



## The SA VAD Care Navigator Service

VAD has now been available in SA since 31st January 2023. As the community becomes more aware of this legal choice, it is timely to recognise the role of the South Australian Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS). It assists people who are considering VAD, their family, friends, carers, health practitioners, and health service providers to navigate the VAD Pathway.

Care navigators are nursing and allied health professionals with experience in complex and end-of-life care who manage queries related to VAD, facilitate connections between services, and support referrals to participating medical practitioners. More specifically, the SAVAD-CNS provides:

- general information about end-of-life care services, including VAD and bereavement support,
- individualised support for people accessing VAD,
- assistance to connect people accessing VAD with appropriate medical practitioners and health services participating in VAD,
- support for medical practitioners and health services, and
- education and training for health services.

SAVAD-CNS is an integral part of a competent and compassionate VAD service and can be contacted by email and phone during standard business hours (9.00 am to 5:00 pm).

**Email:** [Health.VADCareNavigators@sa.gov.au](mailto:Health.VADCareNavigators@sa.gov.au)

**Phone:** 0403 087 390

## Fair remuneration required for VAD medical services

A *Perspectives* article in the Medical Journal of Australia has argued that medical practitioners are poorly compensated for their time and service in supporting patients through the VAD process. As yet there is no Medicare rebate for VAD. Due to its rigorous nature, the time commitment facing supportive medical practitioners is considerable; especially for coordinating practitioners who take primary responsibility for the patient.

As the authors explain, obligations of a coordinating practitioner will (or are likely to) include:

- undertaking mandatory training for assessing patient eligibility (typically 6 hours, but up to 9 hours);
- travelling to patients who are often too ill to leave their homes);

### Important information if you are considering VAD

**- A health practitioner may only talk about VAD if the person asks about it.**

**- Talking with your health practitioner must start early, as the process can take time.**

**- A person must retain mental competency right up to the time of receiving the VAD medication.**

**- The Care Navigators will support a person through the VAD pathway.**

**Email:** [Health.VADCareNavigators@sa.gov.au](mailto:Health.VADCareNavigators@sa.gov.au)

**Phone:** 0403 087 390

**For further information: type sa health vad into your search engine.**

- obtaining prognostic information to support an eligibility assessment;
- completing and uploading the required documentation to the online VAD portal; and
- providing support and information to patients and their loved ones throughout the process; including the bereavement phase. They state: *Inadequate remuneration, in addition to being unfair and unethical, is likely to impact the sustainability of the already stretched VAD workforce and hence the ability of patients to access VAD in the future. If the lack of public funding for VAD services results in more medical practitioners privately billing their patients, VAD will be less accessible to a subset of the population.*

To improve equity in health care it is essential that fair remuneration is provided.

**Reference:**

Access to voluntary assisted dying in Australia requires fair remuneration for medical practitioners (mja.com.au)

---

## SA Premier's 2023 Award for Excellence in Health

The Voluntary Assisted Dying team located in SA Health were nominated and won the 2023 Premier's Award for Excellence in Health.

The Premier's Award is both sought after and prestigious within the health sector. It recognises excellent service delivery in meeting SA Health's goals for delivering high quality patient-centred care.

The VAD team in SA Health includes the eight member VAD Review Board presided over by Associate Professor Mel Turner, and the public sector staff led by Helen Chalmers who is Executive Director, Health Service Programs, and Adam Monkhouse, the Director, Health Service Programs.

The public sector team includes the Care Navigators, VAD Liaisons in public hospitals, pharmacists, clinical advisors, legal and administrative staff. Every member of the team has

collaborated to establish and deliver a new service in a challenging area.

VADSA acknowledges the VAD team as inclusive, thoughtful, consultative, and careful in both the design and implementation phases. It appreciates the respect and two-way communication at every stage of the design and implementation process.

