SOUTH AFRICA DECISION A FIRST

On April 30 a judge granted a dying man in South Africa the right to be helped to take his own life by a doctor. The decision, argued by Dignity SA, came hours after the 65 year old man died naturally. If the government’s appeal to the SA Supreme Court fails, South Africa could become the first country outside of Europe to legalize physician-assisted dying. (See page 4 for the back story by Sean Davison)

NEW ZEALAND: KIWI LAWYER WITH BRAIN CANCER, DENIED DOCTOR’S HELP TO DIE

A judge in Wellington NZ decided not to grant the request of Lecretia Seales, age 41, who died of brain cancer but was not told of the decision. Seales had requested to die with the help of her doctor as she was paralyzed and did not want to be dependent. (See page 5 for analysis.)

VINCENT LAMBERT CAN DIE: PRECEDENT FOR EUROPE

The European Court of Human Rights has authorized France to take quadriplegic Vincent Lambert off life support in a landmark decision. The plight of the 38-year old, who was left severely brain damaged and in a vegetative state after a 2008 road accident, has split his family and sparked a fierce euthanasia debate in France. (cont’d on page 2)
VINCENT LAMBERT CAN DIE  (from page 1)

His wife, has said he would never have wanted to be kept alive artificially, and that she wanted to "let him go". However, his mother, a devout Catholic who wishes to keep him alive, said her fight would continue.

The ruling sets a legal precedent for all of the Council of Europe’s 47 member states. “As soon as a state wishes to modify its legislation on this issue, it will have to examine the principles solemnly posed in this ruling,” said Nicolas Hervieu, a European human rights court specialist.

In March MPs voted overwhelmingly in favor of a law allowing medics to place terminally-ill patients into a deep sleep until they die. The law also makes "living wills" - drafted by people who do not want to be kept alive artificially if they are too ill to decide - legally binding on doctors.

FINAL EXIT NETWORK LOSES MINNESOTA CASE

Robert Rivas, Legal Counsel for the Final Exit Network (FEN), argued, in Hastings MN, that the Minnesota definition of “assisting a suicide” was a violation of the first amendment. But the jury found Guilty verdicts on two counts: of assisting the suicide of a woman who was totally disabled from ten years of chronic, severe pain, and of interfering with a death scene (by removing the equipment for her self-chosen, self-administered helium death). In this trial FEN was the only defendant, though the original charges were against four individuals as well. The penalty can be a fine as high as $33,000; sentencing is not till August. No one from FEN has gone to jail in any of these cases.

Activities of FEN, providing information and support (started in 2004 based on Hemlock’s Caring Friends program which began in 1998) were assumed to be protected by the first amendment protection of speech. FEN neither provides the means or physical assistance. But a previous ruling, in a different case, by the MN Supreme Court severely curtailed speech rights to include giving information. Rivas and FEN plan an appeal. (Rivas shaved his head in sympathy with his brother who was undergoing chemotherapy.)

CALIFORNIA END OF LIFE OPTIONS BILL BEING CONSIDERED

A BILL SIMILAR TO THE OREGON LAW HAS PASSED THE CALIFORNIA SENATE AND WILL NOW BE CONSIDERED BY THE HOUSE WHERE MORE STRENUOUS OPPOSITION WILL BE FACED. RESULTS WILL BE KNOWN BY MID-SEPT. CALIFORNIA HAS MORE THAN 38 MILLION PEOPLE.
SURPRISINGLY SHORTENED PATHWAY IN SOUTH AFRICA

By Sean Davison

On April 30th 2015, an interpretation of the South Africa constitution by Judge Hans Fabricius led to a terminally man, Robin Stansham-Ford, being personally granted a legalised physician assisted suicide by lethal injection or lethal medication. The court case was sponsored by DignitySA, a right-to-die organisation that has been campaigning for a law change in South Africa for only four years. When DignitySA started its campaign we were expecting a very long haul, but this recent ruling has shortened our journey dramatically.

