



# End-of-Life Choice

August 2017

END-OF-LIFE CHOICE SOCIETY OF NEW ZEALAND INC

Issue 48

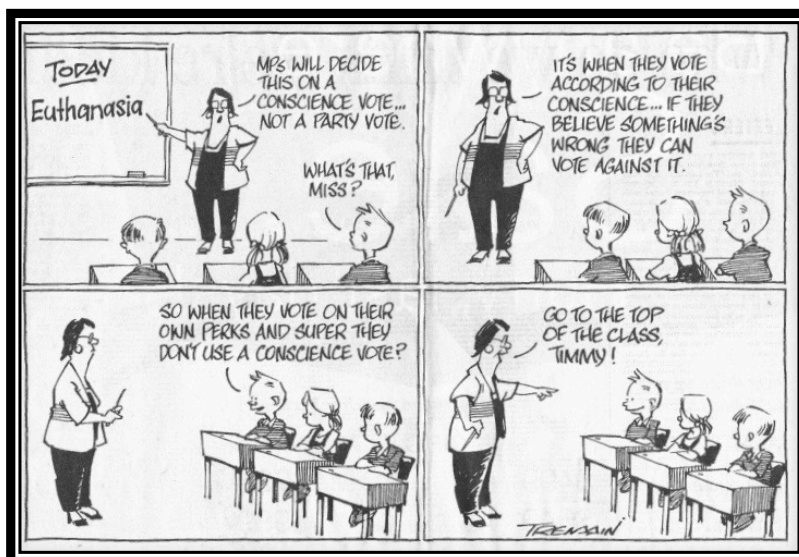
Member of the World Federation of Right to Die Societies

MPs in the main parties have been promised a conscience vote on ACT leader David Seymour's End of Life Choice Bill if it is debated – as we earnestly hope – in the new Parliament after the September 23 election.

The private member's Bill was drawn from the Parliamentary ballot on June 8 but did not get an airing before the House rose. A snap opinion poll in the *New Zealand Herald* found 72% of voters surveyed were in favour with only 21% against and 7% undecided, but an impromptu survey found sitting MPs very divided.

The *Herald* found 24 ready to vote for it to go to a select committee and another nine probably in favour. Eighteen said they would vote No and another 10 were probably negative. The outcome would depend on 58 MPs who were undecided or would not say.

The National Party's Bill English, an avowed Catholic, is opposed and Labour's new



leader Jacinda Ardern and her deputy Kelvin Davis are in favour. Green Party policy supports voluntary euthanasia and NZ First wants a referendum.

***Cartoonist Garrick Tremain's take on the issue is several years old, but remains relevant. We thank him for permission to reproduce it.***

## WE HAVE A NEW NAME - END-OF-LIFE CHOICE SOCIETY INCORPORATED

**After 38 years, we have dropped the word "euthanasia" from our name, in accordance with the wishes of an overwhelming majority of members who voted in a postal ballot. We are now known as the *End-of-Life Choice Society of New Zealand Incorporated*.**

The society was originally registered as the Auckland Voluntary Euthanasia Society Inc in May 1979 and changed to VES New Zealand Inc in September 2004. A total of 519 of the society's 1250 members at June 9 voted in the ballot, with 477 approving the name change and 42 against, President Maryan Street announced at the AGM in Auckland on June 17. This met the required thresholds of participation by 15% of the paid-up membership and two-thirds of the votes cast in favour and followed a year of debate and consultation.

A discussion paper said we were almost the only society left in the world retaining "euthanasia" – "an old word that conjures up negative images we need to step away from" - in its name. Members decided we needed a new brand to send a positive message for choice, compassion and helping people. Forty-one people attended the AGM and Maryan Street reported on a year full of activity. Her report is on the website. Maryan said the visit of Belgian palliative care and end-of-life expert Professor Jan Bernheim, who made the final public speech of his tour following the AGM, had been a resounding success (*See Page 5*).

The new committee was elected with just one nomination for each of the six positions. It is:

**President:** Maryan Street

**Vice-President** (A new position): Mary Panko

**Secretary:** Carole Sweney

**Treasurer:** Peter Cowley

**Membership Secretary:** Elizabeth Cronje

**Newsletter Editor:** David Barber

The committee subsequently agreed to co-opt **former President** Dr Jack Havill to maintain access to his invaluable medical knowledge and support.

