WFRTDS WORLD FEDERATION RIGHT TO DIE SOCIETIES

Dying with Dignity WESTERN AUSTRALIA

Volume 46 | Issue 2

NEWS | Spring 2026

President's Report

Welcome to our second newsletter for 2026. I trust that you will find the two articles by Gail Wyatt, a long-serving committee member, to be of interest.

Please note the details of our Annual General Meeting which will be held in the usual place on Wednesday 21st October. This is your opportunity to hear about latest developments, to ask questions and to elect the incoming committee. If you wish to nominate, please complete the committee nomination form within this newsletter and return it by mail addressed to me at 29 Hope Street, Mosman Park WA 6012, or as a scanned attachment by email to president@dwdwa.org.au by 7th October 2026.

A report on our current campaign, including our petition on change.org, is the subject of a separate article in the newsletter.

Other major news I report on below.

Northern Territory passes its VAD legislation

You will all have seen the very welcome news that, at long last, with the Northern Territory's parliament having passed its new Rights of the Terminally Ill Act, everyone in Australia has the right to choose an assisted death. Unfortunately, the extent of that right and its availability vary from jurisdiction to jurisdiction, so that the measure of relief available to people depends on where you live. Here in Western Australia we are falling behind because of the failure to update our Act in line with improvements interstate and overseas.

The Northern Territory model, like that in Queensland and Victoria, requires that to be eligible for voluntary assisted dying a person must be assessed as having no more than 12 months to live. In all the other states (including WA) this period is 6 months, unless you have a neurodegenerative condition, in which case the period is 12 months. In some states (not including WA) the time to death requirement can be extended on compassionate grounds.

While an extension of the prognosis period to 12 months in all cases would be welcome, the criterion itself is arbitrary and frequently the cause of prolonged and unnecessary suffering. In DWDWA's considered view, it should be abolished, as it has been in the Australian Capital Territory.

There it is enough if a person has a progressive condition which is advanced (in addition to the usual additional criteria, including that their suffering is unbearable). This set of eligibility criteria is more in line with overseas Voluntary Assisted Dying laws, all of which retain robust safeguards and work well.

Marshall Perron at the time of the passage of the original Rights of the Terminally Ill Act was the Chief Minister of the NT and was primarily responsible for that world-leading piece of legislation. He and others actively lobbied the NT to exclude the prognosis requirement and the "gag clause" prohibiting doctors from raising the topic with patients. Disappointingly, both of

NOTICE OF ANNUAL GENERAL MEETING OF DWDWA

Date & Time: 2pm 21st October 2026

Location: Citiplace, Concourse Level, Perth Railway Station

these proposed amendments to the Bill failed. As Marshall remarked to me, the law could so easily have been a good one.

I have congratulated Marshall on his efforts, and also Judy Dent, Suzanne James and Tanzil Rahman (who led the government committee inquiry and who supported the failed amendments).

Telehealth

A fundamental principle underlying VAD legislation in all Australian jurisdictions is that access to this end-of-life choice should be equitable. An important factor that militates against such equitable access – especially in a vast state like WA - is the provision in the Commonwealth Criminal Code that prohibits the use of a 'carriage service' to 'assist suicide'. Notwithstanding manifest differences between VAD and suicide, the Federal Court in 2024 ruled that VAD falls within the Criminal Code definition of suicide and went further by ruling that this was the case irrespective of whether the lethal substance was administered by the person or a practitioner. In practical terms this means that telehealth, which is widely used for medical consultations, cannot lawfully be used for VAD.

Despite years of unanimous opposition to this provision in the Criminal Code from state governments, the Commonwealth government has been recalcitrant on the issue. In 2024 the member for Curtin, Kate Chaney, at our request, acted quickly and effectively to introduce a private member's Bill proposing a simple amendment to the Code that voluntary assisted dying is not suicide. The federal Labor government cynically refused to give it time to be debated and so, inevitably it lapsed. In recent times we have come to know that in fact the Prime Minister has been blocking progress, without giving any reason other than, in his view, VAD is a 'complex' issue and that therefore all consultations should be in person.

Readers may be aware that earlier this year the ALP national conference passed binding resolutions to support this overdue change, and to grant a "conscience vote" on it to its parliamentarians. Almost unbelievably, Anthony Albanese has thumbed his nose at his own party as well as the country as a whole, by again refusing to allow federal parliament to debate the issue. On the first sitting date after the winter break, Kate Chaney once again showed her support by moving to suspend standing orders to force debate on her Bill. As Kate said in her recent newsletter, her Bill is a simple, one-line fix, backed by the AMA, the Law Council, VAD regulatory bodies, 20 health organisations, state Attorney-Generals and Health Ministers and a 13,000-signature petition she tabled in July. And yet the Government and Opposition combined to defeat her motion, 74 votes to 12.

