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WADSA BULLETIN

NEWSLETTER OF VOLUNTARY ASSISTED DYING SOUTH AUSTRALIA INC. (VADSA)

Providing an end of life choice of assisted dying for people with dementia

The inability of people with dementia to request assisted dying under current Australian VAD laws is frequently raised. This South Australian position statement explores the issue.

By way of background, one of the contributors wrote of his father:

My father was a retired professor of electrical engineering, but without a plan for dying. He would have wanted an assisted death had he realised the nature of his Alzheimer disease diagnosis. While conducting a consult round with the registrar and medical students, I observed my father, normally a private person, defaecate in the ward corridor we were passing through. I expect my father, when still intellectually sound, would have been horrified by this prospect.

Very few people would be philosophical about such an occurrence in their own futures. There has to be a solution for the conflict between a person's predictable wishes when well *versus* outcomes when severely demented.

It would generally be agreed that people with dementing illnesses should have choice in their end of life care, including voluntary assisted dying (VAD). The natural history of most dementias, however, means people will survive longer than 12 months after they have lost capacity.¹ Under

current Australian laws, this would exclude them from accessing VAD, which is unjust because some will experience suffering as a result.

The VAD legislation in every Australian state includes a 12 month prognosis to death for those with a neurological condition, as well as the requirement to have capacity at every stage of the process, including when the VAD substance is delivered by the pharmacists. The 12 month prognosis, combined with the requirement for capacity, in effect precludes most people with dementia from accessing VAD. The NSW VAD Act goes further by specifically excluding dementia as an eligible condition.

Dementia is the leading cause of death for women in Australia, second for men. The evidence shows that the incidence of dementia is increasing.

There will likely be two classes of people with dementia who will be denied the choice of VAD under current legislation: one characterised by severely impaired individuals with an acknowledged wish and plan for assisted dying made prior to loss of capacity (AD-p) but unable to effect it; and one characterised by no plan for dying (AD-np). So, the challenging question arises: "Can families or carers follow an ethical path to enable assisted dying in these groups?"

For those people who have an acknowledged wish for assisted dying and have made an assisted dying plan, the AD-p group, it would be ethical for a person's plan to be acted upon as closely as practicable by their caring community. This might be termed "Planned Assisted Dying".

¹ 'capacity' is defined in each state VAD Act as the person having decision making capacity in relation to voluntary assisted dying; each VAD Act further states that 'capacity' is

presumed unless there is evidence to the contrary. The South Australian VAD Act, for example, defines decision making capacity in S4, a Section containing over 350 words.

The issue here, however, is that to have gained approval for VAD for neurological degenerative diseases requires the prediction of death in under 12 months, a restriction that will result in very few approvals. The preferred option would be to remove the time limit to death, thus allowing a person to be assessed as eligible for VAD and, therefore, Planned Voluntary AD.

A second, but less preferred, option would be the inclusion of an additional criteria of “an expectation of loss of capacity within 12 months”. Such a criteria would allow a person diagnosed with dementia to request VAD, and be assessed as eligible, while they still have capacity.

For AD-np, it is already the case that family members and nursing and medical carers reach agreement on appropriate management. We propose that legislation include provision for ‘Community Granted AD’, to allow family and carers to include assisted dying as an option in the end of life treatment plan. This process would be safe, ethical and compassionate.

We therefore seek the following legislative changes to enable people with dementia to access assisted dying.

1) People who request VAD while they have capacity

a) Removal of the time limit: removal of the criteria for a neurological condition of “expected to cause death within 12 months” in current VAD legislation would enable people to make a valid VAD end of life choice request well in advance of cognitive decline. Current legislation which includes a time limit to death discriminates against those people who will suffer with an illness which will cause loss of capacity well ahead of the ‘expected 12 months to death’. The ‘time limit to death’ will deny most people with such an illness any possibility of a request for VAD.

b) Criteria of loss of capacity within 12 months:

An alternative, but less desirable amendment, would be to include an additional provision in relation to the 12 month prognosis for a neurological condition, such as “death or loss of capacity in relation to voluntary assisted dying” (S26(4) in the South Australian VAD Act). This would enable a person to request VAD if they were expected to lose capacity within a year, but not necessarily die.

c) Loss of capacity after being assessed as eligible for VAD: once assessed as eligible for VAD, it is expected that most people will choose to end their life while they still have capacity². For some people, their disease may progress more rapidly and they may lose capacity before their chosen date. Provision would need to be made to allow people with a neurological condition, who have been assessed as eligible for VAD, to still proceed with an assisted death.

