



# End-of-Life Choice

## Society of New Zealand Inc

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Member of the World Federation of Right to Die Societies

**“The laws that authorize medical aid in dying have worked exactly as intended, the evidence shows. They have benefited dying patients and their families without causing any harm to anyone.**

**“None of the problems that were expected by opponents have emerged. There is no disproportionate effect on vulnerable populations, no evidence of a slippery slope.”**

So said David C. Leven, executive director emeritus and a senior consultant to **End of Life Choices New York**, in a letter to the *New York Times* on June 20, words our MPs should bear in mind as they consider the Bill before Parliament.

### **"TOUGH BATTLE AHEAD", SEYMOUR WARNS**

**“I think we are going to pass a law but the numbers are tough and it’s going to take a concerted effort”.**

That was the qualified optimism David Seymour delivered at the EOLC Society’s annual general meeting in Auckland on June 16. His assessment of the political realities as Parliament considers his End of Life Choice Bill left no doubt that there is a big struggle ahead if we are to achieve our aim of a law providing dignity in dying next year.

The Justice Select Committee, which is considering the bill after its historic first reading in December, has received more than 35,000 submissions – a record for any proposed measure. About 90% of them, by his estimate, are opposed, most pro forma objections from Roman Catholics, prompted by their bishops who inspired fear and loathing with puerile lies that people with asthma, arthritis and gluten intolerance would be euthanized.

Seymour said that with reputable polls showing a clear majority of voters in favour of a law change, opponents were well outnumbered but they are generously funded and make a lot of noise, which worries undecided Members of Parliament. He said the extension giving the committee another six months to the end of March to consider its report was also a concern, risking increasing fear, uncertainty and doubt to erode support for his bill. It passed its first reading by 76 votes to 44, a bigger margin than he had expected, but he has no doubt it will be a struggle to retain the 61 majority needed to pass it into law at its next two ballots in the House of Representatives.

Only 21 of the National Party’s 56 MPs voted in favour and it changed its representation on the select committee to include two of its most rabid opponents, Maggie Barry and Nick Smith. Seymour said Barry was vigorously lobbying her colleagues.

While the Labour Party’s 37 supporters at the December vote were likely to hold firm, there were question marks over their coalition colleagues in the Greens and New Zealand First.

Although the major parties give their members a conscience vote on the issue, the Greens have a binding policy to accept medical aid in dying only for people with a terminal illness. The policy rejects the clause that includes people with a grievous and irremediable medical condition who have unbearable suffering, and Seymour said if the eight Greens followed the party line they would have to vote against the bill.

New Zealand First’s nine MPs voted for the first reading on the proviso that the bill would only become law after a referendum. Opinion polls indicate an easy “Yes” win, but Seymour said it risked being combined with a ballot to legalise cannabis which could increase the conservative turnout and affect the vote on his issue.

About 3500 of submitters to the eight-member select committee have asked to be heard in person and it is splitting into groups of two to hear them. The committee is not travelling, as EOLC wanted, to see how overseas jurisdictions with MAID laws operate. The Speaker allocated the funds required to the environment committee to study climate change.

## LETTER FROM THE PRESIDENT

### **Kia ora koutou katoa – greetings to you all.**

First, I wish to say thank you very much to all those who made our 2018 AGM such a resounding success (See Page 5). This was our first AGM as the End-of-Life Choice Society, after changing our name from the Voluntary Euthanasia Society last year. We sailed through all the procedural items and gave ourselves time for an extremely worthwhile discussion on the campaign to support David Seymour's End of Life Choice Bill.

Our National Committee has seen some changes and we thank retiring members Olive Mitchell (Kapiti-Horowhenua) and Sue Reynolds and Jono Spink (Bay of Plenty) for their tireless work as Branch Representatives. To replace them, we welcome Linda Kennington and Esther Richards as representatives for Kapiti-Horowhenua and Bay of Plenty respectively.

It is important that people are able to take a break from this work as and when they need to, and that we have others willing to step up to fill their places. That is a sign of a vibrant and committed organisation.

The Justice Select Committee has begun its work, attempting to hear the 3,500 submitters out of the record total of 35,000 who want to be heard in person. They have established a timetable for visits around the country and those details can be found on Page 5 and on our websites

**[www.eolc.org.nz](http://www.eolc.org.nz) and [www.yestodignity.org.nz](http://www.yestodignity.org.nz)**

Jack Havill, Carole Sweney and I presented the EOLC submission to the select committee on 21 May. A copy is available from your Branch Representative or local National Committee member, or through Pete Cowley, our Administrator at

**[office@eolc.org.nz](mailto:office@eolc.org.nz)**

We received a good hearing and were given more than our allocated time.

