World End-of-Life-Choice Expert Here This Month

Dr Rob Jonquière, a retired doctor who helped draft the pioneering Dutch euthanasia legislation and is one of the world’s leading campaigners for medically assisted dying, is coming to New Zealand this month.

He has had more than 30 years’ experience with Physician Assisted Dying (PAD) and working with the law and doctors in the Netherlands. He is currently Communications Director of the World Federation of Right to Die Societies, which includes organisations committed to ensuring choices for a dignified death in 24 countries.

Few people know more about the issue than Dr Jonquière, which is why the New Zealand End-of-Life Choice movement has invited him to make a speaking tour of the country. He arrives on February 19 and will address meetings from Whangarei to Dunedin and meet leaders of medical and nursing organisations before leaving on March 12.

VESNZ President Jack Havill says Dr Jonquière has been invited because opponents of Voluntary Euthanasia are always quoting inaccurate facts supposedly based on the Netherlands, Belgium and other countries’ experiences.

“They have regular themes of elder abuse, threat to the disabled, encouragement of suicide, erosion of trust in doctors, mistaken diagnosis, and ‘slippery slope’ conjecture”, Jack says. “Dr Rob Jonquière is in an authoritative position to quote the real facts and figures, counteract the repeated misleading statements such as above, and tell the real stories of what is happening in jurisdictions where PAD has been legalised.”

Members are encouraged to attend and take friends to Dr Jonquière’s meetings to ensure maximum support for our guest. We are making every effort to attract media attention. This could be our most important event this year and offers a first class opportunity to show New Zealand how committed we are to the issue of End-of-Life Choice.

See his itinerary on Page 7

"No Law Change in the Next Three Years" Says MP

There is little chance of Parliament passing a law change to allow End-of-Life choice in the next three years, according to Labour MP Iain Lees-Galloway, who inherited the cause from Maryan Street after last year’s election.

After sounding out MPs from various parties, he said: “I have formed the view that the 51st Parliament is reasonably conservative and unlikely to be one that will pass socially progressive legislation under a conscience vote.”

Lees-Galloway, who is Labour’s associate spokesman for health (aged care), said: “Sadly, given the sensitivity of this issue I have not even found support from MPs in other parties to form a cross-party group to consider all aspects of end-of-life choice.”

Describing the lack of interest as “regrettable”, he quoted one government MP as saying: “If we are not going to debate it, why would we put our heads above the parapet now?”

Lees-Galloway, who was told to drop the issue by his party’s new leader Andrew Little, said: “Many new MPs are Continued on page 2
reluctant to take on such a challenging issue so early in their Parliamentary careers. I am concerned that the Bill would be defeated at First Reading which, as previous experience tells us, would be a significant set-back for those seeking change regarding End-of-Life Choice.”

In a letter dated January 20 to voters who contacted him about the issue, Lees-Galloway revealed that his correspondence was overwhelmingly in favour of a law change on the lines of Maryan Street’s private member’s Bill which she withdrew before the election.

“Since it became public knowledge that I was taking up the issue, I have received messages from 87 people in support of the Bill and 12 opposed to it.” He said a number of his caucus colleagues had expressed the view that jobs and economic security should be Labour’s priority focus “in light of growing inequality in New Zealand and the number of working families struggling to make ends meet under National’s punitive employment and social development policies”.

Parliament has twice rejected a Death with Dignity Bill, the narrow 57-60 vote in 2003 showing a marked change in political opinion since a comprehensive 6-29 defeat in 1995, and Lees-Galloway said he believed MPs’ further consideration of the issue was inevitable.

Noting that Prime Minister John Key had stated he would like to see some changes to support end-of-life choice, he said he would welcome a Government Bill, which would not be subject to the ballot necessary to ensure private members’ Bills are debated.

“I would work enthusiastically with National MPs to reach a cross-party consensus,” he said.

However, Parliamentary observers see little prospect of the Key government, which relies on the support of the minority ACT, United Future and Maori parties to pass legislation, proposing such a contentious law change before it faces voters again in 2017.

**PRESIDENT'S LETTER**

The trend in the polls is clear. People want a law change.

By Jack Havill, President of VESNZ

A number of polls have been held over the years about attitudes of the New Zealand public to medical practitioners assisting people to die.

