



End-of-Life Choice

Society of New Zealand Inc

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Member of the World Federation of Right to Die Societies

IT'S ALL UP TO MPs NOW

If all MPs consulted their constituents before voting next month when the End of Life Choice Bill returns to Parliament there is no doubt it would pass its second reading and go on towards becoming law.

That is what a clear majority of New Zealanders want.

Unfortunately, there is a cluster of diehard, mainly faith-driven, members who do not accept that they were elected to carry out the wishes of the people, but believe they are there solely to further their own dogmatic agendas. It was encouraging that they did not succeed in getting the justice select committee to rubbish the bill, as the former health committee led by an erstwhile Catholic priest had done earlier in an appalling travesty of democracy. This time, despite the presence of rabid opponents, the committee did the nation the courtesy of taking seriously one of the most significant human rights issues of the age in its 16-month inquiry.

It rightly ignored the formulaic, church-directed, opposition that dominated the record number of 39,159 submissions and left the bill largely intact with what it called only "minor, technical and consequential amendments", most of which our society could accept. It gave a full summary of submissions which basically considered both sides of the question – unlike the biased health committee earlier - and gave an excellent account of enlightened laws operating in overseas jurisdictions where more than 200 million people now have access to assisted dying in one form or another. We could detect open minds in that the committee did not adopt all the suggestions David Seymour had proposed in a mid-way statement of concessions designed to soften opposition and increase the chance of success.

Unfortunately, from our point of view, he proposed confining assisted dying to patients with a terminal illness and no more than six months to live. He did propose that somebody with a terminal neurodegenerative disease could access the law if their prognosis gave them 12 months or less to live, as was adopted in Victoria, Australia. We still believe the inclusion of irremediable illness with unbearable suffering is essential, but the Catholic church deliberately tried to undermine this with absurd claims that it included asthma, arthritis and gluten intolerance. Laughable to us, but apparently persuasive to the susceptible faithful.

Although President Maryan Street expressed disappointment that the committee had not been bolder given the overwhelming support of the public for a law change, it was legitimate to pass it to the full Parliament for a conscience vote, the convention for contentious social issues. We would hope the vote reflected the conscience of the electorate rather than the individual MP. But don't hold your breath on that one.

Significantly, however, the committee did not give the House a negative steer, despite the hysterical comments of some members who are now telling blatant lies about what is happening overseas, especially in Canada. The EOLC Society does not believe democracy is served when an MP deliberately seeks to foil a law change that a majority of voters want with a vigorous misinformation campaign based on blind dogma designed to scare the uninformed.

In June, we are bringing an expert from Canada to tell the truth.

(see box on page 2)

The fact that the committee took the trouble to make constructive suggestions to improve the bill indicated that it thought it could become law with some tweaking. They included stating explicitly that any suggestion of coercion would automatically render the applicant ineligible for assisted dying and strengthening the complaints process. They also proposed a 12-month gap between the law being passed and it coming into effect to allow the government and regulatory bodies to establish procedures and train doctors and nurses.

MPs voted 76-44 to pass the bill at its first reading. All MPs will not yet have heard all the expert submissions from overseas made to the committee, demonstrating how similar laws work in Europe, North and South America, and will start in Victoria, Australia, in June.

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There is a positive international trend in developed and democratic countries to introduce enlightened laws that allow people to have peaceful and painless deaths. Medically assisted dying has been permitted overseas for more than 20 years now and nowhere has moved to repeal the legislation. That tells us something, surely. If the bill passes its second and third readings, it will go to a referendum to be held in conjunction with the 2020 general election. Polling suggests that it should pass easily but there's no doubt it will require us to launch a new campaign.

David Barber, Editor

The Truth From Canada

We will get an invaluable first-hand account of Canada's three years' experience of assisted dying when Dr Stefanie Green, one of the country's leading experts in the field, visits New Zealand in June.

Dr Green is President of the Canadian Association of MAID Assessors and Providers (CAMAP), a group of doctors and other medical professionals established to inform the public and support those who do the work under the highest medical standards. Details of her tour are being finalised but ***she will speak at the Society's AGM in Auckland on June 22***. Dr Green, from British Columbia where the MAID movement started, will counter our opponents' alarmist misinformation about the Canadian experience and tell how the system works and the development of the doctor-patient relationship.

PRESIDENT URGES "LOBBY, LOBBY, LOBBY"

Kiaora koutou katoa

We acknowledge the grief of all those whose loved ones lost their lives in the Christchurch mosque massacres. We extend our deepest condolences and hope that New Zealand will stand forever with our Muslim communities and help to make them safe from hatred. Our own aspirations are driven by compassion and we hope that Muslim New Zealanders have felt some of that compassion in recent times.



