



# NT Voluntary Euthanasia Society Inc

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## **Legalise assisted dying for terminally ill, say 90% of people in UK**

The Guardian in London 3 March 2019

Owen Bowcott legal affairs correspondent

More than 90% of the UK's population believe assisted dying should be legalised for those suffering from terminal illnesses, according to an opinion poll that shows growing support for change to the law.

A survey carried out by the campaign group My Death, My Decision (MDMD) also found that 88% of respondents considered it acceptable for dementia sufferers to receive help to end their lives, provided they consented before losing their mental capacity.

The results have been released as the Royal College of Physicians polls its members this month on whether they back a change to the ban on the right to die. The Channel Island of Jersey has launched a review on whether to introduce assisted dying legislation.

The MDMD poll was conducted by the National Centre for Social Research (NatCen) and involved 2,500 respondents. A previous survey carried out by Dignity in Dying in 2015 found that 82% of people supported assisted dying.

Providing medical assistance to end a life is legal in Belgium, Canada, Colombia, Holland, Luxembourg, Switzerland and seven US states. The UK Assisted Dying Coalition has collected figures showing that more than one person a week now travel from Britain to Switzerland to end their life.

The two most recent legal challenges to the UK ban have been dismissed by the courts, which ruled that it was up to parliament to decide on the issue. Last November, the supreme court turned down an application to hear a claim from lawyers for Noel Conway, a retired lecturer who is paralysed from the neck down by progressive motor neurone disease.

The previous month, a father of three, identified only as Omid T, who was suffering from a severe neuro-degenerative condition, had travelled to a Swiss clinic to end his life. Five days after he died, the high court ruled against his legal challenge.

Helping someone kill themselves is a criminal offence that carries a maximum sentence of 14 years and is prohibited by section 2(1) of the Suicide Act 1961. Euthanasia is considered murder under UK law.

The MDMD survey asked respondents whether it would be correct to allow assisted suicide in a number of circumstances. It found that 93% of the public would consider medical help acceptable in some situations, including when the person is suffering from an incurable illness that will eventually cause their death.

The organisation's chief executive, Dave Osmond, said: "These results show that the gulf between our politicians and the public is widening, as assisted dying becomes increasingly acceptable. Time and time again we have told our decision-makers that the right to choose the manner and timing of your own death is a fundamental human right. Yet, time and time again, their inaction has let down families like my own."

"I will never forget the courage of my mother-in-law when she asked me to help her go to Switzerland. Nor the agony I and my entire family went through, by having to choose between helping her, and risking imprisonment, or not and watching her continue to suffer."

Osmond was questioned by murder squad detectives after accompanying his terminally ill mother-in-law to the Swiss clinic. "It was a traumatic experience," he said. "Each case has to go before the director of public prosecutions. Eventually, they decided no further action should be taken."

Alex Pandolfo, a supporter of MDMD who suffers from Alzheimer's and who expects to travel to Switzerland to end his life, said: "Dementia is a cruel disease, and has slowly robbed my life of its quality. Even the basic things, such as planning to see friends, reading, or going outside alone, have become impossible now. In place of the freedom and independence I used to enjoy, my life has now become full of fear."

"If I waited until I had six months left, not only would I no longer have capacity to make that decision, I'd be forced to live, for potentially years, as the very antithesis of the person I am now."

Parliament last voted on assisted dying in 2015, rejecting by 330 against to 118 for a private member's bill to legalise assistance for those who were terminally ill and likely to die within six months.

Unlike some other right to die organisations, MDMD does not believe assisted suicide should be restricted to only those who are terminally ill with a prognosis of six months or less.

## Medically assisted death numbers on the rise in Alberta

Medicine Hat News [Canada]

By Gillian Slade, March 6, 2019

The number of Medical Assistance In Dying cases in Alberta has now reached 600, with 70 in the south zone, according to Alberta Health Services data.

It works out at 4.6 cases a week averaged over the past two-and-a-half years for the province, 5.9 per week in 2018, which had a total of 307.

AHS medical director Dr. Jim Silvius attributes the increase last year to more awareness among Albertans.

“More comfort that people had with the whole idea and probably greater awareness that this is an option and that there is a service out there to support people to do this,” said Silvius.

Increasingly, people know someone who has been through MAID with a family member and they are talking about the experience, said Silvius.

From Feb. 6 to June 17, 2016, medically assisted death was only possible with a court order. During this time there were six assisted deaths in Alberta.

Federal legislation kicked in on June 17, 2016 removing the need for a court order. From that point to the end of December that year there were a total of 63 MAID deaths in Alberta. There were 205 in 2017.

Silvius says since the initial AHS guide for MAID, first published in the fall of 2016, there have been a number of changes including how AHS responds to inquiries. People are in different stages of thought about MAID. Some want basic information while others are ready to proceed. Particularly among people who have cancers, the decision for MAID is being made quite late and that has meant trying to respond quickly.

“We are not really structured to do that,” said Silvius. “We do not have assessors and provisioners on call. If you are outside of a major centre it can take a few days to find somebody to come and do the assessment.”

“Ideally there would be assessors and provisioners to call on in every area of the province but we are not there yet,” said Silvius. The number of people providing these services is fairly small but is slowly increasing. Those willing to do assessments is increasing with a number of family physicians comfortable doing so even if they have not officially identified themselves as such to the MAID program.

“The number of provisioners who have publicly identified themselves is limited and that is a decision left up to them,” he said.

“One of the big changes to MAID criteria in Alberta is that the body of the deceased no longer has to be transported to the medical examiner,” said Silvius. This change was made last fall.

Of the 600 cases so far, 379 were carried out in a facility and 221 in the community, according to the AHS report. A total of 64 patients were transferred from mainly faith-based facilities in order to receive MAID and 12 were transferred from non-faith-based facilities to a participating facility or to the patient’s home. Some facilities do not participate in MAID even though they are not faith-based.

According to AHS data there continue to be four main health conditions that contribute to those seeking MAID: cancer, multiple sclerosis (MS), amyotrophic lateral sclerosis (ALS) and advanced lung disease.

## **Controlling Death: The policies, practices, and ethics of choosing when we die** April 11-12, 2019 Harvard Medical School Campus, Boston, MA

This two-day conference will explore ethical, legal, and clinical aspects of evolving practices of euthanasia and physician-assisted death. How ought we to think about the choices of determining the time and manner of death for our loved ones, our patients, and ourselves? How should the health and legal professions respond to these rapidly evolving practices and choices?

About the Conference:

The Harvard Medical School Annual Bioethics Conference convenes leaders in the field to explore ethical questions and concerns in healthcare. Held each April, this conference facilitates conversations among experts, and supports members of ethics committees, health care professionals, bioethicists, administrators, attorneys and others who are interested in addressing ethical issues.

[For more information, go to  
<https://bioethics.hms.harvard.edu/annual-bioethics-conference>]

## **PRELIMINARY NOTICE OF AGM**

The AGM is to be held on Saturday 10<sup>th</sup> August 2019. Please renew your membership before the meeting.