

FOR YOUR CONSIDERATION

The patient, only 35, had been in a persistent vegetative state for 15 years. Recently, he had developed septic bedsores and pneumonia. His kidneys were failing, and despite the feeding tube, he was losing weight. Now he was in cardiac arrest. He was dying.

But the young staff doctor had no choice. The patient's relatives, convinced that the man could communicate, had insisted that all revival efforts be made. So the doctor gave the patient a few mouth-to-mouth breaths, climbed on the bed and began vigorous chest compressions, trying cardiopulmonary resuscitation. The patient was intubated, shocked with electric paddles and injected with epinephrine. Blood spurted as a central line was inserted into the large vein in his groin to administer medicine and fluids. EKG electrodes were placed on his arms and legs. The hospital room filled with people shouting orders. After 15 minutes, the doctors called the time of death.

"Kneeling on that bed, doing CPR, felt not only pointless, but like I was administering final blows to someone who had already had a hard enough life," said the doctor, recalling this experience from his internship. "Why was I forced to crack this person's ribs? Why couldn't we have let the patient die in peace?"

Extreme cases like this one are rare. (*Ed Note: But who has final say over whether CPR should be attempted on a gravely ill patient, will not be you, the patient, UNLESS you have completed an Advance Health Directive.*) (excerpts from an article by Jan Hoffman, *The New York Times*, 10/10/06)

What You Can Do

Many citizens around the world have the legal right to register their wishes in this regard in a living will/advance health directive/POLST (Physician Orders for Life Sustaining Treatment). In Queensland, the AHD is available from the office of the Public Trustee, and from many Newsagents. **Have you filled one out? Have you given a copy to your doctor? To your legal advisor? To your understanding relatives? Have you lobbied to have this information made electronically (and therefore immediately, 24 hours a day) available as part of the forthcoming E-Health system?**

Inside This Issue

For Your Consideration	1
General News	2-3
Update on Right-to-Die Legislation	3
Research Findings	4-5
Books, Etc, On Line	6
The Front Line	7
Compassion and Care	7
In Queensland	8

Brisbane General Meeting

Date: Wednesday, 8th February 2012

Time: 2.15pm - 4.15pm

Place: Meeting Room, City Square Library, Cnr Queen/George/Adelaide

Guest Speaker: Thea Biesheuvel from Self-Help. Thea has been asked to tell us about her organisation and some of the groups which belong to it.

(There is an Audio loop in the room for hearing impaired)

Tea and Coffee provided

For information phone 1300 733 818

By the way:

Most of the news items in this newsletter are gleaned, excerpted, and summarised from the following sources: <http://www.exitinternational.net> (ERGO): right-to-die@lists.opn.org and www.rtd.net

Please send:

Comments and contributions to the Newsletter
Editor: Mary Mannison, 27 Ford St., Bongaree, QLD, 4507,
or email mannison@optusnet.com.au

GENERAL NEWS

Yes to Assisted Suicide

MPs should consider changing the law on assisted suicide to allow some terminally ill people to end their lives at home with the help of their doctor, a major report into the subject has concluded. The Commission on Assisted Dying, chaired by the former Lord Chancellor, Lord Falconer, says a choice to end their own lives could be safely offered to some people with terminal illnesses, provided stringent safeguards were observed. Describing the current law on assisted dying as "inadequate and incoherent", the commission outlined a legal framework that would permit only those who had been diagnosed with less than a year to live to seek an assisted suicide, and then only if they met strict eligibility criteria.

The 400-page report follows a year of investigation by the commission, whose members also include the former Metropolitan police commissioner Lord Blair, a former president of the General Medical Council, a leading consultant in disability equality, an Anglican priest, and medical, mental health, palliative care and social care specialists. (*The Guardian*, 04/01/12)

New Guidelines

A new position paper just published by the Dutch Physicians Association (KNMG) says unbearable and lasting suffering should not be the only criteria for physicians to consider when a patient requests euthanasia. The new guidelines clarify the responsibilities, possibilities and limitations that physicians have within the regulations of the 2002 euthanasia law (Termination of Life on Request and Assisted Suicide Act). To read the full article, google Radio Netherlands Worldwide. (fr: World Federation of Right-to-die Societies Newsletter, Dec, 2011)

Government Assisted Suicide?

