

Dying With Dignity Victoria

Respect the right to choose est. 1974

PRESIDENT'S UPDATE

HUGH SARJEANT

The voting in parliament for legislation for voluntary assisted dying is at last matching the expectations of the population. The percentage of politicians voting in favour has progressed as set out below:-

| % In support | Years since the last legislation passed |
|----------------------|---|
| Total of both houses | - |
| 56% | - |
| 75% | 2.0 |
| 82% | 1.2 |
| 72% | 0.3 |

The percentage in support seems about the same as the support of the community – around 75%. The increased speed of success is indicative of acceptance by both population and politicians. With South Australia now having legislation passed, 45% of Australians will have access to VAD.

These outcomes show a change in attitude. For example, Fraser Ellis – Liberal Member for Narungga, South Australia – stated “Although I personally don’t believe in euthanasia, I am of the view that the majority of our electorate is in favour and I cast my vote accordingly”. This is in contrast with what has appeared previously elsewhere, where it has seemed that a vote, even if classed as conscience, has been made along Party lines. It might also be that the successful implementation of VAD in Victoria, and the absence of any significant cases of non-compliance, have eroded the arguments based on a claim that there will be ‘wrongful deaths’.

It is interesting to compare this outcome with a recent article by Paul Kelly, writing for The Australian on 29 May, where he claims “State-sanctioned death exposes the West’s moral decay”, and provides his opinion that “ ... Our culture ... believes ... killing people deemed to be better off dead is also a moral act”. It is brave of Mr Kelly to venture his opinions when he has plainly no idea of how Assisted Dying

operates in Australia, and has a notion of morality that has no regard for individual rights.



There has been much action in Queensland, with a bill introduced on 21st May, with a conscience vote expected in September. With government backing, a unicameral Parliament and in view of what has happened elsewhere, it would seem likely an Assisted Dying bill will pass. Agitation is also underway to get Assisted Dying as an option for the Territories.

In Victoria, the initiative by MLC Stuart Grimley to seek a few very sensible amendments to legislation may not get the necessary support from the State government at this stage. However, this initiative might have been an influential factor in action undertaken by the Queensland Premier. Following mention in the WA and Tasmanian legislation on the issue of services being provided via telehealth, Premier Palaszczuk has written to the Prime Minister asking him to urgently rewrite a federal law amid concerns it would make accessing voluntary euthanasia in Queensland illegal. We await the outcome with interest.

Perhaps it is too soon to talk about implementation in Tasmania, though it seems there are no problems so far. However, the imminent implementation of the VAD legislation in Western Australia faces a problem that had not been anticipated. An apparently innocuous provision in the Act has been used to make the criteria for eligibility of doctors (and nurse practitioners) more stringent than in other State legislation. It is feared that this step will constrict the numbers of practitioners applying to do the mandatory training. DWDWA is aware of the problem and is doing what it can to fix this.

AT HOME AND OVERSEAS

JANE MORRIS

At home

South Australia has finally done it and on the 24 June became the fourth Australian State to legislate for Voluntary Assisted Dying. This was the 17th time in 26 years that a VAD Bill had come before the parliament. The last time was in 2016 and it was narrowly defeated by one vote.

In December 2020, Labor MLC Hon Kyam Maher tabled a Private Member's VAD Bill in the Legislative Council, the same day as it was tabled in the House of Assembly by Hon Susan Close MP. Second reading speeches then commenced before debate was adjourned until 2021. Debate, in the Upper House, resumed in May, after consideration had been given to a number of proposed amendments, Legislative Councillors voted at the final reading of the Bill with a resultant 14 in favour and 7 against.

Debate transferred to the Lower House and in the early hours of June 10, the VAD Bill was finally passed, 33 to 11 votes. Several amendments were added to the Bill, the most significant being the provision for private hospitals to conscientiously object to the practice of VAD. The Bill was sent back to the Upper House to have the amendments approved, and it was successfully passed. Congratulations to all who

worked so hard over many years to achieve this outstanding result.

