Guest editorial by Dr Ilsa Evans, Ambassador for Law Reform

My father died in November 1988, one week after his sixty-sixth birthday and about seven months after being diagnosed with motor neurone disease. This is a particularly nasty disease, which attacks the cells that control muscle movement, gradually debilitating a sufferer’s ability to speak, walk, grasp, swallow, even breathe. The only thing that is not affected, the only organ that remains in working order, is the brain. So that those affected remain acutely aware of how much they have lost, and the fact they will never get it back.

My father made no secret of his intention not to see the disease through to the bitter end. He was the first to mention suicide, and to research it, and to request a medical assistance that was not forthcoming. Meanwhile we tried to be as supportive as possible, accommodating the narrative as it turned from prognosis to methodology, and then remained there, like a stuck gramophone needle. Watching as his olive skin became pale, with fleshy pouches that cupped his eyes, and his rpy bricklayer muscle turned to curtain swags that hung between the jutting bones.

In the end he took matters into his own hands, and it took him a while to die. Time that suspended, and still does, filled, I imagine, with the echoes of a breathing that rasps even as it drowns. He was a good man who deserved more, much more. He deserved to have his choice respected and to die peacefully with his family around, wife and daughters and grandchildren. To have photos of his last smile and hugs and thanks and best wishes. Bittersweet, but dignified. Empowered through choice.

But dying with dignity is not just about the death itself, but also what is left behind. My father’s legacy has been hijacked by anger and frustration and desperation. And resentment. It is tempting to write that I am driven by a desire to ensure my father’s suffering was not in vain; however this would be simplistic, even naive. Nothing validates what he went through, and the legacy left behind. Rather I am driven by a dull anger that little has changed in twenty-five years. That the vast majority of people might support euthanasia, yet still it languishes in the too-hard basket. That we simply do not have politicians brave enough to represent their constituents. That we speak of ourselves as a civilised society yet have still not addressed this most fundamental of human rights. And most of all, that it’s not right and it’s not fair and it’s about bloody time.

Dr Ilsa Evans

Dr Evans is a Melbourne-based author who has written eight books, all published by Pan Macmillan.

DWDV Editor comment: We would like to thank Dr Ilsa Evans, Ambassador for Law Reform, for sharing her personal and poignant story about her father. This story also highlights the anger, frustration and injustice that many families face after watching a loved one who is suffering, being denied choice and dignity about their end of life. If you would like to comment on Dr Evans’ story, please write to us at the office or via email: office@dwdv.org.au
Progress in Canada

CANADA—In 2012, Justice Lynn Smith of the Supreme Court of British Columbia found that prohibition of physician assisted dying contravenes the Canadian Charter of Rights, specifically the right to life, liberty and security of the person.

Later in 2012, an expert committee of the Royal Society of Canada found compelling evidence to recommend change to Canadian Federal law to allow physician-assisted dying.

In 2013, the provincial government of Quebec introduced a Bill for the regulation of end of life care. It equates the not uncommon end of life palliative care practice of terminal sedation with medical aid in dying, and proposes regulations to control both practices. There are also regulations regarding advance health care directives. The Bill validates both of these life ending practices, and sets out conditions for both to occur. By promoting the Bill as a health measure it will not contravene Federal jurisdiction. There is no doubt that it will be challenged when it is passed, as is extremely likely to happen.

VE Party—Australia

Australia—Some members may be aware that a Voluntary Euthanasia Party has been launched to contest seats in the Senate in the upcoming Federal election. This initiative seems to be the brainchild of Philip Nitschke, who is standing for a Senate seat in the ACT, although he does not reside in the territory. Other less well known candidates have been nominated in some other states and the NT. This activity has the potential to generate some publicity for the Dying with Dignity issue, and there is a remote possibility of getting a candidate elected — after all, Family First and the DLP candidates got elected to the Senate on extremely small primary votes through favourable preference distributions. However there are three problems. First, DWD is a State issue, not a Federal issue, and secondly, there is no information available as to what policies candidates will be promoting. Philip Nitschke has never been a strong supporter of credible legislative reform, being a vigorous advocate of DIY methods. Third, there is finance. DWDV spent $115,000 (in 1997 values) in supporting Philip’s campaign against Kevin Andrews (on the back of huge community anger at Andrews’ actions in overturning the NT legislation) to gain 9% of the vote in protest.