VADSA's participation was reflected in the invitation for VADSA to be part of the filming of a short video produced as part of their Premier's award nomination, with President, Frances Coombe, and Vice President, Anne Bunning both interviewed. They appear at the end of the short video which can be accessed at *Voluntary Assisted Dying - SA Health Awards 23* ([youtube.com](https://www.youtube.com)).

---

## Dementia and VAD

The September 2023 bulletin discussed the issue of VAD and dementia, which is currently excluded by legislation, and the different legal requirements which would be required to enable people with dementia to access VAD.

In November 2020 Dementia Australia made a submission to the Queensland Law Reform Commission 'A Legal Framework for Voluntary Assisted Dying' Consultation Paper. This followed consultation with people living with dementia, their families, and carers, and included several recommendations:

1. That psychological pain be recognised in addition to physical pain
2. That family members are included in assisted-dying decision making with the person's consent and with proper protections for the person
3. That the right of a person with dementia to be fully informed is upheld, and that medical practitioners are appropriately trained in dementia care
4. That people with degenerative disorders make enduring requests for voluntary assisted dying in an advanced care plan
5. People living with dementia, whose capacity for decision making remains intact, should be eligible for voluntary assisted dying

## VADSA 2024 APRIL PUBLIC 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 on

**Sunday April 7th at 2.15 pm**

Guest speaker will be

**Emily Pumpa**

Nursing Director, SA Voluntary Assisted Dying Navigator Service

**Ms Pumpa will speak on the topic**

**“Care Navigator support through the pathway”**

**Light refreshments will be served following the meeting.**

**Bring your friends!**

6. The application of a timeframe is neither desirable nor necessary. The Commission should consider alternative eligibility indicators, such as decline in quality of life or function.

Former Australian Chief Scientist and Vice Chancellor of the Australian National University, Professor Ian Chubb, provided the Human Rights Law Commission with a powerful submission. This was based on the harrowing experience of his wife, Claudette, who died from dementia, and his own related experience. He maintained:

*End-of-life plans should not be only about what carers are not allowed to do (resuscitate, feed etc) but should also include what a patient wants them to do. End-of-life plans should be permitted to include instructions to carers while individuals are cognitively able to articulate their wishes consistent with the principles of free, prior, and informed consent.*

Putting his wife and his own lived experience into greater context, Professor Chubb argued:

*I understand that there are those who preach the sanctity of life and argue with those who emphasise the quality of life, or human dignity. I am happy if that makes them happy. They might have religion, I do not. They might be philosophers, I am not. They might be psychologists (amateur and professional), I am not. They might wish to prolong their own life to the last possible moment regardless of some incurable, utterly debilitating, dignity-destroying illness. I do not.*

*Like them, I am presently cognitively functioning, and having experienced first-hand what dementia can turn you into; whatever the ‘theory’ I deny them the right to tell me when and how, or if, my life can be ended if I develop conditions that take away my capacity to decide ‘on the day.’*

The growing community concern over dementia and the need for inclusivity for VAD means that this is an issue which will continue to be debated.

#### **References**

Dementia-Australia-submission-QLD-VAD-legal-framework.pdf

VAD-Submission-031-Ian-Chubb.pdf (act.gov.au)

## **Ban on telehealth services leads to health-care inequity**

The Australian Centre for Health Law Research at the Queensland University of Technology (QUT) has produced a publicly available Fact Sheet on an unfair barrier to accessing VAD. This is the ban on using telehealth consultations. Although each Australian state has passed VAD laws, access to this health service, especially for people living regionally, is limited by the decades old Commonwealth Criminal Code.

This makes communication about ‘suicide’ over a ‘carriage service’ unlawful. As a result, health professionals risk prosecution if they conduct some VAD activities electronically (e.g. by telehealth, by telephone, or by email). Each state has issued guidance on this issue for health professionals, with some states restricting electronic communication about VAD more than others.

Today, telehealth is becoming increasingly widespread to allow for equitable access, particularly for those living regionally. Telehealth restrictions imposed in the context of VAD creates significant access barriers.