We now await VAD Bills to be tabled in the Queensland and New South Wales Parliaments and maintain our support for the Territories in their quest to have VAD Legislation placed on their parliamentary agenda.

Overseas

Not only is the wave of VAD momentum confined to Australia it is also sweeping the globe. Of special interest are developments in countries whose Assisted Dying Laws were implemented prior to that in Victoria and other Australian States. It was of particular interest to see the successful passage of the Bill C-7 Bill, in Canada. This Bill removes the eligibility requirement of death being "reasonably foreseeable", as stated in the original MAID Bill. In addition, a Parliamentary Review Process Committee has been formed that will look at issues such as MAID eligibility for minors and advance requests. The restriction on mental illness being the sole underlying condition for MAID will be removed in 2023.



NEW DWDV BOARD MEMBER

We are delighted to welcome Dr Lyn Stavretis to the DWDV Board!

I began my professional life as a Social Worker specialising in individual and group counselling before moving into management, academic and consulting roles, establishing my own boutique consulting business over 40 years ago.

I've strengthened the performance of Boards, Executive teams and committees and worked in a voluntary capacity to chair Regional Educational Committees and lead the Management Committee of my local Probus group. I spend most of my time now working as a facilitator and coach with members of the Victorian Public Sector and tertiary education sector around issues of leadership, organisation culture, values and performance feedback and development.

I've always been passionate about helping people to feel confident, clear and empowered about how they work and live.

As a new member to the DWDV Board I hope to work with the team in continuing to create clear, dignified and empowered ways in which people can choose how they die. My 92-year old mother and I both have our Advanced Care Directives in place, after attending educational sessions with Dr Rod Syme, and the issues around Voluntary Assisted Dying have great currency and some poignancy for me.



DEMENTIA

DR RODNEY SYME

Victoria has achieved VAD law in 2017 after a long advocacy by DWDV. The passage of this legislation was hard fought and was finally a close win in the Upper House. As a result there were compromises which mean that the final Act has significant obstructions and delays in completing appropriate and legitimate requests for VAD.

The DWDV board is actively working with the VAD Review Board and DHHS (although they are severely distracted with Covid) to argue for changes to law when review takes place in 2024.

A specific exclusion of VAD in the Act was dementia on the reasonable basis that by the time the criterion of 6-12 months to death was reached, mental competence would be absent. This is due to the prolonged course (years) of dementia, which is a neuro-degenerative illness which is progressive, incurable and terminal.

Thus dementia meets all the criteria for VAD except the prognostic requirement. There is no argument that loss of mental competency robs a person of their autonomy, and respect for autonomy is one of the critical purposes underlying the argument for VAD.

Recently a DWDV member contacted me for advice about a family member suffering from Alzheimer's disease, stating that she could find nothing on our website on this very important matter.

I had been conducting workshops about dementia for some years, after realising that this was one of the most, if not the most, disturbing concerns for DWDV members and the public. I had designed an effective disease specific advance care directive (ACD) for dementia, and as a result of my consulting experiences was fully aware of the gross suffering of the end stages of dementia.

I joined Alzheimer's Victoria and advocated ACDs for dementia, even becoming involved in a debate at their AGM in 2012, arguing that they should develop and promote ACDs, pointing out that they had three expert reports supporting this view.

Despite this, today you will struggle to find any reference on their website to a disease specific ACD for dementia.

As a result, I recently raised dementia as a matter of critical importance for the DWDV board, and have developed a strategy for pursuit of policy action and law to provide choice for people diagnosed with early dementia while still competent.

I have recently had a positive meeting with the Chair and Executive Officer of Dementia Australia to discuss and develop these matters.

Be assured, DWDV is taking the matter of dementia very seriously, is not resting on obtaining the passage of the current VAD law, and is continuing work for further important change, including in the area of dementia.