This focused protest vote does not exist today, and it will be an expensive exercise to achieve what might be transient and limited publicity. And a final thought: does Philip really want to get elected and spend large amounts of time in the cloistered environs of Federal Parliament?

Update on Vermont

USA—In May this year the Vermont state legislature passed a bill that legalises physician-assisted suicide for terminally ill ‘competent’ (those who are capable of making an informed consent on their own behalf) patients whose suffering has become unbearable. Vermont has now become the fourth US state to allow physician-assisted suicide and the first to do so via legislation. Opponents of this legislation argue that it may give family members a tool to do away with an lingering ill relative and speed up the inheritance process. Their argument seems to ignore the ‘informed consent’ requirement.

Report from Washington

USA—Washington State Department of Health Death with Dignity Report. This report was released in June 2013, providing details of assisted dying in the State of Washington in accordance with the Death with Dignity Act of 2009. Lethal medication for oral use (predominantly Nembutal, 81%, and secobarbital, 17%) was prescribed on 121 occasions, by 87 different physicians. Of these 121 persons, 104 are known to have died, 83 after ingesting medication, and 18 without doing so. 73% had cancer, 10% had neuro-degenerate diseases (such as MND), and 15% had heart and respiratory disease. 89% had some health insurance, 92% were enrolled with hospice, and 89% died at home. The predominant concerns of those using the Act were: losing autonomy (94%), less able to engage in activities making life enjoyable (90%), loss of dignity (84%), loss of control of bodily functions (56%), burden on family, friends, caregivers (63%), inadequate pain control or concern about it (33%), financial implications of treatment (5%). 92% of participants informed their family of their decision.

No complications from the ingestion were reported. 78% were unconscious within 10 minutes, and 78% died within 90 minutes. These results bear an uncanny similarity to the results from Oregon over the last 15 years, and make it very clear that Oregon is not an aberration but part of a probably widespread phenomenon of choice that Americans (and I am sure, Australians) want.

Newsletter changes

The cost of producing, printing and mailing out Update increases every year and is a considerable cost to DWDV, which operates on a voluntary and not-for-profit basis. These rising costs have necessitated a change in how we send out the newsletter. From this edition onwards we will be sending the newsletter via email to those members who have registered their email with us. We are currently considering different options such as an e-newsletter. Please advise us at office@dwdv.org.au if you do not wish to receive emails from us.

DWDV office hours

The office is run by part-time staff and is generally open from Mon-Thurs from 9.30am to 4.30pm. We suggest that if you would like to visit the office, please call first to ensure that we are open. The office is often closed on Fridays or only open for part of the day.
More on The Language of Dying with Dignity

I agree with the writer (name withheld, DWDV Update, Autumn 2013, p.3) of the article, ‘The Language of Dying with Dignity – a member’s perspective’.

We all know that language is constantly changing: meanings and expressions vary with time. Some words gain new meanings; others become redundant. Most of us accept regular changes. If change didn’t occur we would all be speaking in the language of the days of Chaucer or Shakespeare. As English is now the International Language, global contributions have speeded change. In the past, sportswriters said that a team had a ‘crushing defeat’. Now, we hear: a ‘crushing victory’. How contradictory is that? As a child I learnt that the word ‘when’ applied to time, and the word ‘where’ applied to place. But now ‘where’ is often used for both, and ‘when’ is becoming redundant. I learnt that ‘who’ applied to people, and ‘which’ applied to creatures or objects. Now we hear ‘who’ in relation to all three: e.g., ‘A herd of cows who…’, ‘the wall of the building who…’ These examples are minor stuff. From time to time, there’s a huge shift in thinking (a generational change, usually), followed by a major change in language usage. For example, as a kid I often read the word ‘gay’ in regard to parties and happy children at play in children’s books, and I wrote it myself in my DWDV ‘Update’. The ‘Update’ writer that people accept the notion as a general idea, not as a specific solution in regard to a family member or friend. They resist the thought of a family member dying with dignity. I think that part of the problem is the language. The words, Voluntary Euthanasia and, more recently, Rational Suicide, are difficult for people to accept. Negativity persists. The meanings of the words haven’t changed, but attitudes have, so we need to reflect a more positive climate.