Alabama is scheduled to execute a prisoner who has voluntarily waived all his rights to an appeal, raising the possibility that the state is about to carry out what amounts to a government assisted suicide. This prisoner is one of scores of death row prisoners who do nothing to resist their execution and in some cases actively court it. In Johnson's case, he was sentenced to death for killing his six-month-old son Elias in February 2005.

Ever since the trial, Johnson, 38, has consistently refused to pursue any legal moves that might delay or prevent his execution, and has turned down any chance of an appeal. "Volunteers" such as Johnson have raised concern among lawyers and civil rights groups who question the mental health of those who go willingly to their deaths, or see it as a form of state-sponsored suicide. (*The Guardian*, 20/10/11)

Just Don't Mention Dignitas

The new Royal College of Nursing guidelines (in the UK) reminds nursing staff that it is illegal to offer information about assisted dying, including contact details for the Dignitas clinic in Switzerland, as it may be seen as 'encouragement'. The RCN produced the guidelines after nurses came forward to say they had been asked for advice from patients and relatives about assisted suicide, and didn't know how to respond. The guidelines explain that if a seriously ill patient says they 'just want to die', nurses must make it clear there is nothing they can do to help. They are allowed to help patients draw up 'living wills', which could include requests to refuse life-saving treatment, such as not having a feeding tube if they fall into a coma, and to pray with a patient upon request. (Sophie Borland, *Daily Mail* (London), 20/10/11)

Sweden

A network of Swedish MPs has been formed to push for a legalisation of assisted suicide, with the group's founder comparing the issue to the abortion debate in the 1970s. The founder of the network is unwilling to divulge the identity of members, but indicates that it includes representatives from all of the parliamentary parties. A motion has been penned which calls on the government to act for a change in legislation. "It is not worthy of Sweden in the 2000s for seriously ill people to be tormented and tortured to death...between 80 and 90 per cent of the Swedish population support the idea of being in control of the last days of one's life."

The issue has received a great deal of media attention recently in connection with the trial of a 57-year-old doctor for the manslaughter of a three-month-old baby that was born prematurely and was expected to die shortly of brain damage. (11/10/11, <http://www.thelocal.se/36684/20111011/0>)

On the Ballot

Massachusetts passed another milestone on its way to the Nov, 2012 ballot. The campaign turned in over 86,000 certified signatures to the Secretary of the Commonwealth's office—far more than the 68,911 signatures required to clear this step in the process! The Massachusetts Petition is available online at <http://www.theatlantic.com/national/archive/2011/12/will-massachusetts-legalize-physician-assisted-suicide/249346/>

World Right-To-Die Day

On 2nd November, for the 4th time, the World Right to Die Day was celebrated in Europe. ADMD France launched a large publicity campaign in favour of legalisation of euthanasia, leading up to the French elections in March 2012, with broad national media appearances.

Politicians Accused

A BBC producer who travelled to Switzerland to take her own life with the help of others has accused politicians of "cowardice" over suicide laws. Geraldine McClelland, 61, who produced *Watchdog* and *Crimewatch* for the BBC, was dying of lung and liver cancer. In a letter published hours after her death she urged politicians to legalise assisted suicide. Ms McClelland said in the letter she was "*angry that because of the cowardice of our politicians I can't die in the country I was born in, in my own home. I would like to be able to choose to take medication to end my life if my suffering becomes unbearable for me, at home, with my family and friends around me. I don't believe that my brother and sister should have to break the law so that they can be with me when I die*" (BBC News, 08/12/11)

UPDATE ON RIGHT-TO-DIE LEGISLATION

Georgia, USA: The Fourth State!

