

Implementing voluntary assisted dying in SA

As reported in the previous VADSA Bulletin, the *Voluntary Assisted Dying Act* passed both chambers of the South Australian Parliament on June 24th, 2021, and became law when it received Royal Assent on August 24, 2021.

On November 14th, 120 people attended a public meeting at the Goodwood Community Centre to send a strong message to Health and Wellbeing Minister Stephen Wade MLC that they wanted the implementation phase to happen as quickly as possible to avoid further unnecessary delays and associated suffering.

Sincere expressions of appreciation were extended to Minister Wade for his active support for the passage of the legislation, but members of the audience, including people with terminal illnesses, expressed their frustration and distress at the foreshadowed delays for VAD implementation. They urged the Minister to ensure that the time already lost is made up quickly.



Despite this, the Act is not expected to become operational until March 2023, 21 months after its passage. Other states had commencement occur between 15 and 18 months. The Chair of Victoria's VAD Review Panel, Justice Betty King, publicly offered to share all Victoria's systems, policies, training, and portal development. WA has offered a similar sharing of their experience. As SA's legislation is very similar to that in Victoria and WA it can benefit from nearly three years of experience working with and upgrading the Victorian and WA systems, policies and procedures.

VADSA remains concerned that South Australians will be made to wait longer than people in any other state for commencement of VAD; that South Australians who campaigned for this compassionate legislation will be denied access and made to suffer, because our state was inexplicably slower than any other state in our implementation process. We will continue to urge that more priority be placed on achieving commencement in 2022.

SA Health has established a Voluntary Assisted Dying Implementation Taskforce comprising 16 experts in end of life advocacy, law, research and clinical practice. This will provide oversight to ensure 'expert and compassionate' implementation. It will oversee the delivery of nine workstreams, five managed by Working Groups, to:

- 1. develop care pathways to access VAD
- 2. develop supportive information for consumers, carers and community
- 3. develop clinical guidelines for health practitioners
- 4. introduce an IT system to facilitate application and submission of forms
- 5. establish an education and training program for health practitioners
- 6. develop the protocol for the voluntary assisted dying substance
- 7. make regulations to prescribe rules for the scheme
- 8. provide implementation and administrative project support
- 9. establish the Voluntary Assisted Dying Review Board.

SA Health states that people who may experience barriers to VAD will have fair and equitable access to the scheme; including people with a disability, people who are culturally and linguistically diverse and people living in regional, rural and remote South Australia. Dr Chris Moy, Federal Vice President of the Australian Medical Association (AMA) is the Chair of the Taskforce, of which VADSA President Frances Coombe is a member.

Those who wish to receive regular newsletters and information regarding the implementation of the VAD scheme can email: Health. VoluntaryAssistedDying@sa.gov.au and add the subject line "Join the mailing list".

See the SA Health website 'Voluntary Assisted Dying in Australia' for further details: https://www.sahealth.sa.gov.au/wps/wcm/ connect/public+content/sa+health+internet/ services/primary+and+specialised+services/ voluntary+assisted+dying/ voluntary+assisted+dying+in+south+australia

National news

New South Wales

Dying with Dignity NSW was pleased to report that the NSW Voluntary Assisted Dying Bill 2021 passed the final vote in the Lower House 52 votes to 32 on Friday 26 November 2021. Both Premier Dominic Perrottet and Opposition Leader Chris Minns voted against it. The Bill passed on the last sitting day for the year, following four days of debate, and consideration of more than 150 amendments. Independent MP Alex Greenwich, who introduced the bill, said 42 amendments were accepted but that 'all the hostile amendments were convincingly voted down'. In common with jurisdictions where VAD is legislated, there were also amendments to add further resources to palliative care with a specification that they would include regional and rural areas. DWDNSW President Penny Hackett said 'We congratulate members of the Legislative Assembly who have acted in good faith and respectfully worked their way through what has been a challenging and emotional debate '

It is anticipated that there will be further challenges when the Bill moves to the Upper House in early 2022. The Upper House Law and Justice Committee has been conducting an Inquiry into the Bill since October, has taken submissions from stakeholder groups and the public, and conducted three days of hearings during December. It was due to report when Parliament resumes on 22 February. There is the risk that the Bill will face more hostile amendments and possible disruptions due to the Omicron outbreak. If further amendments are made in the Upper House, the Bill will need to return to the Lower House to consider those amendments.

