



NT Voluntary Euthanasia Society Inc

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Newsletter

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While Covid-19 is making headlines around the world, what is happening on the Voluntary Assisted Dying (VAD) front?

In February 2020, the Victorian VAD Review Board released its report on the first 6 months use of the 2017 legislation (19 June to 31 Dec 2019).

In June 2019, Premier Daniel Andrews said: "We anticipate in the first 12 months, based on overseas experience, around a dozen people will access voluntary assisted dying. That number is projected to stabilise at about 100 or 150 people per year".

Key Report findings:

The Voluntary Assisted Dying Act 2017 (the Act) has operated safely in the first six months. 136 people commenced the assessment process through the Voluntary Assisted Dying Portal. "This demonstrates the Act has struck a balance between being strict with compliance, while still accessible to those who want this choice."

Of the 136 commencements, there were 52 confirmed deaths.

100% of cases were compliant with the Act. The Board retrospectively reviews cases each month. Board members discuss all cases and determine compliance with the Act. They also review potential barriers and improvement opportunities. No cases were referred for investigation in this reporting period.

MESSAGES:

The need for the law

The number of people seeking access to lawful assisted dying demonstrates how much this more compassionate, end-of-life choice was needed in Victoria.

It shows that the previous system was not meeting the needs and wishes of a small but significant number of Victorians. Victoria's palliative care is excellent – but as we know it can't alleviate all end-of-life suffering for everyone.

Effective education

That 136 people applied to access VAD in the first six months of its implementation suggests the government has done a commendable job in getting the word out and educating the community about this kinder, more compassionate, end-of-life option.

Initial demand not unexpected

These initial numbers are not unexpected; terminally ill Victorians had been waiting to use this law since November 2017. It is understandable that there would be a spike in applications in the days and weeks immediately after the law came into effect.

It will take a couple of years of reporting before we get an accurate and stable indication of the numbers of eligible terminally ill Victorians who are accessing assisted dying.

An option for a small minority

Regardless, as predicted, only a small minority of Victorians are making use of assisted dying. 52 confirmed deaths represents an estimated 0.2% of all deaths in Victoria over the six-month period – a statistically tiny proportion.

In line with overseas experience

These figures are in line with other jurisdictions around the world. When VAD was first made available in Oregon in 1997, uptake in the first year was less than 0.05% of total deaths (Oregon was one of the first jurisdictions to pass a VAD law and the Act was not widely publicised); in Canada it was 0.6%. Importantly, VAD deaths in all jurisdictions have remained statistically tiny.

Compassionate doctors

Doctors who have come forward to offer this legal option at the end of life are motivated by compassion and the provision of good patient care. As more doctors receive training in voluntary assisted dying, there will be a wider pool of physicians for terminally ill Victorians to consult with about their legal options at the end of life.

Not just about the numbers

Not every terminally ill Victorian will want – or need – to use this law. But the palliative effect of knowing it is available – should it be required – cannot be overstated. This law gives peace of mind to people living with a terminal illness that they will have some control over their last days and weeks, and that they will have the opportunity to limit the suffering they are forced to endure.

You can access the report here - https://www.bettersafecare.vic.gov.au/sites/default/files/2020-02/VADRB_Report%20of%20operations%202019-2020.pdf

Voluntary Assisted Dying Legislation in Western Australia

In August 2019 the Voluntary Assisted Dying Bill 2019 was introduced into the Western Australian Parliament. On 10 December 2019 the Bill completed passage through Parliament and received Royal Assent on 19 December 2019.

Part 1 of the Act (other than divisions 2 to 4) commenced on Royal Assent and the rest of the Act will commence upon proclamation which is scheduled for mid- 2021.

It will be interesting to see if the Covid-19 outbreak affects the timing of the legislation's implementation.

NEWS FROM THE USA

The COVID-19 pandemic shines a spotlight on aid in dying in several ways, as hospitals consider DNR orders for coronavirus patients, understaffed palliative care teams struggle to deliver adequate pain relief to patients, and telemedicine is considered for aid-in-dying requests. All of this is happening as the disease surges in New York City, where hospitals struggle under an enormous patient burden. Our current situation highlights the importance of discussing our end-of-life wishes before we are struck by a crisis. It is reported that only a minority of elderly people on ventilators survive to leave the hospital. It's important that someone ask them whether they want to be ventilated while they are still able to make that decision. The COVID-19 epidemic will hopefully jumpstart family discussions that are put off in the daily course of life.

The Washington Post reports that some hospitals, including Northwestern Memorial Hospital in Chicago, are discussing restrictive DNR policies for coronavirus patients due to the lack of protective gear for hospital staff and the risk to staff posed by the DNR process, which involves multiple bodily fluids. A model guideline being considered by some hospitals would require two physicians to sign off on the DNR and document the reason. The family must be informed but does not need to agree.

Read more at:

<https://www.washingtonpost.com/health/2020/03/25/coronavirus-patients-do-not-resuscitate/>

and

<https://www.nytimes.com/2020/03/25/nyregion/nyc-coronavirus-hospitals.html>

COVID-19 patients suffering acute respiratory distress, as well as patients suffering from other diseases, may not have access to adequate palliative care. When aid in dying is debated, opponents stress the importance and efficacy of palliative care. Yet according to Liz Szabo, writing for Kaiser Health News, "(a)mong all U.S. hospitals with at least 50 beds, 72% provide palliative care...Fewer than 40% of hospitals provide palliative care in Alabama, Mississippi, New Mexico, Oklahoma and Wyoming." Even in the best of times, there can be long waits in emergency rooms. A concerned family member reported that her grandmother - bleeding internally and too frail for surgery - waited 2.5 hours in the ER to receive pain relievers. That is frightening news for those who may require pain relief during the pandemic.

Read more at:

<https://khn.org/news/palliative-care-shortfall-coronavirus-patients-undue-suffering/>

The newly formed American Clinicians Academy on Medical Aid in Dying issued a Telemedicine Policy Statement on March 25 concluding that "there is nothing inherent in an aid-in-dying request that prohibits or discourages the use of telemedicine. In fact, in present circumstances of potential contagion, increased use of telemedicine is encouraged." This policy was issued within the context of those states that have aid-in-dying laws in place.

Read more at:

<https://www.acamaid.org/telemedicine/>

ANNOUNCEMENTS

The biennial conference of the World Federation of Right to Die Societies that was due to be held in Mexico City 28-31 October 2020 has been cancelled because of the Coronavirus Pandemic.

NTVES AGM is scheduled for 15 August 2020

At last year's AGM, the treasurer announced that she would be retiring and not standing for treasurer in 2020. Please consider standing for the treasurer's position – NTVES cannot exist without a treasurer.

Notices for the AGM and membership renewals will be sent out in July.

NTVES thanks Copytime in Edmunds St, Darwin for remaining open to enable printing of this newsletter as usual in these trying times.