Without fanfare, Georgia has become the fourth state in the United States to legalize physician assisted suicide. Georgia's Attorney General has filed a brief in an appeal involving four volunteers for Final Exit Network, a group charged with violating Georgia's ban on "offering to assist in a suicide." He says the law prohibits assisted suicide only in a case where the suspect "publicly" advertises, offers, or holds out that s/he will assist in a suicide. So long as a doctor does not make any public statement about his/her availability to participate in physician assisted suicide, the doctor has not violated the law of Georgia by writing prescriptions for lethal doses of drugs to enable patients to decide to die at the time of their own choosing. In arguing that the Georgia statute makes physician assisted suicide legal so long as a doctor keeps the practice confidential, the attorney general wrote, "*The statute leaves room for doctors and patients to make private decisions at the end of life and reflects concerns for doctors and other healthcare professionals involved when patients end their lives.*" www.compassionandchoices.org www.finalexitnetwork.org

Hawaii

Proponents and opponents of assisted suicide in Hawaii say they are locked in debate over a 102-year-old provision of state law (1909) that seems to allow it. Proponents are pushing to make Hawaii the fourth U.S. state (Ed Note: now fifth) to legalize physician-assisted death. A national group, Compassion and Choices, and the Hawaii Death With Dignity Society have found a provision in Hawaiian law they say means aid in dying has been legal all along. The provision reads, "[W]hen a duly licensed physician or

osteopathic physician pronounces a person affected with any disease hopeless and beyond recovery and gives a written certificate to that effect to the person affected or the person's attendant, nothing herein shall forbid any person from giving or furnishing any remedial agent or measure when so requested by or on behalf of the affected person." The provision likely arose out of now-canonized Father Damien's missionary work on the Island of Molokai with those who suffered from leprosy, experts said. (P I News Agency, Honolulu, 17/10/11)

Canada

Canada's laws against assisted suicide are on trial in B.C. Supreme Court when lawyers representing critically ill people argue they should have the right to choose when they die. A Civil Liberties Association lawyer told the court that things are different from 18 years ago, when the Supreme Court of Canada rejected Sue Rodriguez's plea for the right to seek a doctor's help to end her life. "*Many things have changed, for one thing...many jurisdictions [around the world] now allow physician-assisted dying.*"

The Royal Society of Canada, which released a report by a panel of experts Tuesday, has recommended changing the Criminal Code, which currently makes counselling, aiding or abetting someone to die a crime punishable by up to 14 years in prison. The report argues that some form of assisted suicide be permitted - even for those who have not been diagnosed with a terminal illness, because patients may be suffering terribly and permanently.

The lawsuit is spearheaded by 63-year-old Gloria Taylor, who suffers from ALS and says she does not want to spend the last days of her life paralysed and in constant pain. The case was fast-tracked to make sure Taylor would be alive to see it through. (Globe and Mail Editorial, (11/15/11) *Ed's note: the full RSC report:* http://www.rsc.ca/documents/RSCEndofLifeReport2011_EN_Formatted_FINAL.pdf

Scotland

MARGO MacDonald has taken the first step in re-introducing a Bill to give Scots the right to assisted suicide.

The independent MSP submitted the proposed consultation document for a new, streamlined piece of legislation to be called the Assisted Suicide (Scotland) Bill. Ms MacDonald said the "*unambiguous*" redrafting of the Bill rejected in the last session was "*a much simplified Bill. We have learned lessons from last time. It is about the rights of people seeking this assistance, a right to ask not demand.*" (Robbie Dinwoodie, *The Herald*, 26/10/11)

RESEARCH FINDINGS

Electronic Registry of Living Wills

Susan Hickman, an associate professor at the Indiana Uni School of Nursing led a study appearing in the Journal of the American Geriatrics Society which compared patients' preferences for life-extending care with the treatments they ended up receiving over a 60-day period. Nearly half the patients died during the study.