The reason for this welcome early surprise is that South Africa has one of the most liberal constitutions in the world, hastily drafted in the final months of the apartheid government. It has allowed our society to rapidly embrace issues that we have previously been uncomfortable to deal with (even if they were only of minority interest at first) such as sexuality, gay rights, AIDS, and abortion. These are no longer taboo subjects.

Although the judge stated that his ruling only applied to this court case, it has set a legal precedent for any individual with unbearable suffering to approach the court for a legal physician assisted death. The ruling held despite the undignified death of Robin Strasham-Ford before he was able to exercise his right, and therefore puts pressure on the law-writers in government to supplant the criminalization of assisted dying with a law that is in harmony with this alternative interpretation of the constitution: there is a basic human right to die with dignity. More specifically, the judge’s interpretation of the constitution’s right to bodily integrity was that a person is entitled to assistance to commit suicide.

To those from the law-conserving aspect of government opposing Robin Stransham-Ford’s request on the grounds of the constitution’s protecting his right to life, the judge retorted that this right is given up in the case of war and abortion, and he also pointed out that people can waive rights, both their rights to life and death. The judge also commented on the irony of their challenging a rational man’s request for a dignified death in light of the fact that they can’t bring under control the horrendous number of killings in the country!

It is disappointing that the government is vehemently opposing this interpretation of the constitution. One of the government’s bewildering grounds for challenging this ruling is their argument that doctors shouldn’t have to play God by ending a life, ignoring the obvious fact that they play God anyway to keep their patients alive. Not surprisingly, the religious grounds will be the most influential one in challenging the proposed law change. Of course, another objection is the ‘slippery slope’, because like Canada’s recent ruling the judge’s constitutional interpretation has essentially made possible for unbearable suffering that is not terminal illness. The final
objection is the concern of being flooded with requests for assisted dying. If that is an issue, then opponents of this law have not only provided support for it, but also owe an apology to the many individuals suffering in silence for so long. Despite these objections, it is unlikely that the ruling will be overturned. The public will then have an opportunity to shape the new law which they are already emotionally prepared to do. In recent years, South Africans have been directly confronted by the complex issues surrounding the uncomfortable subject of dying.

Firstly, they were confronted with my conviction and house arrest in New Zealand for the assisted suicide of my terminally ill mother and the subsequent founding of Dignity SA in 2012.

In December 2013 the public witnessed the undignified and unnatural death of Nelson Mandela, five months after doctors declared him to be in a vegetative state. No humane person could have been unmoved by this. Mandela may not have been aware of it but he got us talking about death, something we had not had the courage to do before.

The following year we heard the much publicised comments of Desmond Tutu expressing support for assisted death in certain circumstances. His words were reaching an audience that previously were not receptive to the idea of an assisted death because of the supernatural consequences of not having a ‘correct death’.

Eight months ago, a popular and charismatic politician, Mario Ambrosine, shocked the nation when he shot himself rather than endure the final weeks of a slow, painful, and undignified death from secondary cancer. In fact, it was primarily this dramatic suicide of Robin Stransham-Ford’s close friend motivated him to take his own assisted suicide request to court not only for a dignified death for himself, but others as well. It is worth noting that we see in this example another reason for the necessity in legalizing assisted suicide in light of suicide not being illegal. Even though Mario Amrosine’s suicide was not a failed attempt, it was dreadful because his young son was in a nearby room when this incident occurred. In other words, writing an assisted dying law is not just for the dignity of the individual’s death and helping those who cannot commit suicide themselves, but also for the dignity of those close to the individual, as well as a matter of public safety.

DignitySA’s role will involve straddling religious and emotional feelings with informed knowledge on this subject from jurisdictions where there is some form of assisted dying.

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**BALLOON HELIUM DILUTED**

Citing shortage and cost of helium, major balloon kit manufacturers are diluting helium tanks to contain 20% air, which is generally considered to be not quickly or comfortably lethal. Commercial tanks of helium, argon and nitrogen, all inert gases that will displace oxygen, are available, more expensive, harder to get and require more technical ability.

