



NT Voluntary Euthanasia Society Inc

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Member of World Federation of Right to Die Societies

Patron: Mr Marshall Perron
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Newsletter

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RECENT ACTIVITY IN THE NT AND ELSEWHERE IN AUSTRALIA

In March, Council on the Ageing NT (COTA NT) launched a petition to restore the right of the Legislative Assembly of the NT to enact voluntary assisted dying legislation. This right was removed by the passage of Kevin Andrews' *Euthanasia Laws Bill* in 1997 after Marshall Perron's government had the audacity to pass the *Rights of the Terminally Ill Act* in 1995. In 1996 and early 1997, this bill allowed four people to choose the time and place of their deaths. Since that time, Victoria has passed a voluntary assisted dying law which is working as intended; Western Australia's legislation is expected to be available for use on 1st July 2021; Tasmania's bill passed on 23rd March 2021; South Australia is trying again with a positive start to the VAD debate in the Legislative Council on Wednesday 17th March. The Health Minister Stephen Wade made a considered and constructive speech, saying he 'did not have a fundamental objection to euthanasia' and while he had never voted for VAD before, this VAD Bill was close enough to workable. He said that VAD would not be an option for him because of his Christian faith, but in a pluralist society, he would not be imposing his views on others. He concluded by saying that providing there were no amendments to this VAD Bill which would take it away from being consistent with the VAD legislation in other states, he could support it.

Voluntary Assisted Dying South Australia understand that there is unlikely to be support for amendments which would make the VAD Bill significantly different from its current form. Debate will resume in the Legislative Council on 31st March. It is likely to go late, perhaps until midnight, to conclude Second Reading speeches. There will then be a vote to see if there is support to go to the next stage where amendments to the Bill will be considered. The final vote, after consideration of amendments, is expected on 5th May 2021.

At the recent election, Queensland promised to consider VAD legislation in the new parliament. In New South Wales, a private member's bill for VAD is expected. How many states need to pass such a law before the Federal Government restores the right of the NT and ACT to do the same?

The week following the launch of the COTA NT petition saw the *NT News* start its VAD campaign with front page headlines and many stories prompting letters and texts to the editor. Chief Minister Michael Gunner finally wrote to the Prime Minister asking for the *Euthanasia Laws Bill* to be revoked. Did it make a difference? No answer from the Federal Government yet but both the Health Minister and the Attorney General have been quoted as saying it wouldn't matter how many States passed VAD legislation, the territories would not be allowed to do so. How can people in such positions of power deny the citizens of territories the same rights citizens of the states take for granted? Surely discrimination on geography is illegal. An Australian is an Australian no matter where he or she lives.

NT Government Media Release: *Advance Personal Planning Is Your Voice*

22 March 2021

It is National Advance Care Planning Week (22 - 26 March) and Territory Palliative Care is encouraging Territorians to learn more about advance personal planning. Advance personal planning gives people the opportunity to plan for what you do, or don't, want if you become unable to make or communicate your own preferences.

Territory Palliative Care Occupational Therapist Julie Rankin from the Top End Health Service said advance personal planning was an on-going process of shared planning for current and future health care. "Advance personal planning helps to ensure that a person's preferences, beliefs and values about health care are known and respected if they are too unwell to speak for themselves. It also benefits those who are close to them," said Ms Rankin. "Research has shown that families of people who have done advance personal planning have less anxiety and stress when asked to make important healthcare decisions for other people".

Advance personal planning is known to improve end-of-life care, and person and family satisfaction with care. "Everyone should consider advance personal planning, regardless of their age or health. It can be particularly important to individuals such as those with an advanced chronic illness, a life limiting illness, are aged over 55 years or at risk of losing competence," Ms Rankin says.

Advance personal planning conversations should occur as part of a person's ongoing health care plan. Advance Personal Planning can be achieved by:

- Choosing a substitute decision-maker: someone you trust to speak for you if you became very sick and couldn't speak for yourself.
- Talk about your values, beliefs and preferences with your substitute decision-maker and other people involved in your care such as family, friends, carers and doctors.
- Write your preferences and/or appoint your substitute decision-maker using the recommended Advance Care Directive documents via your GP or support from other health professionals.
- Share your Advance Care Directive documentation with your substitute decision-maker, family, friends, carers and doctors.
- Upload your completed documents to your My Health Record.
- Review your plan regularly and update it as needed.

Advance Personal planning can give people a voice, ensuring they remain in the driver's seat, regardless of what the future brings.

NOTES FROM AROUND THE WORLD

Spain approves euthanasia law

CNN

By Al Goodman, March 18, 2021

Spain becomes the fourth European Union country to legalize euthanasia.

"...Spanish journalist Asun Gomez Bueno...lost her husband, Luis de Marcos, in 2017 to multiple sclerosis, at age 50. He wanted assisted suicide or euthanasia and she has since become a leading advocate for the new law."

"The last four years of his life, (Luis) was totally paralyzed but kept his cognitive ability intact,' Gomez Bueno told CNN. 'There was no treatment to mitigate his pain. The pain was so terrible he didn't want to sleep at night because he knew the next day would be worse.'"

MAID moves forward in New Mexico

Medical Futility Blog

By Thaddeus Pope, March 16, 2021

MAID legislation has passed the New Mexico House and Senate and is expected to be enacted. The legislation expands access in several important ways

Dec. 18, 2020

The Constitutional Court of Austria ruled on December 11 that the country's ban on assisted dying is unconstitutional.

In a ruling reminiscent of the Canadian Supreme Court 2015 ruling that led to Canada's assisted dying law, the Austrian court found that the ban on assisted death is "a violation of an individual's right to self-determination. The decision came after various affected stakeholders, including two terminally ill individuals, requested removal of the provision ... The court held that the provision violated one's right to self-determination since it laid down a blanket ban on assisting a person in dying without providing for any exceptions....the constitutional guarantee of the right to free self-determination is implicit in various fundamental guarantees including the right to private life, the right to life and the principle of equality."

A triumph of compassion and choice: Bill C-7 receives Royal Assent - Dying With Dignity Canada, March 18, 2021

A summary of what the bill means:

"Canadians no longer must have a reasonably foreseeable death in order to be eligible for medical assistance in dying;

"There are now two sets of safeguards in place: One for those whose death is reasonably foreseeable, and one for those whose death is not reasonably foreseeable;

"Canadians who have been assessed and approved for medical assistance in dying, but risk losing capacity to consent prior to the MAID procedure, will be able to sign a waiver of final consent;

"During the two-year mental illness exclusion, the Government of Canada will hear from experts and develop safeguards and protocols for people who seek access to MAID, but whose sole underlying medical condition is a mental illness."

