



NT Voluntary Euthanasia Society Inc

GPO Box 2734 Darwin NT 0801

Patron: Mr. Marshall Perron
President: Mrs. Judy Dent

NEWSLETTER

May 1999

Figures Tell A Tragic Story

The latest available figures from the Australian Bureau of Statistics on suicide by elderly Australians paint a tragic picture not only of the numbers and age of those who kill themselves but also the violent methods they choose.

Our oldest citizens died by the gun, some hanged, others drank poison, cutting and piercing instruments were used as was jumping from high places. Some took their lives by drowning.

Four of those who hanged themselves or leapt to their death were nearly 100 years old.

While there is no record of why our oldest citizens suicide, we do know that many experience anxiety every day, the possibility of a miserable lingering death constantly on their mind. It is reasonable to assume that some, if not most, suicides by the elderly are related to how they thought they would die if they did not take control.

Suicide Statistics

Suicide -By Methods -Australians 75 years and Older

THREE YEAR PERIOD 1995 - 1997

Poisoning by solid or liquid substances	56
Poisoning by gasses in domestic use	2
Poisoning by other gasses and vapours	71
Hanging, strangulation and suffocation	133
Submersion (drowning)	33
Firearms and explosives	95
Cutting and piercing instruments	11
Jumping from high place	16
Other and unspecified means	22

Source ABS 232 of them 80 or over
 18 of them 90 or over
 4 of them 95 or over

The elderly are strong supporters of Voluntary Euthanasia, what a shame so many feel compelled to die alone and violently because they are denied a dignified option surrounded by loved ones.

Suicide Clinics

Dr Philip Nitschke's plan to conduct suicide clinics in capital cities is being hotly debated down south.

Philip's actions are in response to a strong demand by terminally ill patients for factual information about suicide-information that many feel they cannot get from their own doctor.

Attempting to commit suicide is not an offence anywhere in Australia, neither is it an offence to talk about suicide. If someone wants to find out if the handful of tablets they have stockpiled or bought in a back street will kill them or simply destroy the brain but not the body then it is in everyone's interest they find out.

By conducting a clinic for those contemplating suicide, Dr Nitschke will be able to counsel those he believes need help to seek it and refer them to an appropriate agency.

In other circumstances, competent adults whose suffering clearly indicates a rational and determined intention to take their own life, will be able to inform themselves about the risks involved in attempting suicide.

The A.M.A, displaying their usual head in the sand attitude, have their knickers in a real knot over this one.

Groundbreaking Study into Euthanasia

In an internationally significant study, patients with cancer, including those receiving Palliative Care, will be asked their views on euthanasia as part of a research project currently underway in Newcastle.

The project titled – Euthanasia: Perceptions Of Patients With Cancer And Their Providers - is a collaborative research initiative of the University of Newcastle and the Hunter Area Health Service.

A National Health and Medical Research Council two-year grant of \$120,000 has been

allocated to the project, which is expected to attract much interest, both here and overseas.

The multidisciplinary team conducting the research consists of principal investigator Dr Lynne Hancock who is Senior Project Officer at the Hunter Centre for Health Advancement and five co-investigators including Dr Ian Kerridge, Haematology Registrar and Lecturer in Ethics, Professor Peter Ravenscroft, Area Director of Palliative Care, Dr John Cavenagh, Staff Specialist at Palliative Care, Mr John McPhee, Lecturer in Health Law, Dr Greg Carter, Senior Staff Specialist in Psychiatry and research associate Ms Kathy Rainbird from the Discipline of Behavioural Science in Relation to Medicine.

The team will be conducting a descriptive cross-sectional survey of attitudes towards euthanasia for three groups central to the euthanasia debate: patients with cancer, patients receiving palliative care, and some of those clinicians who provide care to these patient groups.

The team aims to interview a total of 600 patients, 300 of these being patients with cancer or other illnesses who are attending the Outpatient Clinics at the Mater Hospital and 300 being patients who are receiving care from the Palliative Care Unit. In another survey, planned for 1999, the team will be inviting every medical oncologist, radiation oncologist, haematologist and palliative care specialist in the country to take part in an anonymous questionnaire about their views and practices in relation to euthanasia.

In order to investigate those factors that appear to influence peoples views towards euthanasia, patients will be asked questions relating to their general background, religiosity, quality of life, pain, depression and the perceived attitudes of their health care providers.

