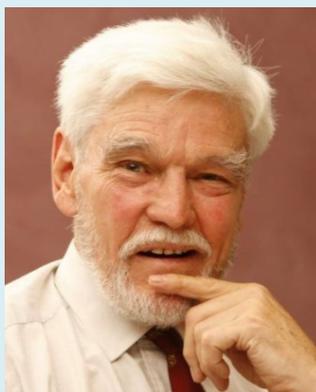


VICTORIA'S VOLUNTARY ASSISTED DYING ACT - UNDER ATTACK BEFORE IT IS IMPLEMENTED



Matthew Guy
Victorian Opposition Leader

Matthew Guy has stated "the Liberal Nationals have no plan to introduce any changes to euthanasia legislation in government." BUT he will not state that as leader of the Liberal party he will not 'facilitate a vote to repeal the Voluntary Assisted Dying Act'



Dr Rodney Syme
Vice President DWDV

"No more debate – let the legislation be implemented"

You'd better believe it, The Voluntary Assisted Dying Act (VAD Act), which we fought so hard to achieve, is under serious attack from religious conservatives in the Liberal Party and other similar parliamentarians.

These politicians fought bitterly to prevent this legislation, and are committed to its repeal, despite the overwhelming body of evidence provided to Parliament by the Upper House Inquiry of 2015-16, the very conservative nature of the legislation passed by Parliament, and the intensive and careful work being done by the Implementation Taskforce to ensure careful practice.

Liberal leader Matthew Guy, questioned by both Neil Mitchell and Jon Faine, confirmed that it was not Liberal Party policy to challenge the law, prevaricated on the question of a Private Members' Bill (PMB) to do so. If the Liberals win government in November 2018, Guy could actively support and promote a PMB to repeal the VAD Act even before it has become functional (in June 2019).

This issue will only arise if the Liberals win government, and the leader can persuade the party room to support a PMB for repeal, or the party room votes for promotion of a PMB. Either way, the view of Liberal members will be critical.

Many would regard this as political suicide, given the enormous public support (85%) for this law, but politicians can do strange things, especially when fired by moral belief. I presume that Guy would have to persuade his party room to this course of action. Liberal party members need to be persuaded of the danger of this action to their electoral prospects.

Equally important is support for those politicians who voted for the legislation and persuasion for some who may have been under duress to vote against it. DWDV has recognised the electorates of Albert Park, Prahran, Bentleigh, Hawthorn and Caulfield as especially worthy of an intense campaign of persuasion.

DWDV urges all its members to contact their members of Parliament (Upper and Lower House) to encourage them to support the VAD Act, and, particularly those in the electorates mentioned above, to visit their members, and get involved in the campaign to protect the VAD Act.

ADVANCE CARE PLANNING



*Professor Carmel McNaught
DWDV Board Member*

"It is my philosophy of life that each of life phases should be treasured. So, as we approach the end of life, we can bring to this time an accumulation of reflections on how we have lived our lives; the choices we have made; the things, people and activities we most value; in short, what is most important to us.

Clarity about your wishes and good advance care planning will bring peace of mind to you and your loved ones.

Now is the time to ensure that your thinking and documentation is in order."

Download your Advance Care Directive and Medical Treatment Decision Maker forms for our Website (www.dwdv.org.au) or phone the office on (03) 9874 0503.

Each phase of life is an important one; and each phase builds on one's previous life experiences. We can capitalize on this wealth of experience by ensuring that our very last period of life is lived as close as possible to our wishes and values by completing an Advance Care Directive.

This is a legal document, enforceable in law since 12 March 2018, through the Medical Treatment Planning and Decisions Act. Key points in the Act are:

- Your right to appoint someone to act for you when you don't have decision-making capacity.
- Your right to document your future medical treatment wishes.
- Your right to refuse/ consent to medical treatment.

There are three main steps in Advance Care Planning:

1. Conversations: With your family, with your friends, with your doctor.
2. Appointing a Medical Treatment Decision Maker: Someone you trust, someone who understands your wishes, and someone who has the ability to make decisions based on your wishes. The appointment must be appropriately signed and witnessed.
3. Completing an Advance Care Directive (ACD). Your ACD must be appropriately signed and witnessed; this must include a registered Medical Practitioner.

There are two major sections to an ACD: An Instructional Directive and a Values Directive.

The Instructional Directive is legally binding and communicates your medical treatment decision(s) directly to your health practitioner(s). It is important to note that:

- Your Instructional Directive will only be used if you do not have decision-making capacity to make a medical treatment decision.
- Your medical treatment decisions in this Instructional Directive take effect as if you had consented to, or refused to, begin or continue medical treatment.
- If any of your statements are unclear or uncertain in particular circumstances, it will become a Values Directive. So, clarity is very important.
- In some limited circumstances set out in the Act, a health practitioner may not be required to comply with your Instructional Directive.

Regarding your Values Directive, your Medical Treatment Decision Maker is legally required to first consider your Values Directive when making decisions about your medical treatment. Some points to consider in completing a values directive:

- What matters most in your life.
- What are your most important worries about your future.
- What are unacceptable outcomes of medical treatment after illness or injury.
- What other people would you like involved in discussions about your care.
- When nearing death what are the most important things to you.

