

Dying With Dignity Victoria

Respect the right to choose est. 1974

FROM THE PRESIDENT

BY HUGH SARJEANT



Since our last newsletter of September much has gone well for us.

Western Australia has legalised voluntary assisted dying, becoming the second state in the country to do so.

This not only provides for those in WA, but also adds to the security of our own position, and will surely assist other States in getting assisted dying of some sort. As we head to a ridiculous situation where each State goes through the same process, and ends up with variants of the existing models, it would be a good time for our Federal politicians to show leadership. There seems little chance of that. However, we welcome the initiative by Tara Cheyne, State MLA for Ginninderra (ACT), in seeking to unblock the position for the Territories. It would be a curious outcome to have VAD in every State, while those living in the our national capital do not.

Two new Board members in Jane Morris and Cam McLaren expand our range of experience in both the issue of assisted dying and its delivery. Introductions to Jane and Cam are set out below. We regretfully lose Lesley Vick as a Board member, as she takes a well-earned break, but remains as a committed resource.

An offer of a service to fill a potential need for people to act as witnesses for applicants for

voluntary assisted dying has been successful, and we plan to expand this to cover the need for Contact people to assist in dealing with unused 'substance'. Members who are willing to assist are invited to contact the Office.

On the political front we have been offered support by Stuart Grimley, MLC. Whilst we have many allies in parliament, members of parties like Derryn Hinch's Justice Party have the capacity for independent action - and we welcome their support.

There are also matters of continuing concern. By all accounts the VAD Navigators are doing a magnificent job, but our impression is they do not have all the resources they need. It also seems there are several impediments beyond the control of the Navigators - issues of citizenship, doctor training, provision of specialists, and availability of information. In matters that are subjects of legislation, we can do no more than advise the relevant authorities and await reviews. In cases where legislation is not the barrier, we are seeking to make significant change to current interpretation and practice.

We are also aware that information on VAD is not reaching the community, and so we are expanding our provision of information to the public. If you would like to assist in the process, do get in touch.

We look forward to 2020, in the expectation of many positive developments in Victoria and around Australia.

NEW BOARD MEMBERS

DR CAMERON MCLAREN

I am a Medical Oncologist in southeast Melbourne and strongly believe in patient-centred care - including supporting a patient's right to conclude their battle with cancer on their own terms. I have been involved in providing VAD assessments to patients across the state of Victoria since the introduction of the VAD legislation.

I am a Clinical Moderator of the Voluntary Assisted Dying Community of Practice, an online discussion forum for Victorian VAD-trained doctors to discuss cases and our experiences with being involved in the process.

As doctors, we witness many deaths. A good death has often been regarded as quick, painless, and dignified. But these are all too-infrequent. My experiences with death through the VAD legislation have all been positive, and it has been an honour to provide this service to Victorian cancer patients.



JANE MORRIS

As a nurse, I witnessed the intolerable and unnecessarily prolonged and inhumane suffering of some individuals. I will never forget the feelings of hopelessness that besieged us as nurses whilst having to stand helplessly by a patient dying in agony and all we could offer was a hand for them to hold.

As a mature age student, I completed a Master of Bioethics and studied the topic of VAD with avid interest.

I have experienced the torment of witnessing my beautiful parents suffering tortuous deaths. My mother died from Motor Neurone Disease several years ago and last year my father succumbed to an equally horrendous death. Their deaths have left hideous and indelible scars upon all of us that loved them.

As a result of my mother's death I became a staunch, vocal and active advocate for the Victorian VAD Legislation. I witnessed the entire Parliamentary process and even sat through every minute of the Parliamentary all-nighters!

I feel privileged to be a Board member of DWDV not simply because I believe in the principle of dying with dignity but because I fervently and passionately believe that every individual has the right to be afforded choice in end-of-life issues. No human should have to die in horrific circumstances similar to my parents and no child should be left haunted by the lasting images of a dearly loved one suffering inhumanely.



Dying With Dignity Victoria
Mailing address: PO Box 743 Kew VIC 3101
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AGM SPEECH: VAD SIX MONTHS ON

BY DR NICK CARR



Dr Nick Carr gave a keynote speech at the DWDV AGM on 16 November, in which he spoke about his experience with Voluntary Assisted Dying over the months since it has passed into law here in Victoria. We now have available an audio of his speech and a written transcript.

In his speech, Dr Carr tells the moving story of his first patient who sought to access voluntary assisted dying. He also covers a number of the barriers faced under the legislation as it now stands and shares the 'good bits' - the positive aspects he has experienced over the last few months since the legislation was enacted. As he says, "the work has been incredibly rewarding".

He finally looks briefly to the future and what he hopes will happen over the next five years.