And pundits wonder why support for both the Labor Party and the opposition coalition is at record low levels.

International developments

In the **USA**, the MAiD law passed in Illinois will begin operating in September. The number of states with MAID laws continues to increase.

The new Prime Minister of the **UK**, Andy Burnham, has said that he will abstain from the vote on the Bill to avoid influencing MPs. The CEO of Dignity in Dying has welcomed that statement, and says that the House of Commons has already made itself clear and "they should just get on with it". Quite.

The ongoing debate in **Canada** about whether mental illness alone should qualify a person for MAiD remains unresolved.

In Asia, the parliamentary research service of **South Korea** has recommended the development of new legislation to permit VAD. If that goes forward it would be quite a groundbreaking step.

In the last newsletter I referred to the availability of VAD in **Colombia**, which has led **Latin America** in this respect. I now have information about some other South American countries. **Uruguay** passed a "Dignified Death" law in October 2025, making it the first country in Latin America to legalise VAD. The law allows mentally competent adult citizens or legal residents with incurable and unbearable suffering to receive medical assistance to end their lives. Strikingly, a person does not need a strict terminal prognosis or a maximum life expectancy window.

In addition:

- **Ecuador** legalised VAD in 2023 by a court ruling
- **Cuba** created a right to die with dignity in a 2023 health law, pending regulation (the effect of which seems obscure)
- **Peru** has approved assisted dying in an individual case after a judicial decision
- In both **Chile** and **Argentina** there are ongoing, but stalled, legislative efforts to allow VAD.



Steve Walker
President, DWDWA

PLEASE SIGN OUR PETITION

Dear member
By using the QR code below you can link to our change.org petition on our website. We believe that the VAD Act in WA is seriously in need of improvement, and our suggested changes are outlined on the website. Your signature on this petition will help to make improvements that will ensure many more Western Australians get the end of life choice they want and deserve.

Please note that donations made to change.org do not come to DWDWA. If you would like to assist our work please donate by using the Donate link on our website."

OUR CAMPAIGNS

With the assistance of Anthologie we have started a Petition on Change.org. At the time of writing, the number of signatures is approaching 1500. We would love to increase this very substantially over the next few months. The QR code to use to access it is available on our website. Please pass it on to as many people as you can – and ask them to do the same. The heading in it succinctly explains it: "Support WA's VAD law reform, with fairer access for all". It also has quite a full explanation with it.

Please note, however, that the invitation to donate, which appears near the end, is not ours – it is inserted by the Change.org organisation itself. Any donations made will pass to them, not to us. Several people have mistakenly signed up for ongoing donations, thinking that their donations would come to DWDWA (some of them were able subsequently to reverse that commitment). So please be careful to mention this to friends to whom you send the petition.

We are very pleased to have two keen volunteers with IT skills who are now helping with the campaign. Lloyd Johnson is taking on the job of bringing our website up to date, especially to emphasise the current campaign. Dinny Laurence and I are working with Lloyd on the new content. Please keep an eye on the website changes. We hope that they will much more readily assist interested people to support the campaign, donate and also to inform themselves of the practicalities of VAD.

Evie Vassallo is taking over from Anthologie our initial efforts to run some social media posts and advertisements to publicise our campaigns. This is very exciting. Those of you who may use social media, please keep an eye out for Evie's posts on Facebook and Instagram.

We are very grateful to both Lloyd and Evie for their time, enthusiasm and skills.

In the hope of attracting funding for our separate campaign to increase the level of awareness of VAD – and of how to apply – we are continuing with the complex task of applying to Lotterywest.

Steve Walker

DYING TO KNOW EXPO

Scarborough Community Centre
Saturday August 8th 2026

Death, a natural part of life, is often one of the most difficult subjects to discuss, so this Expo. aimed at making 'these conversations easier by empowering people with knowledge and confidence to make informed choices for themselves and their loved ones'.

Organised and sponsored by Walker Family Funerals, this free community event was held on a rainy Saturday, 08 August from 10am to 3pm in the warmth of the Scarborough Community Hall in Gildercliffe Street.