A significant curved ball has been thrown into our campaign however by the extension of time for the select committee to hear submissions. They have had their report back date extended by six months to the end of March.

We are considering closely how this extension impacts our campaign. We will need to engage in significant fundraising activities in order to keep the campaign going for this longer than anticipated period.

Your National Committee will consider targeted fundraising, in which we ask supporters and donors to contribute a particular sum of money to fund a designated activity between now and the second reading of the Bill. There is no doubt that fundraising will preoccupy us over the next few months.

We must maintain the pressure on MPs – their second vote is going to be even more important than their first one in December – and we need the resources to do that.

Thank you for your ongoing support. It is needed now more than ever.

**Maryan Street (President)**

## AUTHOR MAURICE GEE BACKS LAW CHANGE

**Veteran author Maurice Gee, 86 - one of New Zealand's most distinguished literary figures - and his wife, Margareta, are both 100% behind the drive for a law change to allow medical assistance in dying.**

Maurice, Nelson-based author of more than 30 adult and children's novels and a number of TV and screen plays, agreed to become an Ambassador for the Voluntary Euthanasia Society five years ago and the couple maintains strong interest.

He sent a message to Secretary Carole Sweney with apologies for not attending the AGM in

Auckland, adding, "We have been members of VES (now EOLC) since we were introduced to the idea by a lovely old lady called Bridget Francois more than forty years ago, and we're watching the progress of David Seymour's bill with interest - personal interest now that at 86 and 78 we are now in the zone, so to speak.

*"We hope very much that it will pass into law and that New Zealand will at last have a humane and sensible law governing end of life choices.*

***That will be a great day..."***

## "ENOUGH DOCTORS SUPPORT THE BILL TO MAKE IT WORK" DR JACK HAVILL, EOLC PAST PRESIDENT

**Surveys show that a substantial number of doctors support the End of Life Choice Bill – easily enough to make sure a law based on it will work - and it is time the New Zealand Medical Association pulled its head out of the sand and engaged constructively on medical aid in dying (MAID).**

Contrary to the NZMA's statement that the participation of doctors in MAID is unethical, if respecting patients' wishes is considered central to good medical care, then participating in MAID can be shown to represent good ethical practice. It is then unethical not to assist patients.

In addition to doctors, it is possible that "prescribing nurses" could be added to a new EOLC law as indicated in the New Zealand Nurses' Organisation's submission to the Justice Select Committee on behalf of the 70% of nurses who support assistance in dying legislation.

Studies refute suggestions that a MAID law would be unworkable because not enough doctors would be willing to co-operate.

Doctors tend to resist change in this area, as shown in a study on doctors' and nurses' views on legalising assisted dying published in the *New Zealand Medical Journal* on June 2 2017 (Oliver, Wilson, Malpas). It found that just 30-40% of doctors in jurisdictions where MAID had been legalised were supportive before the laws were introduced.

That study also showed that most New Zealand doctors were not informed about the issue - only 29% of them had read detailed material or attended a session on how assisted dying laws had been implemented overseas. Less than 10% rated themselves as well informed on legal safeguards for patients and doctors in jurisdictions where MAID is legalised.

In March 2018, the *NZ Doctor* publication commissioned an End of Life Choice survey by Horizon Research using their subscriber email contacts. The survey was sent to 1540 doctor subscribers and 545 responded (35% response rate). GPs accounted for 73.7% of respondents, GP Registrars 17.5%, GP locums 3.9% and there were a small number of other doctors.

The object was to evaluate GP support for aspects of the current End of Life Choice Bill being considered by the Justice Select Committee. Questions included (with results in brackets):

- 1 Assisting death at the request of a patient with a terminal illness, e.g. cancer – support (37%); neither support nor oppose or don't know (11%); oppose (52%).
- 2 Assisting death at the request of a patient who has unbearable suffering but not a necessarily terminal condition, e.g. motor neurone disease - support (31%); neither support nor oppose or don't know (13%); oppose (56%).
- 3 Assisting death where the patient has written an End of Life Choice Directive but has later become incompetent in either of the above situations (1) and (2) e.g. brain tumour, Huntington's disease – support (36%); neither support nor oppose or don't know (12%); oppose (52%). (This sort of assisted death is not allowed for in the present EOLC Bill).
- 4 Assisting death in cases of severe dementia where the patient has written an End of Life Choice Directive while competent, e.g. Alzheimer's Disease – support (30%); neither support nor oppose (14%); oppose (56%). (This sort of assisted death is also not allowed for in the present EOLC Bill).
- 5 Willingness to write a prescription to allow patient to self-ingest causing their death - yes (24%); not sure (18%); no (57%).
- 6 Willingness to give a drug intravenously causing death – yes (15%); not sure (17%); no (68%).

