



End-of-Life Choice

Society of New Zealand Inc

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Member of the World Federation of Right to Die Societies

POLL PREDICTS OVERWHELMING YES VOTE

By Dr Mary Panko, EoLC President

Seventy per cent of adult New Zealanders – that is 2.5 million voters – will approve the End of Life Choice Act in this year's referendum, according to an opinion poll taken in November after Parliament's historic vote in favour. Only 30% - or one million people - will vote No on September 19, Horizon Research said after the independent survey it conducted in the public interest.

With five months to go, in which opponents will inevitably step up their campaign of lies and misinformation that has plagued the issue for years, we cannot realistically be totally confident of that outcome at this stage. It is up to every one of us to spread the word and convince the doubters that no more will die under the new law but fewer will suffer. To help you combat the opposition we are printing a two page guide setting out basic points of the Act and its safeguards you can refer to or copy and pass on. (See Pages 4 & 5). If anyone tells you they want an independent view, you can point them to the government's website:

www.referendum.govt.nz/endoflifechoice

I thank branches and groups who have already organised information stalls at local markets and events to let New Zealanders know about the Act and explain its extensive safeguards. Many are using these occasions to sign up supporters – a new group of people who, for whatever reasons, do not want to become members of our Society but are willing to give their names and email addresses to receive monthly bulletins from us so that they can spread the news to friends and neighbours. If you encourage people to sign up, you can send their details to us on a form on the EOLC website

www.eolc.org.nz.

We are building strong support for our cause. Former prime minister Helen Clark has agreed to be our patron and the passing of enlightened legislation in Western Australia, following Victoria's example, is hugely encouraging. (See Page 6).

Plans for two prominent Australian campaigners, Dr Nick Carr (a high profile assisted dying doctor in Victoria) and Beverley Young (a retired palliative care nurse and passionate speaker from Queensland) to come on speaking tours in August, before the referendum, have been **put on hold** due to uncertainty about the COVID-19 outbreak. We have also been forced to postpone our AGM that was scheduled for 13 June.

Meanwhile, your executive committee is preparing handouts for all branches and seeking opportunities to talk to groups and publish opinion articles in a range of publications that present the facts and refute misapprehensions. Full details of the Horizon poll are at:

<https://www.horizonpoll.co.nz/page/561/large-major?gtid=0CF2B9C7-A4A2-4EA8-A975-862EFF0FA27F>

Significantly, 72% of Maori surveyed by Horizon for the TV3 programme The Hui on March 8 said they would vote Yes at the referendum. Only 28% said they would vote No. Maori MPs who voted against the Act in Parliament last year claimed that assisted dying was incompatible with *tikanga* Maori, but this was rejected 58% to 40% by respondents to the survey, which was commissioned by The Hui. In addition, 61% said they were not worried that a disproportionate number of Maori would choose to end their life under the Act because of inequality of care with pakeha. Just over a third (37%) said they were concerned.

Fifty-five per cent said they felt that the terminally ill choosing to die was an act of *tino rangatiratanga* (self-determination) with 43% disagreeing. To a further question, 70% of respondents said that sufferers of long-term disabilities or illness should also have the right to medical assistance to die, while 28% opposed that.

WE CHALLENGE VIEWS OF SO-CALLED “EXPERTS” ON THE ACT

The views of a panel of so-called experts on the End of Life Choice Act widely distributed to media last year by an associate of the prestigious Royal Society of New Zealand were challenged by former EOLC Society president Dr Jack Havill as “not worthy of a scientific organisation”.

The Science Media Centre (SMC) published its “Expert Q&A” on assisted dying with the opinions of a panel of six

Continued on page 2

people working in psychology, law, nursing and palliative care on November 21.

"A lot of the comments were not evidence-based and in fact in many instances simply aired the prejudices of the participants, and sometimes quoted false evidence," Dr Havill told Andrew Cleland, chief executive of the Royal Society. I have studied these matters closely and frankly am very disappointed. Suffice it to say, most of the 'experts' did not know a lot about the subject."

The SMC was set up in 2008 as the government introduced a strategy to raise public interest in science and technology. It claims on its website to be "New Zealand's only trusted independent source of information for the media on all issues related to science" and says it provides "expert advice on important public issues."

The Royal Society was awarded the right to develop and operate the centre which continues to be based at the society's headquarters in Wellington and shares the same telephone number.