I, also, would like to see a change to the simplicity of: ‘XYZ died with dignity’ – moving away from the words, ‘euthanasia’, ‘suicide’ and ‘taking her own life’. Most people immediately associate suicide with depression and an urgent need for assistance. People like Beverley Broadbent who die with dignity are not depressed and society needs to understand this. Beverley is one of many who have died in this way in recent times, but we haven’t heard or read their stories. Beverley’s choice to ‘go public’ (The Age 2 April 2013 and DWDV Update Autumn 2013, pp. 1, 3) provides an opportunity for discussion.

With more doctors willing to help, we urgently need to change the law to protect them, but every time a new law is presented in Parliament there aren’t enough votes. When Ted Baillieu was Premier of Victoria, he agreed that we need a new law, but said it must be a Commonwealth one. Meanwhile, let’s bring some dignity and positivity to the language of Dying with Dignity by announcing the death of a loved one in acceptable terms. Edel Wignell © Edel Wignell is a freelance writer, journalist and poet.

www.edelwignell.com.au

Book review of Doctor, Please Help Me Die

By Tom Preston MD, with Janice Harper, PhD, published by iUniverse, 2013. Available at Amazon and Barnes & Noble.

Dr Preston is a veteran cardiologist from the State of Washington, USA. He is a long-term advocate of physician assisted dying. By this he clearly means assistance by a prescription of medicine for oral use, but only for people who are terminally ill (6 months or less to live). There is no discussion of the limitations of such an approach (people unable to help themselves or unable to swallow, or those suffering from chronic incurable illnesses). The book has an almost total American orientation.

The first chapter discusses seminal US legal cases about withdrawal of treatment, such as Nancy Cruzan, Karen Ann Quinlan and Terry Schiavo, establishing the status of autonomy, and pin-pointing the role of the religious right in opposition to any change.

Dr Preston supports palliative care and its use of terminal sedation, but is scathing in denouncing the hypocrisy of PC physicians in their justification of such practice as outside the description of ‘killing’ in strict terms. Much space is given to demonstrating that doctors have for centuries, and now (even more since the advent of technological prolongation of life), do ‘kill’ patients, not by intention, but in the cause of relief of suffering and avoiding futility.

He points out the continuing pressure from the religious right on doctors who currently perform legal abortions (even 40 years after Rowe v Wade), and indicates that similar pressures on doctors limit the use of the Oregon and Washington Acts. This is particularly so in Catholic hospitals and clinics.

He delivers a blistering critique of the Catholic Church and its influence on medical practice and legal change in the US. Also attacked are the American Medical Association (representing less than 40% of US doctors), and the attitudes of many in the profession who maintain old attitudes to new circumstances, and stifle any compassion they might once have had.

Dr Rodney Syme

Where there are things to be done, the end is not to survey and recognize the various things, but to do them.

Proverb.

Aristotle 384 BC – 322 BC
We are very pleased to have finally launched our new website after more than six months in development. The new website aims to be more user friendly and designed to keep our members and the public up-to-date about the latest news and events in the fight for Dying with Dignity legislation. It is both smartphone and tablet ‘friendly’, meaning that the display will adjust automatically to the device on which the site is being viewed. This is handy given the increasing use of mobile devices to access the internet.

The website allows members to create a member login (first time users need to create an account which will be verified and approved by the office), renew membership, book an event and update their contact details. Please note that the ‘members only’ area is still being developed. Unless you are planning to attend an event or renew your membership online, there is no need at this stage to create a ‘member login’. We are planning to upload ‘member only DWDV forms’ such as the specialised advance healthcare directives, to the website in the coming months.

We have also added a section titled ‘News’. With thanks to a volunteer, you can now read and link to the current news stories regarding our issue and what our opponents are saying. You can download some of our forms under ‘resources’ or find out who is your local MP. Once you have determined who your local MP is you may like to use one of the ‘sample letters’ (coming soon) to write to your politician or we have listed contact details for various media. The public, when they visit, are urged to help our cause and can subscribe to our e-news, become a member, donate, make a bequest or buy from our shop.

Many people have shared their experiences with us. Read some of these stories under ‘Take action’ and consider sharing your story. For those who use social media we have a Facebook (Dying With Dignity Victoria) and Twitter (Dying With Dignity V) account. Please ‘like’ us on Facebook and ‘follow us’ on Twitter to read all our latest news.

