

TELEHEALTH AND VAD – AGAIN



Dr Nick Carr

In the March 2021 Newsletter, I wrote about the issues faced with providing VAD care and the use of telehealth. I promised then to provide an update and, here at DWDV, we honour our commitments!

By way of background and as a reminder, all of us who trained as VAD care

providers were told in no uncertain terms that we were not allowed to undertake ANY communications by phone, internet text message etc. For details, please see the Newsletter, March 2021 edition. In brief, there is a perceived clash with the Commonwealth Criminal Code Act, that prohibits any discussion of suicide via a carriage service.

DWDV has made extensive efforts to resolve this issue. We have contacted State and Federal Attorneys General and health ministers. We have had backing from the Law Institute of Victoria, RACGP Victoria and Stuart Grimley, MLC. We were able to provide opinions by senior lawyers and ethicists that strongly support our position.

The result was a very frustrating extended period of buck-passing. This culminated in a reply from the then AG Michaelia Cash's office in February 2022 saying that she did not intend to deal with the matter.

We had been fortunate to secure the assistance of law firm Piper Alderman, acting pro-bono. They had assisted me in preparing an affidavit, to be lodged in the Federal Court if necessary. Once we had the clear indication in February that nothing was going to change, we reluctantly proceeded down the legal path.

And then there was an election.

With the change of government, we contacted the office of the new AG, Mark Dreyfus, to apprise him of the situation. We were seeking an indication that he might be more prepared than his predecessor to consider this issue, so that finally we could get some clarification. With his previous positive stance on VAD, we felt there were grounds for optimism.

Unfortunately, despite repeated requests, we received no response, so the affidavit was lodged in the Federal Court.

Since then, Mr Dreyfus has met with his State counterparts to discuss various matters relating to VAD. We hope that they impressed on him how important it is that the telehealth uncertainty be resolved. In our experience, there is overwhelming support for such a change, so we remain optimistic that continuing down the legal path will prove unnecessary.

One way or another, we should have an answer within the next few months.

VOLUNTARY ASSISTED DYING REVIEW BOARD REPORT

1 July 2021 to 30 June 2022

The Voluntary Assisted Dying Review Board has released its report for the year July 1, 2021 to 30 June, 2022.

It is available from <https://bit.ly/vadrb-report>

Here we have highlighted the issues we consider to be of greatest public interest.

- ▶ The total number of applications assessed by two qualified and independent medical practitioners as eligible under the strict criteria rose by 22% on the previous year.
- ▶ Since the commencement of the Act, 1,545 people have applied for access to voluntary assisted dying. The median age of applicants was 73 years, and half of all applicants were aged 65-81 years. Just over half of the applicants were male (54% male, 46% female).
- ▶ Over one third (37%) of applicants lived in regional Victoria, despite only 22% of the Victorian population living in regional areas.
- ▶ 604 permit holders died from taking the prescribed substance.
- ▶ Under 'Focus on quality and safety' the report notes that "The most significant matter to report is that voluntary assisted dying in Victoria continues to operate safely and lawfully. The numerous safeguards in the Act and the integrity of those involved have ensured that those risks that were raised in debates about the Act have been safely avoided."
- ▶ Four cases were identified as being non-compliant with the legislation: three being due to the Contact Person not returning unused substance within the 15 days after the applicant dying. There was one case where the person signing on behalf of the patient (allowed) also signed as a witness to that signing (not allowed). This was investigated and assessed as being due to an oversight, and no further action is being taken.



- ▶ The VAD Review Board is positioning itself to provide recommendations during the upcoming review of the legislation, scheduled for the fifth year of operation of the Act (2023). Recommendations it has received include: -
 - The ongoing advocacy for a change in the Commonwealth Criminal Code that impedes the use of telehealth for VAD assessments;
 - Consideration towards allowing medical practitioners and clinical staff to initiate discussions regarding VAD;
 - The removal of the requirement to involve a second specialist when the applicant has a neurodegenerative condition with a prognosis of 6-12months;
 - Consideration to a reciprocal approach to VAD eligibility with other Australian states and New Zealand; and
 - Removing the process requirement to apply for a separate practitioner administration permit should the applicant deteriorate and be unable to self-administer.

