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Upcoming Events

Wellington Branch: committee meeting 23 Feb. Open to committee members only.

Kapiti-Horowhenua Branch: committee meeting 17 January. Open to committee members only

Waikato Branch: Branch Meeting - Sunday, 27 January. Address: 17 Willowfield Place, St Andrews, Hamilton - potluck barbecue afterwards. Meeting starts 2pm. Open to the public.

Auckland Branch: public meeting 22Feb., details to be announced

Bay of Plenty committee meeting 5 Feb. Open to committee members only.

End-of-Life Rights Around The World:

Australia: Another heart-breaking story....

An 81-year-old West Australian man who survived a suicide pact with his disabled partner whom he had cared for after she suffered a stroke was found dead on a beach on November 21, three weeks after pleading guilty to her murder.

Herbert Erickson reportedly smothered wheelchair-bound Julie Kuhn, 73, and killed his two dogs but failed in a bid to electrocute himself and was on bail awaiting a probable life prison sentence.

The couple's greatest fear was of having to go into a nursing home, his lawyer said. "He wanted to be with his wife and now he is."

West Australian Premier Colin Barnett rejected a law change allowing voluntary euthanasia or assisted suicide, but Opposition leader Mark McGowan said he would back it.

"If people are terminally ill, they are in great pain and they make a choice personally to end their suffering, I would support that," he said.

dying over the years, from 16 deaths in 1998 to 71 in 2011, that was to be expected as people became more familiar with the law.

"It is still used sparingly, and the point of it after all, was to make assisted dying available. At first there were fears that the availability of physician-assisted dying might crowd out good palliative care, but it has had the opposite effect. Most experts believe that Oregon now has among the best palliative care in the country.

"There were also concerns that the law would be used disproportionately by disadvantaged patients – for example the poor and uninsured. But in fact, the patients who died in Oregon were relatively affluent and well educated and almost all had health insurance.

"They were the type of people who particularly value control and independence. Furthermore, there has been no indication of coercion by unscrupulous family members."

Massachusetts: A bid for a Death with Dignity law in the US state of Massachusetts was narrowly defeated 49% to 51% in a ballot on November 6 after the Catholic Church reportedly committed about US\$1 million to an opposition smear attack in the last week of the campaign.

An article on the campaign in the New York Review of Books (Oct 11, 2012) included words on the law change in Oregon that are worth clipping and keeping as invaluable ammunition for our own drive for End-of-Life Choice.

It was written by Marcia Angell, a lecturer at the Harvard Medical School and former Editor-in-Chief of the New England Journal of Medicine, and we reprint it for your information:

"Concerns about an ethical 'slippery slope' have not been borne out. First, the great majority of requests in Oregon were denied (in 1999, about 80%). Although there has been an increase in the incidence of assisted



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

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Best Wishes for 2013

A Nurse's Perspective



Glyn Havill, married to EOLC National Committee member and retired medical practitioner Jack Havill, shares her husband's dedication to end-of-life rights. Glyn knew from an early age that she wanted to be a nurse. She began her career in 1964, after graduating from Greenlane Hospital as a Registered General and Obstetric Nurse. She still practices today.

Glyn became involved in conversations involving rights for those with a terminal illness after she cared for and witnessed patients who

were in conditions that she would describe as worse than death. One moment of clarity on the issue came while she was caring for a terminally-ill cancer patient at a private hospital. Glyn's patient had a large abdominal wound and ascites (fluid in the abdomen which is common in malignancy).

"No matter what drug or amount of care I gave, I could not relieve her distress," Glyn said, "The woman pulled herself out of bed and crawled across the floor, begging to be allowed to die."

Nurses around the country share similar experiences. Nurses, as primary caregivers for patients in hospital or hospice care, tend patients who have no hope for recovery and no option to a graceful death. That is why the opinions of nurses are important as the country debates the need for assisted dying. With the End-of-Life choice Bill passed, when safeguards have been met, a nurse alongside a medical practitioner can be legally involved in a compassionate, caring and respectful act.

"The nurse's ethical duty of care is not compromised when a terminally or unbearably ill patient is helped to die at their own request," Glyn said, "It is a person's right to have full and factual information on end-of-life choices."

Glyn's primary concern regarding the implementation of the Bill, should it be drawn, is that passage will be delayed, and both the medical providers and patients will have to wait for implementation. To expedite the conversations that must come prior to passage of legislation, nurses would do well to educate themselves on the Bill and the impact it will have on how nurses care for patients.

"Nurses need to read the End-Of-Life Choice Bill to see what it really involves before they make up their minds," she said, ".There is also a lot of misinformation and scaremongering from opponents of the Bill, so it is important that the nurse looks at both sides of the debate well."

A Message from the President



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

President's message

Although the End-of-Life Choice Bill has missed being pulled from the Ballot Box this year, we go into 2013 fully expecting that our luck will be in and the real campaign can start. Meanwhile.....

