‘The right to die is as inviolable as the right to life’. Sir Mark Oliphant

Campaign update: SAVES’ engagement with MPs

SAVES and voluntary euthanasia specialist advocacy support group members, as well as members of the SAVES executive, have continued meeting with MPs; especially those elected to State Parliament at the March 2018 election.

It has been very rewarding to connect with new elected members to discuss SAVES’ aims, and to advocate for law reform. We provide MPs with a range of important information and clarify any issues of concern. Our advice is always based on the broad array of evidence-based information compiled by SAVES over a long period of time, and updated as necessary.

SAVES has also been meeting once again with those elected members who took part during the 2016 legislative campaign which only failed on the vote of the Speaker Michael Atkinson. We urge all members to continue to speak to, and write to their state MPs to explain why law reform is so critical in SA. Please let them know your stories and experiences which have led to your advocacy.

Restoring Territory Rights

“What gives you the moral right to decide that it is OK for six million Victorians to have the option of VE but not 660,000 Territorians?”

The above quote are the words of Marshall Perron, former Chief Minister of the Northern Territory and architect of the NT Rights of the Terminally Ill (ROTI) Act 1995. For more recent SAVES members who may be unaware of its history, the ROTI Act legalised voluntary euthanasia in the NT. Four people accessed the Act before it was overturned by the Euthanasia Laws Act 1997.

This second Act was introduced into Federal Parliament by Liberal Party backbencher Kevin Andrews as a private member’s bill; with the personal imprimatur of Prime Minister John Howard. The Euthanasia Laws Act also removed the powers of the parliaments of the Northern Territory, ACT and Norfolk Island to ever legislate for the right to voluntary euthanasia. The main promoters of the so-called ‘Andrews Bill’ were members of the coalition’s fundamentalist Christian faction, the Lyons Forum, (with many members still in parliament today), and support from the well-funded Right to Life organisation.

Recently ACT Labor politician Tara Cheyne led an initiative to reinstate territory rights arguing:

We are beholden to outdated legislation, more than 20 years old, made by people who don’t represent us, rendering us a second class jurisdiction.

Senator David Leyonhjelm (Liberal Democrats) succeeded in raising a proposal to remove this restriction, and foreshadowed a Bill for legalisation of assisted dying, the Restoring Territory Rights (Assisted Suicide Legislation) Bill.

Following debate in the Senate on the 14th and 15th August the Bill was narrowly defeated 36 votes to 34. Marshall Perron argued:

DONATIONS TO SAVES

SAVES members continue to be generous donors towards the society’s campaign for law reform. The different initiatives and ongoing work incur considerable costs, even though the society is staffed entirely by volunteers.

All donations, large and small, are always welcome and much appreciated.

Thank you!
I ask MPs who intend to vote against this bill to please explain in your contribution what gives you the moral right to decide that it is OK for six million Victorians to have the option of VE but not 660,000 Territorians? It is that simple.

And to the Prime Minister I say Malcolm, you are supposed to be the protector of democracy you should be urging every MP to support Senator Leyonhjelm’s bill. This issue is not about euthanasia, don’t pretend that it is - it is about democracy.

About the integrity of our system of government.

About a fair go. Territorians just want to be included. They really are - just like the other 24 million Australians.

Liberal senator Anne Ruston and Nationals senator Steve Martin voted against the bill after initially suggesting their support. Following the defeat Senator Eric Abetz proclaimed ‘this settles the matter for a generation’.

Time will tell.

References
- Burgess, K ‘ACT pushes for right to choose on voluntary euthanasia laws’, Canberra Times, 29th July 2018
- Brown, G ‘Senate leans towards voluntary euthanasia’, The Australian, 3rd August 2018
- Perron, M (Personal correspondence)

**Western Australia**

The previous SAVES Bulletin reported on the Joint Select Committee of the Legislative Assembly and Legislative Council to inquire and report on the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choice. The committee comprising MPs from Labor, the Liberals, the Greens and Nationals has called for voluntary assisted dying to be legalised in WA. Only one MP on the committee, the Liberal MP Nick Goiran, provided a dissenting opinion. The report entitled ‘My Life, My Choice’, was tabled in WA Parliament on 23rd August. It had 52 findings and made 24 recommendations.