Read about your hardworking committee under ‘About us’ and why they are so passionate about law reform. We will continue to improve and update, and recommend you have a look at some of its features: www.dwdv.org.au

Please contact the DWDV office for any suggestions or feedback on 9874 0503 or office@dwdv.org.au

Book review, Easeful Death – Is There A Case For Assisted Dying?

Easeful Death—is there a case for assisted dying? (Mary Warnock and Elisabeth Macdonald, Oxford University Press, Oxford 2008 ISBN 978-0-19-9561840-1) is the title of a thoughtful and helpful book published in 2008. Two English authorities have brought their legal and medical backgrounds together admirably to present the balanced perspective needed by this turbulent and topical area.

In particular, the authors tease out the reasons the system is being so negative about the proposition of the assisted ending of life. While the blockers may be in a minority, their negativity is deeply based. Doctors and nurses don’t want to be directly involved because of their training emphasis to sustain life – even if it means ignoring their compassionate component. The slippery slope argument and its exaggerated potential for social chaos provides ammunition unless you have the figures that show it just doesn’t happen if the mechanisms are in place to be watchful.

Some of the striking phrases that make this 134 pages so valuable as a reference are:

“Making people more death-proof is easy. The hard thing is going to be working out what all that extra life is really for.” (p. 127)

“The concept of futility should be taken seriously as a guide to medical conduct.” (p. 135)

“We must therefore concentrate on and, as it were, advertise the fact that it is not irrational or morally wrong for people in some situations to be like poet John Keats, ‘half in love with easeful death’.” (p. 137)

“It is to be hoped that, despite considerable opposition to treating advance decisions as absolutely binding, the Mental Capacity Act will bring about a change in the general climate of opinion.” (p. 54)

“In the USA, an advance decision now trumps any other judgement of what is best in a patient’s interest, and it also trumps any general argument based on the sanctity of life.” (p. 55)

This book is wonderful ammunition for the campaign that is now moving progressively into parliament. I see it as compulsory reading for all levels of ‘ambassadors’ who wish to help our society to mature in the controversies of ending life.

Book review courtesy of Dr Murray Lloyd, retired geriatrician, and Ambassador for Law Reform.
Recently, the think-tank Australia 21 released a report which recommended that “state governments should develop legislation now to permit and regulate voluntary euthanasia/assisted suicide in defined and limited circumstances”. This conclusion was arrived at after an extensive review of evidence and a round table discussion by persons with expertise in the matter. The report came three weeks after the publication by The Age of Beverley Broadbent’s story and a week of intense debate on rational suicide. The Age editorialized at the time, indicating that it wanted to encourage community debate on the matter. Yet the only reference to the Australia 21 report in The Age was a 90 word mention by Dan Harrison which stated that Senior Australian of the Year, retired Professor of Palliative Care Ian Maddocks, is at odds with the report.

Professor Maddocks’ fundamental view is clear and not at odds with the report. He stated in his submission: “I am clearly in favour of decriminalization”; decriminalization is one of a number of legislative approaches that could be considered by a Law Reform Commission. He went on to say: “most of us want the right to have a say, but it is appropriate to ask that all death decisions be considered in the light of a full understanding of complex realities, and of close others whom it will affect”. I fully agree, but one of the major points of the Australia 21 report is that under current law that process does not always occur. In fact we do not know exactly what is occurring because people are given assistance under a range of unrecorded circumstances, and the authorities turn a blind eye.

Recent reports show that 8 kilograms of Nembutal has been confiscated by Customs in the last 12 months (enough to cause 900 deaths). This is being smuggled into Australia for use without any medical advice? Helium and nitrogen are promoted on websites for end of life use without the concerns of Professor Maddocks being addressed. Meanwhile the incidence of violent suicide by elderly persons with intolerable suffering is significantly higher than the much more discussed youth suicide. If these people could have had the opportunity to talk freely to a doctor without fear of being psychiatrically sectioned, these deaths might not have happened in this ghastly way. Recently, Supreme Court Justice Betty King said, in relation to her sentencing of Heinz Klinkermann for the attempted mercy killing of his wife, “to keep an animal alive in the precarious circumstances of some of those in palliative care may well lead to charges of cruelty, but the law protects human life and places it into a special category. It is protected at all cost.” No matter what the cost for the individual.