**VADSA Bulletin is available by email:**

***Please consider this option to reduce postage costs. Email: [info@vadsa.org.au](mailto:info@vadsa.org.au) to receive future editions by email.***

***Thank you***

Research on the operation of VAD laws in Australia by QUT found a key barrier to access was this Commonwealth law. Researchers interviewed over 140 people across Victoria, Western Australia, and Queensland:

- 3 patients seeking VAD;
- 35 family caregivers of patients who accessed VAD;
- 39 doctors involved in VAD;
- 10 nurse/nurse practitioners involved in VAD (an ongoing study); and
- 54 people involved in regulating VAD at a systems level.

The analysis found that the Commonwealth telehealth ban is an unfair barrier to seeking VAD because:

- Some VAD eligibility assessments could not be carried out using telehealth, so the doctor or patient had to travel for assessments, sometimes for long distances.
- Prescriptions for the VAD medication could not be emailed and had to be mailed or hand-delivered.

As the researchers contend:

*This Commonwealth law was not designed to stop people receiving lawful VAD services... A simple amendment to the Commonwealth Criminal Code could solve this issue.*

President of the Law Council of Australia, Greg McIntyre, stated:

*We must ensure that all Australians regardless of where they live, have the same rights, capacity, choice, and control over their own end-of-life decision-making.*

#### **References:**

The Australian Centre for Health Law Research, Queensland University of Technology [www.research.qut.edu.au/achlr](http://www.research.qut.edu.au/achlr)  
McIntyre, G ‘Full medical detail must be available to all’, The Daily Advertiser, 19/1/2024

## Death Doulas

A death doula is a non-medical professional trained to care for a terminally ill person's physical, emotional, and spiritual needs during the dying process. The role is also referred to as an "end-of-life coach," "soul midwife," "death midwife," or "transition guide."

One end-of-life doula who spoke with a VADSA member at a Death and Dying Expo is Briget Kelly, who supported her sister through the VAD pathway in SA in 2023. Briget is also a funeral celebrant, and recreational (or diversional) therapist based in Adelaide. Her professional association is the Australian Recreational Therapy Association (ARTA). She speaks from personal experiences of loss and grief when she states that the way society manages the very natural process of death and dying could be much better.

Although Briget has not undertaken their specific training, she maintains a strong affiliation with Preparing the Way Foundation which conducts end-of-life- doula training. She represents them at Expos and occasionally speaks at their training sessions about her own experience. She has undertaken training with Soul Talks about how to overcome death anxiety, and she designs and facilitates workshops on how to achieve death literacy.

If VADSA members or friends would like to attend a workshop, information about the various training options is available on the Preparing the Way website *Preparing the Way • End of life doula training* Briget's personal website is *Rhiannon's Service - Compassionate End of Life Doula in Adelaide, South Australia* ([rhianservice.com.au](http://rhianservice.com.au))

Briget may be contacted via

**P.** 0422 940 833

**E.** [rhian.service@gmail.com](mailto:rhian.service@gmail.com)

**W.** [www.rhianservice.com.au](http://www.rhianservice.com.au)

**F.** @Rhian.Service

## VAD in the Australian Capital Territory

The ACT Government introduced the *Voluntary Assisted Dying Bill 2023* in the Legislative Assembly. The Bill provides the government's model to allow eligible Canberrans to make informed end-of-life choices that align with their preferences and values. It presents a framework for qualified doctors and nurse practitioners to assess a person's eligibility, advise and support the person with their end-of-life options, and comply with safeguards. This important Bill follows the removal of restrictions on Territory rights when the *Restoring Territory Rights Act 2022* was passed by

### 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 education and advocacy role.***

the Federal Parliament. This subsequently allowed the ACT to address the issue of VAD.