The researchers found that among those who died, none of the 299 who requested no resuscitation received unwanted CPR. Among the 300 residents who requested comfort measures only, 41 received potentially unwanted medical interventions. But a closer look at those cases showed that three out of four interventions were necessary to relieve pain, and were consistent with the goal of providing comfort.

Antibiotics and feeding tubes were the treatments most often given against patients' wishes. Nine of the 28 residents who declined antibiotics received them anyway. And four of the 417 patients who declined a feeding tube had one put in. Some patients who requested limited use had feeding tubes for long periods. Researchers concluded practice was consistent with requests for limits in only 14 of 22 cases.

These results provided evidence of the effectiveness of a new version of the Advance Care Directives (Living Wills) used in the US, which goes by the name of POLST (Physician Orders for Life-Sustaining Treatment). It had been found that the old forms could be hard to find in an emergency and were often too vague to be useful. The new forms are brightly coloured for visibility, have check boxes to record specific preferences, and are easily accessed in a statewide electronic registry making them available 24 hours a day. About 70,000 Oregonians have filed a POLST, and more than 30 states have or plan to have similar programs. POLST has gained strong endorsements from Catholic medical ethicists.

Personal Stories: Meg's Death with Dignity

Meg Holmes was diagnosed with brain cancer on 12th Dec. , 2009. Andrew Taylor, Meg's husband, began publishing a blog to keep friends up to date on Meg's illness and treatment. On October 6, Andrew posted the following piece about Meg's decision to take medication prescribed to her under Washington's Death with Dignity Act.

My wife Meg died on Saturday morning in the loving company of her brother, sister, son, daughter and husband. Suffering from a disease that robs one of intellect and dignity, she had the option, as a Washington resident, to choose the time of her death.

She used the provisions of Washington's Death with Dignity Act to hasten her death while she was still able to converse with and understand her family members. Her family gathered on Friday and spent the day with her. She was much more alert and animated than of late and visited with each of us. Despite knowing that her death was the next day, we all slept well that night (I slept much better than for many weeks), showing us that we were prepared for her passing.

Meg died peacefully and quickly, with no signs of discomfort. It was a remarkable end to a long struggle, and released Meg from what we all knew could be a long, distressing, undignified and inevitable end. Our preparations, the company of relatives, Meg's peaceful passing and the knowledge of her command of the situation all served to make her passing much easier for us all.

Personal Stories: Death with Dignity - Nora Miller's husband....*was diagnosed with terminal lung cancer in 1999, and died peacefully after exercising his right to Death with Dignity under Oregon's law.*

From his point of view, my dying husband faced the end of all time. From the first day, we knew that his lung cancer was inoperable, untreatable, and already fatal, that the suggested chemo could only, possibly, slow the process a little. Each night my husband went to sleep knowing his nights were numbered, that the next day would be one fewer of the heartbreakingly few remaining. He didn't have the option of "fighting," of "beating the odds" or "winning the battle." Every door he had imagined still open to him, the nursery business he had planned, the trip to Alaska he'd always put off for another year, the joy of seeing his only son graduate from college, get married and have a son of his own, the happy retirement spent with grandchildren, all slammed shut in a single moment.

From my point of view, my dying husband required my unequivocal attention and support as he made his way towards that last day, when he would stop and I would go on alone. Each new symptom we encountered demanded flexibility, energy, and sometimes even bravery, to manage. As fatigue slowed his steps and pain made it impossible to climb steps, we learned to get around with a wheelchair. As chemotherapy tainted his sense of taste, we zeroed in on the few foods that somehow retained their appeal—scrambled eggs, chili mac, green tea with honey. As he lost interest in the things of this life, we arranged a cozy retreat to occupy his time, a double recliner where we could sit close together, a baby monitor so he could converse with me in the kitchen, the TV tuned more or less continuously to the Western channel so he could enjoy old movies. He loved the uncomplicated stories of struggle and triumph that end with the hero disappearing into that

clichéd sunset. I think he saw those heroes as a role model—they left when it made sense to leave, on their terms, with dignity and wry smile for the stupid, inevitable tragedy of it all.