The percentage in favour has been consistently high - usually above 70% - and the trend is clear: People want a law change.

In 2012 the Horizon poll looked specifically at the End-of-Life Choice Bill sponsored by Maryan Street and showed that support averaged in the mid-60% range for virtually all aspects. Now an Auckland University group (Rae, Johnson and Malpas) has done a further study, which shows overall support of 82% for legalising, physician assisted dying (PAD).

Within this total figure is an analysis of many variables. For instance, loss of dignity and intractable pain were supported by high percentages, but 46% felt that mental illness should be an exclusionary factor.

One presumes that the respondents were concerned about the ability of the mentally impaired to make a competent decision. But it has to be said that mental illness is a very broad group and many sufferers in that category – eg those experiencing moderate depression - would be highly competent to make a suitable decision.

If they are competent, why should they be treated differently from others with a terminal illness or say irreversible suffering?

It was the first New Zealand study to include the religious factor and the results echoed Australian and British polls showing high support among the faithful across the board.

The Auckland University survey showed that of the 11% of respondents who identified as very or extremely religious, 42% supported PAD. Of the 50% questioned who described themselves as moderately/slightly religious, 81% expressed support.

Continued on page 3
Thirty-nine per cent said they were not at all religious and 94% of them were in favour. Overall, 52% of those surveyed were Christian, 42% had no religion and 6% were classified as other.

This is an important result because religious opponents of PAD often claim they are speaking for their fellow believers, but the study showed they represent only a small minority. In the Australian polls, even Catholic believers, who are claimed to be the strongest opponents, have a high level of support – over 70% for legalisation of PAD. I have completed another survey that shows up to half of Waikato General Practitioners (GPs) would “support or probably support” medical assistance to die.

I sent questions to GPs in the Waikato DHB region and 78 answered, a 39% response. There were three questions covering the issues of the basic criteria for the EOLC Bill, ie terminal illness and suffering from an irreversible unbearable condition, the use of an End-of-Life Directive and extending this to those with dementia.

Overall, 45-50% of the GPs said they would support or probably support medical assistance to die while 5-11% were unsure. The biggest opposition was in relation to patients with dementia but even in this group only 50% was totally opposed or “probably opposed”.

I regard this as useful information counteracting claims that Maryan Street’s Bill would be inoperable because insufficient doctors would cooperate when PAD was legalised. Polls in other countries indicate the number of medical practitioners supporting PAD is always lower than that of the public, although practitioner support is high in the Netherlands and Belgium.

"LOSS OF DIGNITY, NOT PAIN, IS THE ISSUE" - PSYCHIATRIST

Loss of dignity, rather than pain, is what most people fear about the end of life, according to a British psychiatrist who assesses the mental condition of patients seeking assisted suicide at Dignitas or two similar facilities in Switzerland.

“Good palliative care adequately controls most pain but is not so adequate when it comes to dignity,” Dr Colin Brewer, says. “That is why a few British palliative care physicians have said publicly what many more admit in private; that good palliative care should include direct medical assistance in the timing of death when it is the patient’s considered and persistent request.”

Dr Brewer and colleague Dr Michael Irwin have published a book called I’ll See Myself Out, Thank You (Skyscraper Books, available on Amazon £10.99) which they hope will help promote a “leisurely and thoughtful” debate on the issue of medically-assisted dying.

Writing about the book in The Oldie magazine, Brewer said most people going to Switzerland didn’t need expert psychiatric assessment because they had straightforward physical illnesses and never had any psychiatric problems. Alzheimer’s patients were different from others, he said, because they had to go sooner than they would ideally prefer and dare not risk leaving it too late and finding they are “no longer legally competent to qualify for medically-assisted rational suicide under the strictly monitored Swiss rules. They would rather give up a few months of reasonably rewarding life than expose themselves and their families to the unavoidable, undignified and pointless alternative (loss of dignity).”

Brewer said there was nothing abnormal about wanting a civilised death on one’s own terms in Switzerland. “It cannot be ‘abnormal’ or a sign of ‘depression’ when some 80% of one’s fellow citizens say they would like the same option if faced with an unacceptable distressing decline and death.” He said surveys in Britain and the Netherlands, where voluntary euthanasia is legal, found that a majority “would definitely support having matron slip something into their tea when they were no longer able to express a considered opinion about their care.”
A ROUND THE WORLD

UNITED STATES

Legislators in 13 American states have pledged to introduce assisted-dying legislation this year, according to a California senator who launched an End-of-Life choice Bill in the country’s most populous state on January 28.