It should be noted the Board does not provide this information as a representation of Board opinion, rather as a demonstration of the feedback that has been received to date about the operation of the Act.

"The most significant matter to report is that voluntary assisted dying in Victoria continues to operate safely and lawfully"

Further comment is at <https://www.vadanz.com.au/2021-2022-victorian-vad-review-board-report/>

WELCOME TO NEW BOARD MEMBER

We are delighted to be welcoming Jane Nosworthy to the DWDV Board.

Jane began her professional life as a lawyer in private practice, before moving to the corporate sector and working in a range of legal, governance and commercial roles across the natural resources and technology industries.

She shifted focus to diversity and inclusion in 2019 and recently returned to study to build on her practical experience in this area. She is currently undertaking a Master of Social Work to explore different ways of working with individuals, groups and communities to support well-being and promote social justice.

Jane says: *My interest in voluntary assisted dying was strong but theoretical until my mother-in-law sought*

medical assistance to end her suffering from corticobasal syndrome, a rare neurodegenerative condition. Choosing VAD restored a sense of agency, self-determination and control, which had been stripped away by the physical and emotional ravages of her condition.

Thanks to VAD, she died a good death: calm and peaceful, with loved ones by her side.

I am honoured to join the DWDV Board. I look forward to supporting the organisation's ongoing work to promote genuine end-of-life choices and equitable access to VAD for all Victorians.



Jane Nosworthy

END-OF-LIFE DOULAS



DWDV has found that the services provided by End-of-Life Doulas have become increasingly popular and in great demand. Nicole Grundy, an EOLD and DWDV advocate, has written an article that describes the role she and others fulfil.

To help those seeking the assistance of an EOLD, we have collated a list, in which you will find the location of EOLDS around Victoria and you can contact them by email. It should be noted that those listed are happy to assist individuals accessing the Voluntary Assisted Dying process.

See *Other Services > End-of-Life Doulas* on our website.

CAN YOU HELP US WITH A DONATION?

We are deeply appreciative of the amazing work done by all our volunteers, but we also rely on the generosity of donors and other benefactors to help us support the right to individual end-of-life choices through voluntary assisted dying, advocate for improvements to current laws and provide support and education for individuals, organisations and communities.

Would you consider making a donation to DWDV? You can do so through our secure online form here: <https://www.dwdv.org.au/donation/> (All online donations are processed securely using Stripe.) Alternatively, contact our office for details to make a payment by direct bank transfer or cheque.

We are a Deductible Recipient Charity, so all donations over \$2 are tax deductible.



YOUNG AMBASSADORS



Anna Philip

Not many people are comfortable talking about death and this is especially true with younger people who consider themselves invincible and immortal. Tragically they are not immune to accidents and illness. Some find themselves existing in a world they had never contemplated or envisaged, as they are forced to confront the possibility of their own demise.

DWDV is encouraging the younger members of our society to think about their own end-of-life choices, should such a tragedy eventuate. Any individual over the age of 18 can make an Advance Care Directive, which allows their medical wishes to be recorded and referred to, should they ever be placed in a medical situation in which they are unable to convey the medical treatment they may or may not want.

It is also important that everyone over the age of 18 is aware of the existence of Voluntary Assisted Dying as an end-of-life option, for those deemed eligible.

We have decided to commence a “Young Ambassadors” group. These individuals will create awareness around these important end-of-life issues. Anna Philip is one such person. She works in health care and is passionate in her commitment to help us ‘spread the word’.

We thank Anna so much for agreeing to help us. We also encourage others who work in healthcare or have perhaps been involved in the Voluntary Assisted Dying process to please contact us.

And the first question we will undoubtedly be asked is, “Who do you consider to be young”? We have decided to include those from 18-35 years-old!

Read Anna's story here: <https://www.dwdv.org.au/anna-philip-young-ambassador/>

WHICH AGED CARE FACILITIES SUPPORT VOLUNTARY ASSISTED DYING IN VICTORIA?