Mr Cleland, however, disclaimed any responsibility for the "Expert Q&A", saying the SMC had editorial independence and it was a matter for its advisory board, not the Royal Society. The fact remains that the SMC is funded by the government and the Royal Society, which dates its origins back to 1867, says part of its role is to "provide advice and information to government and the public on issues of public concern".

After taking Dr Havill's detailed criticisms as a formal complaint from the EOLC Society, the SMC advisory board largely dismissed it, saying most of his comments objected to views expressed by the panel members "without pointing to specific instances of scientific inaccuracy".

It made an exception for a nursing lecturer who cited literature including "a magazine of conservative opinion" and a right to life lobby group. It said that did not meet the SMC's editorial standards and should be removed from the organisation's website. It said a footnote should be added to clarify conscientious objectors' right to opt out, but deemed no action was required on two other aspects of the complaint.

Dr Havill said of the reply to his complaint: "It pretty much evades a lot of the issues, but at least there is some partial response which I suppose is a start. Most of the commentators were not, and are not, experts in the area and they are often speculating according to their preconceived ideas.

"Some came from a clear oppositional stance and their comments were not corrected. The article as a whole, even with corrections, leave the Science Media Centre and associated Royal NZ Society with an issue of credibility."

MAID NOT "UNETHICAL", SAYS WORLD MEDICAL BODY

The World Medical Association, which represents more than 10 million physicians, has adopted a new policy on medical assistance in dying, saying it no longer considers it unethical and does not explicitly condemn the practice.

The organisation, which has 113 national medical associations as members, maintains firm opposition to euthanasia and assisted suicide but has modified three earlier declarations that condemned the practice as "unethical". The change came at its 70th general assembly in Tbilisi in October when the three documents, which were reaffirmed as recently as 2015, were rescinded and replaced by a "completely rewritten" Declaration on Euthanasia and Physician-Assisted Suicide.

The WMA said it had always been a difficult issue and national associations from the Netherlands and Canada, where the practice is legal, had withdrawn from the world body in October 2018, after reporting unease at their member doctors being morally condemned.

The World Federation of Right to Die Societies said it was positively surprised by the change. "Although the declaration itself is still opposing euthanasia and assisted suicide, the absence of the judgement 'unethical' takes away a major argument used by national medical associations and a lot of individual doctors, when opposing legalisation in their countries," it said. "The lack of a call to doctors and medical associations to condemn this practice is also positive news for these doctors and medical associations that have other views on this topic. Hopefully they will feel more free now to speak out their own beliefs based on their own experiences."

In Britain, the Royal College of General Practitioners (RCGP) announced it would continue to oppose a law change after conducting a survey of members, though only 13.47% of them responded. And despite 40% of respondents supporting a law change and 11% favouring a neutral stance on the issue. Of those who responded, 47% wanted the RCGP to continue to oppose a change in the law.

Meanwhile, the British Medical Association (BMA), which has been staunchly opposed to assisted dying, announced on February 6 that it will, for the first time, survey its 160,000 members for their views.

Many MPs cited the BMA's opposition as one of the key reasons that Parliament rejected an Assisted Dying Bill in 2015. "We know, however, that doctors have a wide range of views on this issue," said Zach Moss, of Dignity in Dying UK. "Currently only a vocal minority who oppose assisted dying in any form, usually on ideological and religious grounds, are represented by this stance."

He said the survey showed that the medical establishment recognised that the issue must be debated and that outright opposition to law change shut down discussion and failed to represent the views of both the BMA's members and dying people. The result will be announced in July at the BMA's Annual Representatives' Meeting.

Our past president Dr Jack Havill noted that the New Zealand Medical Association continued to be opposed despite not holding a proper poll of doctors. He said the association's stance was "beyond belief" as it had fewer than 4000 members of New Zealand's 16,000 doctors.

A DOCTOR WRITES ...

By Aneez Esmail Professor of General Practice, University of Manchester

If the public supports assisted dying, so should doctors like me. A survey of the Royal College of GPs (RCGP) has today revealed a dramatic shift in opinion on assisted dying among members - and yet the college has decided to remain opposed to any change in the law to let terminally ill people die on their own terms.

As a GP, I am astonished by this decision by my representative body. The proportion of GPs who feel the college should be opposed to assisted dying has plummeted from 77% to 47% since the last survey in 2013, while those who think the college should support it shot up from 5% to 40%.