These results show that the number of doctors supporting a law change, although in a minority, actually form a substantial group. The 2017 study published in the *NZ Medical Journal* also found that 37% of New Zealand doctors supported MAID. Only 40% of those were GPs, the remaining respondents being from other specialities.

*Continued Page 4*

There are about 14,000 medical doctors in total in New Zealand, of which about 4000 are GPs. In the *NZ Doctor* survey, involving mostly GPs, the percentages supporting change in the law in questions 1-4 above were 30-37%.

Extrapolating the figures using the lowest percentage of 30%, shows that at least 1200 GPs support all questions. In addition, there were 11-14% undecided GPs and that means that using the lowest percentage, at least another 440 could possibly be involved.

These figures make it clear that there are enough GPs alone to make a law such as that proposed function adequately.

These numbers do not include the other 10,000 medical practitioners in the country who could possibly add at least 3000 more supporters of law change.

Although the numbers willing to write a prescription or give an intravenous drug to cause death are much smaller, they still provide enough doctors to make the EOLC law workable. The 24% willing to write a prescription represent almost 1000 GPs., while the 15% willing to give an intravenous injection causing death represents 600 GPs.

Neither of these figures count the other 10,000 doctors who are not GPs – extrapolating using the same percentages as above, there could be a further 2400 prescription writers and 1500 intravenous givers.

Use of MAID in legalised jurisdictions varies from 0.3-4.6% of all deaths. New Zealand had 33,000 deaths in 2017 so one might expect somewhere between 100 and 1500 patients who would use MAID each year. As has happened in other places, the numbers would be fewer initially.

**In summary, there are substantial numbers of doctors in favour of legalised MAID which suggests that the challenge of putting the EOLC law in operation is surmountable.**

## SUZY AUSTEN VICTIM OF AN OUTDATED LAW

**Former EOLC Wellington branch chair Suzy Austen, who was cleared of an assisted suicide charge in February (Newsletter 50, May 2018), was subsequently convicted for importing a banned drug.**

“Good people, driven by compassion, are compelled to break the law when that law is inadequate,” said EOLC President Maryan Street, declaring Suzy “deeply compassionate, unusually brave and demonstrably a pillar of our society”.

She was a victim of a law that has not kept up with contemporary views, Maryan said - a law that allows the needless criminalisation of people who care deeply about alleviating suffering and allowing dignity in dying.

Suzy, 67, was convicted in the Wellington High Court on May 11 on two counts of importing a Class C drug, Nembutal, and fined \$7500.

Judge Susan Thomas rejected defence pleas to discharge her without conviction, which would have left her able to travel without the stigma of a criminal record. Doing so, the judge ignored evidence that nearly 60 New Zealanders who were caught importing the drug over 10 years were not prosecuted and only a handful even received warnings. She also disregarded evidence of Suzy’s exemplary record of voluntary service in the community.

Maryan said Suzy had been singled out and exposed because of the death of Annemarie Treadwell, 77, who killed herself with Nembutal at her retirement home unit in June 2016. A jury acquitted Suzy of an assisted suicide charge in relation to Treadwell’s death in February.

## COMMITTEE TOURING THE COUNTRY FOR HEARINGS ON THE BILL

**The Justice Committee has begun touring the country to hear personal submissions on the End of Life Choice Bill.**

It will visit 14 centres outside of Wellington by early September to listen to about 3,500 people who said they wanted to appear before the committee in person. Chairman Raymond Huo said it was dividing into sub-committees to hear as many people as possible. Deputy chair Maggie Barry said they were committed to “respectfully hearing” all submitters.

*Continued Page 5*

EOLC President Maryan Street urged members to deliver their submissions with passion. She advised them to:

- **Look at the chairperson so they are not distracted by any MPs' misbehaviour.**
- **Choose 2-3 key points to make the most of the 5 minutes available.**
- **Speak with as much vigour as you can muster.**
- **Wait for questions from MPs;** answer them directly and if they are designed to confuse, simply go back and restate your original points. Fill the time usefully by repeating yourself rather than getting into an argument.
- **Take a supporter.** "It can be intimidating but just keep to what you know. You don't have to have all the answers to everything." Submissions are being posted on the committee's website <https://www.parliament.nz/en/pb/sc/scl/justice/>

The full committee went first to Auckland and Christchurch to hear from national organisations based in those regions.

