

## Branch Contact Details

### Auckland:

VESNZ - Auckland Branch  
PO Box 210, Ostend,  
Waiheke Island, 1843  
Tel: 09 630 7035  
auckves@xtra.co.nz

### Kapiti-Horowhenua:

VESNZ - Kapiti/Horowhenua Branch  
PO Box 224,  
Waikanae, 5250  
Tel: 04 293 2786  
vesnzkh@actrix.co.nz

### Waikato:

VESNZ - Waikato Branch  
PO Box 19-353, Hamilton, 3204  
Tel: 07 843 6077  
jhavill@wave.co.nz

### Wellington:

VESNZ - Wellington Branch  
PO Box 24270  
Manners St. Wellington, 6142  
Tel: 04 384 2646  
ilovegrove@xtra.co.nz

### Bay of Plenty:

VESNZ - BOP Branch  
PO Box 15528  
Tauranga 3144  
des.vize@gmail.com

## Upcoming Events

**Wellington Branch Meeting:** The Hon. Maryan Street will discuss the End-Of-Life Choice Bill. Open to the public. 2pm Saturday 27th October 2012 At Petone Library Meeting Room Britannia Street, Petone.

**Kapiti-Horowhenua Branch:** The committee are planning two more meetings this year. The first will be to follow the detail and progress of the End-of-Life Choice Bill and the second will be a 'choice' Christmas function. No dates have been finalised but members will be advised through the Branch newsbrief.

**Waikato Branch Meeting:** 28th October, 2pm, St Andrews Library, Braid Road, St Andrews. Hamilton. Open to the public. Contact number 07 843 6077

**Hamilton Public Meeting:** The Hon. Maryan Street will discuss the End-Of-Life Choice Bill. Open to the public. 2:30 PM Thursday Oct 4th, Aged Concern Building 10 Victoria Street Hamilton. Contact: Kevin Stone Ph 07 838 2770 m. 021 630 115

**Auckland Branch Meeting:** Yvonne Shaw will discuss the End-Of-Life Choice Bill. Open to the public. 2:00 PM Saturday 3rd Nov. at Mt Albert Bridge Club Rooms, Wairere Avenue, Mt Albert. Contact number 09 630 8173

**Whangarei Public Meeting:** Yvonne Shaw will discuss the End-Of-Life Choice Bill. Open to the public. 7:00-9:00 PM, Thursday 1st November, at Cafer Suite at Forum North Whangarei.

## End-of-Life Rights Around The World:

**In America:** the Massachusetts Death with Dignity initiative completed the final step of the process to appear on the November ballot. After collecting nearly double the number of signatures necessary for the second and final signature-gathering phase, the Secretary of the Commonwealth certified that the citizen petition will be put before voters this fall during the presidential election.

This final round of signature gathering proved to be another demonstration of strong support for the measure from all over Massachusetts; signatures were certified from all 14 counties in order to qualify the Death with Dignity initiative for the November ballot. In a recent poll, 58 % of responders said yes when asked if they would allow a licensed physician in Massachusetts to prescribe medication, at the request of at terminally ill patient meeting certain conditions, to end that person's life. 24% said No, they would not vote for it, and 18% remain undecided.

**In London:** Tony Nicklinson, a 58-year-old father of two, has died of starvation after losing a court battle that would have allowed him access to drugs that would hasten his death. Tony had a massive stroke in 2005 that left him paralysed, except for some minimal facial

movement, like eye-blinking. Unable to speak, walk or control his bodily functions, Tony blinked out a message to his doctors requesting aid-in-dying.

In August, the court ruled against his request. Tony was unable to ask for help from his family or his friends. He took control of his death by stopping eating and drinking. He died one week later, on 22 August.

**In Canada:** The Court of Appeal has refused to stay the decision granting a constitutional exemption to plaintiff Gloria Taylor. Gloria, who has ALS (Locked-in syndrome), is a plaintiff seeking aid-in-dying from her physician. Although two judges have ruled in her favour, on August 10, 2012, Minister of Justice Rob Nicholson intervened.

In a statement to the Euthanasia Prevention Coalition, MP Nicholson stated: "The Criminal Code prohibits the practice of euthanasia and assisted suicide in Canada. These laws exist to protect all Canadians, including the most vulnerable members of our society, such as those who are sick or elderly and persons with disabilities."