## THE PRESIDENT'S LETTER

**Maryan Street writes: There is a lot to catch up on since our last newsletter. We have changed our society's name, in line with the wishes of a majority of members who voted in a postal ballot. (See *We have a new name, Page 1*) We have had disappointing reports from the Parliamentary Health Committee's inquiry into our petition about a law change and from the Privacy Commissioner over our complaint about police harassment.**

On a brighter note, our cause was given a publicity boost when David Seymour's End-of-Life Choice Bill was drawn from the Parliamentary ballot. It was not debated before the House rose but put the issue back on the front pages and will hopefully go before a new bunch of MPs after next month's election. They will look at it against the background of the Attorney-General's finding that there is nothing in the measure that infringes the Bill of Rights Act. This rules out any prospect of opponents trying to block it on strictly legal procedural grounds. The Attorney-General had a statutory obligation to scrutinise it, and strangely found it would only be fully consistent with the Bill of Rights Act if it dropped the legal age of consent from 18 to 16! But given his virulent personal opposition to our cause, it must have been galling for him to have to sign out such a report.

We will continue to press all candidates and MPs on their views in the lead-up to the election on September 23. After that, we will prepare a campaign to support David Seymour's Bill before the new Parliament. It is unlikely to come before the House before the end of this year, so we will be ready for them at the start of 2018. The Health Committee's report on our petition was a cowardly response to the submissions presented to it (*See the Editorial, Page 3*). They arrived at no conclusion; made no recommendations, including no suggestion of legislative change; and deliberately and mischievously conflated suicide of the sort which concerns us all, with medical aid-in-dying (or assisted dying) – which we know is a different proposition altogether.

This is a ploy internationally used by opponents to MAID and the committee chose to fall for it because it suited their majority position. The repeated statement that 80% of submitters opposed assisted dying meant that the committee was not weighing the evidence in front of them – they were simply counting it. That was not what they were asked to do. This was a lost opportunity except for one thing - it gave people a forum to tell personal and heart-rending stories of their own suffering or the suffering of a loved one, and to plead for law reform in public. We can only hope that they will not have to do it all over again next year and that the committee which examines David Seymour's Bill in the next Parliament will not have to repeat this work.

The Privacy Commissioner's response to our complaint about police approaches to members and searches of their houses in October last year was equally disappointing. We complained that the Police had acted in breach of Principles 3, 4, 9 and 10 of the Privacy Act 1993. The Privacy Commissioner concluded that they had indeed breached one principle (4), had not breached another (3), made no reference to one (9) and reached no conclusion on principle 10, deferring to the Independent Police Conduct Authority (IPCA) on that point.

This limited the Privacy Commissioner's inquiry in a way which disadvantaged us. We are taking this further and I will meet the Office of the Privacy Commissioner to discuss our disquiet at their response. We are still awaiting the IPCA report.

Finally, the National Committee is proceeding with the extensive exercise of rebranding all our materials following the name change. This involves our logo, letterheads, website, email address, policies, resources, membership and renewal forms and flags etc.

For the most part, this is a relatively easy exercise which can be done electronically. For items such as flags, we can now proceed with orders which were on hold. We will let you know through your branches when and how you can order the newly-branded resources.

**Thank you for all your continued support. We could not take the actions we do without it.**

## THREE-QUARTERS OF VOTERS AGREE WITH YOU

**Three-quarters of New Zealand voters support a law change to allow the terminally ill and people with irreversible unbearable suffering to be helped to end their lives peacefully, according to a new poll released in June.**

The nationwide poll showed support for medically-assisted dying for terminal patients had risen from 63% in 2012, when the question was last canvassed by Horizon Research Ltd, to 75%. Only 11% of voters surveyed were opposed. The poll also showed that 66% of respondents favoured medical assistance to die for

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people with irreversible, but not potentially imminent terminal conditions, such as motor neuron disease, and 15% opposed.

Although the issue of helping dementia victims who signed advance directives requesting aid to die while competent remains very controversial, the survey showed 67% in favour. EOLC policy supports this but ACT leader David Seymour excluded it from his end-of-life choice private member's Bill, believing it could prove the stumbling block to passage of the measure in Parliament.

The poll, taken over a week in May, showed that strongest political support for a law change came from 83% of people who voted for the National Party at the last election in 2014. They were followed by 82% of Labour voters, 77% of Greens, 71% of ACT, 69% of NZ First supporters and 66% of Maori Party voters. There was majority support across all age groups, led by 82% of 65-74 year olds, with only 8% opposed.