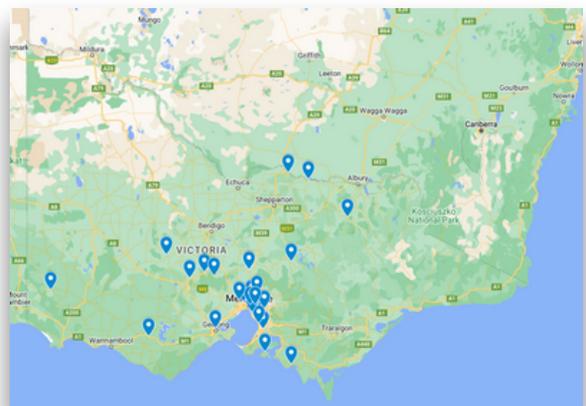
You may have seen the map on our website indicating the locations of Aged Care Facilities that allow Voluntary Assisted Dying or some stages of the process on their premises.

The map has proved to be a huge success, but there are over 650 Aged Care Facilities in Victoria and we would certainly like to identify many more.

We are encouraging our members and supporters to write to Aged Care Facilities in their area and we offer a helpful template for the letter.

You can view the map and also download the letter template from this page on our website:

<https://www.dwdv.org.au/our-services/vad-and-aged-care-facilities/>



VADANZ

Since VAD became legal in 2019 in Victoria, the Victorian state-based Community of Practice (CoP), an online forum for VAD-trained doctors in Victoria, has been immensely helpful for us early adopters of VAD. The CoP has allowed us to connect with other early adopters of VAD and discuss issues related to conducting this work such as assessing capacity, exploring coercion, how to face institutional objection, how to bill for the service, etc. This has also provided a forum for peer support in facing difficult cases and to debrief with understanding colleagues after being involved in a particularly emotive area of medicine.

With the introduction of VAD in New Zealand and Western Australia, Victorian practitioners sought to offer our experience to emerging clinicians in these jurisdictions, but a safe forum for this just didn't exist. Voluntary Assisted Dying Australia and New Zealand (VADANZ) was launched to fill this role, and in June of this year, our new website (www.vadanz.com.au) was launched. The aim of this organisation is to focus on the "how" of VAD service provision, and to be separate from other advocacy groups.

VADANZ memberships allow access to a growing database of helpful articles and tips about providing VAD,

as well as a member forum to be able to raise and discuss issues pertaining to VAD.

Three-month memberships are currently available for free. Provider memberships are available to any healthcare worker (doctor, nurse, navigator, pharmacist, etc) involved in VAD across Australia and New Zealand. Public memberships are also available, with separate forums available for discussion about VAD issues.

Donations are also welcome to enable us to eventually employ administrative staff, develop more educational resources for VAD providers, and hopefully be used to fund research in improving the safety and quality of VAD service provision.



*Dr Cam McLaren
Founding Director, VADANZ*



VADANZ
Voluntary Assisted Dying Australia & New Zealand

RODNEY'S CHAIR

by Marina Harris

On Saturday 6 August two of Rodney Syme's three children (Robin and Bruce) came to Melbourne to visit their father's seat at The Royal Botanical Gardens.

The seat was gifted by DWDV to commemorate the wonderful life of Rodney Syme.

The inscription on the seat reads:

*"Rodney Syme 1935-2021
Tirelessly campaigned and won the right to provide the dying
with a good and dignified death"*

Robin and Bruce found the seat's location on the Oak Lawn, looking out at the beautiful camellias, to be very tranquil.

The family invite you to stop by next time you visit the gardens and to relax on the seat. It's a beautiful spot to reflect on your memories of their father and his selfless work.



RON'S STORY

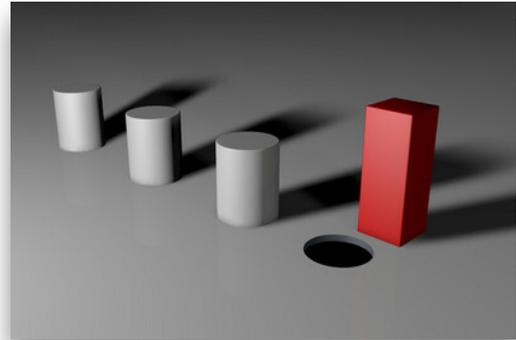
Our last newsletter highlighted several of the personal stories on our website from people who have shared their experiences in relation to Voluntary Assisted Dying.

