



# End-of-Life Choice

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Member of the World Federation of Right to Die Societies

## STAR AUSTRALIAN ADVOCATE COMING TO NEW ZEALAND

**Andrew Denton, an Australian TV star who has become the country's most prominent campaigner for voluntary assisted dying, is coming to New Zealand to speak at the VESNZ AGM in Wellington on June 19.**

Denton, 55, turned his attention to the cause after an award-winning TV career which earned him tributes as Australia's best loved and most intelligent and provocative interviewer.

He was fired by watching his novelist father Kit suffer a painful and protracted death in hospital from heart disease. "It was horrible to watch and horrible to hear," he said. "The pain relief they gave him wasn't enough. Watching him die remains the most profoundly shocking experience of my life - to see the brutality of it."

The final stages were particularly gruelling. "I never understood to whose benefit he was kept alive for those extra three days, but it sure as hell wasn't his."

An article about the peaceful death of a terminal cancer victim in the Netherlands in the company of his family, spurred Denton into a one-man international investigation into assisted dying – and a resulting passionate conviction that laws forbidding it should be changed.

He spent much of last year talking with patients, doctors, surgeons, palliative care nurses, politicians, lawyers, priests, the bereaved and anti-euthanasia campaigners in Australia, and studying assisted dying laws in the Netherlands, Belgium and the pioneering US state of Oregon.

Denton put his interviews into a moving 17-part podcast called *Better Off Dead*. Released in February, it made an immediate impact, shooting to No.2 position on Australia's iTunes Podcast Chart.

"I think some people have a deep moral objection to the idea of someone ending their life, and I don't have an objection to that," Denton said. "There are also those that believe only God giveth and God taketh away. Holding that view is not wrong. But where they are wrong is when these beliefs are imposed on everybody else."

Read Andrew Denton's podcast at [www.wheelercentre.com/broadcasts/podcasts/better-off-dead](http://www.wheelercentre.com/broadcasts/podcasts/better-off-dead)

**Denton will speak at the afternoon public session of the AGM on Sunday June 19 The Brentwood Hotel, 16 Kemp Street, Kilbirnie, Wellington 6022**

## COMMITTEE'S CHAIR SLATED FOR PREJUDICE

**The right of MP Simon O'Connor, a devout Catholic who has openly stated his opposition to euthanasia, to chair Parliament's Health Select Committee's inquiry into physician-assisted dying has been questioned by outspoken millionaire philanthropist Gareth Morgan.**

"The man doesn't have an open mind, he is unfit for purpose here," Morgan wrote in an online magazine called *The Spinoff*. He called for O'Connor to step aside from the inquiry, asking why the

National government was "so insensitive to the public's rights as to allow such prejudice to prevail over a Select Committee".

Morgan noted that O'Connor had said in Parliament: "I unambiguously oppose euthanasia and physician-assisted suicide in this country. There is no such thing as a right to die. There is a right to life."

Morgan added: "Incredibly, O'Connor has actively campaigned to encourage submissions in

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opposition to the petition. He has led meetings that not only inform people about the arguments against assisted dying, but even give people instructions on how to make a submission against the petition."

In an interview with the *NZ Catholic* newspaper in November, O'Connor gave an example of a submission, saying it could be "as simple as a statement saying, 'I do not support euthanasia or suicide in any form'."

O'Connor defended his position as chair of the inquiry in that interview, saying: "I would like to stress that being an impartial chair does not necessitate putting aside one's own views. I think any inquiry is bound to be of a better standard when its members have a keen interest in the subject."

Morgan wrote: "To a certain degree he is right – everyone involved in this process will already have a view. However, it is different when that view is an absolute position based on faith, rather than a malleable one reached with reason."

"This man is not persuadable with the evidence. That alone should necessitate him

standing aside for this inquiry, particularly given that he is a student of ethics. To have the Chair of our Health Select Committee not open to evidence and reasoning is a travesty of natural justice, indefensible anywhere apart from a theological state like Iran or Saudi Arabia."

Morgan, a trustee of his family's Morgan Foundation, which researches and comments on public policy, said: "In our view, as long as there is proper regulation in place, people should have the right to choose how their life ends. Opposing a right to choose, particularly when the reasoning is based on a matter of faith, is simply not appropriate in a modern secular society."

