasia* – “an old word that conjures up negative images that we now need to step away from” - in its name.

The word is our opponents’ best asset and carries baggage which “cannot be wished away or effectively countered”, the paper said. It has become harmful to the greater end goal – “Our product is being made needlessly harder to sell because we are marketing it the wrong way.

“A narrative without euthanasia steers away from the false claim of suicide.”

The branch called for “a rebirth, a name change, a rebranding exercise and new approach to the way we market our cause.”

Veteran member Frank Dungey spoke vigorously at the meeting against a name change, saying: “I don’t think there is any other phrase that represents what we stand for. A change would smack of spin and confuse the public.” Other members rejected adopting our brand End of Life Choice, saying it suggested what colour of coffin we would favour.

Jack Havill said euthanasia was used in the most successfully legislated countries like the Netherlands. “It is also used for animals with good connotations – where it is considered to alleviate suffering and everybody knows what is meant.”

He said VESNZ had successfully mixed the titles Voluntary Euthanasia with the brand End of Life Choice and had an excellent web presence under VE. “If we changed our name it would probably take several years to reach a similar web presence.” He said that End of Life Choice was also the name of the ACT party’s David Seymour private member’s bill in the parliamentary ballot.

The work involved in changing our rules, registration at the company’s office, literature and public records and trying to establish a new web presence would also divert our group of volunteers, particularly those on the national committee, from what they are doing for the cause, he said.

CHANGES AT THE TOP OF VESNZ

Former MP Maryan Street has become the chief face and spokeswoman of VESNZ following the retirement of Dr Jack Havill as President at the AGM in June after two years in the job.

Maryan is already well known as promoter of the End of Life Choice Bill which she put into the Parliamentary ballot in 2012 but withdrew before the 2014 general election fearing it would be voted down by MPs to remove it from consideration..

After failing to be returned to Parliament where she had been a Labour Party list MP since 2005, she continued to campaign for end of life choice and debate the issues up and down the country.

Born and raised in New Plymouth, Maryan graduated from Victoria University of Wellington with a BA (Hons) in English and a Master of Philosophy with First Class Honours in Industrial Relations from Auckland University.

She was President of the Labour Party from 1993-95 and worked as a teacher, union official, academic and industrial relations practitioner before entering

parliament. Her day job is as KiwiRail’s Employee Relations Manager.

Treasurer and Admin Officer – VESNZ Treasurer Peter Cowley has also taken on the responsibilities of running the VESNZ Central Office as Admin Officer following Eileen Howarth’s resignation.

For the record, the National Committee for 2016-17 confirmed at the AGM comprises: President - Maryan Street; Secretary - Carole Sweney; Treasurer/Admin Officer - Peter Cowley; Membership secretary - Elizabeth Cronje; Immediate past-President – Jack Havill; plus one representative from each of the five branches. Newsletter editor - David Barber.

Both resolutions put to members in a postal vote before the meeting were declared passed. They added a Vice President position to the committee and include the extended description of the role of the National Membership Secretary.

These will now be added to the Rules through the Companies Office and come into effect at next year’s AGM.

A WORLD RIGHT TO DIE DAY & ONE VOICE

Sean Davison, the New Zealand scientist who was convicted after writing a moving book about how he helped his terminally ill mother to die, has ideas to promote the international assisted dying campaign.

Writing exclusively for VESNZ in his new position as President of the 22-nation World Federation of Right to Die Societies, Sean says the biggest need is unity among its 50 member organisations and calls for an international day of observance to mark the cause, perhaps sponsored by the United Nations.

Sean, who founded Dying with Dignity South Africa on returning to that country where he is a university professor specialising in forensic DNA, after serving a sentence of home detention in Dunedin, writes:

“Our primary aim is to exist and serve as an umbrella organisation which loosely binds together many right-to-die movements from around the world. Being united under a world body gives each individual member society greater credibility, strength, and access to our shared resources.

“However, it is because of our diversity that it has been difficult to move beyond this objective. Different member societies have different criteria for who qualifies for an assisted death (terminally ill or unbearable suffering), how the death is carried out (lethal drink or lethal injection), whether a doctor should be present or not, and we even differ in the name we give to assisting a death: euthanasia, voluntary euthanasia, assisted suicide, physician assisted suicide or assisted dying.