Our most recent and moving story comes from Ron, who has a disease called Inclusion Body Myositis or IBM. It is a muscle-wasting disease that is slow in progression but, as Ron says "it never stops marching and devouring muscle like Pacman".

It is not a terminal illness, and Ron will not qualify for a Voluntary Assisted Death under the Victorian legislation.

As he says this is a 'huge shortfall' in the legislation, because his illness means he will become increasingly incapacitated until he "could end up as vegetable soup ... so people in my situation are the square pegs and the VAD process is a round hole".

Read Ron's story here: <https://www.dwdv.org.au/stories/rons-story/>



DEACTIVATING PACEMAKERS AND IMPLANTED DEFIBRILLATORS

DWDV recently received some questions about removing or deactivating pacemakers and implanted defibrillators in advance care plans.

First is to distinguish Pacemakers from Defibrillators, what they do, and what would happen if they are deactivated:

- Automated Implanted Cardiac Defibrillators (ACD or AICD) - these devices monitor for a potential lethal abnormal heart rhythm and fire a defibrillating electrical shock. Where a patient has a terminal condition they can, are and should be deactivated. The pulse is quite unpleasant, like getting kicked by a horse. If they detect an abnormal heart rhythm and don't fire the patient may die quickly. The patient may have severe symptoms like chest pain or shortness of breath and then die, or not.
- Permanent PaceMakers (PPM) - these fire on demand, or regularly, a much smaller imperceptible pulse to provide a heart rhythm when it is not generating its own frequently enough. If the PPM is deactivated the patient may experience no symptoms, intermittent fainting, or episodes of shortness of breath. If they are totally dependent on the pacemaker they may rapidly become unwell with fluid accumulation in the lungs or low blood pressure and decease in hours to days.



Dr Peter Lange

This can be a difficult distinction as some AICDs are also pacemakers!

Both devices can be deactivated without the need or trauma of removal by a technician in an outpatient visit. The cardiologist who provides care for the device and related illness will be best qualified to advise on the consequences of and arrange for deactivation.

Deactivation could in my opinion be part of an Advance Care Directive and would already be encompassed under withdrawal of active treatment.

HOW TO ACCESS VAD

We've recently updated the information on our website in relation to accessing VAD in Victoria, to provide a concise summary of each of the key steps involved.

We also include links to the Victorian Department of Health and Better Health Channel websites where more definitive and comprehensive information is available.



-  Initial self-assessment
-  Prepare documents
-  Initial discussion with medical practitioner ("Coordinating medical practitioner")
-  Consultation with a specialist ("Consulting medical practitioner")
-  Written request for voluntary assisted dying
-  Authority to dispense voluntary assisted dying medication
-  Delivery of medication and instruction on how to use

<https://www.dwdv.org.au/our-services/access-voluntary-assisted-dying/>

GRIEF AFTER VAD



DWDV recognizes that the grief experienced by family and friends following the death of a loved one may be further complicated if that person accessed VAD.

VAD has been legal in Victoria for over 3 years now but still, unfortunately, has a long way to go before it is comfortably recognized as another end-of-life option.

Hence, following the death of a loved one from VAD, some individuals may not want to refer to the VAD involvement.

As a result, they are often burdened with this knowledge and unable to fully share the nature of their grief with others – this is sometimes referred to as disenfranchised grief.

It is such people that DWDV wants to reach out to and assure them that assistance can be sought. They can seek professional help, which we strongly advise, if the grief becomes overwhelming.

Two of our DWDV Board members and VAD providers, Dr Nick Carr and Dr Cameron McLaren, see these families as they accompany loved ones through the VAD process. They are concerned that, as yet, there is little support aimed specifically at VAD-grieving individuals.

On our website we've shared two videos, in which the doctors talk about where these people can seek help.

They also refer to DWDV's VAD support group, that we emphasise is not a counselling service. It is a support group that facilitates conversation between those who have the shared experience of traversing the VAD journey with a loved one.