From the point of view of his oncologist, my dying husband was a human being in an untenable position. From many different corners, we receive the message that we should fight disease and death with everything we've got. But eventually, that's no longer possible. When it became clear that chemotherapy would not stop or even slow the spread of tumors in his increasingly frail body, his oncologist told him it was time to "stop beating yourself up." I credit that doctor with great wisdom and compassion in a profession that tries so hard to pretend that death is somehow unnatural or "treatable."

My husband wrote out his request for the lethal prescription with his own hand, a tremulous and unruly scrawl that I translated for the doctor: "I would like you to write me a prescription for the medication that will end my life." Oregon's act had been in effect less than two years and his doctor had never received a request before, but he readily agreed, having come to know my husband and recognizing what this option meant for him. I filled the prescription and placed the medication in my husband's hands. Only he could make the decision whether and when to use it.

As it turned out, "when" came barely a week later. We were watching a movie with my son and his fiancé. My husband needed to go to bathroom, but the growing tumor in his brain made it hard to speak the words, harder still to walk the ten feet to the toilet, and impossible to stand while going. I stayed with him to keep him from falling over and he hated the embarrassment he felt. Tears of frustration and sadness ran down his face. I said whatever I could think of to assure him that I considered helping him a privilege and an act of love, even in this seemingly undignified situation. This is what "in sickness and in health" is all about, I reminded him. Of course, we both knew the next line in that vow: "til death do us part."

Back on the recliner, he turned to me with a focus he had lacked in recent days, and said, "I just want to know you will be all right." I took his hands in mine and looked him in the eye. "I will never be 'all right' without you," I said, "but I will be all right." He smiled. "Okay, then, I think it's time. Why don't you get the applesauce?" He lay back, more relaxed and calm than I'd seen him in weeks.

I tested his decision, not just once, or twice, but a few times. "Are you sure? You still have time. You can decide in the morning. Think about it for a few more days." He beamed at me, at our son, and said he was sure. He had everyone he wanted to be with right here, and he was ready to go.

We sat around his bed, me, my son, and my son's fiancé, whom we loved like a daughter. My husband reminded me that he wanted us to spread his ashes at the foot of a giant redwood near the ocean. I had my arm around him, my son held one of his hands, our soon-to-be daughter held the other. After months of decline, fatigue, and anxiety, he seemed jovial, even radiant. He scooped up the applesauce with the lethal medication, making a face at the bitter taste, but not stopping until it was gone. By the time he swallowed the last spoonful, he was already unconscious. I took the bowl from his hand, and we lowered the head of the bed. I lay beside him and talked quietly, saying my last goodbye to the man I had loved since I was 18. Within an hour, he took his last breath.

We who shared his last moment took our next breath and moved on without him, as the living must. But our moving on was that much easier because the Oregon law allowed us to share his last moments and say our goodbyes while he was lucid and present, knowing he died on his own terms. My heart goes out to families who do not have this option, who must sit for hours or days or weeks as death takes their loved ones a centimeter at a time. My mother died that way, her body hanging on long after her mind was gone, groggy from pain medication and hypoxia, unable to recognize her own daughters at her bedside. My last memories of her are strongly colored by her pain and delirium, so different from my last memories of my husband.

I'll be forever grateful to him for choosing to trade a few days or weeks of life for the gift of that calm and loving last moment together.

And I'll be forever grateful to the people of Oregon for making it possible. I encourage you to work to enact a law like Oregon's in your state. **Everyone deserves the option of a dignified death in a manner of their own choosing.** (News from *Death with Dignity National Centre Newsletter*, October 2011)

☺ A woman gets on a bus with her baby. The bus driver says: "Ugh, that's the ugliest baby I've ever seen!" The woman walks to the rear of the bus and sits down, fuming. She says to a man next to her: "The driver just insulted me!" The man says: "You go up there and tell him off. Go on, I'll hold your monkey for you."