Death, dying, funeral, choices, grief, embalming, and end of life planning were explored through informative talks, and open discussion. Interesting guest speakers included a death doula, funeral director, mortician, psychologist, author and funeral celebrant. <walkerfamilyfunerals.com.au/dyingtoknowexpo>

DWDWA President, Steve, gave a short presentation outlining our continuing efforts to have WA's VAD [Voluntary Assisted Dying] legislation reviewed regularly to keep it up to date with population expectations and other states and territories.

For the second year in a row, eight members from our DWDWA committee filled a volunteer roster at an information table made available to us as part of this Expo.

We greeted many interested people, provided information about our organisation, signed up new members and accepted donations.

We hope you might consider joining us as part of our roster if this Expo. is offered again next year. You'll be very welcome.

Margie Lundy
DWDWA Committee Member



Gail Wyatt, Julie Cinanni and Margie Lundy

CAN ANYONE REALLY DIE ON THEIR OWN TERMS?

An ABC *Compass* program *Dying on My Own Terms* was aired in July 2026. It was presented by Andrew Denton (recently inducted into the Logie Hall of Fame for his journalistic contributions) and is available to watch on ABC Iview.

The program follows the VAD journey of two people who carefully and successfully managed a death of their choosing with the support of their families, their physicians and other practitioners and organisations. Significantly though, these two experiences appear to have involved in depth internal self exploration and honest interpersonal communication. Then without pressure from conflicting internal or external beliefs and after making meaning of the whole process for themselves, the final steps could take place unconstrained by clinician or provider prohibition. They really did manage to die on their own terms.

A person with a terminal illness is usually not only suffering from pain, but can also be suffering due to exhaustedly fighting the condition, anxiety about the future, unfinished business, or family reactions, or because their cultural or religious beliefs conflict with their belief in the right to access VAD. These forms of suffering are said to intensify at the end of life, particularly if they have not been addressed before the physical ailment itself intensifies.

So it does seem that autonomy may not be as smoothly attainable in Australia as in the two cases on *Compass*. It is true that in all States the patient approved for VAD legally retains decision making autonomy and their right to assistance does not depend on family-based or community-based involvement. While decision making is undeniably controlled by medical practitioners, theoretically at least there will be alternative medics to be found somewhere else (provided one has the resources, energy and time to search for them).

But it pays to realise one's VAD decision is neither straightforwardly formed nor exercised (particularly if you face disadvantages such as living remotely or in regional areas).

It is often the case that some or all family members are strongly pressing their opposing values on you. It also can influence your decision if a valued counsellor/chaplain were likely to withhold compassion or withdraw completely. You will be constrained if you know your decision would mean a change of specialist or aged care residence. Research confirms that practitioners and residential care providers are frequently acting according to differing clinical goals and safeguards, antithetical to a dying person's own requirements.

Your VAD preference is also likely to be strongly compromised if you wish to remain practising in a religious community or culture which has a different view as to what a dignified death looks like, or even what life after death will entail. For instance, the final rites sacrament 'Extreme Unction' might be withheld for Catholic VAD recipients, causing many to forgo VAD in exchange for eternal peace.

There really are so many players, individual as well as organisational, when it comes to the ultimate decision whether to proceed with death by VAD.

Individual practitioners have rights and exercise those according to their own beliefs and values as to what is required in dealing with your wishes. Palliative carer specialists, geriatricians and oncologists more than any other practitioners are likely to refuse engagement with a patient who begins to explore VAD (Rutherford et al (2021), *Physician attitudes to VAD: A scoping review*, https://doi.org/10.1136/bmjspcare-2020-002192).