Go Gentle Australia reported on 10th February that a recent poll showed that approximately two-thirds of voters want political leaders to put aside personal views and pass legislation to give terminally ill people in NSW the same end-oflife choices as other Australians. The research was commissioned in the lead up to the Bega, Monaro, Strathfield and Willoughby by-elections to test support for the VAD Bill among local NSW voters. It took the form of a telephone poll which was conducted between 6th-8th February 2022 by Community Engagement, on behalf of Go Gentle Australia. Findings were that 68.7 percent believe there should be no further delays for passage of legislation. Importantly, 63 percent claimed that they were more inclined to support the leader of a political party who would put aside personal beliefs to vote in accordance with community views.

For further information on the methodology and findings of the NSW poll see the GoGentle Australia website <u>https://www.gogentleaustralia.</u> org.au/by_election_voters_reject_further_delays_ in_enacting_nsw_vad_law

References:

Dying with Dignity NSW website: <u>https://dwdnsw.org.au/</u> Raper, A 26/11/21 'VAD Bill passes Lower House' <u>https://</u> <u>www.abc.net.au/news/2021-11-26/nsw-voluntary-assisted-</u> <u>dying-bill-passes-nsw-lower-house/100652556</u>

VADSA PUBLIC MEETING

Voluntary Assisted Dying SA (VADSA) holds public meetings twice yearly at:

The Box Factory 59 Regent St South, Adelaide

The next public meeting will be held on

Sunday April 3rd 2022 at 2.15 pm

Guest speaker will be Cheryl McKenna

Ms McKenna will discuss how she supported her late father through his voluntary assisted dying process under the Victorian Act which has been operational since June 2019.

*The meeting will be conducted under the COVID 19 protocols applicable on the day.

Numbers are restricted for this meeting. Please ring Frances Coombe on 0421 305 684 or email info@vadsa.org.au to register your interest.

The VADSA 2022 AGM will be held on Sunday November 6th at 2.15pm

Western Australia

Voluntary assisted dying has been operating in Western Australia since 1st July 2021. The Voluntary Assisted Dying Board is chaired by Dr Scott Blackwell, former AMA WA branch president who has expertise in palliative and aged care. Dr Blackwell is due to deliver the board's first report after 12 months of operation.

The West Australian newspaper reported that the VAD Board has advised that an average of just under three individuals accessed the VAD law each week since it was implemented in WA last year. The Chair of the VAD board said 'demand had far exceeded expectations' as they had expected numbers of between 50 and 70 for the first year; a calculation based on Victorian figures. Over 500 people have contacted the VAD Navigator service for help. It was reported that it took about four weeks from the time of first contact with a VAD provider until the procedure.

The VADSA Bulletin will keep members informed of the findings of the board's first report later in the year.

Reference:

Elton, C, 'Voluntary assisted dying demands three time greater than expected, VAD board reveals', The West Australian, 10th February 2022 <u>https://thewest.com.au/</u> <u>business/health/voluntary-assisted-dying-demand-three-</u> times-greater-than-expected-vad-board-reveals--c-5642082

Territory rights remain stymied

Australia's territory governments have been denied their bid to enact their own VAD laws. A ban on legislation was put in place in 1997 after the Northern Territory introduced the *Rights of the Terminally Ill* Act two years earlier. This applied to both the NT, ACT and Norfolk Island. In March 2021, both jurisdictions wrote to senior Commonwealth ministers asking for the ban to be repealed, but the request was denied by Attorney-General Michaelia Cash on the 8th October 2021. The ACT's Human Rights Minister, Tara Cheyne, stated: '[We are] beyond disappointed...I think the response from Michaelia Cash is pathetic... It's disrespectful to our parliaments and it's disrespectful to our citizens'.

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If he wins the next federal election, opposition leader Anthony Albanese has promised to make a vote to restore Territory rights to legislate on VAD a priority. All three ACT political parties unanimously moved that the Federal Government should return the Legislative Assembly's power to determine its own policy on VAD.