Recommendation 24 was that legislation should be introduced to:

...provide for self-administration of lethal medication where an eligible person is physically able to self-administer. In cases where the person is eligible but physically incapable of self-administration, the legislation should permit a doctor to administer the lethal medication”.

An eligible condition is an advanced and progressive:

a. terminal illness or disease;
b. chronic illness or disease; or
c. neurodegenerative illness or disease, where death is a reasonably foreseeable outcome of the condition.

The person must be 18 years and over and with capacity to make the decision, and be a permanent resident of WA and either a citizen or permanent resident of Australia.

In further WA news it is heartening to hear that Perth doctor Dr Alida Lancee, who admitted to assisting a terminally-ill patient to die, has been cleared of any wrongdoing by the Medical Board. Dr Lancee was quoted in The West Australian newspaper as saying:

Almost two years ago, I decided to stand up for those of us who have died, are dying and will die in a way none of us would find acceptable... Since then, sadly, hundreds of Western Australians have suffered a needlessly painful and distressing death... Their loved ones know exactly what I am talking about. It is unfortunate that some people cannot imagine the pain of others until it happens to them or their loved ones.

To stand up for her action Dr Lancee argued:

Too often, compassion is a word used to describe superficial sympathy for another person’s plight. My understanding of compassion is much more than this: feeling sympathy for someone’s suffering without action amounts to nothing... As you are reading this, somewhere in Western Australia, people are dying a terrible death... If we could observe this, if we could hear their cries for help, we would all be marching on the street demanding change.

References:
- Lancee, A: ‘Why I stood up for compassion and choice and back assisted dying laws’, The West Australian, 4th August 2018
Timeline for Australian polls

The July 2018 SAVES Bulletin provided information on the history and the results of the latest Roy Morgan Poll undertaken in November 2017. Page 9 of this bulletin provides a very helpful timeline compiled by Dying with Dignity NSW which includes the range of polls and the related questions. This is a very good ‘fact checking’ resource by which to refute claims by opponents of law reform that questions posed in these polls are often highly ambiguous. It also provides a helpful talking point for discussions or written correspondence with MPs.

Australian Medical Students Association supports voluntary assisted dying

The Australian Medical Students’ Association (AMSA) is the peak representative body for Australian medical students. It states:

AMSA believes that all communities have the right to the highest attainable standard of health and quality of life. Accordingly, AMSA advocates on issues that impact local, national and global health outcomes. Voluntary assisted dying (VAD), encompassing both euthanasia and physician-assisted dying (PAD), is becoming increasingly important and relevant within the health sphere.

The AMSA website includes background documents informing both sides of the debate on voluntary assisted dying, perspectives from the medical profession, information on global practices, and the Position Statement on Voluntary Assisted Dying (VAD). This states:

AMSA believes individuals with an incurable physical illness that creates unrelieved, unbearable and profound suffering should have the right to choose to die with dignity in a manner acceptable to them, and should not have to suffer beyond their wishes. AMSA, in principle, supports legalising VAD.
The Australian Medical Association which represents approximately 30 per cent of medical practitioners opposes choice for voluntary euthanasia and voluntary assisted dying. This is reflected in the language of the association’s Position Statement ‘Euthanasia and Physician Assisted Suicide’ [sic]:

The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person’s life.

AMSA states in context:

Unfortunately, there is a large deficit of peer-reviewed research surrounding the attitudes of Australian medical professionals towards VAD. The most recent formally published data was a 2007 survey of Australian general practitioners and specialists from Victoria, which revealed that 53% of doctors believed VAD was appropriate in the right circumstances. More recent indicators of Australian doctors’ overall opinion towards the involvement of the medical profession in VAD has relied on informally published opinion polls.

