



# VESV REPORT

VOLUNTARY EUTHANASIA SOCIETY OF VICTORIA INC.

Reg. No. A0006974B

Member of the World Federation of Right to Die Societies

Number 124

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November, 2003

## Oregon's experience is encouraging

THE IMPLEMENTATION of medically assisted dying in Oregon, USA, during the past five years, has illustrated that it is a safe, responsible and effective way of recognising and respecting the best interests of terminally ill patients.

Debate on physician-assisted suicide (Medically Assisted Dying is the term in use in Victoria) in Oregon commenced in a serious way in 1993, when the collection of signatures for a citizens' initiated referendum began. The measure was voted upon in 1994, and won by a narrow margin.

The implementation of the legislation was delayed by judicial hearings, until, in 1997, the legislature organized another referendum with the object of repealing the legislation. The citizens affirmed their desire for the legislation by an overwhelming majority (60-40%). The legislation came into effect on 27 October, 1997.

The legislation allows a mentally competent, terminally ill Oregon adult with intolerable suffering, to self-administer medication, prescribed legally by their doctor, to hasten their death. Careful safeguards (second medical opinion, palliative care opinion, enduring request and a cooling off period) are mandatory. Documentation of the request and medical opinion is necessary and it is also mandatory for the death to be reported to the Coroner.

For the five years of operation of the *Death with Dignity Act* Oregon's Department of Human Services has produced a written report of the workings of the Act. A Five Year Summary was recently released (available from the Oregon Department of Human Services' website located at [www.dhs.state.or.us/publichealth/chs/pas/ar-index.cfm](http://www.dhs.state.or.us/publichealth/chs/pas/ar-index.cfm)). It shows that of the 42,274 deaths in

Oregon during the five years only 129 people used the legislation. It also shows:

- The incidence of provision of prescriptions has risen slowly to 1 per 1,000 deaths in the final year.
- The mean age was 69; 79% suffered from cancer, 8% from motor neurone disease, and 6.4% from chronic respiratory disease.
- 83% received hospice care; the other 17% refused it. Lack of effective end-of-life care was not the reason in any decision.
- 89% were graduates from high school, college or university.
- 94% of those who used their prescription died at home, while 38% have not as yet used the prescription.
- An average of 43 days elapsed between receiving the prescription and using it.
- Medication was successful in all cases. Half the patients became unconscious within 5 minutes and died within 20 minutes. The longest time to death was 14 hours. No patient required any other medical care.

(Continued Page 4)

### Inside:

### Page

- |  |   |
|--|---|
| • President's Message  | 2 |
| • Annual General Meeting Notice  | 2 |
| • A Member's Initiative  | 3 |
| • On the Shelf: <i>The Right to Die? An Examination of the euthanasia debate</i> | 4 |
| • Ballarat Group Operate Information Table                                       | 5 |
| • Advance Directives Updated   | 5 |
| • <i>Defenders of Choice and Dignity in Dying Successful in First Year</i>       | 5 |
| • Near and Far   | 6 |

## President's message

*COUNSELLING IS one of VESV's three constitutional aims. We carry this out on a group basis in our workshops, and individually for more acute problems, either by phone or face to face. Recently we received an unusual call from a young man seeking help. He was enrolled at a Sydney University, and had travelled to Melbourne after hearing a debate about voluntary euthanasia, in which Philip Nitschke was a participant. He had come to Melbourne as he could not get advice about medication to end his life in Sydney.*

*A VESV counsellor met him and discussed his problem for over 45 minutes, to understand the reasons for his request, and to assess the appropriate response. He was persuaded to accompany the counsellor to the Alfred Hospital emergency department for assessment and treatment of his depression. He needed constant assurance during the two-hour wait to be assessed and admitted to the psychiatric unit. During this time he asked if VESV gave advice regarding drugs, and he was told that we provided counselling, not advice. He wanted to know the difference.*

*I hope that readers can see the difference. Simply being given advice about drugs may have caused a tragedy, but being counselled avoided one. Counselling involves more than simply giving information about drugs. It involves an assessment of the reasons for a request, of whether any reasonable treatment option has been overlooked, of whether the person has all the information to make an informed decision, whether the timing is appropriate, and whether the interests of other parties have been considered. Advice out of proper context and without medical assessment has the potential for disaster, and this is why VESV is opposed to a home-made 'peaceful pill' or other device, which could become available without safeguards. While I earnestly wish for legislation that would allow people to have control over their end of life circumstances, I do not want to see this happen in a way that might seriously harm those for whom it is not appropriate.*

Rodney Syme

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*Making someone die in a way others approve, but he believes a horrifying contradiction of his life, is a devastating, odious form of tyranny.*

Professor Ronald Dworkin, "Life's Dominion"