Access audio & transcript here: <https://www.dwdv.org.au/news/aggm-speech-vad-six-months-on>

FLASHBACK

BY DR CAMERON MCLAREN

Dr Cameron McLaren has been involved in providing VAD assessments to patients across the state of Victoria since the introduction of the VAD legislation.

He tells the moving story of Phil, one of his patients, whose journey through the Voluntary Assisted Dying process he shared - from first assessment to the administration of the medication intravenously when Phil became too ill to take it himself.

When he realised his patient would be unable to take the medication orally, he faced the challenge of obtaining an expedited practitioner administration permit.

In this he succeeded and he says that the speed with which his plea was answered "made me take back every bad thing I had ever said in frustration about the VAD Board."

This personal and very powerful story shares his complete experience, as a physician, of assisting his patient through the VAD process - and what it was like to be there at the end when administering the medication intravenously. He also experienced the deep gratitude of Phil and Phil's family.

"To Dear Cam, I struggled to think of a way to say thank you for what you have done for me. ... I am so proud of the job that you have done and I am eternally thankful. ... Phil"

Phil's family also "shared in his final moments together, they laughed, they cried, and they said good bye. Phil's was nothing short of a beautiful death, afforded to him and his family by the availability of VAD."

Download the full story here: <https://www.dwdv.org.au/news/flashback>



UPON MY OATH!

BY MEREDITH DOIG



As the WA parliament grinds through to a compassionate, respectful and careful approach to voluntary assisted dying, we must hope the medical profession will honour the promises they make when they graduate: to respect their patients' rights and put them first, and to avoid overtreatment, particularly when life has become just intolerable suffering.

My father died of pancreatic cancer in 2006. A physician who spent his latter years tutoring in mathematics at Melbourne University, he was a gentle man and a gentleman. I remember he had two 'universal remedies': one was to run around the block (a preventative measure if done regularly) and the other was to use ice (to treat pain: he was not inclined to prescribe drugs if he could avoid it).

Recently I found a book he'd received as a prize at Ormond College in 1939. It was *The Genuine Works of Hippocrates*, translated from the Greek by a Scottish surgeon in 1886.

The book sets out the Hippocratic Oath, the earliest known expression of medical ethics. It charges the physician to swear to a range of Greek gods essentially to be a good person and to do good things. It does not include, however,

the saying often accorded the Oath, *primum non nocere* – "First, do no harm". Troubling to my modern rationalist sensibilities, the Oath does include the following: "I will give no deadly medicine to any one if asked, nor suggest any such counsel. I will not give a woman a pessary to produce abortion."

Pro-life organisations have of course used this formulation to argue against voluntary assisted dying. Predictably sinking to the depths of Godwin's Law (that the longer an online discussion continues, the greater the probability someone will mention the Nazis), they quote Adolf Hitler's personal physician, who administered the Nazis' euthanasia program: "My underlying motive was the desire to help individuals who could not help themselves ... such considerations should not be regarded as inhuman. Nor did I feel it in any way to be unethical or immoral ... I am convinced that if Hippocrates were alive today he would change the wording of his oath in which a doctor is forbidden to administer poison to an invalid even on demand."

There were no laws against voluntary dying in the ancient world. Many ancient Greeks and Romans preferred a quick, painless suicide by poison rather than suffering a natural, but slow and debilitating, death. Hippocrates may have suggested physicians avoid being involved, not from any moral objection but lest they be accused of complicity in murder and in particular, political assassination.

As for abortion, it was common in the Greek and Roman worlds and also in Egypt, India and Japan. My favourite philosophers, the Stoics, thought the fetus was like a plant, becoming animal-like only at the moment of birth. The spread of Christianity brought about a hardening of attitudes, culminating in accusations of witchcraft in medieval times if midwives performed abortions.

These days, few medical schools require graduating students to swear the ancient Hippocratic Oath. Most faculties use the Declaration of Geneva, developed by the World Medical Association in 1949 in response to atrocities committed during World War 2. Among other things, it bids the physician to “respect a competent patient’s right to accept or refuse treatment.”

Or they use a modern version of the Hippocratic Oath developed in the US in 1964 (see box).

My father would have approved the modern version, in particular where it says: “I will apply all measures required, avoiding those twin traps of overtreatment and therapeutic nihilism” and “I will remember there is art to medicine as well as science, and that warmth, sympathy and understanding may outweigh the surgeon’s knife or the chemist’s drug.”

And as governments carefully develop their VAD bills, we would all do well to remember, “Above all, I must not play God.”