We are now at a critical stage in our campaign to change the law and provide assistance for those whose terminal illness or irremediable condition makes their suffering unbearable and who choose to have medical assistance to die. We have seen endless public meetings, a range of media coverage, letters to Editors, blogs on our websites, fundraisers, petitions to local MPs and appointments made to see those MPs.

The focus now however must go on the 120 MPs who are going to make the decision on the second reading of the End of Life Choice bill, probably sometime in June or shortly after.

They are our audience.

So lobbying is the name of the game now. You can be sure that our opponents are lobbying hard. They will be trying to fill MPs' minds with uncertainties about the criteria for accessing medical aid in dying, the vulnerability of people with disabilities, and the possibility for coercion. This fearmongering assumes that MPs have not read the bill. If they had, they would see exactly what safeguards there are in it. They would also see that comparable jurisdictions such as Canada, or closer to home, Victoria in Australia, have very similar legislation working as it was intended to work – with care and compassion.

David Seymour MP, sponsor of the bill, is proposing some amendments in order to secure its passage through the House. This is a justifiable approach but one of the criteria which he will try to remove is to do with grievous and irremediable illness.

We were always committed to two criteria: 1 – a terminal illness which is likely to cause death in the next 6-12 months; and 2 – grievous and irremediable conditions which may not cause death imminently but which cause inevitable deterioration and unbearable suffering.

David Seymour wishes to strike out the second of those criteria, with the exception of neuro-degenerative diseases, which would remain.

This is because the Green Party has not changed their position on this issue since the last Parliament, when they decided to support assistance to die in the case of terminal illness but not for grievous and irremediable conditions. They have not taken the issue back through their policy process in the light of a great deal of expert evidence provided during the course of the select committee hearings. Their caucus is not at liberty to exercise a conscience vote. They must vote according to their party policy position, even if that position has not been updated by expert testimony.

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Green Party votes (8) will be needed to get the second reading over the line – please lobby them and ask them to support the retention of the “grievous and irremediable condition” clause!

We may have to go to a referendum on this issue because of NZ First’s insistence on it. That will slow the whole process down if a referendum has to be run in conjunction with next year’s General Election. But they hold nine votes – all of which are important to us. Lobby them too, especially on how they will vote if Parliament does NOT elect to have a referendum.

This is the year for a law change to alleviate suffering. 75-80% of New Zealanders agree. There are materials available in your branch for you to take when lobbying an MP.

Let’s not lose this vote because we didn’t lobby hard enough.

Maryan Street, President

HOW TO BOOST YOUR LOBBYING

Some suggestions for expanding your lobbying reach:

Identify three key “influencers” for your MP. They will be people in the community who hold some sway, such as a prominent doctor, a local journalist, a Mayor or Deputy Mayor, a Federated Farmers’ representative, member of the clergy, head of the local foodbank, retired principal of a large college, local trade union leader or just a local “identity”. The MP may not necessarily be an acquaintance of the “influencer”, but may appreciate their standing in the community or have some respect for their position. It should be a person with an established profile, or name recognition for readers of the local paper.

Write to the “influencer” or arrange to meet them, asking if they would be interested in supporting the EOLC campaign, with short, succinct reasons for doing so. Customise your message to them, e.g.: “You’ve made a difference in xxx field and you may want a new challenge...”

If they respond positively, ask if they would consider going on the record in support, or alternatively, just writing to the local MP themselves. The MP may be surprised to hear from an unexpected voice.

Good luck! Maryan

DOCTORS SUPPORT ASSISTED DYING

A group of 17 New Zealand doctors wrote to all MPs urging them to vote for a law change to counter a campaign by opposing medical practitioners trying to sabotage the End of Life Choice Bill.

EOLC past-president Dr Jack Havill, who is spokesman for the group, said the “*Drs say No*” campaigners had emailed every medical practice but obtained only 800 signatures from the country’s 15,000 registered medical practitioners since it was formed in 2012. He said the number of doctors supporting MAID exceeded the 37% in favour, with 11% undecided, revealed in a survey by the *NZ Doctor* magazine last year.

Ten of the doctors who wrote to MPs are retired and Dr Havill said: “It is a difficult issue and many practising doctors in favour will not express their views publicly because it is currently illegal. They do not want to be classed with the approximately 4% of doctors who break the law to help patients die in their final illness – according to two Auckland University studies.”

Dr Havill said enough doctors were in favour to ensure that MAID would work effectively in New Zealand. International experience showed the number would grow after a law change.