Asked to comment, retiring VESNZ President Dr Jack Havill said: "VESNZ also finds it hard to understand the Chairman of the Select Committee running the inquiry on assisted dying compromising himself in this way."

We understand the committee received at least 10,000 submissions before the February 1 deadline. At the time of writing, there was no indication when it would resume hearings or travel around the country to hear personal submissions.

## PRESIDENT'S REPORT

**Is there really a conflict between Physician Assisted Dying and religious belief? VESNZ President Dr Jack Havill, who is uniquely qualified to comment as a retired Baptist church elder who spent 30 years as an intensive care specialist, argues "No".**

Many submissions to the Select Committee on Physician Assisted Dying (PAD) oppose a change in the law because of religious belief. But it is important to realise that those Christians who argue strongly against PAD are in a minority.

Some issues regularly raised by opponents include sanctity of life, regarding PAD as murder, believing the Bible to be against it, believing it is morally wrong, mixing PAD up with suicide, claiming that PAD devalues precious life, and that God will decide when our life ends and we shouldn't interfere with that.

Many of these beliefs come from the Catholic Church, other fundamentalist groups and bodies like Right to Life and Euthanasia Free NZ who seem to think that life should be continued as long as possible in all circumstances, including during futile end-of-life suffering.

A 2014 survey by Malpas et al showed that 82% of New Zealanders supported legalisation of PAD, including 41% of the extremely/very religious, and 81% of the slightly/moderately religious.

Polls assessing the views of religious groups have also been held in Australia and Britain.

A survey by the Australia Institute asked: *"Thinking about VE, if a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovery asks for a lethal dose, should a doctor be allowed to provide a lethal dose?"*

Nearly nine out of ten Anglicans and three out of four Catholics said "Yes." In all other Christian groups combined, 70% of respondents agreed.

Dignity in Dying UK says 79% of religious people support assisted dying for terminally ill adults. Christians actively support the legalisation of PAD in New Zealand and other countries. At least three of your present National Committee have strong religious affiliations. There is a very active web site in Australia called "christiansforve".

We addressed all the counter arguments in VESNZ submission to the select committee and cannot deal with them here. But it is worth further

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comment on one particular view which was the subject of many submissions.

Some say that we should not be interfering at the end of life because it is God's role to choose the time when a person will die. While respecting these sincerely held views, they are not logical.

With modern medicine we are *always* interfering in end of life concerns. For example, we choose to prolong life by having major operations. We sometimes refuse treatment which we don't want thus leading to our death. In intensive care, we precipitate death by disconnection of life support. In palliative care, while giving drugs to stop suffering we sometimes have to give so much that it has the "double" side effect of causing death.

All through our lives we make decisions about these things. Yet when it comes to near the

end, we are not allowed to ask a medical practitioner to directly administer drugs to shorten our suffering.

A more rational religious view is that God's will *can* be met by our choosing PAD where necessary to relieve suffering. God is not interested in us having unbearable suffering merely to appease a religious concept supported strongly by some religious hierarchies.

It is important to stand up to religious groups who pretend they represent God's view and the majority of believers. When the Oregon law was being debated, the Catholic Church poured millions of dollars into opposing the change, raising the question: "Why should one church decide for all of us?" **The religious opposition can be strident and vocal, but they are usually misinformed and often bigoted.**

## WHY AID IN DYING IS NOT SUICIDE

**Opponents of end-of-life choice frequently – and deliberately – smear our cause with the word suicide and it confuses many who have not yet made up their minds on the issue. American psychiatrists have come up with a simple explanation to help doubters and the undecided.**

They say the substantial difference is that suicidal patients do not realize that their condition is amenable to treatment and that they can overcome their urge to commit suicide. On the other hand, those who seek access to Physician Assisted Dying (PAD), or Aid in Dying, as it is more commonly called in the US, are suffering life-ending illnesses that cannot be cured. They have no misunderstanding of their condition and they seek help because no medical treatment can make the continuation of life possible - that is exactly what makes them terminally ill.

**Suicidal patients react to their misunderstood condition by applying distorted logic; those seeking PAD react to their fully and correctly understood terminal condition by applying well reasoned logic that is consistent with the values they have embraced for years or decades.**

In spelling out this official policy, Judith R. Gordon, of the Washington State Psychological Association, has said: "A person with a terminal illness is going to die even with, or despite, the best medical treatment available. The designation

of suicide is disrespectful to individuals with terminal illness who wish to have choice regarding death with dignity, and can be distressing and problematic emotionally, socially, psychologically, and financially, for family members and loved ones of dying individuals."