EOLC President Maryan Street said the low level of opposition was a testament to the compassion of New Zealanders and urged MPs and candidates to consider the results in the lead-up to the general election.

See the poll details at <https://horizonpoll.co.nz/page/465/75-support>

## EDITORIAL - COMMITTEE CHOOSES DOGMA OVER DEMOCRACY

**Democracy is not served when dogma and bigotry rule in Parliament. And they clearly ruled the Health Select Committee's long-awaited report on the inquiry into medically-assisted dying.**

Chairman Simon O'Connor, who spent nearly 10 years training to be a Catholic priest, promised his fellow followers that he wouldn't let them down before the inquiry began. "I would like to stress that being an impartial chair does not necessitate putting aside one's views," he assured the *NZ Catholic* newspaper in November 2015.

And, while piously professing impartiality throughout, he kept his word, producing a comprehensive account of views for and against, but followed by a cop-out 630-word "Conclusion" heavy with innuendo and misinformation and lacking recommendations. (One wonders what happened between 7 April when O'Connor told RNZ that the committee was likely to make some recommendations and August 2 when its report was unveiled.)

The first sentence of the "Conclusion" revealed its bias, claiming the committee had been asked "to ascertain the views of New Zealanders on ending one's life in this country". It had not. Our President Maryan Street's petition asked Parliament to "investigate fully public attitudes towards the introduction of legislation which would permit medically-assisted dying in the event of a terminal illness or an irreversible condition which makes life unbearable".

The committee's wording was designed to put the issue explicitly into the realm of suicide, within the broader context of New Zealand's high rate, especially among the young, and natural widespread concern about that. It was deliberately designed to detract from the real issue and O'Connor compounded that with a column in the *New Zealand Herald* in which he again professed his "unbiased, even-handed" role, while using the word "suicide" no fewer than 11 times.

In both cases, the inevitable opposition shibboleths about threats to "the elderly and disabled" and slippery slope innuendo were featured. And the report doubted the efficacy of safeguards, as built into the law in Oregon, where there have been no cases of failure to comply in 20 years.

In noting that 80% of submitters were against a law change, the report omitted to say that O'Connor had advised Catholics to make a simple statement of opposition, avoiding any reference to their religion. This enabled opponents to disclaim dogmatic bias while questioning scientifically-conducted polls showing that at least three-quarters of voters want end-of-life choice.

Incidentally: Trying to justify his committee's failure to listen to compassionate reason, O'Connor said: "It is hard to imagine another enquiry delving into this subject as thoroughly as this one has." Again, this was NOT TRUE. The parliamentary committee in the Australian state of Victoria, which carried out a similar inquiry, actually travelled to the United States and Europe to see and hear the facts for themselves, unlike O'Connor's. And the Australians came up with a very different conclusion, proposing an enlightened law change with no fewer than 68 safeguards that the state government is supporting. "We need to do better by those that are dying, those that are terminally ill, those that are bearing suffering that is unspeakable for them," said Health Minister Jill Hennessy. "It's my view that it is cruel to let the status quo continue to be the state of law in the state of Victoria."

New Zealand hopes of acquiring the ultimate human right of the 21st century – the right to die with dignity – now rest with the new Parliament to be elected next month. We hope for a more enlightened outcome.

David Barber, Editor

## THE SUZY AUSTEN CASE - LATEST

**Former Wellington branch chair Suzy Austen will face a jury trial on a charge of assisted suicide, which carries a maximum 14-year prison sentence, in February.**

The trial, which is expected to last two to three weeks, is set down to start in the Wellington High Court on February 12. Suzy is charged with aiding Annemarie Treadwell to commit suicide between December 2015 and June 2016. She also faces two charges of importing the Class C drug pentobarbitone.

Treadwell, who was a long-time member of Exit International, died aged 77 in June last year. In a submission to EOLC President Maryan Street's petition on voluntary euthanasia, Treadwell said she had suffered from arthritis for 30 years and lived in chronic pain. She also suffered depression and short-term memory loss.

"I did not and do not want to be a burden to my children," she wrote. "...and peace of mind for me to know that I will not have to go on suffering for many more useless years." Philip Nitschke, director of Exit International, said: "The charges against Suzy will lead to a show trial, with one objective, to send a message and frighten any elderly New Zealander tempted to put in place a personal practical end-of-life plan."