One doctor who signed the letter, retired GP Carol Shand, of Wellington, told the MPs: “My years in general practice, unable to support the requests of many patients for assistance in dying, have left me ashamed of myself, my profession and our NZ law.”

Rowan Stephens, a former GP from Auckland, said: “I carry a lingering guilt into retirement knowing that I was not always able to best serve my patients at the end of their life, due to the law. I failed in my duty, and did cause harm.”

A 2015 report published in *New Zealand Doctor* showed that in an anonymous survey, 11.8% of GPs admitted hastening the death of a suffering patient.

British doctors’ opposition to assisted dying is softening. The Royal College of Physicians (RCP), the oldest medical college in Britain, is dropping its longstanding opposition and adopting a “neutral” position, following the UK’s largest ever survey of medical opinion on the issue.

The RCP, which had been officially opposed since 2006, is joining the Royal Society of Medicine, Royal College of Nursing, Royal College of Nursing Scotland, Royal College of Psychiatrists and Royal Pharmaceutical Society in holding a neutral stance on assisted dying.

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The RCP announced on 21 March that a survey of 6,885 respondents from more than 30 specialties found 31.6% favoured the college supporting medical assistance in dying. This was up from 25% when members were last surveyed in 2014. Although 43.4% voted to continue opposition (slightly down from 44%), the RCP said it would switch to a neutral stance because there was no clear majority for or against. Fewer than half of respondents said they personally opposed MAID.

A legal challenge to the RCP's decision by a network of anti-choice activists with a long history of campaigning for pro-life causes and connections to US lobbyists was rejected by the High Court. The British Medical Association has never surveyed its members on the subject but maintains a stance of opposition.

The RCP's change provoked strong protests from members of the Association for Palliative Medicine (APM), which remains opposed, and five consultant members who are sympathetic wrote a letter to the British Medical Journal (2 April) saying they had been stifled from talking about the topic.

Writing anonymously, they said: "Whenever a related situation arises—such as the RCP's survey, or when a patient's request for assisted dying is brought before British courts—the APM emails its members with the clear and unequivocal direction that they are to oppose these developments. There is no concession to the possibility that other doctors practising high quality, ethical specialist palliative medicine may hold a different opinion—or simply want to hear different views."

They claimed a total of 94 years of palliative experience and accused critics of "blatant scaremongering", saying: "There is no evidence that assisted dying is inconsistent with modern evidence-based medicine. "We disagree that assisted dying is inherently a bad thing, and we believe it is our professional responsibility to have an open discussion regarding the subject. It's important to do this since many of the dying people for whom we care have expressed a wish that assisted dying be an option that they could access."

ANNUAL GENERAL MEETING - SATURDAY 22 JUNE

Dr Stefanie Green, an expert on assisted dying from Canada, will be guest speaker at this year's National AGM at the Airport Hotel, Hamilton, on Saturday 22 June. The members' formal meeting from 10.30am - 12.30pm will be followed after lunch by a public session from 1.30 to 3.30, when Dr Green will speak. David Seymour will also speak briefly on the progress of his End of Life Choice Bill.

Forms for nominations to the National Committee and resolutions for the meeting are due to be returned to the Secretary by 8 May. Voting papers will then be sent out and must be returned by 13 June for counting and presentation at the AGM. All six elected positions on the committee are open for nomination, but there are vacancies for President (Maryan Street is stepping down but will remain as immediate past-President), Vice-President, National Secretary and National Membership Secretary.

Two current members, former President Dr Jack Havill and Secretary Carole Sweney, are required to stand down for two years because they have spent eight consecutive years on the committee. Job descriptions for the NC positions are in the EOLC Rules online at

<https://eolc.org.nz/eolc-rules>

Contact the ***secretary@eolc.org.nz*** for more info. National Membership Secretary, for instance, needs database skills and spare 3 - 4 hours a week to keep the database up-to-date and handle reports to branches and the committee.

DYING BADLY - NEW ZEALAND STORIES

If anyone tries to tell you there is no need for a medically-assisted dying law and that palliative care can ensure a peaceful death for everybody, point them in the direction of our book

[Dying Badly – New Zealand Stories.](#)

It contains moving accounts of bad deaths of relatives and friends as told in heart-breaking submissions to Parliament's Health select committee. This can be downloaded free on our special campaign website

<https://yestodignity.org.nz>

where you can also buy the printed paperback for only \$12, including postage, by internet banking or order a copy from our office PO Box 321, Gisborne 4040.

The website also contains videos, blogs and media stories of interest

AUSTRALIA

In Western Australia, an expert panel of health professionals, consumers and legal experts is helping draft a bill to create a safe and compassionate framework for voluntary assisted dying in the state.