*Health Law*, the leading US casebook, says: "While several years ago terms like 'assisted suicide' had been used to describe a competent, terminally ill, patient's decision to seek a physician's help in prescribing medication that could hasten the dying process, over the last several years responsible health care providers, lawyers, academics and others have stopped referring to this process as any form of 'suicide'.

**"The general consensus is that Aid in Dying is more accurate, sensitive, and consistent with the professional literature in the field. Aid in Dying is the better descriptive term, and it avoids presuming any sets of values.** Consistent with the propriety of Aid in Dying, the American Academy of Hospice and Palliative Medicine, the American College of Legal Medicine, the American Student Medical Association and the American Medical Women's Association have all rejected using the term 'assisted suicide', mostly in favour of Aid in Dying."

Supporting a terminally ill patient's appeal for aid in dying, the New Mexico Psychological Association told a court in December 2013: "For

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the most part, the only individuals and organizations continuing to refer to the practice using the word 'suicide' are those who, for political, religious or philosophical reasons, advocate against it. In short, 'assisted suicide' now is a pejorative term used primarily by those who believe it to be morally wrong."

It quoted Thomas Joiner in *Myths About Suicide* 39 (2010) as saying: "Suicidal patients tend to be severely depressed such that they are unable to contemplate a future without the intense emotional anguish from which they currently suffer. Such crises may derive from loss of a loved one, a business reversal, a personal humiliation, or any number of factors.

"The unifying response is a misplaced cognition that the situation will never improve; that there is no hope to right the ship. In suicidal patients, negative emotion narrows cognitive focus. The suicide motive is deeply irrational. The psychologist treating a suicidal patient seeks to restore reason and thus restore hope, as is reasonable for persons with a long life ahead of them.

"By contrast, the problem confronting the terminally ill patient arises from an irreversible physical calamity. She or he is dying of an incurable

disease. The recognition that there is no hope for future physical improvement is accurate, not irrational.

"To treat a mentally competent terminally ill patient who seeks access to AID to avoid unbearable suffering as equivalent to a lovesick teenager or a homeowner losing the family home to foreclosure would be to completely misunderstand the psychological condition and the therapeutic role in each of those cases.

**"It is for this reason that it is so offensive for those who have finally come to grips with their terminal condition, sometimes after a great deal of psychotherapy, and who thus seek access to AID, condescendingly to be told that they are demonstrating mental health pathology and that they are suicidal."**

Retiring VESNZ President Dr Jack Havill commented: "I guess that leaves a small group of those who are terminal or suffering unbearably who take their own lives because legalised PAD is not available to them. They could be called rational suicides as compared to the vast majority of irrational suicides. We have an unknown number each year in New Zealand, who are, for example, starving themselves to death. In some it would be difficult to assess the rationality of the act."

## THANK YOU JACK AND JOHN

**VESNZ offers big thank yous to Dr Jack Havill and John Titchener, two Hamilton stalwarts who have stepped down from the National Committee after two years as President and National Membership Secretary respectively.**

National Secretary Carole Sweney pays the following tribute to Jack:

**"Who is Dr Jack Havill ONZM?** Medicine man, researcher, communicator, supporter, artist...Jack is the quiet, dedicated, conscientious leader every organisation needs. His background as an intensive care specialist means he's aware of what can happen at the end of life and how a person's death may be handled more in keeping with their wishes.

**"His dedication means he has used his tenacity and search for the truth to find a path through the various opposing arguments.**

"Jack committed himself to VESNZ as it worked to develop in the last two years, changing the way the committee works, improving

communications with our members and building contacts with MPs and the media. I've worked closely with Jack over the last six years and have learnt much through his support and leadership. Even when we haven't agreed we've been able to achieve a satisfactory result.

**"Although Jack is not seeking re-election as President this year, he will remain on the National Committee as Immediate Past-President so we will continue to benefit from his dedication to the introduction of assisted dying legislation in New Zealand.**

"This short summary doesn't begin to describe the value Jack has been to our Society but serves as a reminder of how lucky we have been, and will continue to be, to have Jack working with us. We hope that next year the artist in him will get more opportunity to display itself, on canvas rather than in developing committee papers and press releases.