The *Voluntary Assisted Dying* Bill 2023 will undergo a parliamentary committee inquiry before becoming law, followed by an 18-month implementation phase. While the Bill reflects what has become to be known as an ‘Australian model’, the ACT bill has three important new features:

- no specific timeframe until death,
- nurse practitioners can be involved in assessing eligibility,
- protections for patients in institutions that object to VAD.

The VADSA Bulletin has previously discussed the problems for patients due to the right of institutional, not only individual conscientious objection to VAD. States with VAD laws generally protect access for permanent residents in facilities, such as aged care residents, but offer less protection for non-permanent residents. The ACT has opted for an approach that does not distinguish between permanent and non-permanent residents, giving stronger protection for the latter. The default position is that VAD can be accessed in facilities unless that is not practically possible. Institutions must also develop minimum standards for how they will comply with these laws, and the Bill creates offences for non-compliance.

#### References

Overview of an ‘Australian model’ VAD Bill: Voluntary-assisted-dying-research-Policy-briefing-web-version.pdf (qut.edu.au) –: Summary-of-ACT-VAD-Framework.pdf

Voluntary assisted dying is finally being considered in the ACT. How would it differ from state laws? (theconversation.com)

Voluntary assisted dying laws in the ACT - Justice and Community Safety Directorate

---

## A ‘completed life’

In his book *A Completed Life*, former president of Dying with Dignity Victoria, the late Dr Rodney Syme AM, used the term ‘a completed life’. He stated that he preferred- this to the more common description ‘tired of life’. The adjective

‘complete’ has several connotations, one of which is ‘having run its full course or finished’. The verb ‘complete’ means to finish making or doing something:

*So, a completed life is a finished life, having run its course. One might say a completed life has lost its meaning. Life has meaning when it has a sense of purpose and has pleasure...*

Dr Syme defined a completed life as:

*... a life without pleasure and purpose. It is usually accompanied by physical, intellectual, and existential losses. It is usually present when a person is ‘ready to die’: they have come to terms with their mortality and would be content if they went to sleep and did not wake up.*

Dr Syme’s book presents views on the plight of people with dementia, and his suggestion for further legislative change. It can be purchased here <https://www.dwdv.org.au/store/>

A recent poll reveals that 80 per cent of Dutch voters believe that VAD should be available for those who hold their lives to be complete. Ten percent disagreed and 10 per cent had no opinion.

A Bill first tabled in 2020 sought to allow people over 75 years to request an assisted death at a self-chosen moment if they believed that that they had a ‘completed life’.

Following a range of objections, amendments to the Bill were submitted in November 2023 including extending end-of- life counselling by specially trained counsellors with prescribed roles, and doctors to provide information about any relevant medical issues. Political parties continue to debate the issue.

Voluntary assisted dying, previously referred to as voluntary euthanasia, was first allowed in the Netherlands by a 1984 court decision, and then in 2001 by Parliament, accounting for 4.1 per cent of the total number of deaths in the Netherlands that year. In the Netherlands in 2022, 5.1 per cent of all deaths were by VAD.

## References

Syme, R (2023) A Completed Life, Dying with Dignity Victoria

Widespread public support for assisted suicide at end of completed life | NL Times

Poll shows Dutch support euthanasia for “completed life” (righttolife.org.uk)

## Misinformation about VAD

As discussed in previous editions, this bulletin is a forum to remind us of the need to remain vigilant against potential misinformation by opponents who seek to undermine VAD in any way that they can.

GoGentle Australia (GGA) advises that the Anscombe Bioethics Centre in the UK has weighed in on VAD in Australia in the context of reported changes to suicide rates. These have fallen slightly in Australia since 2019 when Victoria became the first state to give access to VAD. Professor David Albert Jones, the director of the centre, has published a research paper claiming there is no *prima facie* evidence that VAD laws have reduced the number of suicides among terminally ill people in Victoria. His main assertion is that if VAD prevents some suicides, then this should show up in official statistics.