# End-Of-Life Choice Newsletter

Voluntary Euthanasia Society of New Zealand, Inc.  
www.ves.org.nz

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Issue 26

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### To Contact Us:

**EOLC Central Office:**  
Yvonne Shaw, MPA  
Media and Public Relations Manager

PO Box 22346  
Khandallah, Wellington,  
6441

Tel 04 938 0317  
Vesnz.yvonne@gmail.com

Show your support for End-Of-Life Choice by writing to your MP. Share your story and make a difference.

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## Evans Mott Discharged after Assisting Wife in Peaceful Death Auckland, Sept 13, 2012

End-Of-Life Choice advocates are pleased with the release of Evans Mott, 61, without penalty after he pleaded guilty to the charge of aiding and abetting his wife's suicide. The courts have reflected the beliefs of most New Zealanders by affirming rather than prosecuting true compassion. Mott could have served up to 14 years for his role in the death of his wife, Rosemary, in 2011.

Rosemary Mott was 59 when she ended her life on December 28, 2011 rather than endure a painful and unpredictable death from Multiple Sclerosis. Earlier that day, Rosemary asked Evans to leave their Auckland residence. When he returned he found her dead. He was implicated because he helped his wife to research methods of ending her own life. In May, Evans entered a guilty plea of aiding and abetting a suicide.

"It is time for New Zealanders to have options when there is no hope of recovery from their illness or condition," according to End-Of-Life Choice President, Ms. Carole Sweney, "The court ruling reinforces that compassion has a place in our legal system."

## EOLC Hires - Yvonne Shaw Media and Political Relations Manager



Yvonne Shaw

**EOLC hired American Yvonne Shaw as the End-Of-Life Choice Media and Political Relations Manager.** Yvonne started a one-year contract in June. She will advocate for end-of-life rights, as well as build the media presence and organisational infrastructure for End-Of-Life Choice.

Yvonne began her work with VESNZ in February when she visited branches around New Zealand and shared the experience she had working with the Death with Dignity Act in Oregon. Physician aid-in-dying became legal in Oregon in 1997. Yvonne worked on the front lines of the end-of-life movement in America, including recruiting and training volunteers to support those with terminal illnesses, their families and social networks.

While in New Zealand, Yvonne has brought public attention to the issue by speaking out on the rights of individuals to achieve a death that reflects their values and beliefs. She recently addressed about 80 medical

practitioners and hospice care providers during Grand Rounds at Hawke's Bay DHB in Hastings.

Yvonne believes end-of-life legislation is not far away for New Zealanders.

"It is an honour to work with people who are committed to this important cause," she said, "I see tremendous energy and enthusiasm from VESNZ members."

"Based on the efforts of (Labour MP) The Hon. Maryan Street, the VESNZ legislative workgroup and the membership in general, I see a real chance for law change in the near future."

Yvonne is based in Wellington. She will continue to speak to law changes with the general public around New Zealand. If you would like to organise a speaking engagement with Yvonne, please contact your local branch Chair

## A Message from the President



Ms. Carole Sweney,  
President,  
End-Of-Life Choice

In August 2012, Hospice NZ sponsored the 'Euthanasia - an ethical and legal crossroad' event. The title suggested conflict which is unfortunate as *End-of-Life Choice (EOLC)* favours a co-operative approach where solutions can be identified and put in place.

Thirty years ago the people who believed in the value of hospice facilities as an extension of those already available in hospitals fought long and hard to convince the medical profession and others that it was a good thing to do. Now, New Zealanders would not agree if it were decided that hospices aren't a true benefit to the community.

EOLC supporters believe we are ready to extend our health services again. Around two-thirds of New Zealanders agree that a person should have the choice to shorten their suffering, with assistance and safeguards. The time has come for a change.

Respect should be given to those who would rather not live beyond a certain level of suffering. It's not that they don't appreciate the treatment and kindness already given. They want a good death, not a prolonged one. Let them decide without pressure, or guilt that they may be seen to be criticising dedicated staff.

The End-of-Life Choice Bill has been constructed to ensure safeguards for all participants in the process. As seen in a recent poll, New Zealanders now believe it is their own right to choose and that a mechanism should be put in place to allow this.