MY HEALTH RECORD



*Dr Nick Carr - GP
DWDV Board Member*

“By uploading your Advance Care Directive and Medical Treatment Decision Maker information on to My Health Record your health professionals have access to your medical treatment wishes immediately”

Last newsletter I wrote a brief but positive article about the My Health Record (MHR). Since then the Opt Out period has begun, and so has the media backlash. From what has been said and written over the last few weeks, you might think your record will kept on a few floppy discs somewhere in Canberra and that anyone can wander in and help themselves at any time. Nothing could be further from the truth - it's kept on a couple of USB sticks in East Preston, with access granted only to people you trust, like Peter Dutton and your parish priest.

I jest (in case it's not obvious). MHR is an incredibly secure system, and you retain full control over what goes into it, and who sees it. Yes, it's not 100% secure - but then neither is the NAB, the Westgate Bridge nor Donald Trump's toupee. But with nearly 6 million signed up already, and over 6 years out in the field, there have been no breaches thus far. With the military grade security used, I would expect none in the future.

Importantly, no one can see your record unless you give permission. If you have any doubts about who may have been looking, you can always check online to see who has viewed your file. But be reassured that in emergency, where you may be unable to communicate, the system has an override - so if you have a major event like a stroke, there is an emergency setting allowing doctors to view your MHR. Any emergency access is logged and monitored, and there are heavy penalties for inappropriate use, so it is very unlikely that this system would be abused.

So, my personal opinion remains very pro-MHR. (I started mine over 2 years ago). Particularly for those with complex or chronic illness, it enables all your health professionals to get the information they need to look after you properly. And it's the ideal place to store your Advanced Care Directive and details of your Medical Treatment Decision Maker, where this information can be found even in the worst-case scenario where you are unable to communicate your wishes.

Like the Westgate bridge, MHR can get you safely where you want to go, and it serves a really valuable purpose. Unlike the Don's toupee.

ACTIVITY AROUND AUSTRALIA

Tasmania

Tasmania has a history of very close outcomes on VAD votes, the last being a loss by one vote, after processes which many observers thought was an abuse of the conscience vote tradition. DWDTas remains extremely active, and there is a strong likelihood of a cross party Private Members Bill being put before their Parliament within eight months. DWDTas is pursuing education and accurate information as a basis for change, and has been invited to join Palliative Care Tasmania as an organisational member.

Western Australia

On Thursday 23rd August 2018 the Joint Select Committee on End of Life Choices recommended to the WA Government to legalise voluntary assisted dying for people 'experiencing grievous and irremediable suffering related to an advanced and progressive terminal, chronic or neurodegenerative condition that cannot be alleviated in a manner acceptable to that person, where death is reasonably foreseeable outcome of the condition'. Premier Mark McGowan said Cabinet would consider the recommendations.

Queensland

Queensland has now joined all other Australian States and Territories in the unstoppable push for the legalization of voluntary assisted dying.

On the 2nd September the Queensland Premier, Annastacia Palaszczuk, announced she has ordered an inquiry into end-of-life care, including the issue of 'dying with dignity' (voluntary assisted dying).

This announcement follows a campaign by DWDQ supported by the Clem Jones Trust and Go Gentle Australia.

MEMBERSHIP RENEWAL – FINAL REMINDER FOR 2018



Don't forget to renew your DWDV membership for the 2018-2019 year.

As a member you can take advantage of all the benefits available including discounted rates for educational programs and access to end of life choices documentation.

ACT NOW to renew your membership, and, if you can add a donation to support DWDV to ensure all Victorians have access to end-of-life choices including Voluntary Assisted Dying.

NOTICE OF DWDV 2018 ANNUAL GENERAL MEETING

The 45th Annual General Meeting of Dying With Dignity Victoria Inc. will be held at 2.00pm on Saturday 10th November 2018 at the Unitarian Church, 110 Grey Street, East Melbourne.

Attendance and apologies

Email: office@dwdv.org.au; Phone: 03 9874 0503

Appointment of proxies

Notice must be given to the Secretary, in the form set out in the Regulations, no later than 24 hours before the time of the meeting for which the proxy is appointed.

A proxy form is included with this newsletter or may be obtained from the DWDV office.

CALL FOR NOMINATIONS FOR THE DWDV BOARD

Election of Officers and Ordinary Board Members

Nominations are called for the positions of President, Vice President, Secretary and Treasurer and up to seven Ordinary Board Members

Nominations must be received by the Secretary by close of business on Friday 2nd November 2018

A nomination form is included with this newsletter or may be obtained from the DWDV office.

2018 Board Members

									
Lesley Vick, President	Dr Rodney Syme, Vice President	Mark Newstead, Secretary	Carmel McNaught	Meredith Doig	John Hont	Judith Hoy	Dr Nick Carr	Hugh Sarjeant	Helga Kuhse

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Patrons: Mr Julian Burnside QC, Hon. Rod Mackenzie OAM, Hon. Ian Macphree AO

President: Lesley Vick; Vice-President: Dr Rodney Syme; Secretary: Mark Newstead;

Other Board Members: Meredith Doig, John Hont, Judith Hoy, Carmel McNaught, Dr Nick Carr, Hugh Sarjeant, Helga Kuhse. Special Adviser: Lyn Allison