A cross-party parliamentary committee last year recommended the state follow the lead of **Victoria**, where an enlightened law will come into force on June 19.

Western Australia's bill will be tabled in the state parliament later this year. Like Victoria's law, it will legalise VAD for patients suffering a terminal illness. It will provide strong safeguards and a sensible, workable, system to help limit suffering at the end of life.

In **Queensland**, the state Parliament's Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee is holding an inquiry into VAD and is due to report by November 30. It is the first time the state, renowned as being very conservative, has addressed the issue politically. In January, it was revealed that up to \$A5 million left by former Brisbane lord mayor Clem Jones would be used to help drive a campaign to legalise voluntary euthanasia in Queensland.

Melbourne's Alfred Hospital has been given sole responsibility for importing, preparing and supplying all the required drugs for the state's medically assisted dying programme. Authorities said the single point of access would ensure patients are provided with consistent information, and that unused medications are returned and destroyed.

BRITAIN

More than 90% of Britons believe medically assisted dying should be legalised for those suffering from terminal illnesses, according to a poll conducted by the National Centre for Social Research, reported by *The Observer* on March 3.

The survey of 2500 respondents, carried out for the campaign group My Death, My Decision (MDMD), also found that 88% of respondents considered it acceptable for dementia sufferers to receive help to end their lives, provided they consented before losing their mental capacity.

A survey by Dignity in Dying in 2015 found 82% of people supported assisted dying and the British Assisted Dying Coalition says that more than one person a week travels from Britain to Switzerland to end their life. Legal challenges to Britain's ban on MAiD have been dismissed by the courts, which ruled that it was up to parliament to decide the issue. MPs last voted on assisted dying in 2015, rejecting a law change by 330-118 votes.

An analysis in *The Times* on March 21 said a move by the Royal College of Physicians to adopt a neutral stance on the issue after polling members could be influential in changing politicians' minds.

The paper's health editor said the college had provided expert opinion to MPs and peers, and would be also be influential in less tangible ways. "It is no longer quite so easy to say that doctors oppose assisted dying. With most voters backing a change in the law, the question now is how far the climate of establishment opinion is likely to shift."

On November 27, the Supreme Court ruled that it would not hold a full hearing into the application for a medically assisted death by motor neurone victim Noel Conway, 68. It means his case will proceed no further. Noel said, "I am particularly disappointed that the courts have listened to the arguments of doctors who have never met me but think they know best about the end of my life. All I want is the option to die peacefully, with dignity, on my own terms, and I know that the majority of the public are behind me."

SOUTH AFRICA

New Zealander Sean Davison, President of the World Federation of Right to Die Societies, will face two charges of murder when he appears in court again in South Africa on April 29.

Sean, 57, who founded the South African organisation Dignity SA, has been charged with administering lethal drugs to his friend Anrich Burger, who had become a quadriplegic after a car accident, on November 2, 2013.

Prosecutors added a second charge of premeditated murder of Justin Varian, who had motor neuron disease, on July 25, 2015 when he appeared in court in Capetown last November. That charge accuses him of "placing a bag over the deceased's head and administering helium with the intent of helium deoxygenation and/or asphyxiation". Sean has been free on bail but the authorities are holding his passport.

"It is and has always been my contention that I have not committed any offence as alleged in this

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matter," he said in a statement read by his lawyer. Sean has been a professor of biotechnology at the University of the Western Cape since 2004 and heads its forensic DNA laboratory there. He helped the Truth and Reconciliation Commission identify the remains of anti-apartheid activists and developed a DNA kit to help identify suspects in gang rapes, a service offered free to rape victims.

The WFRtDS has appealed for help to fund Sean's defence.

For details on how to contribute go to:

<https://www.worldrtd.net>

Crowdfunding for defence Sean Davison.

Access to this account can also be found on the Dignity South Africa website:

<https://dignitysouthafrica.org/fundingappeal>.

Sean says he is facing the legal fight of his life and is immensely grateful for the financial support he has already received from around the world. "The time since my arrest has been the most difficult in my life, and without this support the anguish would have been much greater. The journey ahead will be a long and difficult one and my family and I take strength from your support and generosity."

SPAIN

The President of Spain, Pedro Sanchez, said in April that he would legalise euthanasia if his socialist government could win a majority on the issue in parliament.

He was speaking after the release of a video on YouTube that showed Angel Fernandez, 70, helping his wife, 61, ingest a lethal drug to end her suffering after 30 years with multiple sclerosis. "Having seen these images, I feel absolutely overwhelmed, moved, but I must say that I'm also in part outraged, because this should have been avoided," Sánchez told the Telecinco news channel. He indicated that he would pardon Fernandez if he was convicted of homicide. Fernandez handed himself into police in Madrid and was released on bail.