“I would like to see our umbrella organisation letting go of what appear to be the shackles of difference and start speaking with a united voice, becoming more actively involved in lobbying.

“To speak with one voice we need to find a platform where all the member societies are in agreement. I believe we have that common ground in our shared belief that it is the right of an individual who is suffering unbearably to choose to end their lives, and be assisted in doing so.

“How we define ‘unbearable suffering’ and how we define the method used to end life are minor details in the context of the larger picture. We really are all campaigning for the same thing. This is a global issue and we should be able to address it on the world stage and speak with one voice.

“I would like to see part of the World Federation’s one voice being expressed through the use of social media such as Facebook and Twitter. This form of communication has been shown to be pivotal in the success of all manner of campaigns around the world. In South Africa social media was instrumental in achieving our success, right down to finding the lawyers who successfully took the case to the High Court (which in May last year granted a terminally ill lawyer’s appeal to allow a physician to end his life).

“Our one voice could also be expressed by having a World Right-to-Die Day, possibly a United Nations-designated day to help promote international awareness.

“This would certainly foster a united spirit, and although we would be speaking as individual member societies, we would be doing so on the same day with greater impact. This has been suggested before but the discussions have gone around in circles because no particular date is suitable for every member. Let’s be decisive and choose a date and stick with it.

“On the subject of the United Nations, there is surely potential to tap into this world body which has as one of its objectives, the promotion of human rights. We have some big names supporting us; perhaps we should be harnessing this type of support to lobby the UN.

“One highly influential and esteemed supporter who comes to mind is Archbishop Desmond Tutu. He has already made an immeasurable contribution to our cause, but perhaps he can be encouraged to make one more? “I believe there is a desire for the World Federation to do more to make a difference in our campaign.

“Let’s start by using our one voice to be heard around the world.”

ASSISTED DYING AN ACT OF LOVE - ANDREW DENTON

Australian TV star Andrew Denton travelled the world to investigate voluntary euthanasia after seeing his father die of heart failure in great pain – it was, he said, the most profoundly shocking experience of his life.

He spent hundreds of hours talking with nurses, doctors, politicians, lawyers, academics, priests, surgeons, palliative care specialists and activists on both sides of the debate in Australia and countries with enlightened laws allowing assisted dying.

Here are edited extracts from his riveting speech to the VESNZ AGM in Wellington on June 19.

“Dad was given ever-increasing doses of

sedatives, to settle the pain. But morphine never did settle the pain. Not his and not ours. I’ve been struck by how many respond with similar stories about people they love dying slowly, in pain, and, seemingly, beyond medical help. “Surely we can do better than this?”

Warned by opponents of misuse of assisted dying laws and the oft-mentioned “slippery slope” argument, Andrew said: “What I found was almost the exact opposite of what I’d been told: Long-running and robust systems, based on years of open research and debate, with multiple safeguards, and overwhelming acknowledgement that they work, from across the spectrum - the public, medical

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bodies, and political parties of every hue.

“One thing that Belgium, the Netherlands and Oregon have in common is that their laws came from the same place: An honest acknowledgement by the medical profession that doctors were already making decisions to end patients’ lives and that maybe it was better to regulate this, so that patients were better protected from malpractice and doctors from prosecution.

“In Belgium and the Netherlands it is not the trajectory of the illness that determines whether or not a request for euthanasia is granted, but the suffering.

“This is an acknowledgement that unbearable suffering doesn’t just come in packages marked ‘cancer’ and ‘heart failure’. It can come in such things as MS, motor neurone disease, profound stroke, chronic unrelenting rheumatoid arthritis, or multiple, irreversible disorders often seen in the elderly. It also acknowledges that, sometimes, terrible, untreatable illnesses can strike children, even babies – and there are special provisions in their laws to treat such rare cases.

“I found nothing ‘slippery’ or underhanded about what they were doing in Belgium and the Netherlands. Their systems are based on full and transparent disclosure; where cases are reported and reviewed by peer committees, aligned with the coroner’s office, and with the power to report doctors to state prosecutors for any breaches.