2) People who did not request VAD, or were assessed as eligible for VAD, but have lost capacity

Community Granted AD: The concept of the Community Granted AD option needs legislative infrastructure. This could include amendment of the Advance Care Directive process to allow a person to describe the circumstances in which they would request assisted dying. Discussions with hospital colleagues suggest Community Granted AD would be an acceptable pathway if it had legislative approval. This would provide resolution for the carers and families of individuals who no longer have the capacity to decide for themselves.

There could be many reasons why a person did not document a request for VAD while they had capacity, even if there is evidence that they may have discussed it. These reasons could include being isolated by a disability, lack of information about how to request VAD, lack of awareness about VAD, carers who had a conscientious objection to VAD, the complex process to request

² Experience from Canada, where dementia has always been an eligible condition for Medical Assistance in Dying (the

Canadian equivalent of VAD), is that patients proceed while they still have capacity (pers comm, June 2023).

VADSA 2023 ANNUAL GENERAL MEETING

Voluntary Assisted Dying South Australia (VADSA) holds public meetings twice yearly at

The Box Factory 59 Regent St South, Adelaide

The next public meeting will be the AGM on

Sunday November 5th at 2.15 pm

Guest speaker will be

Associate Professor Melanie Turner

Presiding Officer, Voluntary Assisted Dying Review Board.

Dr Turner will discuss both positive and challenging aspects of the VAD process for the person, the SA Health assessors, and the Review Board

Business will include the President's and Treasurer's reports, and election of office bearers for a period of one year. Written nominations for official positions must be received by Friday 20th October 2023.

Light refreshments will be served following the meeting.

VAD as well as managing a tiring and stressful illness, lack of support from family or community, and their doctor not providing information because the VAD Act prohibits them from so doing without the person requesting such information. None of these reasons is sufficient to deny the person an end to their intolerable suffering.

In summary, to enhance the end of life choice of people diagnosed with dementia, separate legislative amendments are proposed to support people who were assessed as eligible for VAD while they had capacity, and those who did not make an end of life plan while they still had capacity.

Signatories:

- Frances Coombe, President VADSA
- Anne Bunning, Vice President VADSA
- Stephen Kenny, LLB
- Robyn Layton, AO, KC, LLD
- Carolyn Lawlor-Smith, BMBS
- John Willoughby, MBBS, PhD, FRACP

The March 2023 VADSA Bulletin discussed VAD in the context of dementia. The article highlighted that, unlike in Australia, in Canada a person living with dementia is eligible for Medical Assistance in Dying (MAID), Canada's equivalent of VAD.

An Editorial in The Age newspaper on 13th June 2023 included a call for the Victorian government to consider the issue of dementia, among others, when it conducts its upcoming review of Victoria's VAD Act this year.

An article in The Age on 21st May 2023 also considered this issue. Although there are opponents, there is a groundswell of community members calling for dementia to be considered as an eligible condition for accessing VAD. Among them are doctors, dementia specialists, aged care providers, and carers or families who have watched their loved ones with dementia suffer at the end of life.

Michael Bachelard, a senior writer at The Age, stated (8th May 2023) :

When Dying With Dignity Victoria did a recent survey of its members' views on the current law, the responses were filled up with pleas for dementia to be included... A review into its operations begins this year. Nobody pretends it will be easy to assess how to gain informed consent from dementia sufferers, or how then to enact their wishes. But the review should canvass the issue.