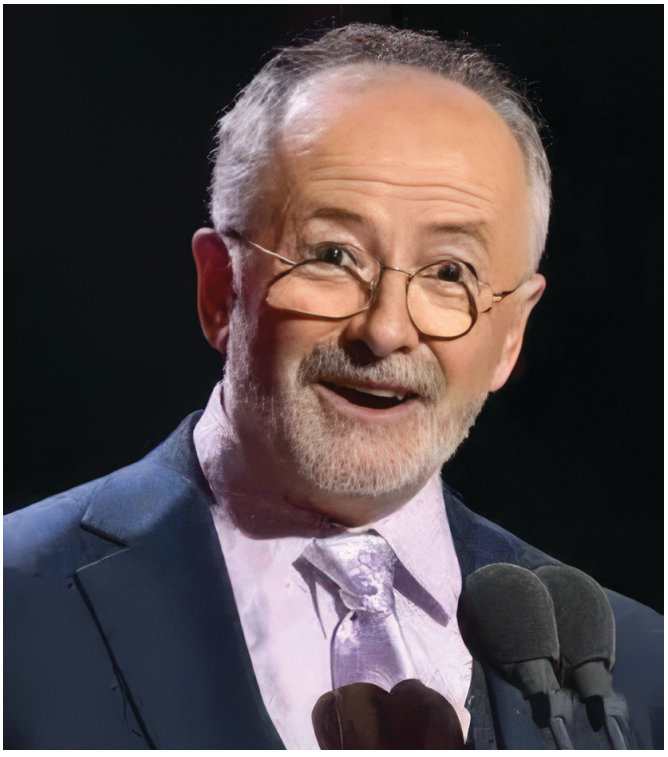
It is not unusual to hear of people in palliative care who are given ineffective pain treatments despite their condition being very poor. Clearly expressed refusal of treatment can be ignored by personnel, while requests to explore VAD are delayed or never explored. Withdrawal of personal interactions by disapproving residences is also a hazard hanging over the prospective VAD patient, whose fear of isolation influences them not to proceed.

Organisations as a whole also have particular interpretations of their role and obligations. But finding out those positions and how they will manifest is difficult.

Research (Rutherford et al (2021) warns that institutions' expressed acceptance of VAD does not always translate into actual support. It may only become apparent after you are already residing in a particular facility or already receiving treatment or counselling from particular professionals. Hospitals deny that they refuse to allow any consultation about VAD on their premises, (let alone any prescribing or dispensing of a VAD drug), thereby forcing the person to relocate from their death bed to receive assessment and eventual drug administration. This lack of transparency is a frequent scenario in this country and a barrier to informed decision making when seeking care.

Let's say the person who is dying has done all the internal work on making meaning out of the whole dying process: one's convictions, identity, feelings and connections have been clarified as far as possible. So now there is congruence with opting for VAD and one can go ahead?

Not quite. There are all the inter-relational and organisational influences to manage, some of which have been raised in this article. It's usually hard to manage things completely as you wish. Dying on one's own terms is no exception.



ANDREW DENTON

DEATH CAFÉ IN NEDLANDS: MUFFINS MUGS AND MEMORIES

Its not uncommon to be earnestly encouraged to talk to your family about your demise before you launch into the Advance Health Directive, the Will, the Organ Bequest, and the Funeral Planning.

Those of us who have optimistically taken up the 'Death Chat Challenge' know it can become quite emotional and apt to being closed down abruptly. Talking about decay really does open up a can of worms for many of us. Families and friends may start scanning your appearance for signs of terminal illness or not so subtly testing your mental capacity for indicators of dementia. You relent and postpone the AHD, the Will and so on for another day, somewhat secretly relieved.

We are surrounded by books and movies about end of life challenges, cheering us up with their gallows humour. Barbie (Margot Robbie) brought the joyous dance scene to a complete halt in the movie 'Barbieland' by asking out of the blue 'Do you guys ever think about dying?'. She had to turn this into a reassuring "[I mean] I'm just dying to dance", so that everyone could laugh and get back to 'dancing the night away'.

The idea of Death Cafes has a similar effect. They prompt an amused 'but why?'. It seems many of us want to think about it at the last minute, trusting someone will be there to manage. We do not want to find out, to prepare, to acknowledge our fear as the Romans 'memento mori' is reputed to have done.

And yet more are popping up across the world, even in conditions as fraught as in Afghanistan which, not surprisingly keeps a low profile

So what does all this positivity look like, with a cuppa maybe thrown in? Last month I joined a small group at Nedlands Library on a Sunday afternoon of chat, coffee and cake to find out more. This is one of the 1065 cafes which are meeting regularly across Australia (for sites, https://deathcafe.com including Nedlands, Victoria Park, Midland and Kalamunda).



The first Death Cafe was launched in 2011 by Londoner Josh Underwood keen on helping diminish fear of death by getting people talking about the things that are important to their life in a relaxed, no-strings atmosphere. Permutations exist in various forms including online zoom meetings. There are reported to be 25000 globally at last count.

There is no agenda, no speaker, no theme and best of all, no pressure to say anything at all. Nor is there advice or grief counselling. But once the hosts have started off the conversation, it's certainly not just polite chitchat.

Death café goers want to talk about all things life and death. Some reflect on what went well or badly in the lead up or after a loss (furry friends included). Some are exploring death and ageing with a view to their own preparations. Others share movies, plays, or novels on the subject.