*Carole Sweney*, President, EOLC

## New Survey Shows Broad Support for Choice

**Most New Zealand adults support the availability of medical assistance to end life in specified medical circumstances, according to a new survey conducted by Horizon Research.** 62.9 percent of those surveyed support or strongly support entitling mentally competent adults to receive medical assistance in ending their life if they are suffering from a terminal illness or an irreversible physical or mental condition that renders their life unbearable.

The survey reflects the components of the End-Of-Life Choice Bill that is now in the ballot box. Questions draw on specific points in the legislation. The survey, completed by 2969 respondents, considered age, gender, personal income, ethnicity, region and 2011 election party vote to provide a representative sample of the NZ adult population. Majority support is evident across all demographics. Only 12.3 percent of respondents opposed the legislation.

Political Party	% Support / Strongly Support Aid-In-Dying
National	70%
Labour	67.7%
Green	73.3%
Maori	66.7%
New Zealand First	67.7%
Ethnicity	
European	65%
Maori	65%
Pacific Islander	61.5%
Asian	55.3%
Indian	65.5%

## End-of-Life Safeguards

Most New Zealanders agree that they have a right to a dignified death. Still, there remains concern that the same law that would allow those who wish to hasten their death, would also be imposed upon those who wish to live their lives with all the medical advances available. Or those medical practitioners who prescribe under the law would become vulnerable to prosecution

The Hon Maryan Street's End-of-Life Choice Bill supports patient-driven legislation. That means patients must complete at least 3 requests (two oral and one written) for aid-in-dying to their medical practitioners. They must sign a document, with witnesses present, to state that it is indeed their intention to access the medical assistance necessary to achieve a hastened death. And finally, the patient decides the timing of the process. Patients may have a change of mind at any time.

When aid-in-dying laws support the rights of patients, the whole of society is protected. For instance:

**Patients and their families have a clear understanding of all of their options through carefully guided conversations with their medical practitioners.** Advanced Care Planning initiatives and Advance Directives already address patients' objectives and desires for refusing medical treatment in emergent situations. If those conversations expand to include aid-in-dying options for the terminally-ill, then patients have a true grasp of the entire spectrum available to them.

**Medical Practitioners have clearly-defined processes in place, and medical protocols they must follow to comply with legislation.** This protects medical practitioners from having to guess at an appropriate dosage or surmise which drugs to use.

The process is defined and has specific paperwork that shows protocols are followed. There is no legal ramification for following their patient's wishes. Further, medical practitioners may opt out of the process for any reason, which protects their rights to their own personal beliefs about death and dying.

**Patients drive the process.** Those who wish to use aid-in-dying must complete three requests. This clarifies their intentions and takes the guesswork out of family dynamics. The patient cannot be manipulated by family members or medical providers to complete the paperwork or make repeated requests. The patient chooses when to take the drugs, if at all. No patient is required to hasten death. It is their choice.

**Reporting requirements track usage and trends.** Reporting requirements ensure that the law is working how it should. In areas with strict reporting requirements, transparency of process means the general public is aware of the dynamics of the law, how it is used and how it is enforced.

The End-of-Life Choice Bill protects the medical community and family members of those who are terminal by building in safeguards and processes. Medical practitioners will have established and accepted medical protocols, which alleviates guesswork in prescribing medications. Family members and friends are not accountable for the death of their loved one, and transparency of the process means family members do not have to keep secrets. When the door to prosecution closes, the window for conversation opens. When medical practitioners, family members and support networks understand clearly what patients want, and they are not concerned about breaking the law, they are able to be present and supportive through the dying process, whatever that may be.

**Support your right to aid-in-dying and other end-of-life issues by contributing to the campaign to pass the End-Of-Life Choice Bill.**

**Your annual subscription pays for your newsletters. There is much to do in this campaign. Literature for distribution to audiences, office expenses, volunteer support, branch outreach and travel all cost money. There will be an expensive media campaign when the bill is drawn, to meet the financial expenditures of those who oppose aid-in-dying.**

**If you support this legislation, please help fund the effort by enclosing a cheque in the enclosed envelope, or through a bank transfer into the VES account.**

**Account Number: 010527-0085629-00 Account Name: VESNZ INC**