**"Thank you Jack for all your hard work."**

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**John Titchener, a retired dairy farmer and database administrator, has resigned early from his post due to ill health.**

We wish to thank him for his strong contribution to VESNZ. He brought with him a lot of knowledge about databases and was instrumental in helping clean up our Apricot system, which had a lot of glitches from previous years. He was also extremely helpful to branch secretaries who had difficulties with membership issues and assisted Elizabeth Cronje who has been learning about the role in the last few months.

**A tireless campaigner for end-of-life choice, John was a supporter of Lesley Martin and Dignity NZ from its inception.** He strongly believes in the right of people to make their own decisions in important matters and especially about their treatment at the end of their life.

After retiring from full time employment, John served on governing committees of several not-for-profit organisations.

**“Thanks John for all your efforts on behalf of VESNZ. We wish you well for your future journeys.”**

## **MOST PEOPLE WANT A LAW CHANGE**

**A new national poll confirms that at least two out of three New Zealanders favour physician-assisted dying for people with a painful incurable disease. Only 12.3% of those questioned in the New Zealand Attitudes and Values Study were opposed, with 21.7% undecided.**

On a scale ranging from 1 (definitely No) to 7 (definitely Yes), roughly two thirds were in favour, and mostly at the "definitely" end of the spectrum, the *New Zealand Herald* reported on March 28.

The average response to the question was 5.6 out of 7. "This indicates that most New Zealanders were, on average, supportive of euthanasia," the pollsters said.

The outcome was in line with the results of the Horizon poll commissioned by VESNZ in 2012, showing the majority of New Zealanders are consistent in their desire for a law change.

## **HUMAN RIGHTS COMMISSION BACKS ASSISTED DYING**

**The Human Rights Commission supports assisted dying for the terminally ill subject to safeguards being written into a new law developed in a manner consistent with core human rights principles.**

It also wants guarantees that appropriate palliative care services are available and remain accessible for all. The commission stipulated a minimum age of 18 and likely death within 12 months in its submission to Parliament's select health committee.

It favoured self-administration of lethal medication rather than physician-assisted dying and said health professionals unwilling to be involved should be able to opt out under a "conscientious objection" clause similar to that in current abortion legislation.

Patients seeking assistance to end their lives must be competent and free from coercion or influence.

The commission said appropriate medical evidence should be available to confirm prognosis and ensure absence of a treatable or remediable physical or mental health condition that may

impact on the patient's decision-making ability.

It also said a "cooling off period" would be essential to prevent hasty and reactive decisions following diagnosis and to ensure an "enduring and consistent wish to proceed".

The commission said independent oversight of the system would be essential to prevent abuse or misuse, ensure public transparency and help identify any potential problems.

It said some form of judicial or expert oversight would be highly desirable.

It said assisted death should not become a "default option" for the terminally ill and high quality palliative care should remain accessible to all.

"Palliative care is an essential component of the health system and diligent and dedicated palliative care providers throughout the country play a key role in assisting New Zealanders to die peacefully and with dignity in the vast majority of cases."

The commission stressed the importance of advance directives and other components of

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All the commission's suggestions are part of VESNZ's proposed End of Life Options Bill and

## BRANCH EVENTS

**Auckland Branch AGM** Saturday 11 June at 3pm - Fickling Centre, 546 Mount Albert Road, Three Kings  
**Wellington Branch AGM** Saturday 28 May at 2pm - St Andrew's on The Terrace - Chair Suzy Austen to talk about the World Federation of Right to Die Societies AGM in the Netherlands.

## ANNUAL GENERAL MEETING END-OF-LIFE CHOICE

**Sunday 19 June 2016 at Brentwood Hotel, 16 Kemp St, Kilbirnie, Wellington**

## MORNING PROGRAMME

**9.30 to 10.30** Arrive and register with morning tea      **10.30 to 12.30** Annual General Meeting

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**12.30 to 1.30** Lunch (\$25, to be paid on registering)

## AFTERNOON PROGRAMME

**1.30 to 3.00** Public meeting (free, open to all and intended to be educational and interactive, with time for comments and questions).

**Guest Speaker:** Andrew Denton, leading Australian campaigner for end-of-life choice.

Accommodation is available at Brentwood Hotel. 10 rooms are reserved – book early.