In 2016, an AMA member survey of 4000 Australian medical professionals (from a pool of 13,000 members) found that 38% of doctors believed doctors should be involved in VAD, while 50% thought they should not be involved, and 12% were undecided. Furthermore, an Australian Doctor poll of approximately 370 medical practitioners in 2016 demonstrated that around 65% of doctors supported a change to the law on PAD if strict safeguards were enforced. However, as data drawn from both of these surveys was not published in peer-reviewed journals, it should be noted that this is opinion poll data. In countries where euthanasia and/or PAD are currently practised legally, medical professionals are generally supportive.

AMSA’s position on VAD marks a shift from the view expressed in the AMA Position Statement to a much more patient centred approach. This approach is embedded in the AMSA statement that ‘All communities have the right to the highest attainable standard of health and quality of life’. This presupposes that a person has … ‘the right to choose to die with dignity in a manner acceptable to them, and [that they] should not have to suffer beyond their wishes’

Reference:


---

Newsletters to MPs

Since 2014 SAVES has been informing MPs of important issues relating to voluntary euthanasia and voluntary assisted dying. Each sitting week we send our elected representatives a one page newsletter. The SAVES’ website hosts the 62 newsletters to date on these diverse issues. More recently we have confined the content to highlighting approximately five important points on any given issue. This is to present the message in a concise but informed way; being mindful of how busy MPs are in dealing with a range of policy areas. These newsletters can be used to update your own knowledge, and as a basis for discussion with your local MP or general community discussion. See the listing https://www.saves.asn.au/newsletters, and page 8 of this Bulletin for a recent example.

The VE Bulletin is available by email:

Please consider this option to reduce postage costs. Email: info@saves.asn.au to receive future editions by email.

Thank you

---

International News

The Oregon Death with Dignity Act

SAVES Bulletin provides occasional updates on the Oregon Death with Dignity Act (DWDA). The high level of reporting on the operations of this Act provides an opportunity to analyse the operation of the legislation on an annual basis. It is particularly timely to provide an update this year, as the latest report by the Oregon Public Health Division, Center for Health Statistics covers the 20th year of this ground breaking legislation.

Oregon enacted the Death with Dignity Act on October 27, 1997. This allows terminally-ill Oregonians to end their lives through the voluntary
self-administration of lethal medications, expressly prescribed by a physician. The Act requires the Oregon Health Authority to collect information about the patients and physicians who participate in the Act, and publish an annual statistical report.

The key issues from the report released in February 2018 are that, during 2017, 218 people received prescriptions for lethal medications compared with 204 during 2016. As of January 19, 2018, the department received reports of 143 people who had died during 2017 from ingesting the medications prescribed under DWDA, compared to 138 during 2016. Since the law was passed in 1997, a total of 1,967 people have had prescriptions written, and 1,275 patients have died from ingesting the medications. During 2017, the estimated rate of deaths was 39.9 per 10,000 total deaths.

Of the 143 DWDA deaths during 2017, most patients (80.4%) were aged 65 years or older. The median age at death was 74 years. As in previous years, patients were mainly white (94.4%) and well educated (48.9% had at least a baccalaureate degree). Patients’ underlying illnesses were similar to those of previous years. Most patients had cancer (76.9%), followed by amyotrophic lateral sclerosis (ALS) (7.0%), and heart/circulatory disease (6.3%). The majority of patients (90.2%) died at home, and most (90.9%) were enrolled in hospice care.

Most (99.1%) had some form of health care insurance. The percentage of patients who had private insurance (31.3%) and Medicare or Medicaid insurance (67.8%) in 2017 was similar to the previous year (29.7% and 69.5%, respectively). Similar to previous years, the three most frequently reported end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (88.1%), loss of autonomy (87.4%), and loss of dignity (67.1%).

A total of 92 physicians wrote the 218 prescriptions during 2017 (between 1 and 29 prescriptions were written per physician). Five patients were referred for psychological or psychiatric evaluation. During 2017, no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements.

These statistics are important to bear in mind for refuting any misleading information concerning this strongly monitored legislation that brings peace of mind to so many Oregonians. It is also important for providing a comparative context for South Australia.