Over half of respondents voted for the RCGP to drop its current opposition. The only fair position for the RCGP to take is neutrality. This was the position taken last year by the Royal College of Physicians (RCP), of which I am also a member, after a survey found a clear range of views on assisted dying among its membership. The RCP joined the Royal Colleges of Nursing, Medicine, Psychiatrists, Radiologists, Anaesthetists and medical organisations around the world which campaign neither for nor against law change, yet still manage to contribute constructively to this important debate. There is no reason why the RCGP should not follow suit. For the college to blatantly ignore the will of its members, the increasing consensus among medical organisations and overwhelming public support for assisted dying is not just arrogant - it is regressive.

The vast majority of Britons see that the country's blanket ban on assisted dying is not working: Why else would 84% support a change to allow assisted dying as an option for terminally ill, mentally competent adults? Not only do I support the principle of patients having greater autonomy over their death, I also see the potential dangers of doctors having a monopoly on their patients' health. I firmly believe that an assisted dying law with clear safeguards would provide better protections for patients.

Under the status quo, terminally ill patients in the UK are resorting to drastic measures at home and abroad with no protections at all. I don't know how any doctor can be happy to let dying people suffer when palliative care can no longer help, or turn a blind eye to a patient flying to Switzerland or ending their own lives behind closed doors.

Yet if the UK were to introduce legislation similar to Oregon's - which has been in place for over 20 years, and been adopted by nine other US jurisdictions, two Australian states and soon likely New Zealand - we could not only empower our terminally ill patients, but also bring the issues involved in doing so out into the open to be properly scrutinised.

The RCGP has no right to tell society the law is working, when it clearly isn't. The BMA is currently surveying its members on assisted dying for the first time. I hope they reject the RCGP's approach and instead look at this debate in a compassionate, rational way, acknowledging the range of views within the profession and putting patients' voices first.

(This is an edited extract from an article published in *The Independent* online newspaper on February 25 2020.)

REST IN PEACE, DAVE MULLAN

Kua hinga te Tōtara i te Waonui a Tāne.

A mighty totara has fallen in the forest of Tāne Mahuta

The Rev Dave Mullan, one of our most passionate and persuasive members, of Red Beach, Hibiscus Coast, died on December 16 2019, aged 84, after suffering prostate cancer for more than 17 years. EOLC Society President Mary Panko writes: Many of you will have met Dave, if not in person then via one of his many videos

(<https://youtu.be/RuBqg4CapD4>)



in which he described what it was like to live, and eventually die, from prostate cancer. He and his wife Bev formed a powerful partnership based firmly on their belief in a loving and compassionate God. He died in the circumstances he knew were waiting for him without being able to say goodbye at a time of his own choosing or avoid the final days of his suffering. More than anything Dave would have wanted to spare his family from having to endure that misery. Dave was a multi-talented individual, being a writer, a video developer in the days before the Internet simplified the processes required and a founder of the first New Zealand budgeting service.

A man for all the people, especially the beleaguered, he was a visionary and unafraid to push boundaries. After becoming ordained as a Methodist minister, he and Bev worked together the length of New Zealand, from Dunedin to the Bay of Islands. In the final years of his life he stood tall as an advocate for the End of Life Choice Act and lived to see it passed in Parliament, although he knew it would not become law in time for him. In an interview with the Stuff website on July 29 2018, Dave said he had seen many people die badly over his career in the church. 'Now I face my own journey into dark places and I sense my country does not respect my need,' he said. 'I had hoped that this Bill might have become law in time for me to choose to take an organised farewell for family and friends and depart this life in some dignity.'

'I'm only just surviving now. I'm in constant pain and feel miserable all the time. I am being medicated for daily pain. My experience...leads me to believe I may be one of the few hospice patients whose pain is simply not suitable for palliative care.'

Aroha, Dave and all our dedicated members who died last year.

See <https://eolc.org.nz/videos> And here is a link to a blog Dave wrote in 2018:
<http://dave-mullan.blogspot.com/2018/08/a-moral-example.html>

What is the process of the End of Life Choice Act?

1. A person tells their attending doctor that they wish to have the option of assisted dying.

2. The doctor must take all of the following steps:

Advise the person of the prognosis for their condition.

Advise the person of the irreversible nature of assisted dying.