References:

Navroozi, I & Burnside, N "Request to allow for voluntary assisted dying laws in ACT and NT denied by Attorney-General Michaelia Cash", ABC News, Oct 10th 2021 https://www.abc.net.au/news/2021-10-08/voluntaryeuthanasia-ban-repeal-request-denied-act-nt/100525120 Fuller, N "Labor promises Territory Rights would be a priority under Albanese Government", Canberra Weekly 27th October 2021 https://canberraweekly.com.au/labor-promisesterritory-rights-would-be-a-priority-under-albanesegovernment/

Update on global access to VAD

VADSA's policy adviser, Anne Bunning, has compiled information on the 13 countries which now allow legal access to VAD; either through legislation or court ruling. This is a population group equivalent to everyone living in Australia, the UK and the USA.

The Austrian parliament approved VAD in this predominantly Catholic country at the end of 2021. Four hundred and twenty two million people globally now, or soon will, have access to a compassionate end of life choice if they have a terminal illness and meet all the eligibility criteria. These include one in five US citizens and two in three Australians. Austria, Belgium, Canada, Luxembourg, Netherlands, New Zealand,

VADSA membership renewals are due in February each year

We look forward to your continuing support.

When making payments to VADSA through EFT please ensure that you include full details of your name and contact details

Thank you!

Spain, Switzerland have legislated and courts in Colombia, Germany and Italy have authorised VAD. In the USA, 10 states and Washington DC have legalised VAD.

In Australia, five of the six states have legalised VAD; in NSW a VAD law has passed the lower house and is waiting debate in the upper house; the ACT and NT are prohibited by Commonwealth legislation from passing a VAD law.

For a very informative table showing the relevant countries, population numbers and a range of further information see the VADSA website "Austria, AUKUS and VAD" which is available at https://www.vadsa.org.au/austria_aukus_and_vad

International news

Canada

In June 2016, the Parliament of Canada passed federal legislation that allows eligible Canadian adults to request medical assistance in dying (MAiD). Since then, there have been more than 13,000 reported MAiD deaths in Canada, with 82 per cent of cases being individuals who had previously received palliative care services.

On March 17, 2021, parliament passed important changes concerning eligibility criteria, and to the process of assessment. These changes took effect immediately following more than five years' experience with MAiD being operational in Canada. Feedback was gained from over 300,000 Canadians, experts, practitioners, stakeholders, in the provinces and territories, during consultations held in January and February 2020, and the testimony of over 120 expert witnesses.

In terms of eligibility criteria, the recent amendments make the following changes to MAiD law. They:

- Remove the requirement for the individual's natural death to be reasonably foreseeable. (This change came about in response to the decision in the case of Truchon).
- 2. Provide a 'two-lane' approach for procedural safeguards. Some safeguards are eased for eligible individuals whose natural death

is reasonably foreseeable; other changes strengthen the safeguards for those individuals whose natural death is not reasonably foreseeable.

- 3. Establish that people suffering solely from a mental illness cannot access MAiD until 2023.
- 4. Allow individuals whose natural death is reasonably foreseeable and who have a set date for MAiD to waive final consent if there is a chance that they will lose capacity in the interim.
- 5. Create an updated framework for data collection by the federal government.

In Quebec, a long awaited report concerning endof-life care was tabled in the National Assembly on December 8th 2021. This recommended the use of advance directives for medical aid in dying and would apply following a diagnosis of a 'serious and incurable disease leading to incapacity', such as a neurocognitive disorder. When drafting such an advance request, the physician should ensure that the person's decision is 'free' and 'informed' without external pressure.

References:

Steger, M 7/9/21 'Update on Medical Assistance in Dying in Canada' British Columbia Law Institute. <u>https://www.bcli.</u> <u>org/update-on-medical-assistance-in-dying-in-canada/</u> Government of Canada, 'Medical Assistance in Dying' 13/8/21 <u>https://www.canada.ca/en/health-canada/services/</u> <u>medical-assistance-dying.html</u>

World Federation of Right to Die Societies website 'Quebec moving towards euthanasia based on advance directives'.

Scotland

The World Federation of Right to Die Societies website advises that the *Assisted Dying for Terminally Ill Adults (Scotland)* Bill introduced in Scotland by Liberal Democrat Liam McArthur in September 2021 has attracted more public responses than any other in the history of the Scottish Parliament, with more than 10,000 submissions received.