For information about a portable nitrogen tank see [www.maxdogbrewing.com](http://www.maxdogbrewing.com)
NEW ZEALAND CASE DETAILS (from Page 1, Lecretia Seales)

by Carolyn and Graeme Lyon

After her death Lecretia's husband gave a press conference and said that she knew that under New Zealand law, there was an assumption this was unlawful, but that it was untested in criminal law, and that the law could be viewed as ambiguous on this issue.

Lecretia sought a ruling in two parts. She wanted the High Court to declare that assisted dying was not unlawful under the Crimes Act, and that her physician would not be prosecuted if they helped her to die. This ruling was the only thing that could help her achieve the death she wanted within her lifetime without a parliamentary law change.

If that were not possible, she sought a declaration that the Crimes Act was inconsistent with her rights and fundamental freedoms. This wouldn’t change the law, and it wouldn’t help her in her own circumstances, but she knew it might help compel Parliament to change the law and help others in the future. What happened to Lecretia could happen to anyone.

Justice Collins provided an interim results judgment on the first part – the Crimes Act interpretation – on Tuesday so that Lecretia could be aware of the outcome and know whether she might lawfully access physician assisted dying. Sadly, Justice Collins declared in that interim judgment that a physician helping Lecretia to die in accordance with her wishes would continue to risk prosecution.

We are now all extremely hopeful that the Government (Prime Minister John Key’s National Party, propped up by a couple of smaller one-member-in-Parliament parties) will see sense and respond to VESNZ’s petition to depoliticise the whole debate and draft a bill that would then be referred to Select Committee for a full, considered debate -- and law change.

BOOK AND MOVIE

BOOK: I’LL SEE MYSELF OUT, THANK YOU, by Michael Irwin and Colin Brewer

A valuable, helpful delightful collection of articulate essays by Brits, including Irwin and Brewer, on personal, philosophical, religious aspect of death with dignity in practice and in politics.
MOVIE: THE FAREWELL PARTY

Residents of a retirement home build a machine for self-euthanasia in order to help their terminally ill friend. Soon, rumors of their assistance begin to spread, more and more people ask for their help, and the friends are suddenly faced with a challenging dilemma. “Tremendously moving, compassionate, profound and often hilarious Israeli film.” Ed Gogol, Hemlock of Illinois

DR. SYME UNINVITED BY AUSSIE PALLIATIVE CARE DOCS

On 27/2/2015 I received a letter to speak at the Royal Australasian College of Physicians conference on *Breaking Boundaries – Creating connections* meeting to deal with controversial issues (some of which were refugee rights and medical treatment, and medical cannabis, gender dysphonia, and clinical governance).

I was invited to deliver a plenary address on “*caring for those at the end of their journey*”. I was very honoured to receive such an invitation and rang the convener to discuss the content of my address. I did not think a polemic on voluntary assisted dying so offered to discuss the gap between the rhetoric and the reality of palliative care, basing it on published material. He agreed that this would be very suitable. Over the subsequent 10 weeks, I spent a considerable amount of time developing and honing my address.

On the morning of 8th May, the President of the Chapter of Palliative Medicine called. He was very civil and polite, but let me know that there was considerable unrest among palliative care specialists about my address, asking why a palliative care physician was not delivering the address. He told me that a motion had been put to the organising committee to ‘uninvite me’, but it did not attract a seconder, and was rejected. He attempted to influence what I should talk about. After expounding on the importance of “psycho-spiritual” matters in palliative care, he invited me a meeting on that subject in Melbourne later this year.

At 6.30 that evening I received a phone call from a representative of the College informing me that, due to large amount of dissent by Fellows, a decision had been made to withdraw my invitation. I asked by whom, and how, the decision had been made. I said I did not accept the “uninvitation” and asked that some communication take place from the President of the College. I subsequently received an email from the Vice-President of the College who said “I write to formalise the decision (made at the highest level of this organisation) to withdraw the invitation to speak...It is regrettable that we are in this situation and I sincerely apologise for that.” .... “our membership have expressed significant disquiet ahead of your prospective presentation at Congress”.