Advise the person of the impacts of assisted dying.

Talk with the person about their wish, at appropriate intervals.

Ensure the person understands their options for end of life care.

Ensure the person knows that they can change their mind at any time.

Encourage the person to talk about their wish with others, such as friends, family and counsellors. Ensure that the person knows that they are not obligated to speak to anyone, but ensure that they have had the opportunity to.

Ensure that the wish has been expressed free from pressure by any other person, by speaking with other health practitioners and with members of the person's family.

The doctor must record their actions that fulfilled the requirements above, and include these in the first part of a prescribed form.

3. The person must sign and date the second part of the form, with the doctor present.

If the person is unable to write, they are able to request another person to sign and date the form on their behalf. This must be done in the presence of the person, with certain conditions met.

4. The doctor must decide whether the person is eligible for assisted dying. The criteria explained on page 2 must all be met.

5. A second, independent, doctor must also decide whether the person is eligible for assisted dying.

6. If one or both of the doctors requests it, a third assessment of the person's competence must be made by a psychiatrist.

If both doctors (and the psychiatrist, if requested) agree that the person is eligible, assisted dying can proceed.

7. The doctor must tell the person that they are eligible for assisted dying, and discuss with them both the progress of their illness, and the timing of the assisted dying.

8. The medication can be prescribed by the doctor, and administered by a doctor or nurse practitioner. 48 hours prior, the doctor must prescribe a lethal dose of a chosen medication and send the prescription to the registrar who will only counter-sign it if there is evidence that the processes of advice, request and assessments have been complied with. The person can choose the method of receiving the medication.

The doctor or nurse practitioner must ask the person if they wish to receive the medication, and if so, provide it so the person can end their life.

Every assisted death under this law will be recorded in detail, and reported to a Review Committee.

What are the safeguards under the End of Life Choice Act?

Patient-initiated discussion

Doctors and other health professionals are not permitted to raise the issue of Assisted Dying with their terminally ill patients.

Fully Informed Consent

The End of Life Choice Act requires that the person's doctor fully informs the person requesting an assisted death of the details of their condition, their prognosis, and their other options for care at the end of their life. The doctor must ensure that the person has had the chance to speak to family, friends and counsellors about their decision. The doctor must also check, to the best of their ability, that the person is making their decision to request an assisted death freely, without any pressure from any other person. If at any time the attending medical practitioner suspects pressure, they must take no further action.

Assessment by Two Doctors

The End of Life Choice Act requires that a person's eligibility (meeting every criterion outlined overleaf) is assessed by two doctors. The first doctor must be the person's attending medical practitioner. The second must be an independent doctor appointed by the SCENZ Group (a public body that will be created to oversee assisted dying). Both doctors must agree that the person meets all of the eligibility requirements.

Assessment by a Psychiatrist

If either one of the doctors is unsure that the person is competent (able to understand the nature and consequences of assisted dying), then a psychiatrist must assess the person's competence. This psychiatrist will also be appointed by the SCENZ Group to conduct this assessment.

Change of Mind

The End of Life Choice Act requires that the person is able to change their mind at any time from the time of the first request for assisted dying. This is up to and including the time that the medication is provided to the person.

Accountability & Reporting

The End of Life Choice Act requires the Director-General of Health to create a body called the SCENZ Group (Support and Consultation for End-of-life in New Zealand). The group's functions are: to make and maintain lists of medical practitioners, specialists, and pharmacists who are willing to act in relation to assisted dying (and provide these where necessary); to prepare standards of care; to advise on medical and legal procedures; to provide practical assistance if it is requested.

The SCENZ Group will appoint a Review Committee consisting of a medical ethicist, and two medical practitioners, one of whom practises in the area of end of life care. The Review Committee must consider reports of every procedure carried out, and report its satisfaction or otherwise to the Registrar. The Registrar is required to make and maintain a register of all prescribed forms, reports and recommendations made by the Review Committee; to make annual reports to the Minister of Health; to establish a procedure to deal with any complaints about breaches of assisted dying law. Without the countersignature of the Registrar to the prescription for the life-ending medication, no assisted dying can take place; the Registrar is the final gatekeeper to each case.

The Prescribed Forms

The End of Life Choice Act requires forms to be completed at every step of the process. These will be in standard form and require comprehensive information on actions taken. They will be kept on record by the Registrar so that accurate reports can be made on requests for assisted dying, and assisted deaths carried out.