The Bill has cross-party support and is being backed by *Dignity in Dying* Scotland, *Friends at the End* and the Humanist Society Scotland. The Bill sets out a 'blueprint' on how to legalise assisted dying 'as a choice for terminally ill, mentally competent adults in Scotland'. Liam McArthur stated

The proposed law will work alongside palliative care and apply only to terminally ill, mentally competent adults. It features strong safeguards that put transparency, protection and compassion at the core of a prospective new law.

If it is successful, the law would become effective before 2023. MSPs are likely to have a conscience vote.

Reference:

https://wfrtds.org/scotland-started-consultation-on-legalising-assisted-dying/

DONATIONS TO VADSA

Donations may be made as a one off gift, or a regular monthly donation. As we are a registered charity all donations over \$2.00 are fully tax deductible. A general donation or regular or monthly donations are greatly appreciated. Your gift will work towards the alleviation of suffering. A receipt will be issued for taxation purposes. Please let us know if you do not want a receipt.

Bequests

Different wording is used for a bequest of a specific sum or the whole of an estate. The wording for a gift of a specific sum is: 'I bequeath to Voluntary Assisted Dying SA Inc. the sum of \$.....' If you wish to leave your entire estate to VADSA the wording would read: 'I give and bequeath the whole of my real and personal estate to Voluntary Assisted Dying SA Inc'.

VADSA is staffed entirely by volunteers. Since its formation in 1983 as SAVES, VADSA has worked towards law reform that enables a compassionate and humane response to unbearable and hopeless suffering and has an ongoing role in the Implementation Stage and beyond.

VADSA Committee changes

VADSA farewells committee member Kip Fuller who had provided a range of valuable assistance for different facets of the law reform campaign since 2019. Kip participated in many rallies and awareness days, answered student enquiries, and provided a range of administrative support, including the role of Covid Marshall. We thank her sincerely for her important contribution and wish her all the very best for the future.

VADSA is very pleased to welcome its long term policy adviser and VADSA strategist, Anne Bunning, as vice president. Anne has decades of experience in government, private and community sector organisations in Australia and overseas. She has been a Chief of Staff to Government Ministers and a private consultant.

Anne was a key figure in steering the VAD campaign strategy in SA for many years and achieving recent legislative success. She established and maintains the revised VADSA website which is a great resource for keeping members and the general public informed about VAD at the state, national and international level. Anne has also recently been appointed as a board member of the Federation of Right to Die Societies. We thank Anne very much for joining the committee and for her ongoing support and expertise. The committee was once again elected at the 2021 AGM without any outside nominations. We urge members to consider nominating, and they can be co-opted at any time, not only at an AGM.

VADSA Bulletin is available by email

Please consider this option to reduce postage costs. Email info@vadsa.org.au to receive future editions by email.

Thank you.

Thank you Gerry

VADSA extends its sincere appreciation to longterm member and former committee member Gerry Versteeg for dispatching the SAVES/ VADSA Bulletin over decades. It is now time to put your feet up Gerry!

Vale Dr Rodney Syme OAM

The death on 20th October 2021 of Victorian surgeon and urologist, Dr Rodney Syme (1935-2021), was received with sadness by all those who have campaigned for VAD law reform. A former President of *Dying With Dignity* Victoria, Dr Syme leaves a legacy that is inscribed in all VAD legislation passed in Australia.

Rodney Syme was a member of the 'Melbourne Seven', a group of seven doctors who on 25 March 1995, went public on the front page of The Age newspaper in an open letter to the Victorian Premier, admitting to having assisted people to die, and calling for the introduction of VAD legislation. Despite calls for their prosecution by groups such as 'Right to Life', investigations by the Victoria Police and the Medical Practitioners' Board of Victoria were abandoned for lack of evidence.

Dr Syme counselled and assisted many desperate people who were suffering intolerably without possible relief. The Urological Society of Australia and New Zealand stated in an obituary:

He [Dr Syme] received numerous awards including The USANZ society medal, Australian Humanist of the Year, a nomination as Senior Australian of the year, and an AM which he returned in protest against the views of Margaret Court... Above all Rodney was never motivated by avarice or ego, but only by compassion for others and a desire to better society...