<https://www.dwdv.org.au/our-services/grief-after-vad/>

<https://www.dwdv.org.au/our-services/after-vad-support-group/>

DON'T TRY THIS AT HOME— OR PUTTING THE ODE IN RODENT



Dr Nick Carr

Will was already blind from inoperable cataracts when he had his stroke. But Will was stoic, stumbling around despite his now unreliable legs, and still enjoying his food.

Then one day he refused breakfast, and then lunch. He even refused some crispy bacon.

That's when I knew it was time. A single injection and Will's cloudy eyes closed for the last time.

He was 2 years old.

Now, dear reader, before you start dialling 000, Will – full name Willard - was my pet rat. It was 1978, and I had rescued him from a research project while a student at Cambridge. I was investigating an as-yet unproven reproductive hormone called Inhibin. At just 30 days of age Willard and 9 of his companions had sacrificed their testicles in the name of science. At the end of this particular experiment, Willard was the only survivor. I asked my supervisor what I should do. "It's no use, kill it" was the instruction.

Sacrifice in the name of science was one thing, but callous disposal quite another. Breaking all the rules of animal research, I popped him in my pocket and cycled back to my college room. There he gazed gratefully at me with his little pink eyes before scuttling off to make himself at home.

I built him a 2-storey cage with mezzanine and open top so that he had free access to the room. When I came home he would hop over to greet me and nestle delightedly under my collar. Sometimes he would stay there when I went out. One memorable day the woman in the post office queue behind me got the unexpected surprise of a small, inquisitive pink nose poking up from the back of my coat, which soon revealed itself to belong to, yes, a rat. Her scream cleared the entire shop, markedly reducing my wait for a postage stamp.

Willard had a travel cage, that I would strap to the back seat of my Honda 350 as we headed down to Bristol to see my girlfriend. She was accommodating of his preference to join us in bed. Her successor was less impressed, so that relationship didn't last long. Willard always came first.

After his cataracts, and before his stroke, Willard developed a large cyst on his kidney. On several occasions, I'd drained this when it became too big. If you hold a rat under his forelegs and swing gently, all the blood drains to the lower half and he'll have a short period of unconsciousness – just time to pop in a needle and drain the awful goo collecting around his kidney. Then he'd just wake up and scuttle off, a little lighter and quite happy.

So when he wouldn't eat his bacon, I knew it was time, and I knew how. Except that this time the needle was not to take something away, but to give something instead. He died very peacefully.

Cynics might be tempted to snort and say, "He was just a rat". Yes, he was a rat, but a special one to me. He was Willard.



The author with Willard, 1977

NEWS FROM AUSTRALIA...

Vale Tanya Battel

It was with immense sadness that we learned the news of Queenslander Tanya Battel's death. Tanya was a fierce and committed VAD advocate. She was known and respected by Assisted Dying advocates around the world and will be sorely missed as a confidante, reliable ally, and loyal friend. Tragically, despite all her successful advocacy work, Tanya was unable to access an assisted death in Australia, and had no option other than travel to Switzerland to achieve the dignified and peaceful death she so determinedly sought.



Other Australian News

In 1996, what is known as the **'Euthanasia Laws Bill'** or more colloquially the 'Andrews Bill', was passed by the Federal Government. This Commonwealth piece of legislation, in essence, resulted in **citizens of The NT and ACT being denied equivalent democratic rights** to those afforded to citizens of Australian states. Of greatest consequence was the repeal of the recently introduced NT assisted dying bill (Rights of the Terminally Ill Bill 1995) and the implementation of a federal ban, still in force today, that prevents the Territories from introducing and debating Assisted Dying legislation in their respective Parliaments. In August, Luke Gosling, NT, and Alicia Payne, ACT, introduced a private member's bill, **The Territory Rights Bill**, into The House of Representatives. The bill passed in the Lower House, 99 votes for and 37 against. It is currently being debated in the Upper House, where numbers have already been seen to be much tighter.