**Telephone** 04 920 0400

**Email** [conferences@brentwoodmotel.co.nz](mailto:conferences@brentwoodmotel.co.nz)

Book reservation, citing End-of-Life Choice (VESNZ), as well as your own name.

## NEWS FROM AROUND THE WORLD

## UNITED STATES

**Physician-assisted dying will become legal in California, the United States' most populous state with nearly 40 million people, on June 9.** It will join **Oregon, Washington** and **Vermont** in having enlightened end-of-life choice legislation. In all four states, terminally ill patients with six months or less to live can receive lethal medication from a doctor after two oral and one written requests. The drug must be self-administered.

In **Montana**, a state Supreme Court ruling provides immunity from prosecution for physicians who withhold or withdraw life-sustaining treatment for a terminally-ill patient, but does not specifically address physician-assisted dying.

Death with Dignity USA warned that opponents were mobilising to take court action to try to stop California's new law which will come into effect 90 days after the end of a special session on health care in the state parliament that approved the legislation last year. But the organisation was so confident it would prevail that it proposed a supplementary bill to make the health department establish a toll-free phone line telling residents how to access the new law. Death With Dignity executive director Peg Sandeen noted that physician assisted dying bills had been defeated in one way and

another in **Maryland, Hawaii, Arizona, Colorado, Iowa, Minnesota, Nebraska, New Jersey, Utah and Wisconsin**, but said in every case “we have made significant strides forward”. She added: **“Death with Dignity legislation based on our Oregon model is not only not going away, it is making progress every legislative session. Everywhere we have succeeded, progress came gradually. Each step on the path moves us closer to our goal. Step by step, session by session, we will continue to work... to bring this end-of-life option for dying patients to every state.”**

In pioneering Oregon, officials released statistics for last year showing the state's Death with Dignity Act was working as intended.

During 2015, 218 people received prescriptions for lethal medications, compared with 155 during 2014. But only 132 actually died after taking the medications. Another 50 died without taking the prescribed drugs. Since the law was passed in 1997, a total of 1,545 people have had prescriptions written under the DWDA, and 991 patients died from ingesting the medications.

During 2015, the rate of DWDA deaths was 38.6 per 10,000 total deaths. Nearly four-out-of-five of the 132 DWDA deaths during 2015 were aged 65 or older, with nearly half over 75. Seventy two per cent had cancer. Just over 90% died at home and 92% were enrolled in hospice care.

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As in previous years, the three most frequently mentioned end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (96.2%), loss of autonomy (92.4%) and loss of dignity (75.4%). Although the 132 people who had an assisted death in 2015 was the largest number in a year since the law came into effect, they accounted for just 0.39% of total deaths in the state. The Campaign for Dignity in Dying UK said the figures showed the law was working as intended – more terminally ill people were exercising their choice to be able to control the manner and timing of their deaths, subject to upfront safeguards and as a result, fewer terminally ill people were being forced to endure unbearable suffering. It noted that 39% of people who received a fatal prescription did not use it and those who had an assisted death waited an average of 45 days from their first request to taking the life-ending medication.

“Together these figures disprove the claim that people who request an assisted death feel compelled to because of a ‘duty to die’. In reality this small number of dying people remain in control every step of the way – they decide when they want to die.” The UK group said the facts that 92% of those who had an assisted death were enrolled in hospice care and 90% died at home denied opponents’ unsubstantiated claims that assisted dying legislation would undermine the provision of palliative care. It added: **“Troublingly, doctors working in Catholic institutions are forbidden from being involved in any aspect of assisted dying, and beds in Catholic hospitals account for one-in-nine of total hospital beds in America.**

This has the potential to deny dying people access to the law but also denies many doctors from being able to respect their patients’ wishes.”

#### CANADA

**Canadian doctors who refuse on religious or conscience grounds to help a terminally ill patient end their life must refer them to another who will assist, a Parliamentary committee advising the government on a law change has recommended.**

The committee, favouring what it called “A patient centred approach”, also said publicly funded hospitals or other health care facilities **must** provide medical assistance in dying, or MAID, which is its preferred term. Patients will also be allowed to end their lives at home. The committee was directed by parliament to recommend procedures for the new law which the Supreme Court told the government to introduce by June 6. The court ruled in February 2015 that denying terminally ill patients who want medical assistance to end their suffering infringed their human rights. Noting that some doctors had said they would refuse to end a life, the committee said the government should establish a process that respects a health care practitioner’s freedom of conscience while at the same time respecting the needs of a patient who seeks medical assistance in dying. “At a minimum, the objecting practitioner must provide an effective referral for the patient.”