In 2017 Oregon had a population of 4.14 million compared with South Australia’s 1.7 million (2018). This suggests that possibly fewer than 70 South Australians may seek to access voluntary assisted dying or voluntary euthanasia legislation in any given year once this is enacted.

Reference:
Oregon Death with Dignity Act 2017 Data Summary, Oregon Health Authority Public Health Division

---

**Bequests to SAVES**

A bequest to SAVES is a significant gift furthering the primary aim of the society to achieve law reform allowing choice for voluntary euthanasia.

The appropriate wording for the gift of a specific sum is **I bequeath to the South Australian Voluntary Euthanasia Society Inc. the sum of $.....**

In the unlikely event that you wish to leave your entire estate to SAVES it would read **I give, devise and bequeath the whole of my real and personal estate to the South Australian Voluntary Euthanasia Society Inc.**

---

**Update on Belgium**

There is often misleading, incorrect or sensationalist material presented in the media and by opponents of choice concerning voluntary euthanasia or voluntary assisted dying in Belgium. Researcher, writer and educator Neil Francis runs the website DyingForChoice.com. This hosts a wide range of helpful resources related to voluntary euthanasia law reform. A recent addition is a report from the Belgian Federal Commission of Control and Evaluation of Euthanasia for the period 2016–2017, for which Dying for Choice arranged translation into English. Key items in the report are that:

- There is ample evidence that doctors take diligent care by often consulting more widely than the Act requires.
- Assisted dying by advance directive remains very uncommon (1.3% of 2016/17 cases): almost all cases are by current request.
- There has been a significant increase in the ‘poly-morbidities’ category due to a change
in the classification system, but also because more people fit this category due to an ageing population.

- Cancer is still the major reason for requests for assisted dying (64% in 2016/17), though its proportion of contributing illnesses is falling.
- The number of assisted dying cases in relation to psychiatric illness went down in 2016-2017.
- Only three cases of assisted dying for minors have occurred since the law was changed in 2014 to allow this option. Two were in 2016 and one in 2017; all due to severe and intractable illness. Extensive consultation occurred in each of the three cases, including assessment of decision-making capacity by at least one specialist child psychiatrist or psychologist.
- The typical age profile of people seeking voluntary euthanasia has in recent years increased a decile, as the population ages.
- The Commission notes that cancer diagnoses are increasing, so the number of assisted deaths are expected to continue to rise.
- The Commission discusses several cases that required extended review, but no cases were referred to the public prosecutor in 2016/17.

See the website for further detail: DyingForChoice.com.

Suicide and assisted dying

As Dr David Grube, the national medical director for the nonprofit organisation Compassion and Choices Oregon argues, it is important to differentiate the act of suicide from voluntary assisted dying. In an article published in The Kansas City Star on 4th August 2018 entitled "Medical aid in dying is not the same thing as suicide" Dr Grube explained that suicide is a tragic result of untreated, reversible diseases such as depression or addiction. Suicidal patients want to end their lives as a result of impaired cognition and deficiencies of impulse control. They are most often alone and may use violent means.

In distinction people seeking voluntary assisted dying do not wish to die, but are dying of an irreversible and untreatable disease or condition. ‘Their goal is to end, rather than prolong, their suffering. They are rational and their cognition is intact. They are connected to family and hospice’.

Dr Grube notes that there is absolutely no evidence that in jurisdictions where voluntary assisted dying is allowed suicide rates have risen. US National and state level data suggest that suicide rates have varied slightly, but overall have decreased in Oregon since its 1997 Death with Dignity Act went into effect. In the year and a half since California’s End of Life Option Act has been in effect, the state’s suicide rates have also decreased.

There is the same trend in five other states with 40 years of combined experience with medical aid in dying: Washington, Montana, Vermont, California and Colorado.

Many patients get tremendous solace from knowing they have the option of a peaceful death. With the best possible end-of-life care, most patients will not find the need to use medical aid in dying. Yet we all benefit from the option to end terminal suffering should the need arise because these laws spur conversations between patients, their doctor and their loved ones about all end-of-life care options. As a result, we see better use of hospice, palliative care and pain control...One should not falsely equate a violent, disruptive act like suicide with a proven medical practice that allows people in the final days of their lives to die a peaceful death.