☺ "Dyslexic man walks into a bra"

☺ I went to buy some camouflage trousers the other day but I couldn't find any.

☺ A priest, a rabbi and a vicar walk into a bar. The barman says, "Is this some kind of joke?"

BOOKS FILMS ETC

To read a series of talks about Death and Dying which took place from 21-30 November, 2011, go to www.theconversation.edu.au/a-personal-account-of-life-with-terminal-cancer-4475

Titles Include: *Deadly censorship games: Keeping a tight lid on the euthanasia debate*, By Geoffrey Drummond, Swinburne University of Technology; *A challenge to our leaders – why don't we legalise euthanasia?* By Richard Dennis, ANU; *Planning your endgame: Advance Care Directives*, By Colleen Cartwright, Southern Cross U; *Body or soul: why we don't talk about death and dying* By Malcolm Parker, UQ; *Death and despair or peace and contentment: why families need to talk about end-of-life options*, By Melissa Bloomer, Monash U; *End of the care conveyor belt: death in intensive care units*, By Kenneth Hillman, UNSW

The Last Right? Australians Take Sides On The Right To Die. This book, edited by Simon Chapman and Stephen Leeder and originally published by Mandarin Books in 1995, is now out of print, but a pdf version can now be downloaded at: <http://Sydney.edu.au/medicine/public-health/tobacco-control/assets/pdfs/publications/EUTHanasia-book.pdf>

How To Make Your Own Helium Hood Kit Information for competent adults who are terminally or hopelessly ill and wish to die, 2011 Addendum to Chapter 23 of Final Exit book & Final Exit on DVD, By Derek Humphry (October, 2011, 10pp, PDF, \$5) Available ONLY through the ERGO Bookstore www.finalexit.org/ergo-store (NOTE: *Persons with severe depression or mental health problems are asked not to use 'Final Exit' or the information in this Addendum, but instead seek professional psychological care.*)

The Peaceful Pill eHandbook, by Dr Philip Nitschke & Dr Fiona Stewart (300 pp, over 100 illustrations, 50 video segments) Available from www.peacefulpill.com (Print version banned in Australia & New Zealand; copies available from ExitUS or from amazon.com)

A documentary about self-chosen death, Hosted by Canada's CTV W5 investigative reporter, Victor Malarek (15/10/11). The full video is accessible online at <http://www.ctv.ca/CTVNews/WFive/20111014/w5-euthanasia-and-suicide-111015/>

DWDNSW has posted the YouTube video of Dr Rosemary Jones talking about Doctors for VE.

A note from Richard Cote, author of *A Gentle Death*, www.insearchofgentledeath.com: "Dear Colleagues:

In a delightfully quirky column that Aspen, Colorado blogger, Su Lum, writes for The Aspen Times, she starts... 'I'm not much of a partygoer, so I was surprised as anyone else to find myself throwing a spaghetti dinner Death Party last week. At least it was in keeping with the spooky holiday (Halloween)' The party revolved around eleven people, aged twenty to eighty, who were brought together to explore end-of-life options by jointly viewing Derek Humphry's "Final Exit" on DVD. For the sheer fun of it, read her column online at

<<http://www.aspentimes.com/article/20111102/COLUMN/111109985&parentprofile=search>><http://www.aspentimes.com/article/20111102/COLUMN/111109985&parentprofile=search>

If that link fails, try <http://www.aspentimes.com/www.aspentimes.com> and search for the keywords "Su Lum".

The Tragic Dilemma of Alzheimer's: To view Derek Humphry's opinion on Alzheimer's Disease and the possibility of self-deliverance from it, visit this site on YouTube: http://www.youtube.com/user/TheFinalExit#p/a/u/0/_jHcVEhZc_Y (4 minutes)

The Farewell Foundation's (Canada) November newsletter is available at this link: http://www.farewellfoundation.ca/docs/Farewell_News_Nov_2011_v1_no2.pdf

Little Known Facts

When Thomas Edison died in 1941, Henry Ford captured his last dying breath in a bottle.