Since the implementation of VAD in Victoria, overriding Federal legislation that prevents VAD being discussed over a **carriage service** has proved to be very problematic. This was the result of a 2005 amendment to the Commonwealth Criminal code that prevented "suicide" being discussed over a carriage service. Following the implementation of VAD in Victoria, a decision was made to consider VAD as suicide. Consequently, those who are terminally ill, reside in rural areas and are too ill to travel for face-to-face consultations with VAD providers, are severely discriminated against by **not being allowed to consult with their doctors via Telehealth about VAD issues**. DWDV has lobbied the Federal and State governments for over a year to reverse this ruling, to no avail. More recently DWDV has sent letters, signed by the other DWD organizations in Australia, to the Federal Attorney-General and Health Minister. Such has been the distress caused to Victorian individuals severely impacted by this prohibitive legislation, that **Melbourne GP and DWDV Board Member, Dr Nick Carr, has taken legal action against the federal Attorney-General**. We await further news on this important matter.

The leader of The Reason Party and Victorian crossbench MP, **Fiona Patten, introduced a bill into parliament** that intended to remove the right of hospitals that receive any taxpayer funding to refuse to offer reproductive health services and voluntary assisted dying, due "corporate conscientious objection". The bill was defeated in Parliament 28-7 votes.

The date for the implementation of VAD in **South Australia** has been brought forward, from March to the end of January. However, those who fought so hard to achieve the legislation are extremely frustrated as they would like to see it implemented this year. They say that all relevant implementation work has already been completed and that South Australia has had the benefit of observing the Victorian experience for over 3 years (their VAD legislation is very similar to Victoria's). The State Health Minister and AG have asked for every effort to be made to bring the date forward to November this year. The need for VAD legislation to be implemented as soon as possible was highlighted recently by the murder suicide of an elderly couple, both 92, at an aged care facility. The wife had been recently diagnosed with a debilitating illness.

Tasmania is due to implement VAD on October 23 and they have recently advertised to fill vacancies in the office of Tasmania's VAD commission. **Queensland** will implement their VAD legislation on January 1, 2023.

...AND AROUND THE WORLD



Argentina

The National Catholic Register reported that the Argentine bishops issued a statement opposing VAD.

Canada

There has been a consistent deluge of news from Canada as a result of attempts to expand MAiD eligibility criteria. There has been some fierce opposition to the intended inclusion, in March 2023, of individuals seeking MAiD based solely on a mental health illness. This is despite a final report by an expert panel who concluded that existing safeguards and eligibility criteria were satisfactory. There have been reported cases of individuals with disabilities and health issues who have found it easier to access MAiD than receive financial support for specialized living conditions and/or treatment. Such cases have led to sensational headlines such as “Why is Canada euthanising the poor?” There has been a concerted campaign against the expansion of the MAiD law with numerous claims of alleged violations of the MAiD protocol. The Third annual report on Medical Assistance in Dying in Canada 2021 was released. The report contains information that is of great value to Australian VAD organizations. There have been many reports of faith-based institutions either refusing admission to, or forcing to move elsewhere, those who choose VAD.

Chile

A new Chilean constitution that included a proposal to legalize abortion and assisted dying was defeated. Chilean Catholic bishops were vehemently opposed to any moves towards legalizing assisted dying.

Germany

It is reported that Germany will soon get a VAD law. This is said to result from the 2020 Constitutional Court ruling, which said that “the right to self-determined dying includes the freedom to take one’s own life” and “to seek help from third parties”.

Hong Kong

The High Court of Hong Kong has declined to grant a man who killed his terminally ill wife. The judge said that the case merited compassion and placed the man on probation for twelve months.

India

An Indian woman filed a petition in the Delhi High Court to prevent her partner, who has a terminal disease, from travelling to Switzerland for an assisted death. A Karnataka trans woman is seeking an assisted death, because of the suffering she endures because of her gender status. And a young Indian, with severe spinal injuries, has ended his life, after a plea for an assisted death was denied.

Ireland

A newly set up Oireachtas Committee that will examine the Irish VAD bill, will begin deliberations in October.

Italy

A 46-year-old Italian man with quadriplegia has become the second authorized case of assisted dying in Italy, a country where ‘euthanasia’ and ‘assisted suicide’ are illegal. A Catholic news service described the Italian court’s decision as a sign of the “decline of a civilisation”.

Korea

It has been reported that legislation has been introduced into the Korean parliament which would allow terminally ill patients to request a prescription for a substance that would end their lives. The move is supported by senior citizen groups but opposed by Christian groups and many doctors.