... In my view we must work to find a way to give relief to dementia sufferers from the fear and pain they ultimately will be unable to express.

Dying with Dignity Victoria is preparing a submission to the review which will address VAD and dementia. Initial indications are that the Victorian review may be limited to operational matters and not include amendment of the VAD Act. However, as part of their ongoing advocacy role, DWD Victoria will continue to campaign on this issue.

References:

Staff writer 'Euthanasia law review must consider the thorny issue of dementia' 13/6/2023 Euthanasia: Victorian government must explore voluntary assisted dying for dementia patients (theage.com.au)

Cunningham, M & Cook, H 'It kills almost ten per cent of Australians but dementia patients have no say in how they die' The Age 21/5/2023 Dementia patients in Victoria aren't eligible for euthanasia. Some families want that to change (theage.com.au)

Bachelard, M, 'My mother-in-law chose to die with dignity. Dementia sufferers deserve the same right' The Age 8/5/2023 Dementia and assisted dying: People should have a right to die, rather than waste away (theage.com.au)

VADSA Bulletin is available by email:

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Thank you

Dying with Dignity Victoria VAD and Dementia in the news – Dying With Dignity Victoria (dwdv.org.au)

A milestone for VADSA: 40 years of advocacy

It is 40 years since SAVES / VADSA began its advocacy and community engagement which ultimately led, in 2021, to SA law reform to allow VAD. SAVES held its first meeting on the 25th November 1983. It joined a growing number of international groups seeking law reform to permit hastened death in certain clearly defined circumstances. From its inception, SAVES was involved in a wide range of public engagements to increase awareness in the society and facilitate community education. Under its new name VADSA, law reform was achieved 38 years and 17 Bills later. Its primary aim has therefore changed from achieving legislation, to more broadly promoting the best end of life care through education and advocacy.

At the April 2023 public meeting, VADSA's vice president and policy officer, Anne Bunning, canvassed members for their views on key priorities for VADSA's ongoing role. Of over 20 wide-ranging suggested possibilities spanning advocacy, research, and ongoing support, the most important issue, by far, was researching equity of access. This would include for instance, equity of access for people living with disabilities, ethnic communities, those in aged care, and other groups (who meet VAD eligibility criteria).

While the members' interests were across most potential priorities, other key issues were:

- advocacy through monitoring VAD implementation, identifying barriers, and increasing community awareness
- researching legislative amendments, advocacy on VAD being a choice for people with dementia,
- offering peer support for family and friends
- advocacy through social media – facebook, twitter, Instagram

- establishing a witness program to provide witnesses for the written request.

These priorities will be highlighted as VADSA continues its important work, while celebrating its forty-year milestone.

Further details at <https://www.vadsa.org.au/our-organisation>

SA VAD Review Board Report

The South Australian Voluntary Assisted Dying Review Board members were appointed on the 1st September 2022 by the Minister for Health and Wellbeing, Hon Chris Picton, and commenced their formal roles on 31st January 2023. Associate Professor Melanie Turner was appointed Presiding Officer. One of the key Review Board responsibilities is to collect and publicise statistics about VAD in SA.

A recent report by the board provides an overview of the first three months of VAD operations in SA. It includes information on the number of people who have applied for a VAD permit, deaths from VAD, and the training of medical practitioners to support access to the VAD pathway.

This information will be updated quarterly and will be published on the SA Health website. The second report will cover the period 1st May – 30 June 2023 to bring reporting into alignment with the standard quarterly calendar. There will also be an annual report to the Minister for Health and Wellbeing on, or before, 31st October each year on the performance of the Review Board's functions during the preceding financial year.

Dr Turner acknowledged the work of the many staff and clinicians involved in supporting patients and families through the VAD pathway.

In the first three months of VAD in South Australia a total of 105 medical practitioners registered to undertake the mandatory practitioner training to be able to deliver VAD. Of these practitioners, 71 per cent reside in metropolitan Adelaide with the remaining 29 per cent in regional South Australia.