In Oregon, since our medical aid-in-dying law was passed, more people have not died. But fewer people have suffered.

Vale Brenda Aynsley OAM

It is with sadness that SAVES advises members and other readers of the death of Brenda Aynsley OAM on the 12th August. Brenda was a supporter of voluntary euthanasia law reform and managed SAVES’ website on a voluntary basis for many years. She was the first woman to lead the Australian Computer Society with a campaign to encourage more females to join the profession. Brenda was also involved in the volunteer-led recycling and refurbishing of computers and laptops to offer at low rates to NGOs and community groups including the Red Cross and the Australian Refugee Association.

Brenda was awarded an Order of Australia in 2014 for services to the information and communications technology sector. She was also President of the Australian Computer Society (2013-2015). SAVES is highly appreciative of Brenda’s expertise and assistance over many years and we extend our condolences to her loved ones.
The World Federation of Right to Die Societies is an international federation of associations that promote access to voluntary euthanasia. It holds regular international meetings on dying and death. The World Federation, founded in 1980, consists of 45 right to die organizations from 25 countries.

UK Christian support for law reform

Readers will no doubt be aware of the strong advocacy for law reform by the group Christians Supporting Choice for Voluntary Euthanasia by Ian Wood the convenor, and by the patron and member of the executive Rev Dr Craig de Vos. This group’s major activity is sending letters to state MPs when a Bill relating to voluntary euthanasia or assisted dying is being debated, and providing evidence which shows strong Christian support for choice, ‘holding it to be consistent with Jesus’ message of love and compassion’.

Similar support has recently come from the UK’s Rev Dr Simon Woodman. He stated:

I have come to realise that there are strong theological reasons to support a change in the law to allow people control over their death... that the end of a life is not always something to be resisted, and that sometimes it is the best that can happen for a person...

For Christians, death is not seen as the ultimate enemy, which means that it can be embraced as a good part of life, to be welcomed rather than resisted when its time has come near. It seems to me to that such a perspective can helpfully challenge the ideology of ‘life at all costs’ that determines so much of our medicalised approach to death and dying.

Reference

-Woodman, S ‘A good assisted death can be a gift from God’, Campaign for Dying with Dignity (UK) 18th July 2018 https://www.dignityindying.org.uk/blog-post/a-good-assisted-death-can-be-a-gift-from-god/

A final word

In August The Economist magazine Open Future series focused on the issue of voluntary assisted dying. It offered an extensive array of opinions supporting and opposing the right to choose. Its own position is that:

In a secular society, it is odd to buttress the sanctity of life in the abstract by subjecting a lot of particular lives to unbearable pain, misery and suffering. And evidence from places that have allowed assisted dying suggests that there is no slippery slope towards widespread euthanasia. In fact, the evidence leads to the conclusion that most of the schemes for assisted dying should be bolder... Competent adults are allowed to make other momentous, irrevocable choices: to undergo a sex change or to have an abortion. People deserve the same control over their own death. Instead of dying in intensive care under bright lights and among strangers, people should be able to end their lives when they are ready, surrounded by those they love.

Another supportive perspective was from Dr Ellen Wiebe, a clinical professor at the University of British Columbia and a GP in Vancouver Canada for over 40 years. She stated:

An important part of being a good doctor is helping our patients have a good death, but the only person who can define a good death is the person dying... The profound change caused by the new law is that now we have the choice to control exactly when, where and how we die and whom we invite to the event...

And how do I feel when I provide an assisted death? Grateful to be a Canadian doctor in 2018 and have the ability to end the suffering of people dying of this array of horrible diseases. Honoured to be in the midst of families at such a critically important time in their lives when they are saying their last goodbyes to loved ones. And glad to know that I too have choices over my own death.