I have given advice and medication to a number of people at the end of their life. I have endeavoured to follow the approach outlined by Maddocks, but would anyone know whether I had? I have been interrogated on nine occasions by police but no prosecution has followed. No doctor can be certain just what the interpretation of the Crimes Act is in Victoria. No doctor has ever been prosecuted for end of life assistance despite there being much evidence that doctors do assist their patients to die, both within palliative care and without.

Maddocks makes the sensible suggestion that palliative care teams might be best placed for effecting assisted death. In an ideal world I would agree with him – this actually happens in Belgium and Oregon where there is integration of assisted dying into palliative care. It is possible. But as Maddocks points out, the Christian (Catholic) origins of palliative care make this currently impossible in most countries. There, and palpably in Australia, the mantra goes “palliative care neither hastens death nor prolongs dying” (this is, of course, a practical impossibility), and “assisted dying has no place in palliative care”. Maddocks knows that, even if decriminalization was achieved, there would be no assisted dying in palliative care, though I admire him for provoking PC to at least think about it.

Unfortunately there are four ways of dying in Australia. There is sudden death with minimal medical intervention, which is actually uncommon. There is hospital and nursing home death where much insensitive and unnecessary intervention occurs because of poor communication. These are commonly highly medicalized deaths. There is palliative care death where there is usually good communication, commonly much medical involvement, but only one outcome – you go to the end of the line, palliated as best can be done, but ignoring the fact that much suffering cannot be adequately palliated. And there is an underground of assisted deaths, by what actual means no one can be quite sure, and with what satisfaction to all parties equally no one can be sure. Most people’s experience is of only one of these pathways, so communication about a good death is stifled, particularly about the last category. It cannot be openly discussed because it is considered dangerous to do so. When the person at the centre of the dying is gone, we cannot look back and analyse the quality of the process. If we open the gate to a discussion, which places the dying person at the centre of the discussion and not in an unequal position in relation to the doctor, we can be certain that we will enhance the quality of our dying. Australia 21 is right. We can do better.

“They tell us that suicide is the greatest piece of cowardice... That suicide is wrong; when it is quite obvious that there is nothing in this world to which every man has a more unassailable title than to his own life and person.”

Arthur Schopenhauer, German philosopher
1788 - 1860
Each time I read the newsletter from DWDV it reminds me of the beginnings in the 1970’s of VESV when I picked up a brochure somewhere and thought what a good idea it was. I got in touch with Beryl and Tim Saclier who I think were the founders sometime in the early 70’s, and I joined them in the early 80’s. Our meetings were held in private houses and it wasn’t long before I became the secretary as well as treasurer for several years, consequently becoming very involved. Our main aim of course was the same as it is now, and I am amazed that it hasn’t reached fruition although membership has grown prodigiously and many of the members are important people.

Nevertheless our numbers grew and I always remember *Jim who joined and lived in a retirement village close to my own residence. He was lonely and I often invited him for Sunday dinner. He left VESV quite a large inheritance and I attended his funeral little knowing that I would almost be evicted by his relatives when they requested how I knew Jim. It was like dropping a bombshell as though I had coerced Jim into leaving us his money. I spoke at many retirement villages about the aims of voluntary euthanasia and there was much interest in the movement and I find it difficult to believe that voluntary euthanasia is not yet part of our lives that would give peace not only to those suffering, but to those who could be assured that they would be helped in their desire to meet the inevitable calmly and painlessly.

When Dr Phillip Nitschke arrived in Australia I was quite sure that would be the turning point for legal sanction of voluntary euthanasia. Voluntary euthanasia was much talked about in the papers and I thought that there were many people who considered that a person should have the right to die when and how they wished. Sometimes I think that suicide is not quite the right word for simply wishing to end a life already spent and a life possibly suffering and without hope. I always think when I awake from an anaesthetic after a serious operation that death is no different when sometimes the pain of life is unbearable. I am eighty-one and, even though not without pain, I am enjoying what is left of my life. I fervently trust that some legal sanction to be able to die without fuss will ensue for me and for those who really need it now. Marise C

* name changed by request.

