

Bulletin No. 22

August 2020

Meeting Dates

Meeting dates for the rest of this year are as follows. If you have not already done so please put them in your diary.

General Meeting	Date	Time
Annual General Meeting	22 October	10.00 a.m.
Committee Meetings	Date	Time
	24 September	10.30 a.m.

Please note the change of date for the AGM. DWDACT has been informed by David Pryce, Registrar of General Access Canberra that we need to hold an AGM by the 30th October. The committee has agreed that our scheduled General meeting for the 22nd of October will be the AGM.

Because we are still required to observe social distancing rules, we would like members to RSVP by telephone or email if they wish to attend. Once we have a quorum (plus a few more members to be on the safe side) we will let members know that we don't need any more people to attend. I hope this will enable us to maintain social distancing and run a legal AGM. We won't have morning tea because the kitchen is so small.

Please note that the AGM is scheduled for the **morning** this year. All meetings will be held at the Grant Cameron Community Centre unless otherwise notified. Members are welcome to attend committee meetings as observers.

Our guest speaker for the AGM will be Dr David Swanton who will be speaking about the science and philosophy of assisted dying. David co-ordinates the ACT Chapter of Exit International, has a website called Ethical Rights and has developed a survey to provide statistically accurate information about community views about assisted dying so I think he will have plenty to say that will be of interest to members and generate lively discussion.

Membership Renewal

Members who have friends who wish to join DWDACT can let them know that anyone joining at this time of the year will have membership for the rest of this year plus 2021. Members renewing now will have membership for the same time.

Developments this year

This year we have had to cancel two committee meetings and the April AGM due to the Coronavirus.

Earlier in March there was a conference of representatives from DWD and VE groups and Go Gentle Australia in Melbourne. MLA Tara Cheyne and I both prepared presentations which were delivered to the conference for us by Hugh Sargeant, the DWDV President.

I have been in touch with Shayne Higson of DWDNSW committee since then. She anticipates that new bills will be submitted in Tasmania and South Australia before the end of the year. The Queensland Premier has decided to put off

developing legislation on assisted dying until after the Queensland election despite strong recommendations for it from the committee set up to advise the Queensland government on this matter.

One matter Shayne and I discussed was the possibility that Dr Swanton's survey might be used as an argument by opponents of assisted dying to convince parliamentarians in those states to vote against any bill on the grounds that the legislation would be the beginning of further weakening of protections of people from assisted death to death on order. I have agreed not to distribute the survey until the beginning of next year so that it will not be used for this purpose. However, opponents will use these arguments whether we distribute the survey or not and I for one am beginning to see our opponents merely as bullies who wish to impose their views on everyone. In my opinion their world view adds to the suffering of individuals within our community and to the community as a whole so my tolerance for their views is growing very thin.

To follow up my intentions stated in Bulletin 21 I have sent a letter to the Chief Minister and other relevant members of the Assembly asking that they take the following action.

I am writing to you on behalf of members of Dying with Dignity ACT to request that the ACT Assembly moves;

- 1) That Section 17 of the Crimes Act and The Euthanasia Laws Act are inconsistent with the ACT Human Rights Act and informs the Federal parliament and ACT citizens when it has done so.*
- 2) The ACT Government makes a challenge in the High Court to The Euthanasia Laws Act as a breach of section 116 of the Australian Constitution which states that the Federal Parliament may not make law to impose religious observances.*
- 3) The ACT Government begins to work with the Northern Territory Government to negotiate a change to Section 122 of the Australian Constitution which will ensure that citizens in territories with well-established legislatures of 5-10 years can operate as states and have the rights that states have as outlined in the Constitution.*

So far I have only received a reply from Caroline Le Couteur. I will continue to make these demands on the Assembly because as I see it they are the only logical things the Assembly can do to show the Federal Government that they are serious about the right of ACT citizens to an assisted death and our right generally to equality with citizens in the states.

Over the winter months I have been reading Malcolm Turnbull's *The Bigger Picture* and Julia Gillard's *My Story*. I decided that I would take the opportunity to write to them about our situation in the ACT and ask for help with the matter of the High Court challenge. Both replied with acknowledgements of my letters but as yet with nothing more substantive.

It is likely that over time the states will make laws to allow assisted dying under strict supervision of doctors for those who are dying. Eventually this may mean

that the territories may also get similar laws when the Federal parliament comprises members and senators who are less intransigently opposed to assisted dying. However, remembering that DWDACT began as an organization in the 1980s and many original members are dead, we the current members, may all have died without assistance by that time. And we still will not have achieved the real goal we want which is for individuals to be able to make their own choices about when they die. I therefore want to propose at the next AGM that *Dying with Dignity ACT* changes its goals and its name to *Elective Death Australia* to become a national organization proposing a new way of dealing with people who want to die. Becoming a national organization would enable us to reach out to like minded people across the country to make all Australians aware of territorians lack of rights and also lobby for an Elective Death unit in their local areas.