“As with Oregon, the greatest proof I found that these laws work was in the numbers: A huge percentage of people support them, but only a tiny fraction use them. In Belgium, it’s less than 2% of all deaths. In the Netherlands, less than 4%. Doctors are conservative and have a natural reluctance to help people die. In the Netherlands two-thirds of requests for euthanasia are declined. In Belgium, one quarter.

“It is also important to remember – a fundamental truth that opponents will seemingly do anything not to acknowledge – that the overwhelming majority of people who access these laws have the same thing in common: they are dying.

“They are not being ‘killed by the state’, as opponents so often like to characterize it, they are dying. What these laws do, quite simply, is give them a choice, and some measure of control, over how hard that dying needs to be.”

Andrew said doctors involved were subject to stringent peer oversight. “Opponents of these laws within the medical system watch their colleagues like hawks for any breach of the rules. Significantly, with not a single prosecution brought in either the Netherlands or Oregon since these laws began, and only one in Belgium, to be heard later this year.

“I also found no credible evidence within the system of the elderly and disabled being abused. Not one organisation whose only interest is advocacy for the elderly and the disabled reported any abuse of their members or any threat of abuse under these laws.”

A state official in Oregon also refuted claims that

the state’s suicide rates had soared under assisted dying laws. On the other hand, Andrew cited evidence Victoria’s coroner gave to the state parliament committee investigating assisted dying that 240 people “experiencing an irreversible deterioration in physical health due to disease” killed themselves in the five years ending December 2013.

“The stories John Olle related were horrifying, so much so that he had to collect himself three times while giving evidence: they included a 75-year old man with prostate cancer and a poor prognosis who shot himself with a nail gun. A 93-year old woman with crippling arthritis smuggled a razor blade into her aged-care facility and bled to death. An 85-year old woman did the same with an assortment of knives and scissors.”

Andrew said the Australian National Coronial Service estimated that two people over the age of 80 were taking their lives in Australia every week, with hanging the most common method used.

He quoted a doctor treating a fully paralysed patient with end stage neuromuscular disease who could only communicate through eye movements but repeatedly indicated that he wished to die remaining on life support for 11 weeks until he died from pneumonia.

The doctor told the committee: “I can scarcely imagine what went through his mind, immobilised, staring at the ceiling for months, unable to say where he was hurting, with tubes in his windpipe, arm, stomach and bladder, 24-hour machines and alarms, no hope of recovery, begging to end it all and finally an awful septic death.”

But Andrew said physical pain was not the hardest part. “Across the board, everyone I spoke to in palliative care, both in Australia and overseas, agreed that the most difficult suffering to treat is not physical, but existential. This is a patient’s distress about their condition, their illness, what it is doing to them, their loss of control, of their very sense of self. Not a physical symptom like pain or nausea, it is a mental anguish. This physical and emotional suffering can last for days, weeks, months.

“So when doctors argue, as some do, that palliative care is the answer to everything because ‘all pain at the end of life can be dealt with by powerful drugs’, they are performing a medical sleight of hand. Pain is just one part of this question. Suffering is the key.”

Andrew said the head of a palliative care at an Australian hospital told him it could take weeks “which were psychologically painful for both the person dying and their family watching on” for a patient to die with the legal choice of refusing food and water.

“It still amazes me that we live in a society where it is legally and ethically acceptable for a dying patient to choose a slow, psychologically painful, death by dehydration and starvation, but legally and ethically unacceptable for them to choose a death that is quick and painless. “Why should a competent adult, who is dying and who is suffering, and who asks to die quickly, be told they have to die slowly instead?”

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Andrew said a former head of palliative care in Belgium talked about euthanasia as an act of love towards the patient "When someone is suffering," he asked, "how can I ask them to suffer more?"

"People in The Netherlands, Belgium and Oregon don't come to death more easily than anyone else, but thanks to their laws, they don't need to die the lonely, fearful, agonising deaths they are dying in our countries. Under these laws they get the opportunity to choose their ending without shame or fear. Better – with joy and the chance to farewell the ones they love with nothing left unsaid.

"Make no mistake. To be assisted to die when you are otherwise beyond medical help and have asked for that assistance is not an act of murder. Murder is an unasked-for act of violent aggression. Assisted dying is a sincerely asked-for act of medical compassion.

"Far from murder, it is an act of love."