Reference:

For the full range of views see https://www.economist.com/open-future/2018/08/20/the-case-for-and-against-assisted-dying
Suicide linked to chronic and terminal illness

- It is a sad reality that hopelessly and incurably ill people without access to voluntary assisted dying / voluntary euthanasia die by suicide.

- In a 2015 study the Victorian Coroner investigated suicide linked to irreversible deterioration of physical health.

- He found 8.6% (291) people who died from suicide in Victoria (2009-2012) had a history of chronic or terminal illness, with the largest group aged over 65 years.

- The most common method used was poisoning, followed by firearms.

- The Coroner's Court concluded that in Victoria between 2009-2012 at least 50 people each year committed suicide in the context of irreversible deterioration in physical health due to disease or injury - almost one each week.

- It is reasonable to assume that this tragic situation is replicated across all other Australian jurisdictions.

Violent, lonely and cruel deaths - we can and must do better.

Reference:
Assisted Dying Opinion Poll Results - Australia

Public opinion in support of doctor-assisted dying has been in the majority for more than four decades. Support was in the high 60%s in the 1980s, in the mid to high 70%s in the 1990s, and in the low 80%s in the 2000/2010s.

<table>
<thead>
<tr>
<th>Polling body</th>
<th>Date</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspoll</td>
<td>2007</td>
<td>Thinking now about voluntary euthanasia, if a hopelessly ill patient, experiencing unrelietable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 80% No: 14%</td>
</tr>
<tr>
<td>Newspoll</td>
<td>2009</td>
<td>Thinking now about voluntary euthanasia, if a hopelessly ill patient, experiencing unrelietable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 85% No: 10%</td>
</tr>
<tr>
<td>Australia Institute</td>
<td>2010</td>
<td>This question is about voluntary euthanasia. If someone with a terminal illness who is experiencing unrelietable suffering asks to die, should a doctor be allowed to assist them to die?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 75% No: 13%</td>
</tr>
<tr>
<td>Newspoll</td>
<td>2012</td>
<td>Thinking now about voluntary euthanasia, if a hopelessly ill patient, experiencing unrelietable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 82.5% No: 12.7%</td>
</tr>
<tr>
<td>Australia Institute</td>
<td>2012</td>
<td>This question is about voluntary euthanasia. If someone with a terminal illness who is experiencing unrelietable suffering asks to die, should a doctor be allowed to assist them to die?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 71% No: 12%</td>
</tr>
<tr>
<td>ABC Vote Compass</td>
<td>2013</td>
<td>Terminally ill patients should be able to legally end their own lives with medical assistance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 75.1% No: 15.5%</td>
</tr>
<tr>
<td>Essential Media Communications</td>
<td>2014</td>
<td>When a person has a disease that cannot be cured and is living in severe pain, do you think should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NB: this poll used the term “commit suicide”, which is thought to be the reason for the lower than usual ‘Yes’ response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 66% No: 14%</td>
</tr>
<tr>
<td>Ipsos Mori</td>
<td>2015</td>
<td>What do you think of doctor-assisted dying? Do you think it should be legal or not for a doctor to assist a patient aged 18 or over in ending their life, if that is the patient’s wish, provided that the patient is terminally ill (where it is believed that they have 6 months or less to live), of sound mind, and expresses a clear desire to end their life?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 73% No: 15%</td>
</tr>
<tr>
<td>Essential Media Communications</td>
<td>2015</td>
<td>When a person has a disease that cannot be cured and is living in severe pain, do you think should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 72% No: 12%</td>
</tr>
<tr>
<td>ABC Vote Compass</td>
<td>2016</td>
<td>Terminally ill patients should be able to legally end their own lives with medical assistance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes: 75% No: 16%</td>
</tr>
</tbody>
</table>
SAVE-YA Syndicated Australian Voluntary Euthanasia Youth Advocates

Facebook: Support SAVE-YA Law Reform

A national youth lobby group which aims to provide a youth voice in support of legalising voluntary euthanasia in all States and Territories. Members between ages 18 and 35 are encouraged to join, make contact with their local MP and inform them of their support for voluntary euthanasia law reform.