New Zealand

The NZ Department of Health published statistics on the first seven months of the operation of the NZ assisted dying process. From November 2021 to 30 June 2022, 146 people died.

Peru

A Peruvian woman was cleared by the Supreme Court to have an assisted death. She suffers from polymyositis, is completely paralysed and is on a respirator. This was a very significant move in the deeply Catholic country.

Slovenia

Slovenian family doctors have stated that they do not want to have to participate in acts of assisted dying, as required in a proposed Assisted Dying Bill. They do not want to end the lives of patients that they have cared for and established a relationship with over a long period of time.

South Africa

New Zealand born Professor Sean Davison has completed a 3-year home detention sentence. Upon his release he provided a statement saying that he had not committed a crime and called for legislation to be changed and reviewed in South Africa. He has requested from New Zealand Prime Minister, Jacinda Ardern, a Royal Pardon. An extract from his soon to be released book, 'The Price of Mercy', makes profound reading and provides an insight into the extraordinary man Davison is. He also informed the SA Press Club that, whilst under house arrest, he had heard from 10 SA doctors who had contacted him to say that they too had helped patients to die.

Spain

VAD was legislated a year ago and Spanish health authorities have reported that 180 people have accessed assisted deaths. A paraplegic man who accessed an assisted death provoked an extremely contentious ethical dilemma. At the time when granted access, the man was awaiting trial for attempted murder. The victim's relatives applied to the courts to prevent his assisted death, so that he could face trial for his crimes, but their application was turned down with the judge stating that his "right to death with dignity must prevail over the right of victims to justice."

Switzerland

The Swiss Medical Association's new guidelines for assisted suicide will hamper access to this practice and upset foreigners who seek to end their lives legally in Switzerland. This may result in individuals like 104-year-old Australian, David Goodall, from travelling to Switzerland for an assisted death because of his age, and not because of a terminal illness. It may also mean that people seeking to end their lives in Switzerland must have 2 meetings with a doctor, at a 2-week interval, before the final decision is made.



Taiwan

It has been reported that many Taiwanese MPs believe that it is time to examine the issue of VAD in detail.

United Kingdom

A petition which called on the UK government to legalize assisted dying collected over 150,000 signatures. This petition was presented and debated in the House of Lords. MPs from all parties expressed their strong support for an inquiry on the issue. The then Parliamentary Under-Secretary of State for Justice, welcomed an inquiry on assisted dying and said the Government would do its best to assist if one were to be set up. Conservative party members are demanding urgent action before the next General Election and want their new leader to ensure that a free, fair, and evidence-based debate will ensue. Meanwhile, assisted dying proposals are progressing in the Scottish, Jersey, and Isle of Man parliaments, with votes on all three expected next year. Scottish Democrat MSP, Liam McArthur, has conducted a community wide consultation that found 76% of people are fully supportive of an assisted dying bill.

United States

A 1997 US Supreme Court ruling on assisted dying is said to have provided the primary precedent for the striking down of 'Roe vs Wade' as bad constitutional law. Recent research has shown that, in the US, those who die under the Medical Assistance in Dying (MAiD) scheme are mostly white, middle class and suffering from cancer.

Hawaii : There are many barriers to MAiD access in Hawaii. These include a shortage of doctors, excessive waiting times and logistical challenges for those who live on the smaller islands.

California : The Washington Times reports that a group of Christian doctors is continuing its campaign against California's assisted dying laws with further court challenges.

New Mexico : It has been reported that more than 100 people with a terminal illness have accessed MAiD, in New Mexico, in the practice's first year of implementation.

Uruguay

The Health Committee of Uruguay's Lower House has passed a bill approving VAD. The whole assembly will most likely debate it in October. The bill contains provisions similar to those in most Australian VAD bills.

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CHANGES TO OUR WEBSITE STRUCTURE



Regular visitors to our website will notice we have renamed some of the menu items and relocated some pages.

For example, under *Our Services* you'll find those provided directly by DWDV, as well as helpful resources we have developed. *Other Services* covers those we do not provide directly, but that are offered by others - such as End-of-Life Doulas, Angel Flight or Forest Therapy.

We hope this will make navigating the information on our website clearer and easier. But if you come across any broken links as a result of this restructure, please let us know!