**The remainder of the schedule for the sub-committees of two members is:**

Nelson (afternoon).....	Monday 2 July	Auckland .....	Friday 3 August
Auckland.....	Friday 20 July	Whangarei.....	Monday 6 August
Auckland.....	Friday 27 July	Invercargill .....	Monday 6 August
Auckland.....	Monday 30 July	Dunedin.....	Monday 6 August
New Plymouth.....	Tuesday 17 July	Auckland .....	Monday 6 August
Napier.....	Thursday 19 July	Auckland .....	Friday 10 August
Tauranga.....	Monday 23 July	Hamilton .....	Monday 13 August
Wellington.....	Monday 23 July	Wellington.....	Monday 13 August
Rotorua.....	Monday 30 July	Palmerston North .....	Thursday 23 August
Wellington.....	Monday 30 July	Whanganui.....	Tuesday 28 August
West Coast .....	Monday 30 July	Christchurch.....	Monday 3 September

## ANNUAL GENERAL MEETING

**The End-of-Life Choice Society's annual general meeting, attended by 38 members in Auckland on 16 June 2018, re-elected the officers on the National Committee, there being no other nominations.**

For the record, they are:

<b>President</b>	Maryan Street
<b>Vice-President</b>	Mary Panko
<b>Secretary</b>	Carole Sweney
<b>Treasurer</b>	Peter Cowley
<b>Membership Secretary</b>	Elizabeth Cronje
<b>Newsletter Editor</b>	David Barber

President Maryan Street's annual report, presented to the meeting, can be read on the website

[www.eolc.org.nz](http://www.eolc.org.nz)

## DIGNITAS IS TWENTY-YEARS-OLD

**The Swiss organisation Dignitas marked its 20<sup>th</sup> anniversary in May reaffirming its goal to be put out of business when enlightened legislation around the world makes it no longer necessary for people from abroad to travel to Switzerland to end their lives.**

Dignitas slogan - *"To live with dignity – To die with dignity"* was founded in May 1998 with the aim to advocate, educate and support improving care and choice in life and at life's end and to bring the Swiss option of legal assisted dying to other countries. It said its advisory concept – combining palliative care, suicide attempt prevention, advance directives/decisions and assisted dying – offered a basis for good decision -making to shape life until the end.

Through litigation, Dignitas obtained a judgment of the European Court of Human Rights in 2011 acknowledging the right/freedom of a competent individual to decide on the time and manner of his or her own end in life and confirming this to be protected by Article 8 of the European Convention on Human Rights.

[www.dignitas.ch](http://www.dignitas.ch)

## BRANCH EVENTS

**BAY OF PLENTY**      **Branch AGM Saturday 12 August 2pm**  
Vintage Car Club Rooms, Cliff Road, Tauranga  
Speaker: Bets Blake, retired Palliative Care Nurse

**KAPITI-HOROWHENUA**      **Film Fundraiser Wednesday 15 August 2pm**  
"The Wife" - Shoreline Cinema, Waikanae.  
For tickets, phone **022 0171 256**

## NEWS FROM AROUND THE WORLD

### AUSTRALIA

**With Victoria's Voluntary Assisted Dying law still on track to come into effect in June next year, despite fears the opposition Liberal/National coalition could try to block it after this year's election (See Newsletter 50, May 2018), the debate continues around the rest of Australia.**

In **Western Australia**, a parliamentary inquiry is expected to report in August and Andrew Denton's Go Gentle organisation expects a bill sometime next year. In **Queensland**, the campaigning Clem Jones Trust is lobbying MPs to support an inquiry into end-of-life choices. An **ACT** Legislative Assembly inquiry into end-of-life choices received a record 487 submissions and began hearing evidence in May. About 47% of the submissions opposed assisted dying, while 42% supported it. Of five health groups opposing, four have a religious affiliation.

Polls show 65-80% of people believe they should have the choice to access assisted dying. Regardless of the inquiry's findings, the ACT government cannot legislate for assisted dying because of a 23-year-old federal bill introduced to limit the territories' powers after the **Northern Territory** legalised euthanasia in 1995.

### BRITAIN

**A bid by the Channel Island of Guernsey to become the first jurisdiction in the British Isles to allow assisted dying for the terminally ill (See Newsletter 50, May 2018) failed by 24 votes to 14 in the local parliament on May 18.**

Supporters were disappointed, but said eventual change was inevitable. "We believe that a majority of the population do support a change in the law," a spokesman said. The proposal, which would have excluded other Britons had it passed, sought to adopt the Oregon model.

**A decade ago, the legendary British journalist and writer Katharine Whitehorn wrote a report in favour of Oregon's assisted dying laws.** Now aged 90, she lives in a care home and is suffering from Alzheimer's disease. Her powerful story highlights the need for advance directive requests, fellow journalist Polly Toynbee wrote in *The Guardian* on May 29, saying she was suffering "the greatest horror of all - not dying, yet dead to all that makes life worth living".