My long involvement in the euthanasia movement has convinced me that most people want to live as long as they can. It is only when they know that death has to be faced and accepted that **some** people make the decision that they want to have assistance to die. Even then the majority do not, even if they agree, as polls suggest, with the principle that people should have assistance to die. The majority are prepared to go through whatever suffering their deaths entail. This could be for religious, cultural or family reasons or a refusal to face that they are dying.

But there are some people for whom death holds no fear; their possible suffering as they die is of no concern to them; belief in God does not hold them back; concern for their families has no meaning for them. They just want to die. They leave notes that explain why they have made their choices but I believe the explanation is not a sufficient reason. Many people are poor, rejected in love, abused, bullied, suffer mental ill health, or are disappointed by one thing or another in life but they do not elect to die. I believe that those who elect to die have an innate quality in their personalities that makes them undertake the act of electing death. Continuing to punish them, and consequently all of us, by denying them assistance to die for this innate personality characteristic is cruel and inhuman. In a clearly failed attempt at prevention of early death for this group of people the law makes us all suffer when we die and in doing so unnecessarily creates a sadder, more violent society.

No-one asks to be born. Life is imposed on us by our parents. Being forced by law to live until we die of disease or, if that option is not acceptable to us, to hang, gas or shoot ourselves, makes life a prison. If we do not have the choice to exit life of our own free will the law acts as a prison guard designed intentionally for the purpose of requiring us to die of disease or end our own lives in a cruel way.

I ask members who intend to come to the AGM to think seriously about my proposal to change the name and goals of the organization. The Notice of the AGM will give you the details of the proposed change.

Jeanne Arthur
President
DWDACT
August 2020

AN ELECTIVE DEATH

Contrary to what most people believe, the way we die is not natural. It is a direct result of the law. The law in the ACT forces us to die of disease and if we wish to die some other way we must hang, gas, shoot ourselves or find some other unpleasant means. Dying with Dignity ACT Inc. proposes that an alternative to this dictatorial and callous law can be found in the idea of an elective death.

DWDACT Inc. has submitted this model to the ACT Government as a new way of thinking about how to provide ACT citizens with a good death. We believe that it would provide ACT citizens with the right to decide when and where they want to die with the support of professionally trained staff. They would not have to go to Switzerland or anywhere else to take advantage of a high-quality mode of death.

AN ELECTIVE DEATH

An Elective Death is based on the following principles

- It is the responsibility of government to ensure that everyone dies with dignity.
- A good health system should be able to guarantee a good death.
- An elective death will be a peaceful, pain free and quick death.
- A civilized society respects the rights of its citizens to die at the time of their choice.
- To elect death is a legitimate goal that some people have for themselves. Like birth, death is a matter of individual choice and in the same way it should be supported by the state.
- Elective death is defined as a voluntary decision to shorten one's own life.

AN ELECTIVE DEATH UNIT

1. An Elective Death unit would be well-publicized in or linked to a local hospital. The most effective medication would be purchased by the hospital and managed safely like all other medications in hospitals. It would be made available to the EDU staff as required.
2. The Elective Death Unit would have a) a 24 hour a day service with the resources to make professional personal, financial, and relationship counselling available to clients as well as immediate access to police, the coroner, organ donation and funeral services; b) an education facility designed for all members of the community and targeted for specific age groups and their particular stage of life needs to educate and inform people about death; to assist people to let go of life, to understand what death is and to prepare themselves for death; c) rooms with the facilities to assist those wanting an elective death to die comfortably in the presence of people they select; d) provision of the facilities to enable a peaceful, pain free and quick death to be undertaken in most cases independently without the help of other people.
3. The Elective Death Unit would provide any adult ACT citizen with an elective death following a) provision of a reason for the wish for death, b) offers of help through counselling or other assistance as needed, c) a cooling off period

negotiated with the person wanting to die. The decision to die would be respected as would the decision to live.

4. On diagnosis of a terminal illness or a protracted chronic disease that brought unbearable suffering, those people diagnosed may request a referral from their doctors to the Elective Death unit for an elective death at the time of their choice. Accessing the counselling services of the Elective Death Unit would be a matter for them.
5. The Elective Death unit would be required to maintain records of the reasons for people requesting an elective death and report regularly to the Assembly on their findings.
6. The ACT Government would co-ordinate public and private health systems to link into the Elective Death unit so that they can refer clients to it.

A BRIEF COMPARISON OF DEATH BY DISEASE AND AN ELECTIVE DEATH

Death by Disease	An Elective Death
Suicide	Elective Death
People die by hanging, gassing, drowning shooting, jumping etc	People receive counselling and if they still want death they are provided with a peaceful death.
Doctors who assist death are criminals.	Doctors refer patients to the elective death unit.
People die without assistance in a variety of places as a result of their diseases.	People take a referral from their doctors to the elective death unit to die there. Alternatively, elective death unit staff would go where they were required to go to assist a death.
Medical staff are required by law to make people as comfortable as they can but have to watch while people die.	Staff are trained to assist people to die. They would not have to have a medical background. The skills needed for this role do not require high level medical training. Training in counselling and in administration of drugs are all that is required.
Discussion of growing old, dying and death is avoided. Death is feared	Discussion of death is encouraged and supported.