In the 1500s, most people got married in June because they took their yearly bath in May, and they still smelled pretty good by June. However, since they were starting to smell, brides carried a bouquet of flowers to hide the body odour; hence the custom today of carrying a bouquet when getting married.

Also in the 1500's, baths consisted of a big tub filled with hot water. The man of the house had the privilege of the nice clean water, then all the other sons and men, then the women and finally the children. Last of all the babies. By then the water was so dirty you could actually lose someone in it. Hence the saying, "Don't throw the baby out with the bath water!"

Remember DWDQ in your will. Perhaps you are not in a position to assist your Society now, but a bequest, large or small, in your will can help us when it can no longer help you. It takes a lot of effort and a lot of money to try to

influence the legislative system. Phone us for a bequest form. 1300 733 818

THE FRONT LINE

For one reason or another, we can't all be making major contributions towards increasing options at the end of life, but we do support those who do!

Philip Nitschke, founder of the right-to-die organisation Exit International, risks arrest both in Australia and abroad, as he campaigns for people to gain control over where and when they die. Last November he held a series of seminars in Britain, advising the elderly and terminally ill on DIY suicide methods.

He said it was important that rational people above a certain age from all classes of society be provided with the same access. Pro-assisted dying group Dignity in Dying said Dr Nitschke's intention to visit the UK was "dangerous". Sussex Police said someone who "aids, abets, counsels or procures the suicide of another, or an attempt by another" to commit suicide, could face prosecution under the Suicide Act 1961. (*The Grantham*, 26/10/11)

In Australia he has also risked arrest by handing out copies of a banned right-to-die book. "Nobody can deny his courage and dedication to the cause." (excerpt from an editorial appearing in a Northern Territory newspaper, 06/10/11)

COMPASSION & CARE

Wouldn't you help? Those in the Front Line also arise from circumstance.

Son Helps Mother Die

Sean Davison, who works as a forensic specialist at the University of the Western Cape, South Africa, has been given five months' home detention by a court in New Zealand. The authorities charged Davison after he wrote about his experiences in nursing his mother through the final months of her life. In one manuscript he described giving her a drink of water containing crushed morphine tablets. She was in pain and discomfort and asked him and others repeatedly to help her die. Davison recounted how his mother had tried to starve herself to death but was still alive after 33 days. His book about the ordeal, *Before We Say Goodbye*, was published in 2009.

Judges in the city of Dunedin said he had acted out of "compassion and love" and not for personal gain. Davison told reporters that the sentence was unjust and he should never have been prosecuted. "This trial was not about justice, it was about getting a conviction at all costs. I feel the law should be about humanity." He had initially been charged with

attempted murder, but the offence was later downgraded to "counselling and procuring suicide". He received a character reference from Archbishop Desmond Tutu, who described him as "an upright citizen who has made a contribution to society and has much more to offer". He has used DNA testing to identify the remains of activists killed and dumped in anonymous graves by authorities during the apartheid era. He returned from South Africa voluntarily to stand trial, and will spend his home detention in New Zealand, separated from his wife and two children. Davison is now a member of a worldwide voluntary euthanasia campaigning organisation.

Charges Dropped

Charges against a Massachusetts man who was accused of helping his father, a prominent attorney and West Hartford resident, commit suicide were dropped when the prosecuting attorney said that he didn't want to continue to pursue the charges against Bruce Brodigan, 57, of Somerville, Mass.