Email: dwdv@dwdv.org.au

Phone: 0491 718 632

Address: PO Box 743, Kew, VIC, 3101,

QLRC DRAFT BILL TO QLD GOVT: AN ASSESSMENT

DR RODNEY SYME



The Queensland government commissioned the Queensland Law Reform Commission to draft a model Bill for VAD. They recently submitted a lengthy document which the government accepted and has tabled in the

parliament. It is now being considered by parliamentary committee, and will be debated in September.

This Bill is a major advance on the Victorian legislation, having taken into account that the Vic Act was a compromise, that WA and Tas has passed Acts with significant changes, noted the outcomes of Vic Act in practice, and applied a common sense to the experience of overseas practice.

It contains the following improvements:-

1. Avoids the residency dilemma – residents of Australia for 3 years and Qld for 1 year qualify.
2. It avoids the 'gag' clause. A practitioner can raise VAD if the context of advice is regarding treatment of a condition, its outcomes and of palliative care.
3. It specifically states that VAD is not suicide,

and use of VAD is not to be stated on death certificate.

4. It validates the issue of telehealth in a specific manner.
5. It does not require a specialist in the disease assessment, but advocates the assessing practitioners obtaining specialist reports if in doubt about an aspect of diagnosis or prognosis.
6. It allows nurse practitioner administration of medication.
7. The Applicant and doctor determine the manner of administration, either self-administration or doctor administration.
8. It extends prognostic period to 12 months, but maintains requirement for a terminal illness. There are grounds for application for exceptions.
9. It contains specific recommendations re access to VAD in institutions.
10. It provides wider powers for VADRB to provide advice re improvements.

The major defect is the continuation of a prognostic element, although extended to 12 months. This remains a discrimination, but there appears to be the possibility for exceptions.

VAD AND RELIGIOSITY

DR MEREDITH DOIG

A new report by the Rationalist Society of Australia, *Religiosity in Australia*, compiled by RSA Research Fellow Neil Francis, shows definitively that the vast majority of Australians, even religious Australians, are in favour of VAD and that support has grown even stronger over recent years.



In 2019, three quarters of Catholics, four in five Anglicans and Uniting/Methodists, and nearly half of minor Christian denominations favoured legalising VAD:

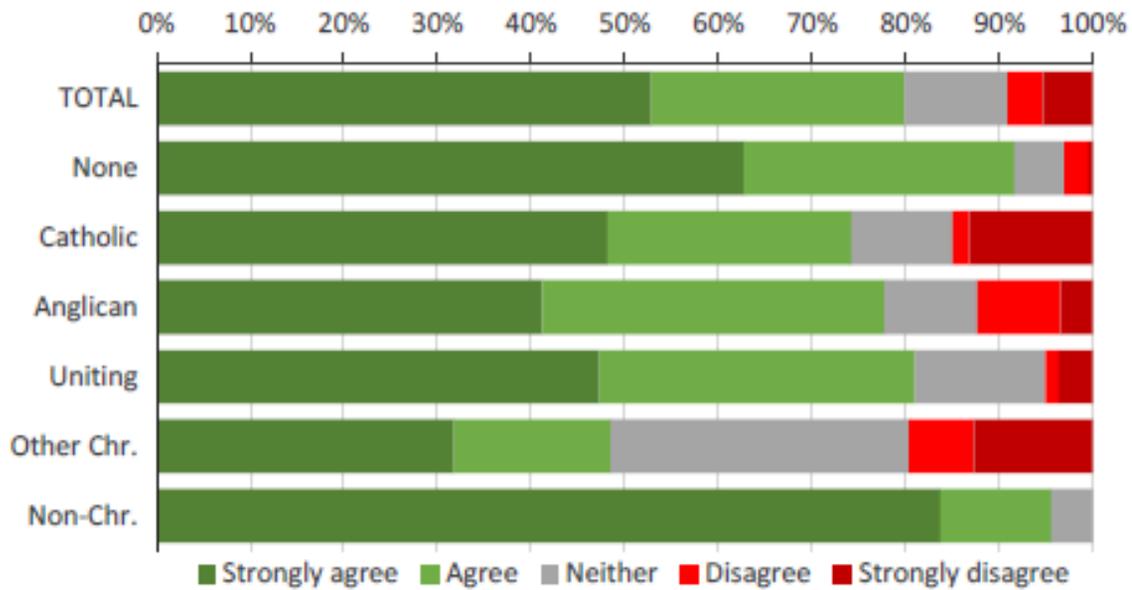


Figure 94: Attitudes toward VAD by religion, 2019

Source: AES 2019

Even among those who are the most religious – the ‘Devouts’ – a significant minority are still in favour of VAD and less than half disagree with it:

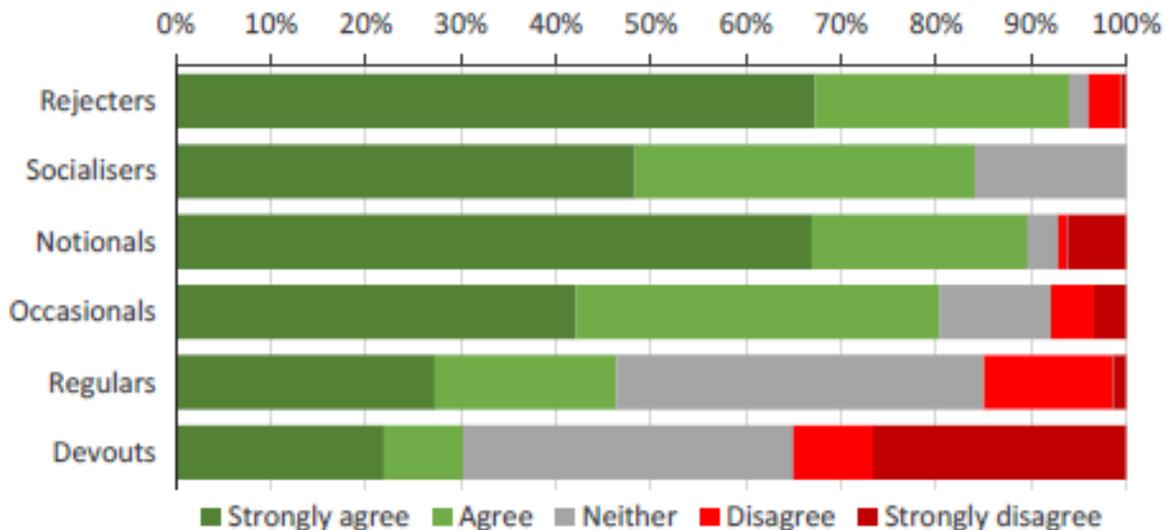


Figure 95: Attitudes toward VAD by ARI6, 2019

Source: AES 2019

Net support for lawful VAD has held at around 75-80% since the mid-1990s, and now stands at 80%. In just the past three years, there has been significant increases in strong support and decreases in opposition, including among the most religious of Australians.

So when Brisbane’s Catholic Archbishop Mark Coleridge claimed that the Queensland government’s pledge to introduce a VAD bill as part of its 2020 election platform was “rushed”, he was deliberately ignoring the facts. And when the Catholic bishop of Townsville Tim Harris said he was “compelled” to caution Queensland MPs about supporting VAD, warning them that his diocese contained 80,000 Catholics, he was demonstrably out of step with his own parishioners.

THOSE LEFT BEHIND AFTER THE VOLUNTARY ASSISTED DYING OF A LOVED ONE

JANE MORRIS



Since the implementation of Voluntary Assisted Dying Legislation in Victoria in 2019, it has come to our attention that some families/friends of individuals who have availed themselves of VAD, are wanting some support following the death of their loved ones.

Individuals who choose VAD do not always want extended family and friends to be aware of the course they have chosen to adopt and, in some circumstances, only a select few individuals may be aware.

Consequently, after the death of a loved one, family members/friends may be left unable or unwilling to share their stories.

Others, however, have indicated that they would like to be able to communicate with those who have also traversed the VAD journey.