He said he expected pro-assisted dying activists from around the world to come to Wellington for the trial and show support for Suzy.

Suzy told EOLC supporters in an email she was fine with the delay. "Mike and I have plenty of enjoyable tasks and projects to keep us gainfully employed. Thank you all for your best wishes and support. It gladdens me greatly."

EOLC President Maryan Street told the AGM in June that the trial of Suzy – "a much loved member of ours" would "expose yet again the injustice of the current law".

**The meeting unanimously agreed to send Suzy a message of support.**

## PALLIATIVE CARE OSTRICHES

**Medical aid in dying (MAID) is going to come and the Palliative Care Nurses organisation needs to take their heads out of the sand and join forces in establishing a good integrated system for end-of-life care to benefit the terminally ill, says former EOLC President Dr Jack Havill.**

He said that with 70-80% of New Zealanders wanting end-of-life choice patient views should start to take precedence over engrained concepts. "The innate value of life is likely to be enhanced where extensive suffering is avoided. Patients would benefit from synergy and integration between palliative and hospice care and MAID, but this can only occur with a major change in attitudes by some of the palliative care community."

Jack was responding to Jane Rollings, chair of the Palliative Care Nurses NZ organisation, who issued a statement saying that nurses and doctors should not be involved in euthanasia. Jack recalled that 40 years ago, health professionals were making it very difficult for palliative care workers, saying they were not needed, and the workers were fighting to establish themselves along with hospices. "That was as a result of professional capture and a good deal of ignorance from the traditional providers of end of life care at that time."

"Now we are seeing the pattern reproduced and ignoring over 1000 submissions to the health select committee from relatives and friends about horrific deaths, many in hospice environments, leaving them in some cases with enormous regrets and nightmares. Some of those submissions were from experienced palliative care nurses and doctors."

Dr Havill said the Palliative Care nurses departed from the more reasonable response of their parent organisation, the New Zealand Nurses Organisation, which favours MAID and wants to make a forthcoming law as good as possible. "A large majority of nurses in NZ support that stance."

## NEWS FROM AROUND THE WORLD

**AUSTRALIA      Victoria's Labor government says the Voluntary Assisted Dying Bill it will back in a free vote in state Parliament (See Newsletter 47, May 2017) is the "safest and most conservative" legislation of its kind in the world.**

Premier Daniel Andrews announced on July 24 that the government had adopted all recommendations of an advisory panel headed by Professor Brian Owler, a neurosurgeon and former president of the AMA, and the new law would contain 68 safeguards to protect the vulnerable from exploitation and coercion.

Nearly 60% of submissions to the Victorian parliamentary inquiry on End-of-Life choice, which

*Continued Page 5*

recommended the new law, supported a dying with dignity scheme and an ABC poll of 200,000 Australians last year found 75% in favour. But MPs will have a conscience vote on the measure and reports said opponents led by the Catholic church were mounting a misinformation campaign threatening members in marginal seats that they would be targeted at next year's election if they supported it. The Australian Labor Party has a narrow majority in Victoria and with eight parties currently in Parliament, the political situation is volatile. Although a vote on the Bill is likely to be held later this year, it is not expected to come into operation until 2019.

Meanwhile, support for medically assisted dying is mounting in other parts of Australia. A Bill has been drawn up for debate in the upper house of the New South Wales state parliament and the new Labor government of Western Australia is setting up (yet another!) select committee inquiry to report back in mid-2018.

Victoria's proposed law follows the self-administering Oregon model and is limited to mentally competent adults suffering with a terminal illness and 12 months or less to live. It excludes dementia and Advance Directives, which EOLC NZ would like included in any law adopted here. Strangely, the NSW proposal sets a minimum age of 25 (claiming that is when competent informed consent occurs). A new survey found about 60% of doctors and more than 80% of nurses in the state supported it. Coincidentally, on 20 July the annual conference of the 259,000-member NSW Nurses and Midwives Association (NSWNMA) passed a motion supporting voluntary assisted dying laws.

**Andrew Denton, star Australian campaigner for medically-assisted dying, who made a memorable lecture tour of New Zealand last year and spoke at our AGM, is recovering from multiple bypass surgery.**

Andrew, 57, founded Go Gentle Australia and launched *The Damage Done*, a book of 72 stories of the damage being done across Australia in the absence of a law allowing voluntary euthanasia.