Andrew Denton's BETTER OFF DEAD podcasts are available on
www.wheelercentre.com/broadcasts/podcasts/better-off-dead

ROYAL HONOUR FOR DR ROB JONQUIÈRE

Dr Rob Jonquière, who made a speaking tour of New Zealand for our society last year, has received a royal honour in his Netherlands homeland for his contribution to the campaign for voluntary euthanasia. He was made a Companion of the Order of Orange-Nassau, a chivalric order for "everyone who has earned special merits for society". It is an honour equivalent to the Order of the British Empire awarded by the Queen in Britain.

Formerly a family doctor, Rob was chief executive of the Dutch Right to Die Society from 1999-2008 and came to New Zealand as Communications Director for the World Federation of Right to Die Societies (WFRtDS). He was elevated to Executive Director at the federation's annual meeting in Amsterdam in May.

The Netherlands pioneered voluntary euthanasia for the terminally ill and Dr Jonquière has talked extensively on the Dutch experience in Britain, France, Germany, Austria, Italy, Portugal, Spain, the Czech Republic, Japan, Australia and the United States.

NEWS FROM AROUND THE WORLD

CANADA

Physician assisted dying became legal throughout Canada on June 17 but only after a bitterly contested political battle excluded patients suffering degenerative diseases like multiple sclerosis and advance directives for dementia.

Only the terminally ill whose deaths are "reasonably foreseeable" are eligible and critics said the new law fell short of satisfying the Supreme Court's intent when it directed Parliament to draft legislation removing assisted dying from the criminal code.

The court ruled in February 2015 that denying medical aid in dying for the suffering infringed human rights. The House of Commons and Senate tossed the Liberal government's bill backwards and forwards causing it to miss the court's June 6 deadline by 11 days.

A compromise Bill was finally passed, prompting speculation that the issue would soon be returned to the courts. One senator said: "I am convinced the government is making a serious and cruel mistake by taking away the right to medically assisted dying from a group of patients, those who are not terminally ill yet suffering terribly. But the government will answer to the people for that error. And hopefully, in the not too distant future, the courts will remedy that mistake."

The Senate rejected a move to refer the bill to the Supreme Court for review but the British Columbia Civil Liberties Association, which led the challenge to change the law, said it was considering its legal options on behalf

of non-terminal patients still facing "years and decades of tortuous pain".

Ellen Wiebe, a Vancouver doctor, said however that she saw the new law as flexible. Patients with advanced multiple sclerosis, who would die if they did not accept treatment, could be deemed to face a "reasonably foreseeable" natural death, and therefore be eligible for medical assistance to end their lives, she said.

The Senate rejected a proposal to include advance consent for those suffering from dementia and other degenerative diseases in the bill. But both houses adopted an amendment to study that issue and others within two years.

AUSTRALIA

After an exhaustive inquiry, a parliamentary committee in Victoria recommended on June 9 a law change to allow doctors to help the terminally ill in the final weeks or months of their lives end their suffering.

Those eligible would have a serious and incurable condition causing enduring and unbearable suffering that cannot be relieved in a manner the patient deems tolerable. Like the new law in Canada, it excluded advance directives and the mentally incapacitated and committee chair Edward O'Donohue conceded that some people would think the proposed law did not go far enough. But he said: "We have struck a balance between protection, integrity of the system...and providing access." The state government was given six months to respond to

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the recommendations and there would be an 18-month bedding in period before the law took full effect. Labor Party Premier Daniel Andrews indicated he was in favour, but Liberal opposition leader Matthew Guy is against doctor-assisted suicide.

O'Donohue said the weight of sometimes harrowing evidence about suicides given during the 10-month inquiry showed the need for new laws. The committee could not turn a blind eye to the 240 suicides identified by the coroner between 2009 and 2013 by people who were facing a painful death, he said. Most were over 65 and about half suffered cancer – one 75 year old man shot himself with a nail gun, women aged 93 and 85 cut themselves and bled to death.

The committee recommended end of life choice should only apply to competent adults 18 and over suffering from a serious terminal condition and nearing the end of their lives. They would have to be Victorian residents and request assistance three times, once in writing, and be approved by two doctors.

O'Donohue told *The Age* that the committee had visited jurisdictions in North America and Europe where physician-assisted dying was legal and found “absolutely no evidence” to support the proposition that a law change would spark a “dangerous slippery slope”.