Rodney Syme MD
My response is as follows:

1. I personally feel deeply insulted.
2. I regard the behaviour of those at the highest level of the college, an academic institution of high repute, as being less than expected of an academic body.
3. For the college to surrender to “significant disquiet” from an unknown and undisclosed number of members in this way is cowardly.
4. The Lead Fellow who invited me was incensed at the College’s reaction.
5. The outcome is an act of academic censorship of the worst kind – they did not know the content of my address.
6. It illustrates the extreme depths to which those opposed to open debate on an important medical and social issue will descend to stifle debate.

Any assistance you can provide to make this scandal known to the public, other academic bodies, the media, the college, would be appreciated.

Rodney Syme

(Dr. Syme writes that a “howl of anger” has gone up among doctors in Australia about his disinvitation — all on his side.)

THIS NEWSLETTER

The WF Newsletter depends completely on your contributions since the WF is not able to provide funding in its current budget even with the new restructuring of the organization. But, you can contribute to the Newsletter — now, with all extra funds going to the World Federation. You can also include the WF in your will or trust, and you can specify that contributions go to the Newsletter,

All donations for the Newsletter, and correspondence, are welcome (but are not deductible). Include the World Federation of RTD Societies in your will or trust to insure survival of this unique international, 35 year old body.

Please send subscription fees ($25 by snail mail), donations, comments to: Faye Girsh, Editor / 8515 Costa Verde Blvd, Apt 1751 / San Diego CA 92122 / USA.

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Derek Humphry (ERGO)         Hemlock Society of San Diego     Irma Gawboy
Frank Sandner & Caroline Beckett     Kenneth & Carolyn Leonard
IMPORTANT SOURCES OF INFORMATION

Please check the WF Website: worldrtd.net for worldwide news. And — get a free online subscription to the ERGO listserv. Visit http://lists.opn.org/mailman/listinfo/right-to-die_lists.opn.org or, via email, send a message with subject or body ‘help’ to right-to-die-request@lists.opn.org

CANADA A LEADER IN DEATH WITH DIGNITY

After passage of the law by the Quebec Parliament in 2014 the Canadian Supreme Court unanimously ruled that there should be no legal prohibition against doctors helping severely ill patients die. Parliament has a year to develop a law consistent with this decision. Meanwhile the Quebec law, passed in 2014, providing the possibility of assisted dying or voluntary euthanasia to suffering patients will go into effect.

ISRAELI MAN STOPS TREATMENT IN 'UNPRECEDENTED RULING'

The Justice Ministry allowed an “unprecedented ruling” in which a severely disabled victim of amyotrophic lateral sclerosis was allowed by the Tel Aviv District to die in dignity, i.e., to slowly disconnect his respirator, even though his case was not strictly covered by the Dying Patient Law.

The man, who was able only to move his eyeballs, did not undergo active euthanasia to end his life, but the functioning of the respirator to which he was connected underwent a reduction in the air pumping rate and the concentration of oxygen in the air was reduced below that in air.

Jerusalem Post 6/5/15

UK: BILL STUCK IN LORDS; NEW BILL INTRODUCED IN COMMONS

Lord Falconer’s bill will be continue to be debated in the House of Lord after the body returns fro recess although it is burdened with amendments and objections. But a new, private member’s bill will be introduced in the House of Commons by Rob Marris, a Labor MP, who said, ‘It is a choice that I would want for myself…” The House of Commons has not voted on this issue for almost twenty years

DICK CÔTÉ, author of In Search of Gentle Death, died suddenly from a fall down the stairs. His book had just been published in Japanese. Here he is holding his book with Dr. Sochiro Iwao, President of the Japan Society for a Dignified Death at the World Conference