Senator Bill Monning said this rush of activity was sparked by the example of Brittany Maynard, the 29-year-old suffering terminal brain cancer who ended her life on November 1 after moving from California to Oregon to take advantage of that state’s enlightened right-to-die laws (See Newsletter Issue 37, November 2014).

Brittany became the face of the right-to-die movement in the US and her mother, Debbie Ziegler, told a news conference announcing the Bill that her daughter had gained a measure of peace from knowing she could end her life on her own terms. “Stand up and make your voice heard, even if it shakes like mine,” she said. “Please help me carry out my daughter’s legacy.”

The California Bill follows Oregon in requiring two doctors to confirm that a terminally ill patient has less than six months to live before prescribing a lethal drug. Washington State, Vermont and Montana have passed similar laws.

Legislators in Colorado, Nevada, Hawaii and Connecticut are reportedly poised to introduce Bills, according to the Death With Dignity national centre, while New Hampshire and Pennsylvania will also revisit the issue in 2015.

New Jersey’s Senate is expected to debate a Death with Dignity Bill approved by the lower house Assembly in November, but Governor Chris Christie, a possible Republican presidential contender, has pledged to veto it.

BRITAIN

A third of senior doctors in Britain favour a law change to allow medically-assisted suicide for the terminally ill, according to a survey by the Royal College of Physicians late last year.

Another 10% supported legislation to permit assisted dying, but not by doctors. The survey of nearly 9000 of the college’s 22,000 members found 37.5% disagreed with the suggestion that patients could die with dignity under existing conditions and a law change was not needed. This was up from 26% when the same question was asked in 2006.

One-in-five doctors (21.4%) said they would be “personally prepared to participate actively in assisted dying” if the law was changed, with 20.1% unwilling to commit themselves. This compared with 18.9% willing and 19.4% undeclared in the earlier survey.

The college said it would maintain its opposition to medically-assisted dying but recognised “there has been a shift in opinion over the past eight years” and said it would continue to engage members on the issue.

The latest survey found a quarter (24.6%) of those questioned thought the college should drop its opposition with 31% uncommitted. Less than half (44.4%) supported the status quo.

SCOTLAND

A private member’s Bill that would make it lawful to assist anyone suffering a terminal or life-shortening illness to commit suicide was debated in the Health and Sport Committee of the Scottish Parliament on 13 January.

The Assisted Suicide (Scotland) Bill which would make it no longer a crime to help someone take their own life was first introduced by Margo MacDonald, who died in April from Parkinson’s disease. It is now sponsored by Green Party MP Patrick Harvie who said it was supported by members of all parties and backed in principle by a majority of Scots in opinion polls. The Scottish Parliament last debated the issue in 2010 when a similar measure was defeated by 85-16 votes with two abstentions.

More than 800 submissions were made to the committee which will question other experts over two months before making a recommendation to Parliament for a full debate and vote.

Continued on page 4
The sufferer, who must be mentally competent and over 16, must commit suicide by personally taking drugs provided by a doctor within 14 days of making a second request. The Bill specifically excludes euthanasia.

THE NETHERLANDS

The Royal Dutch Medical Association (KNMG) and the Dutch Nurses’ Association have published a guide to help physicians and carers provide guidance to patients who consciously choose not to eat and drink so as to hasten the end of life. They said it was expected that care providers would increasingly face this situation and the document is designed to help them prepare patients and guide them through the process, and in initiating or continuing palliative care. The guide is available in English at www.knmg.nl/english

QUOTES
WHAT THEY SAID

“I’m not sure that I would actually exercise the right to die if I had it, but I should at least have the choice,” Lecretia Seales, 41, of Wellington, who has terminal brain cancer. “I really want to be able to say goodbye well.”

“I want my family and friends to remember me as a person who loved life, somebody who was ‘alive’, not a bedridden, pain-racked and drugged shell of my former self, totally dependent on others . . .” Faye Clark, 71, of Hamilton, who has incurable blood cancer.