More than 50 bills allowing assisted dying have been considered in Australia since 1993 and the only one to become law – in the Northern Territory - was struck down by the Federal government. The parliaments of South Australia and Tasmania are currently considering new bills and the leader of the Greens has introduced a similar measure into the federal parliament.

In South Australia, Premier Jay Weatherill backed a bipartisan private member's Bill to legalise assisted dying, telling state Parliament on June 9 that his grandfather “begged” a doctor to end his life and suffering.

“I can see little point in forcing extremely ill people to needlessly endure pain that is clearly not going to stop until it consumes them completely,” he said. The Bill would allow people with a medical condition experiencing “unbearable and hopeless suffering” to choose voluntary euthanasia under certain circumstances. The patient would not need to be terminally ill, as was required under previous defeated attempts to change the law. Weatherill said Parliament “does need to find a way to come up with laws that give genuine choice to those who are dying and that also put in place proper safeguards”.

BRITAIN

Sir Richard Thompson, a past president of the Royal College of Physicians and the Queen's personal doctor for 21 years, has come out in favour of medically assisted dying. He said in June that helping terminally ill patients to die if they wanted to was part of any doctor's duty.

“Everyone gets obsessed with the idea of not doing any harm and you mustn't do anything to shorten patients' lives but I think as a doctor it is your job to see people comfortably into the next life,” he said, London's *Daily Telegraph* reported.

Noting polls indicating that 80% of the public favour a law change to allow assisted dying, he said: “If the patients want it and the family supports them, then I think it's the duty of the doctor to help them do that. “I don't think God would want them to suffer and if there's an easy way out for people who are in pain then it seems to me perfectly reasonable.”

Thompson said the option should be limited to the terminally ill and proposed a trial period. “Clearly there are dangers - relatives wanting to bump grandpa off - so that's why the doctor has to make sure that grandpa really wants to go.”

The British Medical Association, the doctors' trade union and professional body, does not agree and reaffirmed its opposition to assisted dying when it met in Belfast in June. After a so-called 18-month long public consultation on the issue, it debated it behind closed doors for just 10 minutes, Zach Moss, of Dignity in Dying UK, said, accusing the BMA of “not only wilfully ignoring the evidence but also the suffering of dying patients”.

Moss said that during the debate opponents of assisted dying accused a small group of campaigners distributing briefing leaflets outside the conference of “intimidation”, a claim he dubbed “not only offensive but ridiculous - it highlights the BMA's total dismissal of public opinion and how low some will go to oppose change”. British MPs voted last year to reject a law change allowing assisted dying.

THE NETHERLANDS

Figures for 2015 released in the annual review of the Dutch Euthanasia Act disproved suggestions that the law was a “slippery slope,” Jacob Kohnstamm, chairman of the Review Committee, told the press.

He said the 4% increase in the number of euthanasia notifications was less than the year's sharp rise in the national death rate. There were a total of 5516 euthanasia cases in 2015 and the increase was down on the 9% rise the previous year and the 13% increase in 2013. “Based on the figures from this report you cannot draw the conclusion that we are, with our euthanasia practice, moving on a slippery slope,” he said. The report said assisted deaths represented 3.9% of all Dutch deaths in 2015.

Cancer was by far the greatest underlying health problem affecting those who chose assisted dying - unsurprising as cancer is responsible for 30% of all deaths in the Netherlands.

The committee said 1% of euthanasia cases were people with a psychiatric condition and 2% related to dementia notifications.

WORLD FEDERATION OF RIGHT TO DIE SOCIETIES' BIENNIAL CONFERENCE AMSTERDAM 2016

More than 300 delegates (including four from VESNZ) from 51 organisations in 22 countries attended the World Federation of Right to Die Societies' biennial conference in Amsterdam 11-14 May 2016, hosted by the Dutch voluntary euthanasia organization NVVE.

Delegates, including lawyers, doctors, nurses, pharmacists, philosophers, ethicists, politicians, administrators, researchers, scientists, an anthropologist and psychiatrists, took part in the four designated areas for discussion – medical, legal, campaigning and science.