As Andrew Denton from Go Gentle Australia wrote:

We carry with us in our veins Rodney's life's work ... and Rodney's unshakeable commitment to principle ... Always, he was there. Always, his opinion clear and deeply thought-through. There is no doubt in my mind that, in Rodney, we had a man more experienced in end-of-life and its many forms than any other person alive... He was indefatigable. Unbreakable. Or so it seemed.

Dr Arnold Gillespie a South Australian convenor of Doctors for Assisted Dying Choice stated:

Without Rodney there would be no voluntary assisted dying laws in Australia, today. I have had the privilege of knowing Rodney for more than 20 years. He provided support, counsel and stability in my work for VAD. Rod challenged the Medical Board of Australia, the law, and dared police to arrest him so that a case would be tried. He thus risked several years gaol...A great man has died after achieving what was thought impossible – the introduction of voluntary assisted dying, in Australia. We owe you Rod.

Dr Rosie Jones, also a South Australian member of Doctors for Assisted Dying Choice, wrote of her colleague:

Three weeks before his cruel stroke Rodney Syme was giving me detailed instructions on how to implement our new VAD law... Dear Rodney you will never know how much we miss you, and even if you were still with us, your innate humility would probably ignore the plaudits. Goodbye dear friend.

VADSA remembers a warm and compassionate advocate and shares the above sentiments in acknowledging our indebtedness to Rodney's legacy.

References:

Magnusson, R (1996) 'The Future of the Euthanasia Debate in Australia', Melbourne University Law Review, Vol 20 1108=1143.

Urological Society of Australia and New Zealand. "Rodney Syme 23/3/35-20/10/21 Obituary by Prof D Bolton and Assoc Prof D Webb <u>https://www.usanz.org.au/news-updates/</u> our-announcements/rodney-syme-23-8-35-20-10-21 Vale Dr Rodney Syme <u>gogentleaustralia.org.au</u> (22nd October 2021)

Archbishop Desmond Tutu

Archbishop Desmond Tutu, a South African theologian, human rights leader, anti-apartheid activist, and advocate for the right to VAD died on 26th December 2021 aged 90. In an article published on his 85th birthday he stated:

With my life closer to its end than its beginning, I wish to help give people dignity in dying... Just as I have argued firmly for compassion and fairness in life, I believe that terminally ill people should be treated with the same compassion and fairness when it comes to their deaths...I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death.

While he believed in the sanctity of life he also believed that people should not be forced to endure terrible pain and suffering but instead have control over the manner and timing of their death. Nelson Mandela, who became the country's first postapartheid president and who died in December 2013 stated that his friend Tutu was 'Sometimes strident, often tender, never afraid and seldom without humour, Desmond Tutu's voice will always be the voice of the voiceless'.

References:

'Archbishop Desmond Tutu remembered at state funeral in Cape Town, hailed as South Africa's 'moral compass'' ABC News 1st January 2022

Sherwood, H 'Desmond Tutu: I want right to end my life through assisted dying' The Guardian 8th October 2016 <u>https://www.theguardian.com/society/2016/oct/07/desmond-</u> tutu-assisted-dying-world-leaders-should-take-action

The World Federation of Right to Die Societies

Founded in 1980 the World Federation of Right to Die Societies is an international federation of associations that promote access to voluntary assisted dying. It holds regular international meetings on dying and death. The World Federation consists of 57 right to die organizations from 28 countries.

Factsheet 43: Voluntary Assisted Dying is not assisted suicide (January 2022)

Voluntary Assisted Dying is the term used in Australia to describe the choice available to terminally ill people to end their suffering and seek medical assistance to die. The term voluntary assisted dying (VAD) was nominated by the 2016 Victorian Parliament Inquiry into end of life choices as the preferred description. VAD includes both self administration and medical administration (eg if the person is no longer able to swallow). All Australian states which have subsequently passed a voluntary assisted dying law have used the words 'voluntary assisted dying' in the title of their Act.

Apart from the nine months in 1996-97 when the Northern Territory Rights of the Terminally Ill Act was in operation, the USA state of Oregon is recognised as the first jurisdiction with an enduring law allowing a terminally ill person to seek medical assistance to die. The Death with Dignity Act (DWDA) came into effect in 1997. In the first of their annual reports on the operation of the DWDA, the Oregon Department of Health used the term 'physician assisted suicide'. In 2006, the Department of Health recognised that the term physician assisted suicide had been inappropriate from the beginning. The DWDA states

Actions taken in accordance with ORS 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.¹

Oregon no longer uses the term 'physician assisted suicide' and reports all deaths as DWDA deaths.