It's quite amazing but somehow listening to people who have nothing much in common helps with opening up one's own thoughts and feelings on life.

Gail Wyatt

Committee Member
DWDWA

DYING WITH DIGNITY WA COMMITTEE NOMINATION FORM SPRING 2026

If you are a current or interested in becoming a Committee Member of DYING WITH DIGNITY WA, Please fill in and present for election at the AGM at 2pm on Wednesday the 21st of October 2026.

Alternatively, you can fill in and email your nomination to us prior to the 21st of October where voting will take place

I, ...,
being a member of Dying With Dignity Western Australia (Inc) (DWDWA) and being eligible to do so, HEREBY NOMINATE MYSELF for election to the following position on the Committee of DWDWA:

- ☐ President
- ☐ Vice President
- ☐ Treasurer
- ☐ Secretary
- ☐ Ordinary Committee Member

Signed ..... Dated .....

How can I help DWDWA?

Non-Committee Members Wanted for Occasional Tasks

Do you want to help with DWDWA's campaign to reform and expand VAD legislation, but do not wish to be on the Committee?

The Committee needs assistance, and is drawing up a list of DWDWA members and supporters for occasional or one-off tasks. Taking on a task would be subject to your availability and inclination at the time.

Examples of the type of tasks are:

- Helping to volunteer at information stalls
- Emailing networks with various information or requests
- Delivering petition cards

If you wish to offer to be on this list, please contact president@dwdwa.org.au with in the subject line "DWDWA Occasional Tasks" with your name and preferred method of contact (phone, text, email). Please also include your residential suburb, as location may be relevant to the task.

DYING WITH DIGNITY WESTERN AUSTRALIA (INC.)

PO Box 7243, Cloisters Square, Perth 6850
Email: memberships@dwdwa.org.au

MEMBERSHIP RENEWAL FORM

Membership year runs from 1st of July to 30th of June of the following year

Standard Rates

- ☐ Single $20
- ☐ Double $30
- ☐ Life Single $200
- ☐ Life Double $300

Donation $ _____

Pensioner / Student Rates

- ☐ Single $15
- ☐ Double $25
- ☐ Life Single $150
- ☐ Life Double $250

(Rates unchanged since 1st July 2009)

Cheques payable to **Dying With Dignity WA** to the above address or at any Bendigo Bank branch, or online: Account **Dying With Dignity WA - BSB No: 633-000, Account No: 215 508 771**

If renewing through our website, **please** use the **"Become a Member"** link or your payment is receipted as a donation and cannot subsequently be diverted to your membership subs.
If paying by cheque or cash, please complete this form and forward it to us, or bring it with you to the meeting.

Please print clearly

First name _____ Surname _____

Address _____

Postcode _____ Phone _____ Year of birth: _____

Email _____

ARE YOU A FINANCIAL MEMBER?

If the address label on this newsletter has a **date ending in 26, your subscription is due 1st July (can be paid in advance)** If the date ends 25 or earlier, you are no longer financial. Life members are noted as such and don't need to pay subs, although donations are always welcome.

If paying by bank deposit, particularly over the counter, please ensure your name is included. For more information or to get an application form for a new member, please contact DWDWA by email to memberships@dwdwa.org.au or see our website www.dwdwa.org.au

BEQUESTS AND DONATIONS

DWDWA is an independent, non-profit, advocacy organisation and totally reliant on membership fees, donations and bequests for our funding. We are always very grateful for donations and bequests which enable us to further our aims. You may remain anonymous and do not need a new Will if you sign a short codicil.

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PATRON - Janet Holmes à Court AC

DYING WITH DIGNITY WESTERN AUSTRALIA (Inc.)
ABN 16 953 675 488

Postal address: DWDWA, PO Box 7243, Cloisters Square, Perth, WA 6850, Australia
Phones: 0411 431 091
0406 722 036
Email: info@dwdwa.org.au
Internet: www.dwdwa.org.au
Facebook: https://www.facebook.com/dyingwithdignitywa/

MANAGEMENT COMMITTEE 2025-2026
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Vice-President: Richard Lugg
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Hon Treasurer: Julie Cinanni
Minute Secretary: Mary Aerts
Committee Members: Gaye Harvey, Margie Lundy, Murray Hindle, Delia Hendrie, Anne Marshall, Michael Keane

EMAILING NEWS TO YOU

If you prefer to receive your newsletter via email (it saves trees), please let us know at memberships@dwdwa.org.au.

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