In September 2010, Brodigan, allegedly helped his father, George, who suffered from Alzheimer's disease, take his own life through an overdose of drugs and alcohol. He died at home with a half-filled bottle of Mount Gay rum and a copy of Derek Humphry's *Final Exit*. He wanted to take his own life before he became incapacitated. Police were told Bruce loved his father and just wanted to relieve him of his pain. It is illegal in Connecticut to assist in another's suicide, and Brodigan was charged with second-degree manslaughter, tampering with or fabricating evidence and providing a false statement. Brodigan had already completed 200 hours of community service, and the court felt comfortable dropping the charges, saying, "There was no purpose of saddling him (Brodigan) with a criminal record." (Amanda Falcone, *The Hartford Courant*, 08/12/11)

Speakers

Spread the word...Are you a member of, or in touch with a social club? Retirement village? Church group? P&C? We have speakers who will talk about DWDQ, its history, aims and activities. Please phone 1300 733 818 or email dwdq@dwdq.org.au to arrange a guest speaker now, or to put on next year's calendar.

Medical Terms Vocabulary Lesson

Cauterise	Made eye contact with her
Seizure	Roman Emperor
Recovery room	Place to do upholstery
Labour pain	Getting hurt at work
Tumour	One plus one more

IN QUEENSLAND

Brisbane Announcements:

Election results from AGM in September:

President: John Todd

Treasurer: Anyse Horman

Committee: Sandra Milne, Gill McCormick, Margaret Anderson, Nerida Deamer, Ernesto Tilbrook.

The old committee welcomes newcomers Nerida and Ernesto.

Please note: We are desperately in need of a secretary. (Sandra, Anyse and Gill are sharing the job at the moment) If any member is willing to help please phone us on 1300 733 818.

General Meetings

Members and guests welcome. (For information call John Todd on 3876 7654.) Meeting Room, BCC Brisbane Square Library, 266 George Street (Cnr Adelaide St.), Brisbane. There is a guest speaker and/or screen presentation followed by afternoon tea. *Please note: These dates may change due to unforeseen circumstances. Be sure to confirm.*

Wednesday	08 February	2.15pm - 4.15pm
Wednesday	19 May	2.15pm - 4.15pm
Wednesday	08 August	2.15pm - 4.15pm
	(Annual General Meeting)	
Wednesday	10 October	2.15pm - 4.15pm

Committee Meetings

These are held at the Toowong Library. If you are not on the Committee but would like to attend any of these meetings, please contact John Todd beforehand on 3876 7654. All DWDQ Members are welcome subject to seating availability.

Thursday	16 February	11.15am – 1.00pm
Thursday	17 May	11.15am – 1.00pm
Thursday	16 August	11.15am – 1.00pm
Thursday	15 November	11.15am – 1.00pm

Newsletter Mailout Volunteer Helper Group

Held at Toowong Library, Toowong Village Shopping Centre. Please come and help if you can.

Thursday	19 January	11.00am – 1.30pm (Room Booking 11am – 1:30pm)
Thursday	19 April	11.00am – 1.30pm
Thursday	19 July	11.00am – 1.30pm
Thursday	20 September	11.00am – 1.30pm

The Self-deliverance Seminars are under review. Information about any future seminars will be advised in the newsletters.

Sunshine Coast Branch Report

June Henderson and committee attended a Wellness Fest at which June spoke about DWD with a good question and answer session. Ineke Kruithof joined the committee.

The October meeting had as guest speaker the Independent member for Nicklin, Peter Wellington. Matters of interest were discussed: a lack of knowledge of the private members bill he took to State Parliament; members views that VE/DWD is not just about relieving pain; the loss of autonomy and dignity; fear of the way of dying. Peter undertook to research elderly suicide and to study how VE is working where it is legal.

The November meeting featured a description of an automatic signalling device designed as a safety alert for elderly people. If interested, phone Kevin Freebody 0754 452 397.

The Christmas luncheon was a success as always.

Join DWDQ

Send \$15 with your name and address to the Treasurer, PO Box 432, Sherwood, QLD, 4075

If you pay your fees by direct debit to our account (CBA, USB: 064-162 A/C: 1002 3680), do include your name or member number with the deposit, so we know who the payment is from.

DWDQ is a member of the World Federation of Right-to-die Societies webmaster@worldrtd.net