DWDV Editorial comment: Do you have a personal story you would like to share with our readers? Please contact the DWDV office on 9874 0503 or via email office@dwdv.org.au

State Election - laying the groundwork

With a State election due next year, we want our Members of Parliament to be as well-informed as possible on the desires of their electorate, and to understand that voluntary assisted dying is not an issue that is going away. You can rest assured that Members of Parliament really DO listen to their constituents - so we really do need you to say something to them! You can visit your local Member, by yourself or in a group, or you can write to them. If you’re stuck for inspiration, some of our talented DWDV members have shared their letters to MPs and these will be soon available for download on our website, www.dwdv.org.au. You can copy any parts of these if it would help, and add your own character, personal experiences and beliefs to the letter. There are no ‘rights and wrongs’ in expressing yourself, particularly when you feel passionately about this issue.

We do recommend the following tips:

• Be respectful.
• Be succinct.
• Use key phrases such as ‘dying with dignity’, ‘intolerable suffering’ and ‘voluntary assisted dying’. ‘Euthanasia’ can be a loaded word as opponents often drop the ‘voluntary’ aspect, so we don’t use this. Our words frame the debate.
• Include your name and home address.
• Invite a response.

Remember that your MP may already support voluntary assisted dying, or you may be trying to persuade one of the many MPs who are genuinely concerned about making the right, responsible decision for the community. You can also respond to mail you receive from your MP asking about which issues concern you; this is a great opportunity to talk about assisted dying. You can find your MP using the Victorian Electoral Commission website at www.vec.vic.gov.au/Lookup/LocalityFinder.htm, either from home or with the assistance of your local library.

Here are some good examples:

1. You are my representative in the Commonwealth and Victorian Parliaments respectively. The most basic of the human rights of choosing the time and manner of one’s peaceful death has been made available to citizens of many enlightened countries and some States in the USA. A similar right granted to the residents of Northern Territory was snatched away by the Commonwealth Parliament by a highly undemocratic denial of these rights. These matters are again either before many Parliaments in Australia or they should be. I am simply one of the 80+% Australians who support the right to voluntary assisted dying. My vote in the coming elections will be decided mainly on the basis of your attitude, policy and vote on this matter. Do you plan to support the human right and act in a democratic manner to secure my vote and that of a vast majority of Australians? If you do, then I think you will deserve to be called ‘Honourable’, otherwise it will remain a hollow label.

2. There has been much press comment about voluntary assisted dying in recent months. With a new Premier in Victoria, it is time this Government took the issue seriously and did something positive. There has been too much ‘pussy-footing’ around. Eighty percent of Victorians want voluntary assisted dying legalised – with all proper safeguards in place, of course. You cannot continue to ignore the views of such a majority of voters, despite the opinions of the Catholic church officials and other self-righteous organisations. Please talk to Mr Napthine and get some positive action.
A Letter to my Wake Up Call by Tracey Spicer

Please read below Tracey Spicer’s (an Ambassador for Law Reform) poignant letter to her mother, where she reflects on the worst ending to a wonderful woman’s life. This letter was first published in mid-June in The Age, Sydney Morning Herald, Brisbane Times, Illawarra Mercury and other on-line media. It quickly went viral on social media pages and was published on our Facebook page. We thank Tracey for allowing us to publish her letter and for her powerful voice in support of dying with dignity.

Dear Mum,

I’m so sorry I didn’t kill you. I came close. Believe me. The pillow was millimetres from your mouth. But I just couldn’t do it.

How could I take life from the one who gave it to me?

My suckler and snuggler, role model and mentor, nurturer and nemesis: Yes, you were all of those things.

To your daughters you were an impossible picture of perfection.

Successful career woman, devoted wife, loving mother – a feminist before your time – you laid out your manifesto: “I want you to be independent women. You don’t have to have babies. The world is your oyster. Go out there and show them what you’re made of! Who says you have to be sugar and spice and all things nice?”

Brave, bold and beautiful, you always called a spade a blo**dy shovel.

Possessed of a wicked wit, you could cut through fortune and infamy.

I told you I loved you. And I lowered the blow to flood you with morphine.

We asked the nurses, “Please, someone, anyone, end this godforsaken suffering.” (Which was a big call for an atheist; I had been forsaken long before this.) They, too, were kind, patting us on the back saying, “There, there. It won’t be much longer now.”

It made me wonder – how long is too long?

Is there a mathematical equation for this?

“T’ve heard three shrieks, five hollers, and one ‘Please, kill me now’. Is that enough, nurse?”

So we decided to do it ourselves.

Suzie stood there all night pressing that blo**dy red button to flood you with morphine.

The next day she showed me the bruise on her thumb.

“I know I could go to jail but I don’t care,” she declared.

