



NT Voluntary Euthanasia Society Inc

GPO Box 2734 Darwin NT 0801
Phone: 8945 1446

Patron: Mr Marshall Perron
President: Mrs Judy Dent

Member of World Federation of Right to Die Societies

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Newsletter

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What's been happening in Darwin:

About 40 people attended Philip Nitschke's workshop in August to learn about the latest self-deliverance methods. Many of them were also among the 140 who attended the Euthanasia Forum arranged by AIR Darwin in June. Voluntary euthanasia is a hot topic judging by the number of attendees. Both Victoria and New South Wales currently have legislation under discussion. Except for Queensland, all the States have attempted to pass legislation similar to the *Rights of the Terminally Ill Act* passed in the NT in 1995. Since that legislation was overturned in 1997, Territorians remain second-class citizens unable even to request such legislation. When will Territorians' rights be restored?

Gold Coast news

While he was visiting Australia, Dr Nitschke celebrated his 70th birthday and 20 years since Exit International began.

Dozens of senior citizens gathered to sing Bon Jovi on the Gold Coast to fight for their right to die. Orchestrated by euthanasia campaigner Doctor Philip Nitschke for his birthday, the flash mob unfolded on Surfers Paradise on Saturday 19th August.

Dressed in purple, participants sang *It's My Life* to a series of choreographed moves. "We don't want to waste away like vegetables in a nursing home," one woman told 9NEWS. "Ever since I've been in a wheelchair and this is my life now I just don't want to live like this", another participant said.

The stunt has since been slammed by pro-life opponents, including Cherish Life Queensland's Chris Da Silva. "It's dangerous and undermines public efforts in suicide prevention," Mr Da Silva said.

Dr Nitschke, or 'Dr Death' as he is referred to by critics, is in Queensland for a series of "Suicide for Dummies" workshops. The 70-year-old said "My aim is to give out good information about euthanasia to the public. If people choose to use it, that's their business."

News from Canada

The Sudbury News reported 1 September 2017:

In Ontario, more than 500 people have chosen a medically assisted death since the law took effect in June 2016. Local doctors are going public in an effort to support patients that want to end their lives through medically assisted death.

In a news release, Dr. Paul Preston, Vice President, Clinical Services, Northeast Local Health Integration Network, says the law gives eligible patients the option to request medical help to die to end their lives - and gives physicians and nurse practitioners the right to offer this service.

"When someone is suffering with a serious, incurable terminal illness, and looming ahead is further decline and symptoms, followed by death, palliative care provides relief," said Dr. Preston.

"Now, following the Supreme Court of Canada's recognition of Medical Assistance in Dying (MAiD) as a constitutional right, people who find themselves in this situation have an additional option to manage their suffering. MAiD allows doctors and nurse practitioners to help patients with terminal illnesses to end their lives after a thorough assessment of their health. Like palliative care, MAiD honours patients' wishes and relieves suffering."

In the first year that the federal law was in effect, around 20 people in Northeastern Ontario chose a medically assisted death. MAiD is one more possibility for patients who are dying and feeling they've lost control of their lives. Over 90 per cent of people with terminal and advancing illness who request MAiD do so not for pain and symptom management, but for existential angst. Patients get an emotional release and reassurance when they know that this is an option for them.

Also in Canada

When a prominent citizen of Toronto died aged 83, early in September, his extensive death notice in *The Globe and Mail* included the following: Until the last few months, Tom was in perfect health. In fact, when he was eighty-two he was clocked at 104.5 km/h while skiing. He always felt that he had been so fortunate with good health, a wonderful partner and family of whom he was extremely proud, as well as such an interesting and challenging career and life, that he could not possibly have any regrets no matter what befell. He also remembered the teachings of Socrates that death would be the best dreamless sleep that any of us would ever have.

Hence, he had no fear of death. When he contracted a painful disease, he chose quality of life as opposed to life extension at all costs and eventually, and gratefully, took advantage of Medical Assistance in Dying, which he saw as a wonderfully humanitarian addition to the health system which he had once led.