Two articles opposing the End-of-Life Choice Bill appear in the latest issue of the GreyPower magazine. While we respect the fact that not everyone will agree with the Bill, it is disappointing to find two people in the health field adamant that they should not have to listen to their patients. One of the things the Bill tries to do is bring the values of the person themselves to the fore. For some people, the process of dying is gentle and relatively short. For others it is not. The passing of this Bill will not make the shortening of the dying process easy; it will just make it available. Those whose values don't align with the Bill need not choose to request assisted dying. Those who do make a request will be advised of all treatments available to them to ensure they are fully aware of alternatives.

We believe that good palliative care should be available to all New Zealanders and expect that once the Bill is passed that availability will improve throughout the country. This in itself would reduce the requests for assistance, as experienced in other countries where legislation is already in place. If we work with the palliative care practitioners, we can make end-of-life more in line with what most New Zealanders hope for.

Carole Sweney, President, EOLC

Nurses join the conversation

The debate to assist the terminally ill in their quest for a peaceful death has for generations impacted those who are often at the bedsides at the end: nurses. The role of the modern-day nurse is no less relevant in that discussion. In fact, with medical advances, nurses will hear even more debate on the topic, as their patients experience longer lives.

There will be about 28,000 deaths in New Zealand this year. And there are about 47,000 registered nurses. Each nurse and each death will incorporate personal values, medical treatment or emergency care options, and social dynamics. The business of living is complicated. The business of dying is no less so.

But nurses in the industry today experience those complexities more acutely than ever in the past. Not only is there potential disagreement between patients and families in making medical decisions, there may be disagreement between families and medical providers. Even between medical providers and the associations designated to represent them.

The New Zealand Nursing Association has defined a non-supportive stance to the End-Of-Life Choice Bill. The position of Hospice New Zealand is that nurses shall not engage in the practice of "assisted suicide" but will refer the patient to legal options. **As the law stands, this is the safe option for patients and staff.** However, medical practitioners and nurses across the country repeatedly state that they have received- and often complied with- requests from patients for assistance in achieving a graceful death. Clearly, nurses are in positions of vulnerability when asked to work outside the parameters of legal medical practices.

Continued next page.....

Survey Results:

Earlier this year, Horizon Research, Ltd. conducted a survey of 2,969 New Zealanders, with questions based on the Hon. Maryan Street's End-Of-Life Choice Bill. When End-Of-Life Choice was informed of the existence of this survey, we quickly bought the results, to prevent opponents from hiding this important survey which clearly shows that New Zealanders overwhelmingly support legislation that expands rights for the terminally ill. Following is a summary of some key findings

Support:

By age, the highest support (71.6%) comes from those aged 45-54 years and 55-64 years (65.3%). While there is majority support across the older age groups, numbers who are neutral or unsure rise with age, indicating measures are needed to provide assurance through the procedures which would apply to any end-of-life medical assistance, who is consulted, who provides the assistance and the methods by which death is assisted. There is majority support across all ethnic groups.

Safeguards:

Generally safeguards involving medical and legal professionals are strongly favoured, along with encouragement to consult first with family and friends. There is.....

79% support for medical practitioners being satisfied a person seeking an assisted death has not been pressured by others to seek assistance.

76.3% support for two medical practitioners certifying the person seeking assistance to die is terminally ill or suffers an unbearable, irreversible mental or physical condition.

71.6% support for two medical practitioners certifying the person is mentally competent.

68.9% believe in consulting family and friends before seeking assistance.

67% support applying in writing and the person signing the application.

60.8% are for a seven day waiting period before assistance is given to die.

Procedures for ending life:

If a law is passed allowing adults suffering from a terminal illness or an irreversible physical or mental medical condition that renders their life unbearable:

60.2% would prefer death is assisted with oral medication administered by a doctor (8.3% oppose)

51.9% support administration using a gastric tube where one is in place (9.3% oppose)

46.5% support allowing a medical practitioner to delegate end of life medical procedures to another person explicitly requested by the assisted person with approval to end their life. 20.1% are neutral, 18.2% oppose, while 15.2% are unsure.

The survey indicates New Zealanders want more information regarding delegating end-of-life medical procedures to a person's approved family and friends who have been explicitly asked for assistance by the person choosing to end their life.

Nurses join the conversation - continued from previous page

The **End-of-Life Choice Bill** provides protection for nurses and others who do not wish to participate in the process of hastening a death by offering an opt-out clause. Any medical professional can choose to opt-out of participating if a patient requests assisted dying according to the legislation. At the same time, it protects nurses who do wish to participate by offering a legal and accountable avenue of action.

For these reasons, it behoves nurses to become very involved in the assisted dying debate. If the bill is drawn and passed, nurses will benefit by having a choice in whether they will participate in assisted dying cases. If they do decide to participate, they will be legally protected. The transparency linked to legality of the assisted dying process protects nurses from keeping secrets. It also relieves the stress of participating in patient care that does not resonate with nurses' personal beliefs in medical care options.

If you are a nurse, or you know a nurse, please read the Bill, talk to your colleagues, and speak up in the debate. Legalisation of assisted dying is not just a personal right of patients; it is a personal protection for nurses.