DWDV would like to provide support for these people and has decided to facilitate the formation of 'chapters' strategically placed around Victoria.

Due to the intensely personal and emotional nature of the issue face-to-face meetings have been deemed preferable. However, if this is not possible, we would like to facilitate phone or email communication between interested parties.

This would not be a counselling service, but more like a 'self-help' group. Counselling is strictly the domain of appropriate specialists.

As a result of interaction between those that have experienced the VAD journey with loved ones, we may learn of any issues or problems that are commonly encountered during the process.

It would be uplifting to also hear some more VAD good news stories!

If you are interested in becoming involved in this project, please contact Jane Morris by email at : morris.e.jane@gmail.com

WITNESSES FOR VOLUNTARY ASSISTED DYING

- must be over 18 years old;
- cannot be a beneficiary under the person's will or benefit in any way from the person's death;
- cannot be directly involved in providing health services or professional care services to the person; and
- only 1 witness can be a family member.



DWDV'S WITNESS SERVICE

Shortly after the June 2019 introduction of Victoria's Voluntary Assisted Dying legislation, it became apparent that some patients accessing VAD were having difficulty finding suitable witnesses for their written request. DWDV decided to create a list of volunteers who were willing to assist.

Recently, we organised witnesses for the 100th time. 61 wonderful DWDV members have acted as witnesses so far – some once, some multiple times, depending on location and availability. 25 appointments have been in Richmond, 13 in Box Hill, and the rest have mostly been within 30kms of the CBD, with a few exceptions such as Point Lonsdale, Kilmore and Myrtleford.

As our witnesses have experienced, witnessing can take place in hospitals, doctors' rooms, nursing homes, retirement villages or private homes.

Some patients intend taking the medication soon after receiving it, while for others it is there 'just in case'.

Witnesses have the responsibility to certify that the patient has freely and voluntarily signed the request, appear to have decision-making capacity and understand the nature and effect of making a written declaration.

Of the 100 occasions on which we've arranged witnesses, the process was completed for 98 patients. Only 2 did not appear to have decision-making capacity, so the application did not proceed, as agreed by both doctor and witnesses in those cases.

Pleasingly, we have been able to provide witnesses whenever they have been required, and all witnesses have said they would be willing to act as a witness again. We currently have over 150 members on our volunteer list.

We have also been able to offer advice to Western Australia, and expect to do so for the other states as they implement legislation.

It was a privilege to play a small role as a witness in something so important.

It is a quiet privilege to be a witness in these situations, to be present when people at end-of-life talk about their choice, with steady, absolute certainty.

I was very interested to see the process in action. The doctor was exceptional, explaining every step clearly to us all, and made everyone in the room feel at ease, even at such a sensitive time.

I felt it was an honour to be able to play this minor role for such an important process.

The patient, and her partner, were both so grateful to us for being there. I think it gave them one less thing to worry about. I was glad I could assist, and found it very easy (and rewarding).

A strongly emotional experience for me as a first-timer, but glad to have had the opportunity to help in a small way... Feel free to call on me again, even for someone located at a much greater distance if there's no-one available nearby.

They were an impressive couple facing a miserable situation with dignity and courage. Thank you for the opportunity to assist this couple in a small way on their journey. It was a privilege.

DWDV BOARD



PRESIDENT

Hugh Sarjeant



VICEPRESIDENT

Jane Morris



SECRETARY

Dr Meredith Doig OAM



TREASURER

Mark Newstead

BOARD MEMBERS



Dr Nick Carr



*Sue
Cummings*



*Dr Cameron
McLaren*



*Dr Lyn
Stavretis*



*Dr Rodney
Syme*

Give
the gift of
dignity.

We are now a Deductible Gift Recipient charity,
which means all donations are now fully tax-deductible.

Your donation will help us to continue successfully
advocating for dignified end-of-life choices for all Australians.

To make a tax deductible donation or find out more, visit
dwdv.org.au, call 0491 718 632, or write to
PO Box 743 Kew VIC 3101.



Respect for the right to choose | EST 1974