" ... we are left with the status quo: the spectre of more gruelling court cases against decent people driven by compassion to act illegally, and a society that knows we need to deal much better with the important – and universal – matter of how we die.” Editorial in The Listener, regretting the failure of MPs to respond to majority public opinion favouring assisted-dying.

“I want to go out on my own terms. I don’t want any church, the government, any doctor or hospital or even any member of my family to contradict what I want for my death,” Jerome Medalie, 88, retired US lawyer, tells the New York Times about his advance directive, refusing resuscitation, ventilator and feeding tube, if he becomes terminally ill or develops dementia.

“The law hasn’t changed in my lifetime,” said Briton Debbie Purdy, 51, who suffered multiple sclerosis for nearly 20 years before dying on December 23 after refusing food. “I just hope others will succeed where I have ultimately failed, and that Britain will see an appropriate assisted dying law soon, so that no one else has to work as hard as I have to have some choice and control over the way I die.”

“One morning, I was alone with him in the house. He looked up at me and said, ‘Sarah, will you help me?’ Two days later my dad died, his arms reaching above his head for air. I wish I could have helped him, instead of him lingering on long past when he felt ready to go. No one should have to die that way.” Briton Sarah Partridge tells the Guardian about her father’s death from asbestos-acquired lung cancer.

“I have learned from my life in medicine that death is not always the enemy,” South African heart surgeon Prof. Christiaan Barnard. “Often it is good medical treatment. Often it achieves what medicine cannot achieve? It stops suffering.”

“I would give absolutely anything I have to live to see my children grow up, and to share the retirement I had dreamed of with my husband. I do not want to die, but I have no choice. I have only a month or so left. I would have so welcomed the option of Assisted Dying. Then I could die when I wanted, at a time and place of my choosing, with dignity.” Briton Jane Stephen, who is dying of aggressive bile duct cancer.
**SHOULD WOMEN GET PAIN RELIEF IN CHILDBIRTH?**

Sarah Wootton, chief executive of Dignity in Dying UK, posed the question in a provocative article for the online BuzzFeed Community newsletter.

"Today, denying a woman this choice would, quite rightly, been seen as ethically wrong and verging on the barbaric," she wrote. “But in the mid-19th century there was debate over whether it was ethical and safe to administer pain relief to women during childbirth, even if it was requested and the women’s pain had become unbearable.”

Medical practice and religious belief were strongly intertwined and remained so until Queen Victoria defied the convention in 1853 with the help of Dr John Snow.

It is clear, in retrospect, that both the religious and medical opposition was ill-informed and misguided. If opponents of the day had won the debate it would have maintained the status quo and the unnecessary suffering of women would have continued. But could such paternalism survive in our modern world? Sadly, it does.

It is analogous to the assisted dying debate today, with similar arguments against a more compassionate, patient-centred law, used by opponents of change both in the UK and America.

Last November, religious leaders in the US condemned the choice of Brittany Maynard, who chose to control her death rather than let her brain cancer run its full course.

As they did in the 19th century, some traditionalists are trying to deny people choice by controlling medical practice”. She quoted two American Catholic leaders: “Suffering is not worthless, and our lives are not our own to take. The truth is we have dignity because we are made in God’s image and likeness, and when we choose to destroy that image, we deny God and put ourselves in his place. When we dethrone God and trample on his image, the evil one is pleased.”

Sarah Wootton said: “I strongly believe that one day, hopefully in the not too distant future, we will look back at our out-of-date laws on assisted dying and ask “why were we so barbaric?”.

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**ANNUAL GENERAL MEETING SATURDAY 20 JUNE 2015**

**HAMILTON AIRPORT HOTEL**

**PROGRAMME**

- 9.30 to 10.30am  Arrive, registration and morning tea
- 10.30 to 12.30pm  AGM business
- 12.30 to 1.30pm    Lunch
- 1.30 to 3.30pm    Two interesting speakers (details to be advised), interactive forum.

More information will be given with voting papers for election of officers to be mailed.

Questions to Eileen, Central Office, at office@ves.org.nz or by phone - 09 215 4964.

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**MEMBERSHIP**

Is your membership due for renewal on 31 March 2015?

A very large number of members are asked to renew their annual subscriptions on 31 March. This means a disproportionate number of renewals have to be processed in March and April every year, creating a major problem for our office staff. This year, we plan to stagger the 31 March renewals across the period March / April / May / June. The new date of your renewal will then be permanent. Please be assured that nobody will be asked to pay early and we would be grateful for your patience at this busy time.