However, as GGA explains, there are many determinants that interact to increase or decrease suicide risk, including homelessness, poverty, unemployment, domestic violence and alcohol use. Any one change, such as the introduction of VAD laws, is highly unlikely to show up in data in the short term, and certainly unlikely in just four years. As GGA states:

*We cannot know what the suicide rate might have been had VAD not been legalised. It may indeed be true that there is no compelling prima facie (at first glance) evidence that VAD has reduced the overall rate of suicide, but there is also no compelling case that it hasn't... Furthermore, proponents never claimed that VAD laws would reduce the rate of suicide, only that a number of suicides (and attempted*

*suicides) would be prevented if terminally ill people had an alternative to end their suffering. We know this because coroners, medical professionals, dying people and their carers told us so.*

The Anscombe Bioethics Centre is the main UK research institute for “serving the Catholic Church”. Its purpose is to promote the Church’s view on a range of ethical and medical issues. The Catholic Church is vehemently opposed to VAD, describing it as an “intrinsically evil act in every situation and circumstance”. Jones is also a staunch personal opponent of VAD; the issue of which is currently being progressed through Bills in Westminster, Jersey, and Scotland. He is on the public record arguing against its introduction in Australia, the UK, Europe and the USA. However, Jones fails to disclose this background information anywhere in his research, or that this could raise conflicts of interest. AS GGA contends:

*If VAD laws prevent even one of these tragic deaths – and help to avoid the terrible and lasting impacts on families, carers and first responders – that is a welcome outcome.*

## References

Research centre’s conclusions about suicide rates and voluntary assisted dying laws don’t stack up - Go Gentle Australia Did the Voluntary Assisted Dying Act 2017.pdf (jemh.ca)

### **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!***

## The 2023 Oceanic Palliative Care Conference focus on VAD

VADSA has always held that VAD and palliative care are complementary, not conflicting concepts of care. The society's original pamphlet (SAVES - 1990s) "Hospice, Palliative Care, Voluntary Euthanasia- Concepts of Care", and VADSA Fact Sheet 74 reiterate that palliative care and VAD both share 'compassion for suffering, respect for human agency and autonomy, and support for dignity in death'. This complementarity has been endorsed by research evidence over the years from jurisdictions that have introduced VAD, and by Palliative Care Australia's own 2018 commissioned report: *Experience internationally of the legalisation of assisted dying on the palliative care sector*.

A conference panel discussion on VAD was a key learning opportunity for the 1400 delegates at the 2023 Oceanic Palliative Care Conference; a three-day event held at the Sydney International Convention Centre last September. It was pointed out that patients in palliative care are the same patients who may be eligible for VAD, so it's a vital issue for palliative care professionals to analyse – despite the challenges.

### 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.***

Dr Frank Brennan, Palliative Care Physician at Calvary Health Care stated:

*"We need to continue working with our patients, including those who are requesting VAD."*

Dr Danielle Ferraro, Medical Oncologist at Eastern Health Melbourne, says several elements concerning VAD have surprised her:

*One of those things is the reason that people are looking for VAD – it's largely people who don't want to be unconscious with their family sitting around them while they're incontinent or needing to be bathed or toileted.*

Nicky Stitt, VAD Care Navigator and Nurse Consultant at Peter MacCallum Cancer Centre, noted that previous experiences and perceptions also play a role in VAD requests. People hear experiences of death within their family ... and they don't want that for themselves. It's about choice. Stitt says that many patients who request VAD don't use it:

*A third of people in Victoria don't use the medication... but knowing the option is there can be reassuring for a patient. It is described as another tool in the palliative toolbox. Knowing there's something there that can relieve their suffering is almost palliative in itself because it reduces anxiety... The overwhelming majority of patients I've seen have had palliative care involved. They're aware that excellent palliative care can manage a lot of symptoms but that is not what they want for themselves or their family.*

Over the years, Nicky Stitt has seen how palliative care professionals and VAD can co-exist:

*We've seen and witnessed the relationships between VAD and palliative care grow stronger and stronger, regardless of people's personal views or organisational views – people are seeing through that and are looking at patient-focused care... VAD provides a peaceful death, and palliative care wants to provide a peaceful death, so the outcome is very similar.*



See the video recordings of 2023O PCC:  
Oceanic Palliative Care Conference 2023  
(oceanicpallcare.com)

#### Reference

Dr Danielle Ferraro, Dr Frank Brennan and Nicky Stitt:  
The many nuances of VAD and palliative care - Palliative  
Care Australia

## The pharmacist role and VAD

As noted earlier in this Bulletin, and endorsed by the Pharmaceutical Society of Australia (PSA) National President Associate Professor Fei Sim FPS, the telehealth ban raises significant concerns about equitable and contemporary access to care, particularly for people living in rural and remote areas. To improve equity of access, Kate Chaney MP, Federal Member for Curtin, recently introduced a Private Member's Bill to the House of Representatives to ensure Australians can access all options for end-of-life services.

Doctors and nurse practitioners can initiate VAD conversations in some states, but pharmacists cannot in any state. State jurisdictions cannot overcome this barrier by just describing VAD as 'not suicide' in their own legislation. The Chaney Bill, which is supported by PSA, makes a minor change to the Criminal Code, distinguishing between VAD and suicide. If passed, it would protect from prosecution those healthcare professionals, including pharmacists, who deliver critical VAD consultations via telehealth. If a patient mentions a desire to die, pharmacists are advised to always seek clarification, and if they specifically mention VAD, they may be referred to VAD care navigators, or the aged care provider VAD lead.

What pharmacists need to know about VAD  
legislation - Australian Pharmacist 19th Feb 2024

## Farewell Frances and welcome Jacqui

VADSA is farewelling Dr Frances Greenwood

who joined the society's executive in 2012 following the retirement of long-standing honorary secretary, Anne Hirsch. Frances is now relocating interstate. We will miss her keen eye for detail and the broad knowledge that she brought to the role. We will especially miss her kindness, her wit, and her warm friendship. Frances was on the 'front line' as well as working behind the scenes for these years of campaigning for law reform. We wish her a happy and rewarding next phase of her life.

We are very pleased to welcome Jacqui Possingham to the role. Jacqui is highly experienced in administrative roles as well as being an activist for VAD during the latest campaign. GoGentle Australia called her one of several 'indefatigable local advocates' that helped to achieve law reform. Many will remember the candlelight vigils on Parliament House steps. Jacqui initiated these and supplied the tealight candles, also spelling out COMPASSION at one of our final VAD debate rallies. She also organised these and further staging for a public meeting in Mt Gambier. The VADSA executive looks forward to working with Jacqui in our ongoing role.

### 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

Every state in Australia has passed a law to give people a compassionate choice to end their suffering. The ACT has a bill before Parliament.

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. Our website is [vadsa.org.au](http://vadsa.org.au) offering a range of current information.

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.

- 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.

- 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](mailto: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 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.



### Committee:

#### President

Frances Coombe

#### Vice Presidents

Julia Anaf

Anne Bunning

#### Hon. Secretary / Minutes Secretary

Jacqui Possingham

#### Hon. Treasurer

Jo Hayhurst

#### Membership Officer

Elice Herraman

#### Policy Officer

Anne Bunning

#### Patrons

Emeritus Professor John Willoughby

### Telephone

Frances Coombe **0421 305 684**

### Internet

**[www.vadsa.org.au](http://www.vadsa.org.au)**

*VADSA Bulletin* is published three times a year by Voluntary Assisted Dying SA Inc (VADSA). Letters, articles and other material for possible publication are welcome and should be sent to *VADSA Bulletin Editor, PO Box 2151, Kent Town SA 5071*.

The statements and views expressed by contributors do not necessarily represent VADSA official policy. Material in this publication may be freely reproduced provided it is in context and given appropriate acknowledgement.

**Editor: Julia Anaf**