Andrew, a TV personality and comedian before he committed his life to the campaign, responded to a Get Well email from EOLC New Zealand, saying: "Thanks for your lovely message. The outpouring of support has been amazing and unexpected. It's a bit like being dead only with better food.

"Reckon I've dodged a bullet here: Good news wrapped as bad news. I expect to re-emerge taller than ever and with an exciting new scar. See you on the other side (in a manner of speaking)."

**BELGIUM      Belgium, the second country to legalise medical aid in dying (MAID), in 2002, has successfully integrated it with palliative care, Professor Jan Bernheim stressed during his tour of New Zealand from May 24 to June 18.**

As one of the world's leading experts in palliative care and end-of-life issues and an expert witness in proceedings that led to Canada legalising assisted dying, his was a voice worth listening to. But unfortunately some of New Zealand's professional medical bodies, including palliative care and umbrella hospice organisations, demonstrated their resistance to the law change that at least 75% of voters want by refusing to meet and hear him. Despite this, Professor Bernheim had good discussions with a total of nearly 150 medical staff, including some palliative care doctors, at meetings in Napier, Palmerston North and Wellington. He also met the NZ Nurses' Organisation and a group of MPs at Parliament.

He told them that palliative care and assisted dying were neither alternatives nor antagonistic in Belgium, a country where nearly 60% of the population and 70% of the hospitals are Roman Catholic. Responding to the New Zealand Catholic Church's postcard campaign to the Select Committee opposing a law change, Professor Bernheim said the Belgian experience was compatible with modern Catholicism. "Often ministers of the faith are in attendance. Those who attach major value to the spiritual dimension of dying should be made aware of Belgian research showing that cases of euthanasia are preceded by much more intensive spiritual care than in conventional deaths," he said.

Professor Bernheim said the provision of palliative care had grown substantially in Belgium and the Netherlands since MAID was legalised and was deliberately well funded to combine the two. In Belgium, 43% of all deaths followed conventional palliative care, of which 3.4% ended their lives with MAID. Euthanasia accounted for 4.6% of all deaths in 2013 and half of them took place in the home in the company of family and friends.

Professor Bernheim said euthanasia was practised "in the dark, uncontrolled and liable to abuse" in New Zealand, as it was in Belgium before 2002. "Abuse of the dying patient is much less probable now that it is legalised with strict controls and peer review in place." The law, which requires repeated written requests from competent adults with irreversible medical conditions and intolerable suffering, and approval by two physicians, also protected doctors and caregivers from undue prosecution, he said.

Professor Bernheim pointed out many fallacies in opponents' arguments and said that "intention not to

*Continued Page 6*

kill” while providing maximum relief for suffering was a multifaceted issue for palliative care staff. He said that it was easy to confuse “intention” with deliberate action in difficult cases, and that opened the possibility of abuse of the “double effect” principle, especially where there were no external controls.

He had very successful public meetings in Tauranga, Hamilton, New Plymouth, Palmerston North, Napier, Wellington, Nelson, Christchurch and at Auckland after the AGM. He was interviewed by Kim Hill on Radio NZ and a number of newspapers.

**BRITAIN**      **Seventy-seven per cent of British people believe a person with a painful incurable disease should be able legally to request that a doctor end their life, the National Centre for Social Research reported.**

Sarah Wootton, chief executive of Dignity in Dying UK, said that level of support had been consistent for 30 years, showing how the law was out of step with public attitudes. “This disconnect between what dying people want and need, and what the law allows has terrible consequences, with one British person making the difficult journey to Switzerland every eight days in order to have help to die, and over 300 terminally ill people ending their lives at home in England each year without medical support or safeguards.”

Motor neuron disease victim Noel Conway, 67, is awaiting the result of his High Court appeal challenging the UK’s legal ban on assisted dying. The hearing ended on 20 July, but the court went into its summer recess and Conway, who is not expected to live beyond the end of the year, is hoping for an early judgement allowing him to end his life at home with his family.

**LUXEMBOURG**      **Just 52 people have been assisted to die in Luxembourg since it was legalised in 2009 and Dr Carlo Bock, President of the Commission for Control and Evaluation, said "euthanasia is complementary to palliative care" and "no major abuses or difficulties have been observed". A total of 18 people in Luxembourg were euthanised in the 2015-16 reporting year, the Commission said, 16 of them suffering cancer and most were over 60.**

The Luxembourg law imposes strict conditions, including mental competence of the patient who must be terminally ill with no prospect of improvement or cure.