Christians Supporting Choice For Voluntary Euthanasia

christiansforve.org.au

We are Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary assisted dying / voluntary euthanasia. This is strongly supported by the majority of Australian Christians.

South Australian Nurses Supporting Choices in Dying

facebook: SA Nurses Supporting Choices in Dying

We are a group of passionate nurses who believe in our patient’s right to choose the end of life care they wish. The group provides a forum for the nursing voice and perspective on legalising voluntary euthanasia and other patient choices in end of life care.

MY BODY MY Choice-VE

facebook.com/pages/MY-BODY-MY-Choice-VE

MBMC provides a voice for people with disability in the VE reform debate. MBMC represents the interests of people with disabilities who wish to exercise choice in all aspects of their life, including choice at the end of life, with the view that choice and control are a fundamental human right for everyone.

MBMC argues that people with disabilities know how it feels to lose personal autonomy through their ongoing fight for self-determination, independent living and disability rights.

MBMC believes that people with disabilities, who have struggled to control their own lives and bodies, must be allowed to maintain control and autonomy throughout their life, especially at its end.

Doctors for Assisted Dying Choice

drs4assisteddyingchoice.org

We are a national organisation of Australian medical practitioners, both current and retired, who are committed to having a legal choice of providing information and assistance to rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives.

Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

Respecting rational patient end-of-life choices

Lawyers for Death with Dignity

saves.asn.au/lawyers

Lawyers for Death with Dignity acknowledges the need for people with profound suffering to have the legal choice for a medically assisted and dignified death.

The current law says suicide is not illegal, but assisting suicide is. People in a terminal state may have profound, unbearable suffering and be in the undignified position of being unable to end their life without assistance.

Advances in medicine have improved life expectancy, but South Australian law has not changed to reflect the often forgotten deterioration in quality of life that a longer life expectancy may bring.

Paramedics Supporting Choices in Dying

facebook: Paramedics Supporting Choices in Dying

Paramedics Supporting Choices in Dying is an advocacy group promoting the rights of people to make decisions regarding their end of life wishes.

To go without pain, without trauma, without breaking the law, without endangering others and without suffering. To go gently, peacefully and with dignity.

We support good palliative care, encourage the use of Advance Care Directives and advocate for law reform to legalise the choice for voluntary euthanasia and voluntary assisted dying.
SA Voluntary Euthanasia Society Inc. Membership Form

Print and post or join online at https://www.saves.asn.au

☐ New Membership  ☐ Renewal

Surname, including Mr/Mrs/Ms etc

______________________________

Given Name(s)

______________________________

Address

______________________________

Suburb/Town & Post Code

______________________________

Telephone

______________________________

Email address

______________________________

Year of Birth (Optional)

______________________________

Membership Payment:

Annual membership is due at the end of February. Payment for two or more years is welcome, and is calculated by multiples of the annual fee – please mark accordingly

☐ $30.00 Single Membership ($15.00 concession)  ________________

☐ $40.00 Couple Membership ($20.00 concession)  ________________

☐ $350.00 Life Membership Single

☐ $500.00 Life Membership Couple

☐ Additional Donation to support the work of SAVES  ________________

TOTAL  ________________

Payment Options:

Cheques and money orders made payable to SAVES and send with this form to:

☐ SAVES Membership Officer, PO Box 2151, Kent Town SA 5071

Or pay by Electronic Funds Transfer:

☐ Commonwealth Bank  BSB 065 129  Account Number  00901742

PLEASE LODGE THIS FORM, along with EFT payment advice either via email to info@saves.asn.au or via Australia Post

How did you hear about us?  ______________________________________________________________

Do you have an area of expertise that could be of help to SAVES?  __________________________

Do you wish to receive the Bulletin by post or email?  ______________________________________

SAVES’ members support the society’s primary objective which is a change in the law, so that in appropriate circumstances and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgement and conscience of the doctor.

SAVES IS NOT ABLE TO HELP PEOPLE END THEIR LIVES
SAVES’ Primary Objective:
A change to the law in South Australia so that in appropriate circumstances, and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgment and conscience of the doctor.