This newsletter will report on the study findings when they become available.

Uni Study Finds Support

A major study to examine the perspectives of Northern Territory doctors, nurses and the community toward end of the line decision making has recently been released.

A collaborative project by the University of Queensland and the NT University, the research involved a comprehensive survey of 174 doctors, 243 nurses and 532 members of the public in major Territory centres.

The survey was conducted during the period the NT *Rights Of The Terminally Ill Act* was in force.

Space prevents us printing a long list of interesting findings from the report but we could not resist passing on a few of them.

48% of doctors and 67% of nurses believe a doctor should be allowed by law to assist a terminally ill patient to die, if that patient has decided that his/her life is of such poor quality that he/she would rather not continue living.

39% of doctors and 19% of nurses opposed such action and 13% of doctors and 14% of nurses were not sure.

50% of doctors and 76% of nurses said there had been occasions in their professional life when they would have considered euthanasia as a good medical practice.

70% of doctors and 82% of nurses felt that the new legislation allowing the possibility of active voluntary euthanasia will lead to more open discussion between doctors, patients and family about options for end of life care.

75% of the community approved of the new law on voluntary euthanasia, 18% disapproved and 7% neither approved nor disapproved.

Interestingly, a very high 88% of people in the 30-39 age group approved the new law.

The University study shows that palliative care alone does not eliminate the community's demand for a law permitting voluntary euthanasia.

Asked, "if good palliative care were freely available to everyone who needed it, approximately what percentage of patients do you think would still ask for assistance to end their lives?"

51% of community members said that more than 20% of patients would still ask, 25% said between 6% and 20% and 24% thought that 5% or less of patients would still ask for assistance.

Perhaps the reason why so many people feel palliative care is not the complete answer can be drawn from their responses when asked what would cause them the greatest distress if they were terminally ill.

Loss of mental faculties	77%
Loss of control	76%
Loss of independence	67%
Fear of being a burden on family	61%
Loss of dignity	60%
Leaving loved ones	57%
Protracted dying	51%
Physical pain	48%
Cost of care	31%
Fear of being a burden on society	29%
Death itself	18%

Note that pain was ranked 8th. Many wrongly believe that pain is the main reason why anyone would request euthanasia.

While the whole voluntary euthanasia movement is strongly supportive of good palliative care, the fact is many people feel they would rather die than lose control and be totally dependent on others. They simply want to die with dignity.

Different Approach

The Voluntary Euthanasia Bill currently before the South Australian Parliament takes a different approach to the Territory's overturned *Rights Of The Terminally Ill Act*.

Suffering individuals who seek assistance to die are required to be hopelessly ill, not necessarily terminally ill. If passed, the legislation would allow a broader range of people to access voluntary euthanasia and in this respect reflects the situation in the Netherlands and Switzerland.

The South Australian Bill also provides for advance directives to be lodged with a Government Registrar setting out the circumstances which the individual considered would make life intolerable and they would prefer to die.

Hypocritical AMA

The AMA no longer take a position against abortion, when the life taken is at its very beginning, has no say in the decision and is not suffering, while remaining strongly opposed to Voluntary Euthanasia for a competent, suffering person who has lived a full life.

The Netherlands Considers Legalising Voluntary Euthanasia

The question of whether - and how - criminal law should continue to apply to euthanasia has been the subject of broad political and public debate in the Netherlands for the past twenty years.

Many consider the current situation to be unsatisfactory whereby the practice of voluntary euthanasia remains illegal yet doctors who help hopelessly ill patients, who consider life intolerable, to die, are not prosecuted providing guidelines are followed.

Three Dutch Members of Parliament have prepared a Bill to make voluntary euthanasia lawful subject to strict conditions. The Bill is expected to be introduced in Parliament shortly.

With more practical experience on the subject than anywhere else in the world, it will be interesting to see the details of their law when it is available.



NT Voluntary Euthanasia Society - MEMBERSHIP/RENEWAL APPLICATION

I.....of.....

of.....Telephone HomeBus.....

hereby make application to become a member / renew my membership of the NT Voluntary Euthanasia Society. As a member I agree to abide by the rules and support the objectives of the Society.

My cheque/money order for \$15 is enclosed.

Tick Box if receipt required

Signed.....

Make cheque payable to NT Voluntary Euthanasia Society, and mail with completed form, to NTVES PO Box 2734 Darwin NT 0801.

Receipt No.....