President Sanchez accused the main opposition Popular Party and Ciudadanos of repeatedly blocking any attempt to change the law to allow people suffering from terminal illnesses to have a dignified death.

UNITED STATES

New Jersey became the ninth US jurisdiction to legalise end-of-life choice on April 12 when Governor Phil Murphy signed the Medical Aid in Dying for the Terminally Ill Act into law. The Senate earlier approved it by 21 to 16 votes after it passed in the lower house by 41 to 33 votes.

New Jersey's nine million population joined **Hawaii**, where assisted dying became legal on January 1, **California, Colorado, Montana, Oregon, Vermont, Washington and the District of Columbia**. It has not all been plain sailing. News reports said a number of physicians and pharmacies in **Hawaii** were refusing to co-operate in supplying and administering the required lethal medication in the first months of its law's operation. And campaigners said the law was too restrictive with Hawaii the only state to require a third health provider's evaluation before a patient could be considered and the only one with a 20-day waiting period between oral requests.

In **Maryland**, a right-to-die bill which had been passed by the lower house of the state parliament failed on March 27 when a Senate vote was deadlocked 23-23 with one Democrat abstaining. It had earlier been approved by the Senate Judicial Proceedings Committee, although with numerous amendments that advocates said would have made it the strictest such law in the country. Senator William Smith, lead sponsor of the bill, said the tied vote marked significant progress, even though it would not become law this year. Although the Catholic church campaigned strongly against the measure, an opinion poll in February showed that 62% of Maryland voters supported medically assisted dying. "Maryland is ready for it," Smith said. "Obviously the Senate is not quite ready." The original bill was based on legislation in **Oregon** where aid-in-dying has been legal for more than 20 years. According to the Oregon Health Authority, 1,459 people in the state, including 168 in 2018, have ended their lives using the Death With Dignity Act. Nearly 80% were 65 or older, and almost two-thirds had cancer.

About 20 American states are considering end-of-life choice legislation this year.

A challenge to **California's** End of Option Act (See Newsletter 52, November 2018, Page 6) was defeated on November 27 when the Fourth District Court of Appeal overturned a district court decision nullifying the law, ruling the group of physicians who had brought the case had no standing to do so. The ruling rejected the group's claim that doctors who did not want to prescribe lethal medications under the Act were forced to participate. This was consistent with past court rulings on the issue.

LIFE MEMBERSHIP FOR 90-YEAR-OLDS

All members 90 years of age and over are automatically to be given Life Membership of the Society, which means they will no longer have to pay the annual subscription, the national committee has decided.

There were 40 members in this category at the last count in early April. Members entering their 90th year will be informed, but no longer sent a reminder to renew their subscription. *However, if they choose to send a donation for the Society's work, it will, of course, be welcomed.*

WHAT THEY SAID

"Under current Palliative Care Australia guidelines, while it is ethically unacceptable for a patient to choose a death that is quick and painless, it is ethically acceptable for them to choose a slow, painful death by dehydration and starvation. Let those who attack the whole concept of euthanasia defend that if they can." **Andrew Denton, Australian journalist and campaigner.**

"My support for a safeguarded assisted dying law comes from supporting the cultural shift in medicine from paternalism to person-centred care and by recognising the cruel injustices inflicted by the blanket ban of assisted dying in the UK." Surgeon Professor Sir John Temple, immediate past president of the British Medical Association.

"We should all be asking why some are so willing to condemn their fellow citizens to a long, agonising, certain death from a life-ending illness, when the patient only wishes to end her or his own life and suffering in a painless and dignified manner, surrounded by those who support their loved one's decision." James C. Nelson, retired Montana Supreme Court Judge.

BRANCH EVENTS

AUCKLAND	Sunday 16 June at 2pm - Branch AGM Fickling Convention Centre, 546 Mount Albert Road, Three Kings. EoLC Bill Update and vote for committee members. Speaker to be confirmed.
BAY OF PLENTY	Friday 10 May and Friday 14 June at 10am Coffee mornings at Zest Café, Chadwick Road, Tauranga.
KAPITI-HOROWHENUA	Saturday 27 April at 1.30pm - Branch AGM Community Hall, Ocean Road, Paraparaumu Beach. Speakers <ul style="list-style-type: none">• Brooke van Velden (of David Seymour's Office).• Mary Panko (EoLC Vice President).
WELLINGTON	Saturday 8 June at 2pm - Branch AGM Aro Valley Community Hall, 48 Aro Street, Wellington.

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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 321, Gisborne 4040
- 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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