At the time of the report, of the 105 practitioners who registered to undertake the mandatory training, 57 percent had completed it and became eligible to assist patients. In the reporting period, 28 people were issued a VAD permit. All permits were issued within three business days. The report emphasises that VAD is not an emergency procedure. The average time from first request to receiving a VAD Permit was 25 days.

Twelve people died: seven had cancer and five had a neurodegenerative disease. Seven were between 70 and 79 years. Of the 12, seven were males and five were females. Ten people lived in the Adelaide metropolitan area, and two were from regional areas. Nine died at home and three died in hospital. Nine of the 12 were receiving palliative care.

The report kindly acknowledges the work of VADSA in raising community awareness and anticipates continued cooperation between VADSA and SA Health in this role.

Each state VAD law has a scheduled review process. Victoria and WA reviews commence this year, with South Australia's review not due until 2027. The format of reviews is not defined but it is anticipated that public submissions will be invited from the general public, health professionals, and other interested stakeholders. For further information on this first 'snapshot' see the SA Health and VADSA websites:

[Voluntary+Assisted+Dying+in+South+Australia+-+Quarterly+Report+\(31+January+-+30+April+2023\)+FINAL.pdf](#) (sahealth.sa.gov.au)

[VADSA - First 3 months of VAD in SA - Voluntary Assisted Dying South Australia](#)

VAD and institutional conscientious objection

The right for faith based health institutions to conscientiously object to providing VAD services is embedded in the SA, Queensland and NSW VAD Acts. However, while health institution in these states can refuse to allow their staff to

provide VAD services they must inform potential patients of their policy, and if a patient requests VAD, they must facilitate access to VAD services by an external medical team. The Victorian, WA and Tasmanian VAD Acts make no reference to institutional conscientious objection. Academic research reviewing VAD in Victoria has highlighted the barriers faced by patients seeking to access their legal right to VAD.

Australia

A research team at the Queensland University of Technology Australian Centre for Health Law Research has published wide-ranging research on VAD. They recently analysed Victorian policy documents relating to institutional conscientious objections to VAD in that state.

They found that although institutional objections were clearly stated, this was not matched by providing the necessary details to support patients to navigate these objections. The researchers concluded that both the Victorian Government and Catholic Health Australia could provide greater clarity and stronger regulations to balance the interests of patients and those of the objecting institutions.

In earlier related research the team had documented a series of barriers to VAD in Victoria, including delays, emotional suffering, and reduced patient choice. The ability for institutions to object to VAD effectively forces terminally ill patients

to transfer out of their familiar environments to receive VAD care. One research respondent stated:

It will always be a great sadness for me that the last few precious hours on Mum's last day were mostly filled with stress and distress, having to scurry around moving her out of her so-called "home".

The researchers claimed that the barriers people described generally occurred in Catholic facilities or palliative care settings (eg palliative care units within hospitals). Institutional objections denied some, or all, VAD processes to occur onsite. Most commonly, patients were not allowed to:

- receive eligibility assessments (ie meet with a doctor to be assessed for VAD)
- take delivery of the VAD medication from the pharmacy (even though approved as eligible for VAD)
- take the VAD medication or have it administered to them.

The researchers argue for better regulation in Victoria.

The issue of institutional conscientious objection has also been raised in Canada.

Canada

Well-known researcher Jocelyn Downie is advocating against the right for religious institutions which receive public funding to refuse patients their legal rights. In an article reporting on painful forced transfers of patients to access medical aid in dying (MAID), she uses the harrowing case study of a young woman.

Downie reports on one faith-based organisation's health care facility in British Columbia. Since 2016 it has been forced to transfer 131 patients to access MAID. She argues that publicly funded health care institutions employ and serve people of all faiths and backgrounds. People do not necessarily have a choice about where they can access palliative care. Whether or not one shares

VADSA membership renewals are due in February each year

We look forward to your continuing support.