Oregon's Death With Dignity Act: Two Decades of Data

Medscape is an American group that puts the latest medical information on line. On 19 September 2017, they released a review of what has been happening in Oregon.

Oregon's Death With Dignity Act (DWDA), passed through a voter-approved ballot initiative in 1997, lays out strict requirements for patients interested in requesting a prescription from their physician that would enable the patient to end his or her life. In the 20 years since its passage, 0.2% of deaths in Oregon resulted from DWDA prescriptions but the number is increasing, researchers report in an article published online today in *Annals of Internal Medicine*.

To obtain a DWDA prescription, patients must be adults of sound mind, have Oregon residency status, and have a terminal illness diagnosis. In addition, two physicians must confirm the patient's diagnosis and prognosis, the patient must be offered hospice care, and the patient must make one witnessed written request and two oral requests at least 15 days apart.

Among the 1857 Oregon residents who received DWDA prescriptions between 1998 and June 2017, 64% died from taking the prescribed drugs. These deaths represented a rate of 19 per 10,000 total deaths out of the 614,972 all-cause deaths of Oregon adults during that period.

Cancer was the diagnosis for 77% of DWDA patients, 8% had amyotrophic lateral sclerosis, 5% had chronic respiratory disease, and 2% had heart disease. DWDA death rates showed relative increases of 14% each year from 1998 to 2013 and 36% annually from 2013 to 2015. Although DWDA deaths appeared to level off in 2016, it's unclear whether that decline represents a change in trends or a temporary drop, as occurred in 2013.

The increase over time, however, is real after accounting for population growth, lead author, Katrina Hedberg, MD, MPH, from the Oregon Public Health Division in Portland, told *Medscape Medical News*.

"I can't tell you why [the increase] is happening, whether it's that more people are aware of it, changes in social norms or something else," Dr Hedberg said, but "the people who have participated are pretty much the same as they were initially."

That is, nearly all (96%) of those requesting DWDA prescriptions were white, a majority (72%) had some college (DWDA rates increased with educational attainment), and just over half (52%) were men. Their median age was 72 years, compared with a median age of death at 76 years among Oregonians who died of the same underlying illnesses without DWDA prescription.

The patients' primary reasons for seeking DWDA prescriptions were a loss of autonomy, cited by 91%, and a decreasing ability to participate in enjoyable activities, cited by 89%. Just over a quarter (26%) cited pain, and 4% cited finances.

The publication of the Oregon study accompanies a new policy statement from the American

College of Physicians (ACP) that opposes physician-assisted dying. The simultaneous publication of these data contextualizes the overall issue.

"I think it's important to be aware of what the data show and be aware of what's happening," Dr Hedberg told Medscape Medical News. Less than 1% of physicians have written a DWDA prescription (0.2% in 2000, rising to 0.6% in 2016), according to the new study. "[ACP is] making a statement about something that a relatively narrow proportion of the population is participating in."

Physicians are required to report a patient's decision to the state only when the prescription is written. "I do think there's this broader scope of people who are asking questions but aren't going through all the steps," Dr Hedberg said. "We didn't think every conversation needed to be reported. I am very cognizant as a government official of balancing the mandates in terms of reporting with the need for patient privacy."

The study used "DWDA" instead of "physician-assisted suicide" or "physician-assisted dying" because "the statute specifically stated that this is not suicide," Dr Hedberg noted, adding that "there is no neutral term to use."

NTVES ANNUAL GENERAL MEETING

The NTVES AGM was held on 5 August 2017 and the following office bearers were elected unopposed:

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|-----------------------|------------|
| <i>President</i> | J Dent |
| <i>Vice-President</i> | R Harrison |
| <i>Secretary</i> | E A Mason |
| <i>Treasurer</i> | S McKerrow |
| <i>Public Officer</i> | S McKerrow |

The next AGM will be in August 2018 (exact date to be confirmed)