Modern Version of the Hippocratic Oath

I swear to fulfill, to the best of my ability and judgment, this covenant:

- I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
- I will apply, for the benefit of the sick, all measures required, avoiding those twin traps of overtreatment and therapeutic nihilism.
- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug.
- I will not be ashamed to say “I know not,” nor will I fail to call in my colleagues when the skills of another are needed for a patient’s recovery.
- I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
- I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
- I will prevent disease whenever I can, for prevention is preferable to cure.
- I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
- If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

(Written by Louis Lasagna, Academic Dean of the School of Medicine, Tufts University, 1964)

WA PASSES VAD BILL



Western Australia has now passed the Voluntary Assisted Dying Bill 2019, to make it the second state in Australia after Victoria to allow terminally ill patients to access assisted dying.

After two years of contentious and drawn-out debate, the bill was passed on 11 December with 55 amendments. Most amendments were related to good medical practice and to add clarity for items not previously explicit in the original bill. During the process, over 400 proposed amendments were defeated - fortunately including all those that would have made the system unworkable or severely restricted access for terminally ill patients.

The Western Australian Voluntary Assisted Dying Bill 2019 is based on the Victorian one, with a majority of the same eligibility requirements and process steps. There is one significant difference however, in that doctors and nurses in WA are permitted to raise the topic of voluntary assisted dying when discussing end-of-life options with their patients.

As was the case in Victoria, there will be an 18-month implementation period before the WA law comes into effect. A Voluntary Assisted Dying Board will also be established for oversight and to ensure adherence to the law.

Voluntary Assisted Dying, as a compassionate and caring final option for end-of-life choices, is supported by the majority of Australians.

Now that two states have passed the legislation, it is to be hoped that others will follow suit - and that the Federal restriction will be lifted for ACT and NT to do the same.

SUPPORT TERRITORY RIGHTS FOR VAD

In 1997, the Commonwealth parliament inserted a clause into the ACT and NT Self-Government Acts, which states that these two jurisdictions have no power to make laws with respect to voluntary assisted dying.

On 27 November this year a motion was passed unanimously by the ACT Legislative Assembly, calling on the Federal Parliament to remove this clause.

They are also calling for support, inviting signatories to a petition on Change.org, initiated by Tara Cheyne, MLA.

We encourage you to assist in their efforts to persuade the Federal government to remove that restrictive clause by signing this petition.



[SIGN THE PETITION](#) 

COMMUNITY GROUP PRESENTATIONS

One of DWDV's aims is to provide information, education and advice regarding end-of-life choices, and for many years we have been running seminars on this topic for our members and the general public.

We understand these topics, particularly the Voluntary Assisted Dying Act, are still poorly understood by the majority of the general community.

Now that voluntary assisted dying is available, we are offering community groups the opportunity to book a presentation explaining this and other matters relating to end-of-life decision-making.

There are two options available:

2 hour session: Covering the Advance Care Directive, Voluntary Assisted Dying and the appointment of a Medical Treatment Decision Maker

1 hour session: Covering the Advance Care Directive OR Voluntary Assisted Dying, plus (in either case) the appointment of a Medical Treatment Decision Maker

In both cases the presentation itself will take approximately two thirds of the time, with the remaining time available for questions and discussion.

**Do you know of any group that would like us to deliver a presentation for them?
If so, please contact Sue James, Communications Officer**

Email comms@dwdv.org.au or

Phone 0491 718 632

DWDV BOARD AND STAFF AT THE AGM



L to R: Sabrina (Social Media), Jane, Natalie (Administration), Nick, Cameron, Hugh, Meredith, John, Sue (Communications), Mark

PUBLIC WORKSHOPS IN 2020

Other than the presentations mentioned previously, which we are offering for community groups, we will continue in 2020 to offer our public workshops on end-of-life choices, for which individuals can register.

More information about these, their content and our planned workshop schedule will be available on our website and distributed early next year.



PRESIDENT

Hugh Sarjeant



VICE PRESIDENT

John Hont



SECRETARY

Dr Meredith Doig



TREASURER

Mark Newstead

AND THE BOARD...

Dr Nick Carr, Dr Patrick McCarthy, Dr Cameron McLaren, Prof. Carmel McNaught, Jane Morris

AN IMPORTANT REQUEST!

Next time you see your GP ask the following question: "If I were eligible under the Voluntary Assisted Dying Act, would you support me if I wanted to use the process?"

If the answer is yes, ask "Have you already done the VAD training? If not do you intend to do it soon?"

Explain to your GP that DWDV is compiling a highly confidential list of supportive GPs, that can be accessed **ONLY by Dr Rodney Syme. If the GP is supportive, ask whether the GP agrees with their name being added to this list.**

Then please let us know by calling our office on 0491 718 632 or emailing us at office@dwdv.org.au

Help us to help you and others.

WANT TO HELP OUT?

CONTACT us on
0491 718 632 or email
office@dwdv.org.au

Many of our wonderful DWDV members have asked how they can help. Here are a few ideas:

- **at our workshops - help with setting up and taking down of tables and chairs**
- **participate in discussions on our facebook page**
- **we also need people with skills in writing, editing and workshop presenting**