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

Thank you!

the values imposed by the institution, the outcomes can be ‘devastating’. Downie states:

The British Columbian Government must now make a choice. Does it stand with the Catholic Church? Or does it stand with patients[like Sam]? It’s as simple as that. Will it defend the ability of the Catholic Church to determine that British Columbians can be denied legal health-care services just because they don’t accord with Catholic values? Or will it defend the ability of British Columbians to determine the course of their lives and their deaths according to their own values?

Australians facing a range of obstructions and forced transfers under institutional conscientious objection may well agree.

References:

Go Gentle Australia ‘New research highlights barriers to access in Victoria New research highlights barriers to access in Victoria - Go Gentle Australia

Australian Centre for Health Law Research Briefing PaperHarms_to_patients_of_institutional_objection_to_VAD_in_Victoria_Research_briefing.pdf (qut.edu.au)

VAD and organ donation

Recent peer- reviewed literature has highlighted the issue of organ donation following VAD. Many South Australians have signified on their drivers’ licences their wish that following death they would choose to donate their organs. Research in the *Medical Journal of Australia* discusses this feasibility, and how in some international jurisdictions, patients who choose VAD may also participate in organ donation after circulatory death (DCD).

Although it is a well-established practice, it has not been given much attention in Australia. Copyright does not allow for extensive coverage of the issue, but the article explains that ‘if combined VAD and DCD were to be practised in Australia, it would require compliance with both VAD and organ donation legislation’.

From a legal perspective, there does not appear to be any prohibitions against organ donation after

VAD. The key element to combining VAD and DCD in a sound practical, legal, and ethical way is to ensure a clear separation between the two processes.

Another article in the *Internal Medicine Journal* highlights the ‘missed opportunities’ to potentially increase organ transplant rates in Australia. It also notes that despite significant international experience with organ donation after VAD, there has been little Australian discussion. This article reviews potential ethical and practical issues while advocating action to establish programmes in Australia ‘that ensure safe, ethical and effective donation after VAD’.

DONATIONS TO VADSA

Donations may be made as a one-off gift, or a regular monthly donation.

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.

Donations may be made online at <https://www.vadsa.org.au/donate>

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 advocacy and educative role.

Again, copyright precludes extensive coverage of this article. Importantly, the authors discuss a range of constraints to be overcome. However, it argues that ‘failure to do so means that some individuals are denied the opportunity to make and act on important end-of-life decisions, thereby undermining their autonomy and depriving others of life-saving, or life-enriching transplants’. Those interested in reading more about this emerging issue can find the open-access articles below:

- Feasibility of organ donation following voluntary assisted dying in Australia: lessons from international practice | The Medical Journal of Australia (mja.com.au)
- Missed opportunities: saving lives through organ donation following voluntary assisted dying - Ray - 2023 - Internal Medicine Journal - Wiley Online Library

SA Attorney General provides evidence to UK committee

In Dec 2022, an inquiry was launched by the UK Parliament to explore arguments concerning VAD. The inquiry is considering access to palliative care, the role of medical professionals, the protections needed to safeguard against coercion, and the criteria for eligibility to access assisted dying services.

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 60 right to die organizations from 30 countries.

MPs will also consider what can be learned from international experience as they consider legislative reform. As part of evidence gathering, Hon Kyam Maher, SA Attorney General, Minister for Aboriginal Affairs, and Minister for Industrial Relations and the Public Sector, was invited by Ms Sarah Wootton, Chief Executive of Dignity in Dying UK, to make a submission to the Select Committee on Health and Social Care. Following his written submission, the Select Committee invited AG Maher to give oral evidence, which he did in May this year.

Attorney General Maher introduced the SA VAD legislation in 2020 and worked closely with medical and legal experts to lead the debate in Parliament which saw the successful passage of the VAD Act in June 2021. His submission emphasised the importance of language, by not referring to VAD as suicide or assisted killing. These terms are often used to imply judgements and stigmatise people choosing an assisted death. Importantly, The South Australian VAD Act clarifies that a person who assists under the Act will not be seen as having aided, abetted, counselled, or procured, a suicide. Kyam Maher reported on feedback from Victorian applicants and their relatives on the palliative effect of just knowing that they have access to the VAD medication. This is regardless of whether, or not, they eventually use it.