A reminder: End-of-Life Choice is not a charity, but a “not for profit” society and you cannot claim tax relief on your membership subscription. This means that you may not need a receipt for your payment. If you would like more information, please contact Eileen by email at office@ves.org.nz or phone 09 215 4964.
## ROB JONQUIÈRE VISIT TO NEW ZEALAND 2015

### HOSTED BY AUCKLAND

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<tr>
<td>Saturday 21 February</td>
<td>Public Meeting</td>
<td>Fickling Convention Centre, 546 Mt Albert Road, Three Kings, Auckland</td>
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<td>Sunday 22 February</td>
<td>Public Meeting</td>
<td>Forum North, Whangarei</td>
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<td>Tuesday 24 February</td>
<td>Meeting (NB not open to the public)</td>
<td>Auckland Medical School and DHB</td>
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### HOSTED BY WAIKATO

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<tr>
<td>Wednesday 25 February</td>
<td>Public Meeting</td>
<td>SGO1 Lecture Theatre, Waikato University</td>
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<td>Thursday 26 February</td>
<td>Grand Round</td>
<td>Waikato Hospital (NB not open to the public)</td>
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<td>Friday 27 February</td>
<td>Public Meeting</td>
<td>Age Concern 30 Victoria St Hamilton</td>
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<td>Friday 27 February</td>
<td>Public Meeting - Tauranga</td>
<td>Armitage Hotel, Park Street, Tauranga</td>
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<tr>
<td>Saturday 28 February</td>
<td>Public Meeting - Taranaki</td>
<td>Community House (next to YWCA) 32 Leach Street, New Plymouth</td>
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<td>Sunday 1 March</td>
<td>Public Meeting - Whanganui</td>
<td>Grand Hotel, Corner of Guyton Street and Hill Street, Whanganui</td>
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<tr>
<td>Monday 2 March</td>
<td>Public Meeting - Paraparaumu Beach</td>
<td>Senior Citizens Rooms, Ocean Rd, Paraparaumu Beach</td>
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<td>Thursday 5 March</td>
<td>Public Meeting - Napier</td>
<td>Tamatea Community Church, York Avenue, Tamatea, Napier</td>
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<td>Saturday 7 March</td>
<td>Public Meeting - Wellington</td>
<td>St Andrews on the Terrace, Wellington</td>
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<td>Sunday 8 March</td>
<td>Public Meeting - Nelson</td>
<td>Fairfield, 48 Van Diemen Street, Nelson</td>
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<td>Monday 9 March</td>
<td>Public Meeting - Christchurch</td>
<td>Sydenham Room, South Learning Centre, 66 Colombo Street, Christchurch</td>
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<tr>
<td>Tuesday 10 March</td>
<td>Public Meeting - Queenstown</td>
<td>St John’s Rooms, Frankton, Queenstown</td>
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<td>Wednesday 11 March</td>
<td>Public Meeting - Dunedin</td>
<td>William Cargill Room, 678 George Street, Dunedin</td>
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Dr Jonquière will be interviewed on various national and local Radio and TV stations, for print publications, and by politicians.
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.

Guide to Dying - Your Way

End-of-Life Choice has teamed with medical and legal experts to assemble a comprehensive step-by-step guide to help you create an Advance Directive that reflects your wishes. It also contains information on choosing an Agent, someone you entrust to ensure your wishes are carried out. It answers important questions you may have about writing an Advance Directive, which meets your personal wishes, it offers tips for relief of pain and suffering, the legality of an Advance Directive in New Zealand, and keeping your Advance Directive up to date.

Order your Guide and Advance Directive today
1. An instantly downloadable PDF (WHICH YOU PRINT YOURSELF)
   From the website http://www.ves.org.nz
   Credit card payment of $20.00
2. A printed and bound booklet, which will be posted to you within ten days
   Email office@ves.org.nz
   Mail PO Box 89 046, Torbay, Auckland 0742
   Payment by personal cheque or direct debit of $27.00
   (Include YOUR NAME and "GUIDE" on your direct payment details)

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 89 046, Torbay, Auckland 0742 or Directly into our bank account ANZ 01 0527 0085629 00
   (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.