Noting that privately funded hospices in Quebec, which led the nation with its own provincial law in

December, had received an exemption from having to provide the service, the committee said it believed that if a health care facility is publicly funded, it must provide MAID. Recognising the overarching need to have safeguards to protect the vulnerable, the committee recommended that MAID “be available to individuals with terminal and non-terminal grievous and irremediable medical conditions that cause enduring suffering that is intolerable to the individual in the circumstances of his or her condition”. Competent people 18 and over, including those suffering a psychiatric condition, would be eligible and the government was urged to consider adding competent mature minors inside three years.

The committee recommended that two independent doctors must conclude eligibility, a written request must be made before two independent witnesses and a “waiting period is required based, in part, on the rapidity of progression and nature of the patient’s medical condition as determined by the attending physician”. It said support and services, including culturally and spiritually appropriate end-of-life care services for indigenous patients, should be improved to ensure that requests are based on free choice, particularly for vulnerable people.

The committee said advance directives should be honoured if made “any time after one is diagnosed with a condition that is reasonably likely to cause loss of competence or after a diagnosis of a grievous or irremediable condition but before the suffering becomes intolerable”. But it ruled out advance requests made prior to diagnosis. It said the committee did not want Canada to become a destination for people seeking MAID and it should only be available to insured people eligible for publicly funded health care services in the country.

#### BRITAIN

**Dignity in Dying UK reported on March 11 that in the six months since British MPs voted against an assisted dying Bill 16 Britons had travelled to Dignitas in Switzerland for a controlled death.** It said 21 US states had introduced aid in dying Bills and despite opponents in the House of Commons demanding better end-of-life care instead of assisted dying, no political progress had been made on improving care for dying people.

#### THE NETHERLANDS

**A man admitted killing former Dutch health minister Els Borst, 81, claiming it was an “order from God” because she was responsible for the Netherlands’ 2002 euthanasia law, according to news reports in February.**

The man, identified only as Bart van U, confessed during a closed hearing of the Rotterdam court. Borst, who drafted the groundbreaking law legalizing euthanasia, was stabbed to death at her home two years ago. Reports said van U. was arrested last year on suspicion of stabbing his sister to death. During the investigation into that killing, he gave samples that were found to match traces of DNA found at Borst’s home. He is subject to psychiatric reports to see if he is fit to stand trial.

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## YOUR FINAL WISH - MAKING A BEQUEST

**Bequests are vital to the survival of any non-profit organisation.** Bequests provide ongoing funding streams. And make it possible to create long-term plans. Bequests are the cornerstones of non-profit organisations, like **End of Life Choice**, because they provide stability.

If you can hear yourself saying, *"This is what I support, and I want this issue to be important even after I'm gone"* then please consider making **End of Life Choice** a beneficiary of your will by creating a bequest. Ours is a unique issue, one in which our most ardent supporters might not be with us for long.

Our fiercest opponents might later turn to us for help.

*Please take the step to support End-of-Life rights in your will.*

## DONATIONS AND CONTRIBUTIONS

You can make a contribution in any amount of your choice - in single, monthly, or yearly donations.

Payments can be made by cheque, mailed to **PO Box 89 046, Torbay, Auckland 0742**

- or Directly into our bank account **Kiwibank 38 9006 0226036 02** **Please note our new account details**  
Be sure to include your **NAME** and **"DONATION"** in the bank details.

**Your donations help us to continue the expansion of our work and help us continue to work for your right to make decisions for your End-of-Life Choice.**

## GUIDE TO DYING - YOUR WAY

**End-of-Life Choice** has teamed with medical and legal experts to assemble a comprehensive step-by-step guide to help you create an **Advance Directive** that reflects your wishes. It also contains information on choosing an Agent, someone you entrust to ensure your wishes are carried out. It answers important questions you may have about writing an **Advance Directive**, which meets your personal wishes, it offers tips for relief of pain and suffering, the legality of an **Advance Directive** in New Zealand, and keeping your **Advance Directive** up to date.

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