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### **ANNUAL GENERAL MEETING**

**Guest Speaker: The Hon. Gavin Jennings, MLC,  
Victorian Minister for Aged Care**

Chairperson: Dr Rodney Syme, VESV President

**Sunday, 15 February, 2003 at 2.15 pm**

Downtowner on Lygon, 66 Lygon Street, Carlton

## A member's initiative

RECENTLY A VESV MEMBER who is also a member of a Senior Citizens' Club broached the subject of voluntary euthanasia at one of their regular social meetings. He was astounded at the lack of knowledge about the subject and at the apparent low level of interest. As a result of this, he saw a need to provide information, and contacted the VESV Office for advice as to how best to achieve this aim, while at the same time obtaining permission from the Committee of the Senior Citizens' Club.

The Department of Human Services poster (see below) was put up at the Clubrooms, and a four-page information pack compiled and distributed to those in attendance at one of the Friday meetings. Arrangements were made for a speaker to be present the following Friday to answer any question arising from the information presented; about 48 people were present on the first Friday and 40 information packs handed out. All attended the second meeting at which time there was an extremely positive response and additional information requested in greater detail.

Judging by the level of interest and the apparent lack of adequate knowledge, it would seem that such an endeavour could advantageously be repeated in other Senior Citizens' Clubs. If there is anyone who would be willing to present a similar program to a club of theirs – it doesn't have to be a Senior Citizens' Club – Lindy would be happy to assist.



*Victorian Department of Human Services Poster*

EARLIER IN the year we reported to you that VESV members had contributed to Victorian Government policy in that the Department of Human Services was to undertake an education program for hospitals and other institutions to provide information about patients' rights under the *Medical Treatment Act 1988*. The above poster is the result of this, including input from a VESV focus group, with about 8,000 copies having been distributed throughout Victoria. As we commented at the time:

**Members CAN make a difference!**

## On the shelf

*THE RIGHT TO DIE? An examination of the euthanasia debate* by Miriam Cosic starts with definitions and questions.

There are real life stories throughout the book and an acknowledgment that we come to this debate later in life, through experience. There are stories of people who made their views very plainly known in advance to family and friends, but the use of written advance directives was barely mentioned.

Religious and philosophical approaches to suicide and killing from Greek to modern times are outlined. We are not expected to be bound by beliefs we do not hold. More might have been said about the inconsistencies of religions between their laws against killing and their actions.

The chapters which outline the case for and the case against are disappointing and repetitive because they argue rather than present the case. Issues dealt with in these chapters include the freedom of choice of the individual versus duty to society, religious prohibitions against killing, the freedom of a doctor to refuse, and concerns about our ability to legislate adequately. Professor R. Dworkin makes the best argument “for” on pages 75-76. Concerns about escalating costs and increasing ability to prolong life are raised, along with the associated question of “When do we stop?” But readers will have to work hard at these chapters.

Two informative chapters deal with the recent events and legislative actions both internationally and within Australia, and a separate chapter covers the Dutch experience. Why the Dutch have moved so far ahead is attributed to a more open society, the maintenance of personal relationships between doctors and patients and protection from economic effects by the provision of good universal health cover. Reservations are detailed about the practical application of the Dutch Act.

The last two chapters deal with palliative care and achieving a resolution. The benefit to the patient and the family are described. That pain can be physical, mental or existential is acknowledged. Where it is available, palliative care claims to be able to manage 95% of the time.

So for the resolution? Some quoted palliative care specialists do not oppose legislation for voluntary euthanasia as a back-up which they hope will increasingly not be required. Assisted suicide is preferable to euthanasia by a doctor because the patients are taking responsibility for their own choices and demanding less of another human being. If we choose to legislate for choice it is clear that the law must be framed with great care.

*Jean Youatt*

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## Oregon’s experience is encouraging *(Continued from Page 1)*

As a result of this law and the debate that has accompanied it, other changes have occurred, namely:

- Oregon has the highest rate of hospice admissions in the USA and no person is denied hospice care through lack of availability.
- 36% of Oregonians die with hospice care, compared to 25% for the USA generally.
- Over half of Oregonians die at home or in hospice care, compared to less than 20% for the USA generally.

- Oregon has the highest use of opioid analgesics (morphine) in the USA, nearly twice the national average, indicating far better pain relief in terminal illness.

These statistics indicate that the use of physician assisted suicide was minimal, clearly voluntary and its timing chosen by the patient. The patients were generally well educated with access to medical and palliative care. The treatment was uniformly successful, resulting in a dignified death.

## Ballarat Group operate information table



*Ballarat Group members Barbara Morrison and Peg Somers man a VE Information Table in the Bridge Mall, Ballarat*

THE BALLARAT GROUP operated an Information Table in the Bridge Mall, Ballarat on 17 October. About 35 people collected items of literature and about 20 asked relevant questions. Several new memberships have originated from the Ballarat area in recent weeks.