Those jurisdictions with more recent campaigns to allow a terminally ill person to seek medical assistance to die have experienced the impact of opponents using value laden terms such as 'state sanctioned killing', 'suicide' and 'euthanasia' to generate fear and opposition to the legislation.

Dr Roger Hunt, a South Australian Palliative Medicine Consultant, with 35 years of experience in palliative medicine, described the difference between VAD and suicide in a 2021 letter published in the Medical Journal of Australia:

• Voluntary assisted dying mandates two independent medical assessments by specially trained doctors to advise on the person's decision making capacity, diagnosis, prognosis,

VOLUNTARY ASSISTED DYING	SUICIDE
Person is dying with a terminal illness	Person not otherwise dying
Requires two medical assessments of the person's capacity, illness, prognosis, suffering and treatment options	No medical pathway or scrutiny
Person must have decision-making capacity; the decision must be enduring, and not be the result of mental illness	Often impulsive, with mental illness usually involved: depression, schizophrenia, bipolar illness, substance abuse, personality disorder
Death is peaceful, reliable, with the person surrounded by loved ones	Suicide is generally done alone, often 'botched' and violent
Good bereavement outcomes	Terrible bereavement outcomes
Our community overwhelmingly wants VAD to be available	Our community overwhelmingly wants to prevent suicide

VAD is not Suicide

suffering, and possible treatments; suicide has no such pathway of medical scrutiny and support

- The request for voluntary assisted dying must be from a person with decision making capacity, who does not have a mental illness or major depression; suicide frequently involves mental health disorders, such as depression, bipolar disorder, schizophrenia
- Suicide is usually undertaken alone, as an act of desperation, sometimes impulsively, and often violently; voluntary assisted dying involves an enduring decision and a gentle, peaceful death, with the person usually surrounded by loved ones
- Suicide incurs awful bereavement for loved ones; the family and friends of those who use voluntary assisted dying report less grief symptoms and post-traumatic stress reactions
- Suicide is tragic and society makes every effort to prevent it; the majority of the Australian community supports legislative reform for voluntary assisted dying.

Legal scholars have similarly recognised the inappropriateness of the word suicide:

The word 'suicide' is well suited to the description of a distraught individual with their whole life ahead of them, who in a moment of despair, commits a completely senseless and utterly tragic act. In contrast, "suicide" is not well suited to describe an elderly cancer patient who in the final days of a horrible and agonizing struggle simply wishes to avoid more needless suffering and indignity. The first individual's act destroys what could be a long and productive life. The elderly cancer patient does not extinguish the hope of a bright future, but rather avoids the last painful and undignified moments of a life already fully lived.²

The difference between VAD and suicide is summarised in the table above, provided in evidence by Dr Roger Hunt to the South Australian Parliamentary Inquiry into End of Life Choices (July 2019).

Conclusion

There are two main critiques of the use of the word 'suicide' in a discussion of the act of empowering a mentally competent, terminally ill patient to choose to hasten death: firstly, it is inaccurate; secondly, it is adopted by opponents to mislead and confuse the debate and build fear of the legislation.

- Various professional bodies have recognised the inaccuracy of the word 'suicide' being used in the debate over an informed end of life choice for a terminally ill person
- Language and terminology are important in framing the debate, with value laden terms such as 'killing' and 'suicide' consistently used by opponents to frame the debate negatively
- Accurate language facilitates an informed debate
- Value neutral terms such as aid in dying, voluntary assisted dying, physician assisted dying more accurately describe the process of a terminally ill person seeking medical assistance to end their suffering.

The stark difference between suicide and VAD

During the debate over VAD legislation in South Australia, the suicide of 19 year old Rhys Habermann from Wudinna, on Eyre Peninsula, was raised by many MPs and run on the ABC 7.30 Report. Rhys was diagnosed with bone cancer two years earlier. Following his death, his parents, Liz and Geoff, spent 18 months under police investigation related to his death. Liz and Geoff became active campaigners for VAD after Rhys's death. The award winning 7.30 Report program was run on April 29, 2021 and can be viewed at <u>https://www.facebook.com/</u> watch/?v=471470870756190

References:

1: Kathryn L. Tucker J.D. & Fred B. Steele M.P.H. (2007) Patient Choice at the End of Life: Getting the Language Right, Journal of Legal Medicine, 28:3, 305-325 2: ibid p318

VADSA BULLETIN

Voluntary Assisted Dying Partnerships

By mid- 2021 every state in Australia had passed, or will be debating, a law to give people a compassionate choice to end their suffering.