He advised the committee that in Belgium and the Netherlands, research suggests the introduction of VAD has not impeded the development of palliative care, and that government funding has increased.

Attorney General Maher also reported information from coroners that some people who are chronically or terminally ill and experiencing an ‘irreversible decline in physical health’ have elected suicide rather than endure palliative care. Coroners have identified a number of deaths by suicide, that appear to be

in response to people suffering terribly from a disease that is likely to result in death.

This has been corroborated by South Australia's Assistant Commissioner of Police, who advised that approximately 11 per cent of all suicides in 2019 were due to such circumstances, and often involved painful and degrading circumstances.

References:

The Attorney General's submission can be read in full at committees.parliament.uk/writtenevidence/115726/pdf/

Assisted dying inquiry launched in UK - The World Federation of Right to Die Societies (wfrtds.org)

Vale Dr Arnold Gillespie

VADSA was saddened to hear of the death of Dr Arnold Gillespie, on the 28th June. Dr Gillespie was instrumental in establishing *Doctors for Assisted Dying Choice* which played an important role in promoting the adoption of VAD legislation in every State of Australia. Arnold was the highly regarded National Convenor for 15 years.

Despite the achievement of VAD legislation in every state in Australia, representatives of the group maintain 'much remains to be done to ensure the proper implementation and administration of the legislation in accordance with the true aims and principles of VAD.'

Between 2015 and 2019 Arnold was vice president of VADSA and an active member of the Task Force. He was a self-professed environmentalist and a lover of nature. He died in the Royal Adelaide Hospital, on his own terms, by VAD. Several VADSA members attended his funeral and expressed to his family how he will be warmly remembered and sadly missed.

Honorary Membership of VADSA awarded

Denis (Den) and Pat Haynes have been awarded Honorary Membership of VADSA in recognition of their work in the South Coast Support Group, formed in April 2010 at Victor Harbor. Den was Secretary of the group, and over the years he and Pat helped to organise regular public meetings at Victor Harbor; staffed information displays in the local market; and organised a chartered bus to bring supporters to a [then] SAVES Legalise VE Rally. Denis Haynes also stood as a Legislative Council candidate with the Group's President Jenny Wheaton for Legalise Voluntary Euthanasia in the SA State election in 2010.

Their work over the years saw increased membership in the South Coast area, and local media often covered their activities, thereby furthering community engagement.

Den and Pat are now in their 90s and we wish them peace and happiness.

Just a reminder....

VADSA public meetings are held twice-yearly at 2.15 pm on Sunday afternoons at the Box Factory 59 Regent St South, Adelaide.

These are important forums for updating members on VADSA's activities, legislative issues and relevant local, national and international events and initiatives.

Guest speakers provide further interest, as well as informal discussion over tea and coffee.

The next meeting is highlighted on top of page 3.

Make a diary note now!

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 face-book 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 post or join online at <https://www.vadsa.org.au>

☐ New Membership

☐ Renewal

Surname, including Mr/Mrs/Ms etc

Given Name(s)

Address

Suburb/Town & Post Code

Telephone

Email address

Year of Birth (Optional)

Membership Payment:

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:

- ☐ Voluntary Assisted Dying SA BSB 805 050 Acct number 102500039

PLEASE LODGE THIS FORM, along with EFT payment advice either via email to info@vadsa.org.au 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 to promote the best end of life care for our citizens, including high quality palliative care, the increased uptake of Advanced Care Directives, and voluntary assisted dying in appropriate circumstances; and to educate and inform the community about end of life choices.

VADSA IS NOT ABLE TO HELP PEOPLE END THEIR LIVES.

VADSA's Primary Objective:

To promote the best end of life care for our citizens, including high quality palliative care, the increased uptake of Advanced Care Directives, and voluntary assisted dying in appropriate circumstances; and to educate and inform the community about end of life choices.



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