But her bravery was for naught.

You kept breathing. And writhing. And screaming.

And so, at 3am, I got up from the recliner chair, lifting the pillow I had wedged behind my back.

I told you I loved you. And I lowered the pillow over your face.

It hovered there for what seemed like an eternity.

But in the end, I couldn’t do it.

I was weak. A coward. Not my mother’s daughter. I collapsed on the floor, sobbing. You must have known; you died hours later.

Finally, you were in peace.

Mum, I hope you forgive me.

Not for the clumsy way I’ve written this letter (you were always a masterful wordsmith) but for not having the courage to help you when you needed it most.

If it’s any comfort, Dad, Suzie and I are campaigning for voluntary euthanasia.

Let your suffering – and that of so many others – be a lesson to those short sighted, selfish, puerile politicians who refuse to show compassion to their fellow man. And woman.

How many of them have seen someone they love die in agony? And live with feelings of grief, regret, and helplessness?

Like I do. Love you Mum.

Your daughter, Tracey. xxx
Meetings and workshops

**AGM 2013 keynote speaker confirmed**
We are delighted to announce that Mr Ian Macphee will deliver the keynote address at DWDV’s Annual General Meeting on Saturday, the 16th of November 2013.

Mr Macphee, an Australian former politician who was a member of the House of Representatives from 1974 until 1990, is best known for his contributions in developing Australian multiculturalism and for being one of the most prominent moderate Liberal Party of Australia politicians. Mr Macphee, an Ambassador for Law Reform, will talk about his support for responsible aid-in-dying law reform. We warmly invite all DWDV members and guests to attend. Be seated for a 2.00pm start at the Unitarian Church, 110 Grey Street, East Melbourne. Melways ref: MAP 2G:D2. Please call the office on 9874 0503 to reserve your seat. We hope you can attend. Bring a friend.

**Forthcoming Melbourne workshops - held on Monday mornings**

- **Advance Directives – Sept 9th, 10 am–12:30 pm**
  Led by Dr Rodney Syme, this friendly and comprehensive workshop will teach you all you need to know about completing and storing DWDV documents aimed at ensuring your end-of-life choices are respected.

- **Death with Dignity in Dementia – Oct 14th, 10 am–2:50 pm**
  Based on Dr Rodney Syme’s experiences of many people’s fear of developing dementia, attendees will (1) learn about dementia and its effects; (2) understand how it is diagnosed and managed; and (3) complete DWDV’s Advance Directive for Dementia to document your treatment or refusal wishes.

**Forthcoming Phillip Island Workshop**

- **Dementia – Saturday 9th November**
  Workshop will commence at 10.00 am and conclude at approx. 12.30 pm
  The workshop will be held at the Cowes Cultural Centre. Booking essential via DWDV office, 9874 0503

**Members Information Session**

Our next informal and informative get-together will be held at the Kew Library for members, particularly new ones, and other interested people. It is a great opportunity for like-minded people to hear a little about the history and current initiatives of DWDV. Gold coin donation requested on the day. Phone the office to reserve your seats. Bring a friend. **Saturday, September 7th, 2.15 – 4.30 pm.**

**Event bookings**

You can book and pay for events online via our website www.dwdv.org.au or call the office on 9874 0503 to register your attendance, and pay by credit card, cheque or money order. Melbourne workshops are held in Kew and further details given upon registration. Easy access via public transport and parking onsite. Light refreshments served. To reserve your place at the Members Information Session and/or AGM, please call the office or register online. Please support us by attending these events. Check the website for the latest details.

**Ballarat Group meeting**

Locals are cordially invited to attend the next DWDV Ballarat Group meeting on **Tuesday, August 13th.** Other members, particularly in the Geelong and Bendigo region are also very welcome to attend. RSVP Ken on 03 5331 1328

Membership

DWDV would like to thank all our members who have renewed their membership for the 2013-2014 membership year and for those who generously gave a donation with your renewal notice. For those members who have not yet renewed we will be sending a reminder with this newsletter. Our membership numbers continue to decline and it is imperative that we keep growing to pursue our goal of law reform. We have included a ‘join a friend’ membership form with this newsletter and ask our members to please recruit a supportive family member, friend or acquaintance. Members who refer a friend will receive a special DWDV iris logo pin as a thank you gift. These pins will be for sale at our forthcoming events. We sincerely appreciate your continued support.