VESNZ Secretary Carole Sweney reports key points by some of the speakers:

Suzanne van de Vathorst, who has the title Professor by special appointment of Quality in the Final Phase of Life and of Dying at the University of Amsterdam's Faculty of Medicine, said Dutch laws are not based on the "right to die" but "the right to receive help to die". Euthanasia and assisted suicide are still crimes unless they are carried out by a physician following Due Care Criteria, which includes the patient suffering an unbearable illness with no prospect of improvement. A second doctor must agree and all cases are reviewed.

In the legal section, John Frye, from the Bioethics department at Case Western Reserve University, Ohio, said the Oregon legislation could be improved by having the physician present at the end, as in the Netherlands, forming long term "medical friendships" between patients and their GPs and greater public transparency.

Pam Oliver, an independent researcher from the

University of Auckland, said it was very important to develop a team of people prepared to participate in advance of a law change. She said doctors faced perceived risks of expressing agreement with assisted dying, including stigma, litigation and deregistration

Prof Margaret (Peggy) Battin, a philosopher from Utah, emphasised open communication and urged pro-assisted dying advocates to include opponents in their discussions, finding out the core of their objection, what points of agreement there are, and what they could contribute. People should be helped to think through their choices of where/when/how to die in a non-judgemental way.

Jean-Luc Roméro, President of ADMD, a Dying with Dignity organisation in France, said 90% of the French were in favour of euthanasia and assisted dying but legislation had got no further than allowing terminal sedation.

The ADMD is advocating an Advance Directive that remains valid for assisted dying when the patient is no longer able to communicate. They plan to train 1000 volunteers to tour France to educate the public and step up a campaign to inform MPs.

Lisa Graves, of Bristol Museum, UK, curated an exhibition early this year called Death at the Museum. It encouraged visitors to consider ethical issues and how different cultures dealt with the end of life. It included a section "Death - is it your right to choose?" with a replica Dignitas room and video on the process of assisted dying.

BRANCH EVENTS

AUCKLAND

Saturday 16 July 1.30pm - Birkenhead Library.
Public meeting on advantages of having an Advance Directive.

Saturday 8 October 1.30pm - Fickling Centre, 546 Mount Albert Rd, Three Kings.
Public meeting. Dr Phillipa Malpas speaking about her latest research findings on doctors' attitudes to EOLC.

HAMILTON

Sunday 24 July 2pm - CCS Building 17 Claudelands Rd, Hamilton.
Branch meeting. A recording of Andrew Denton's speech at the National AGM will be played.

Sunday 25 September 2pm - Gallagher Performing Arts Centre, Waikato University, Hamilton.
Public meeting. VESNZ President Maryan Street will speak on "Assisted Dying Law Reform – what's stopping NZ?" and Green Party MP Kevin Hague on a "Green Party Perspective". Followed by a panel discussion, including a patient and a GP.

KAPITI/ HOROWHENUA

Thursday 4 August 2pm - Shoreline Cinema, Waikanae.
Fundraiser movie "The Carer".

WELLINGTON

Monday August 29 - venue and time to be arranged.
The Lucretia Seales Memorial Lecture, by Sir Geoffrey Palmer.

Saturday October 15 2pm - Wellington Public Library Spring meeting.

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YOUR FINAL WISH - MAKING A BEQUEST

Bequests are vital to the survival of any non-profit organisation. Bequests provide ongoing funding streams. And make it possible to create long-term plans. Bequests are the cornerstones of non-profit organisations, like **End of Life Choice**, because they provide stability.

If you can hear yourself saying, *"This is what I support, and I want this issue to be important even after I'm gone"* then please consider making **End of Life Choice** a beneficiary of your will by creating a bequest. Ours is a unique issue, one in which our most ardent supporters might not be with us for long.

Our fiercest opponents might later turn to us for help.

Please take the step to support End-of-Life rights in your will.

DONATIONS AND CONTRIBUTIONS

You can make a contribution in any amount of your choice - in single, monthly, or yearly donations.

Payments can be made by cheque, mailed to **PO Box 48 241, Silverstream, Upper Hutt 5124**

or Directly into our bank account **Kiwibank 38 9006 0226036 02** **Please note our new account details**

Be sure to include your **NAME** and **"DONATION"** in the bank details.

Your donations help us to continue the expansion of our work and help us continue to work for your right to make decisions for your End-of-Life Choice.

GUIDE TO DYING - YOUR WAY

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