12 million Australians now live in a state where VAD is legal.

VADSA partners with organisations and individuals in Australia and overseas who work to achieve legal voluntary assisted dying. Voluntary Assisted Dying South Australia is our facebook page. The page contains current information about developments around Australia and the world.

A Peaceful End facebook page is run by Angie Miller who became a VAD campaigner after the distressing death of her father over an extended period.

Accessible Voluntary Assisted Dying facebook page provides information on VAD, with a focus on equitable access to a medically assisted death for people isolated by distance or disability.

Advocacy Groups listed below represent different interest groups who advocate for VAD law reform.

- Doctors for Assisted Dying Choice
- South Australian Nurses Supporting Choices in Dying
- Christians Supporting Choice for Voluntary Assisted Dying
- Voluntary Assisted Dying Youth Advocates
- Lawyers for Death with Dignity
- Paramedics Supporting Choices in Dying
- Accessible Voluntary Assisted Dying

Go Gentle Australia was established by Andrew Denton to support VAD law reform.

The Australian Nursing and Midwifery Federation supports VAD.

The website DyingForChoice was established by Neil Francis, a Melbourne based VAD advocate which provides important information and counters misinformation about VAD.

The World Federation of Right to Die Societies is based in The Netherlands. Its website includes links to societies around the world working towards legalising assisted dying.

VADSA's state and Territory Partners - each state and territory has an active group supporting VAD law reform

- Dying with Dignity NSW
- Dying with Dignity Victoria
- Dying with Dignity Tasmania
- Dying with Dignity Western Australia
- Dying with Dignity Qld
- Northern Territory Voluntary Euthanasia Society
- Dying with Dignity ACT

Advance Care Directives are a valuable tool to provide guidance to medical professionals and carers on your end of life wishes. Contact Service SA on 13 23 24 for further information.

Voluntary Assisted Dying South Australia Inc. Membership Form

Print and p	post or j	join online	at	https://www.vadsa.org.au
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	New Membership		Renewal
Surr	name, including Mr/Mrs/Ms etc		
Give	en Name(s)		
Add	ress		
Sub	urb/Town & Post Code		
Tele	phone		
Ema	iil address		
Yea	r of Birth (Optional)		
Mer	nbership Payment:		
۸nn	ual membership is due at the end of Febr	uarv D	avment for two or more years is welcome, and

Annual membership is due at the end of February. Payment for two or more years is welcome, and is calculated by multiples of the annual fee – please mark accordingly

- \$30.00 Single Membership (\$15.00 concession) ------
- \$40.00 Couple Membership (\$20.00 concession) ------
- □ \$350.00 Life Membership Single
- □ \$500.00 Life Membership Couple
- Additional Donation to support the work of VADSA----- TOTAL ------

Payment Options:

Cheques and money orders made payable to SAVES and send with this form to:

□ VADSA Membership Officer, PO Box 2151, Kent Town SA 5071

Or pay by Electronic Funds Transfer:

 People's Choice Credit Union BSB 805 050 Acct number 102500039 Voluntary Assisted Dying SA

PLEASE LODGE THIS FORM, along with EFT payment advice either via email to <u>info@vadsa.org.au</u> or via Australia Post

How did you hear about us? _____

Do you have an area of expertise that could be of help to VADSA?

Do you wish to receive the Bulletin by post or email?-----

VADSA's members support the society's primary objective which is a change in the law, so that in appropriate circumstances and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgement and conscience of the doctor. VADSA IS NOT ABLE TO HELP PEOPLE END THEIR LIVES.

VADSA BULLETIN

VADSA's Primary Objective:

A change to the law in South Australia so that in appropriate circumstances, and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgment and conscience of the doctor.





Committee: President

Vice Presidents

Frances Coombe Julia Anaf Anne Bunning

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