**UNITED STATES**      **A total of 111 terminally ill people ended their lives with legal lethal prescriptions in the first six months of California’s medically-assisted dying law, from June to December last year, official figures reported.**

More than 250 people started the "end-of-life option process," which requires the patient to make two verbal requests and 191 received prescriptions. Twenty-one patients died of natural causes and 111 used the prescription to end their own lives. There was no information on what happened to the remaining 59 people, the *Washington Post* reported.

The report said the pattern was in line with other states that allow physician-assisted dying. Most had cancer and were primarily white, college-educated, seniors with some type of healthcare coverage who were receiving hospice or palliative care.

The California law was modelled on the 20-year-old pioneering legislation of **Oregon**. With a population of 39 million, California is the most populous state to legalise assisted dying. The report said the data indicated that California was following the pattern in other states and showed no sign of the proverbial slippery slope endangering vulnerable people like elderly women and the uninsured.

**As right-to-die legislation is debated in many states, 73% of US adults say a doctor should be allowed to end a terminally ill patient's life by painless means if the patient requests it, according to a new Gallup poll reported in June.**

Gallup said its annual Values and Beliefs poll had found solid majorities of Americans expressing support for euthanasia, ranging from 64% to 75%, since 1990. A slim majority of weekly churchgoers (55%) supported medically-assisted dying, while 87% of adults who rarely if ever go to church are in favour. Politically, 81% of Democrats and Democratic-leaning independents as well as 67% of Republicans say euthanasia should be allowed. A specific Gallup question on the “moral acceptability” of physician-assisted dying found 57% in favour, the highest since it was first asked in 2001.

**Federal lawmakers in Congress are still trying to reverse the Death with Dignity Act in Washington DC which came into full effect on July 17.**

A Republican from neighbouring Maryland said the national government has jurisdiction over the District of Columbia and successfully moved an amendment in the House Appropriations Committee to repeal the measure. Washington’s mayor and city governors are fighting to keep it.

## STRUCTURE OF END-OF-LIFE CHOICE SOCIETY - A GUIDE FOR NEW MEMBERS

EOLC is a voluntary organisation which is not a charity. It lobbies for a law change to allow medical aid in dying (MAID) and is registered as an incorporated society.

We have a National Committee, with representatives of every branch, which meets monthly. Our framework is:

**BRANCHES** Auckland - Waikato - Bay of Plenty - Kapiti-Horowhenua - Wellington

**SUB-BRANCHES** Christchurch - Taranaki

**GROUPS OF ASSOCIATED ACTIVISTS** Whangarei - Nelson - Hawke's Bay.

*The strength of each branch depends solely on the participation of its local members.*

Branches run their own events, while national representation of our cause is largely done by the President and members of the National Committee. We are aligned with the World Federation of Right-to-Die Societies.

We operate on a "hub and spoke" basis that is; the branches can run their own events and fundraising to support national campaigns, but the national representation of our cause is largely done by the President or members of the National Committee.

### BRANCH EVENTS

<b>AUCKLAND</b>	<b>Saturday 15 October 2pm</b> - Fickling Centre, 546 Mount Albert Rd, Three Kings. General meeting. EOLC President Maryan Street speaking on the situation in the new Parliament and how international developments could affect New Zealand.
<b>KAPITI/ HOROWHENUA</b>	<b>Thursday 7 September 2pm</b> - Shoreline Cinema, Waikanae. Fundraiser movie <i>Victoria and Abdul</i> .
<b>WELLINGTON</b>	<b>Saturday 7 October 2pm</b> - Wellington Public Library. Spring branch meeting - Topic: Smart Depart. DIA presenting their new My Trove App where one can store everything the family needs to know when life ends.
<b>CHRISTCHURCH (sub-branch)</b>	<b>Saturday 23 September 11.30am</b> Community House, 44 Cass Street, Ashburton. Drop in Information session. <b>Sunday 15 October 2pm</b> - Sydenham Room, South Library, Colombo St, Christchurch. Local EOLC group meeting. <b>Ph 03 7411 400</b>

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**NEWSLETTER EDITOR:** David Barber



## 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.

**You could consider asking friends to make a donation, in lieu of flowers, at your funeral.**

***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.**

- 1 Cheque payments can be mailed to  
**PO Box 48 241, Silverstream, Upper Hutt 5142**
- 2 Direct payments into our bank account **Kiwibank 38 9006 0226036 02**  
(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. This 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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