### Advance Directives updated

IN REPOSE to members' suggestions, the Society's Advance Directives have been updated. The main change is that the "General" and "Treatment in a Nursing Home" Directives now contain a voluntary euthanasia clause bringing them into line with the "Alzheimer's Advance Directive". If you would like copies of these Directives please contact the Office on 9521 3297 or visit the Society's website at [www.vesv.org.au](http://www.vesv.org.au).

### Did you know?

THE ACTRESS Katharine Hepburn, who died earlier this year, was a supporter of the original Hemlock Society and sets out her beliefs in her autobiography, *Kate Remembered*. She had two copies of Derek Humphry's book *Final Exit*, a detailed account of how to take one's own life, one on each bedside table and said to the author "You're too young for this, but everybody should read it."

### ***Defenders of Choice and Dignity in Dying* successful in first year**

THE SOCIETY'S *Defenders of Choice and Dignity in Dying* pledge donor scheme has proved very successful in its first full year of operation. 36 donors have contributed \$4,000. If you would like to become a *Defender of Choice and Dignity in Dying*, complete the form enclosed elsewhere in this newsletter and send it to the VESV Office.

## Near and Far

### Florida, USA

GOVERNOR JEB BUSH, a right-wing Christian who opposes abortion and any procedures which could hasten death, has used his executive power to persuade the Florida legislature to override court orders and the wishes of the next-of-kin to order the resumption of tube-feeding to a severely brain-damaged woman. Terri Schiavo, 39, has been in a persistent vegetative state since suffering a heart attack 13 years ago. Her husband and her doctors believe she has no hope of recovery, and Michael Schiavo authorised the removal of the feeding-tube which has been keeping her alive. Her parents disagree with the diagnosis, and they and their son-in-law have been opposing each other in the courts for over a decade. Michael Schiavo has won cases in Florida's state courts, its Supreme Court, the US federal courts and in the Supreme Court by virtue of its refusal to hear the case. Doctors removed her feeding tube, but six days later were ordered to reinsert it when the Florida Legislature gave Governor Bush power to intervene.

Both sides in the right-to-die debate have described this decision as being significant in the ongoing question of maintaining life by artificial means. It also has implications for situations in which opposing family members could challenge other procedures such as organ donations. Although this particular law was specific to the Schiavo situation – it limits the Governor's authority to intervene to cases in which there is no living will, the patient is in a persistent vegetative state, and family members are challenging the removal of feeding tubes – it is likely to have far-reaching ramifications.

### France

A 22 YEAR-OLD MAN, left quadriplegic, blind and mute from a road accident, was finally allowed to die by medical staff when they stopped active resuscitation treatment after he became comatose when his mother administered an overdose of sedatives through his intravenous drip in an attempted mercy killing. Vincent Humbert had indicated his wish to end his life in a letter he wrote to the French President, Jacques Chirac, describing his existence as a 'living death' and asking for dispensation from the French ban on mercy killing. His mother, Marie Humbert, waged a passionate campaign for her son's right-to-die and gave him the overdose in the hospital three years to the day after the road accident that caused his injuries; her actions were supported by her family. The head of the 'reanimation' hospital unit, in the hospital where Vincent Humbert had lived for the three years, said the decision to disconnect his respirator two days after his mother's attempt was made collectively by the unit's staff. Both he and Madame Humbert are now liable for punishment under French law although neither has yet been charged, and the Justice Minister has issued a statement asking prosecutors to act with compassion in applying the law, taking into account the suffering of the mother and the young man. However, the Prime Minister and other ministers have resisted calls for a reform of the euthanasia ban. Since the death, newspaper headlines, TV shows and radio talkback programs have been filled with the debate on euthanasia.

Vincent Humbert planned his death to coincide with the publication of his book, *I Ask for the Right to Die*, which he dictated using the only remaining flicker of movement in his thumb, by pressing his thumb into the palm of his mother's hand to select letters as she read the alphabet aloud.

### Switzerland

AN IMPORTANT new study completed recently at the University of Zurich surveyed 5,000 deaths in the country and reported that 51% were the result of end-of-life decisions. The study found that doctors were co-operating with patients' requests by providing them with the means to end their lives (legal under Swiss law), by administering drugs to alleviate pain even though doing so would hasten death, and by withholding some available treatments to fulfil the wish of the terminally-ill patient to die more quickly. Active euthanasia is illegal in Switzerland. But a small number of doctors admitted to the practice.

It is thought that these figures may be boosted by the growing number of foreigners who are travelling to Switzerland for help in committing suicide, but as the subject is widely discussed, and assisted suicide is within the law, the results of the study were as expected.