Toynbee said: "She wrote a living will, which her sons say demand she not be officiously kept alive beyond her wits. Yet there she sits, in a state she strove to avoid. She is on no life-sustaining medication that could be withdrawn: a body can long outlast its mind. She has survived cancer. Her sons say if she ever suffered pneumonia – once called "old man's friend" – they would obey her and tell doctors to withhold antibiotics. Until then, she sits in God's waiting room, surely a wicked God to wipe out all that makes a person who they are, without taking their life."

**The Court of Appeal** rejected motor neurone sufferer Noel Conway's appeal against a High Court ruling denying him a medically-assisted "peaceful and dignified death" (See Newsletter 50 May 2018).

Noel, 67, who is claiming that the Suicide Act is incompatible with the European Convention on Human Rights, is appealing that judgment to the Supreme Court.

### CANADA

**Two years after medical assistance in dying became legal in Canada, the issue is still being fought out in the courts.**

In British Columbia, a civil rights group wants the court of appeal to rule that the federal government's law does not go far enough. In Ontario, a group of Christian doctors is challenging a policy requiring GPs who oppose the law to refer patients wanting assistance to die to one who will help.

**The British Columbia Civil Liberties Association** says the federal right-to-die legislation does not follow the direction of the Supreme Court which directed the government to change the law. The court said capable adults experiencing "intolerable suffering" due to an illness or disability should have a right to doctor-assisted death, but the legislation only allows people with a "reasonably foreseeable" death to access the service.

This, it says, excludes the very patients who had fought for access to assisted dying in the ground-breaking *Carter v. Canada* case. The BCCLA wants the appeals court to allow it to challenge the legislation at a trial, without rehashing what's already been decided by the Supreme Court.

*Continued Page 7*

“Every day this law stands, and every day the Canadian government is fighting to preserve its law, is another day people are suffering intolerably against their wishes,” said lawyer Jay Aubrey.

In Ontario, the **Christian Medical and Dental Society of Canada**, a coalition of anti-choice clinicians, is challenging the College of Physicians and Surgeons of Ontario’s policy requiring doctors who oppose assisted dying to refer patients who want help to die to one who will assist.

In January, the Superior Court of Justice ruled that the policy was constitutional and protected patients who requested medical assistance in dying from being abandoned by clinicians who oppose it. The Ontario Court of Appeal has now agreed to hear the Christian medical society’s appeal against that ruling.

**Dying with Dignity Canada** says the decision could have major implications for access to assisted dying not just in Ontario, but across the country.

Despite the MAID legislation, some Canadians are still forced to go overseas to access assisted dying because of the restrictive eligibility criteria. According to Dignitas in Switzerland, 60 Canadians used its service between 1998 and 2017, including 12 in 2017

## THE NETHERLANDS

**The Dutch Euthanasia Review Committee’s annual report said that more than 98% of the 6585 deaths reported to it last year fully complied with criteria in the country’s assisted dying law. Only 12 cases were declared “not careful” for various reasons.**

The assisted deaths accounted for 4.4% of all deaths in the Netherlands in 2017. More than 5300 of the deaths occurred in the home and most were facilitated by a GP. Cancer accounted for 64.3% of the deaths.

## UNITED STATES

**Opponents of end-of-life choice continue trying to force their religious views on all Californians, trampling on their right to make their own end-of-life decisions, in the words of George Eighmey, president of Death with Dignity.**

On May15, they succeeded in getting a California judge to invalidate the End of Life Option Act which had been in effect for nearly two years. The judge upheld a claim that the state legislature had violated the constitution by passing the law during a special session limited to healthcare. It meant that doctors could no longer prescribe life-ending medicine.

A month later, a district Court of Appeal issued a stay on the ruling, reinstating the law, but further appeals were filed and Eighmey warned: “Today’s victory is but one battle in the protracted fight for death with dignity in California.”

He said the group funding the challenge, the Life Legal Defense Fund, had long-standing ties to the anti-abortion and anti-choice movements and were trying to force their own personal religious beliefs on all Californians. Eighmey said the legal challenge was based on a procedural technicality, and with three-in-four Californians supporting the law the “shadowy, religious-right groups” attempting to derail it were disrespecting the will of the people.

“In every state where Death with Dignity laws have been approved, opponents have tried to stop implementation through the courts. Every time, the courts have rejected their challenges and sided with terminally ill patients' right to make their own choices at the end of life.”

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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.

**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**  
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**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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