DISCHARGE FOR WIDOW SUICIDE PACT SURVIVOR

A woman who survived a suicide pact in which her husband of more than 50 years ended his life was discharged without conviction in Nelson in December.

In a compassionate judgement, Judge Denys Barry said a conviction would be an "official state sanctioning" of the woman over the death of her beloved husband which would remain with her for the rest of her life. "This was not a case of a hasty decision or pressure being applied by [the woman] on her husband, quite the opposite," he said. "This was about a slowly gestating and unfolding debilitating and excruciating terminal illness foist upon [the man], recognised by him in advance for what it would become, and for which he made his own plan years in advance to have the means to end his life, when he thought the time had come that he was unable to bear life any further."

The case, in which the names of the couple were suppressed, was reported in the *Nelson Mail* on January 31. The court was told that the man had a degenerative illness and the couple made a suicide pact after he went into hospital. Their daughter found a note in her parents' home, written by her mother, who intended it to be read after their deaths. Going to the hospital, she found her father had died and her mother was still breathing.

Although Section 180 of the Crimes Act says the survivor of a two-person suicide pact is liable to a five-year prison sentence, the judge said the consequences of a conviction would be out of proportion to the gravity of the offending. He said evidence showed the man was severely disabled and his quality of life was getting worse in an "escalating and exponential fashion". Admitted to hospital while awaiting palliative care, he was open with staff about the plan to end his life. **The woman told police her husband had pleaded with her to help him enact their plan. She also suffered a health condition and they agreed to end their lives together.**

End-of-Life Choice Society president Mary Panko told the paper: "This sad case reflects the misery imposed by the current law in New Zealand. The ground-breaking decision by the judge to discharge her without conviction shows that the judiciary share the overwhelming public opinion of New Zealanders that a law change is essential to allow terminally ill people to end their lives peacefully and painlessly in the company of their loved ones, family and friends."

The case followed a similar outcome last October when an 86-year-old man convicted of being party to a suicide pact with his wife was discharged without penalty. The court heard that the couple had been married 23 years when they agreed to take their lives at their home in Palmerston North in April 2018. Only he survived. Judge Geoff Rea said a conviction and discharge was appropriate because there was no risk of reoffending.

NEWS FROM AROUND THE WORLD

AUSTRALIA Fifty-two terminally ill people died in Victoria in the first six months of the state government's medical assistance in dying (MAiD) legislation. In its first statutory report, covering the period June 19 to December 31, the Voluntary Assisted Dying Review Board said the law had operated safely and "everyone who accessed voluntary assisted dying met the strict eligibility requirements and went through the correct checks".

It said 135 terminally ill citizens were deemed eligible for the scheme on first assessment after applying for permits to die. Forty-three died by self-administering the prescribed lethal drug and the other nine by a medical practitioner's assistance. Withdrawals included those who died before they could access the drugs, or administration issues that disqualified them.

Health minister Jenny Mikakos said the number "far exceeds our expectations". Based on international experience, the government earlier predicted the number using the laws in the first year could be as low as 12, before stabilising at about 150 annually.

Former Supreme Court Judge Betty King, who chairs the review board, said 370 doctors had completed or applied for the four-hour training course required to qualify to assess patients' eligibility. A third are in regional Victoria, but Ms King said one of the greatest barriers was a federal law that prohibits doctors using a phone or the internet to discuss MAiD with terminally ill patients. "No terminally ill person in regional Victoria should have to be travelling all the way to Melbourne to see a doctor," she said. Ms King said there was no evidence of family pressuring loved ones to access the law.

Western Australia became the second state to pass Voluntary Assisted Dying laws with a 24-11 vote in parliament's upper house on December 5. Significantly, the WA branch of the Australian Medical Association (AMA) changed its position in the last weeks of heated debate and decided to support the new law after the government unveiled 12 new amendments, including one stipulating that only doctors and senior nurses are authorised to raise the option of assisted dying with a terminally ill patient in a medical consultation about end-of-life choices.

This differs from the law in Victoria which, like New Zealand's End of Life Choice Act, specifically bars all

Continued on page 7

medicos from raising the issue with patients. There is an 18-month implementation period before the WA law, which says two independent doctors must approve an application and all end-of-life discussions have to include information about palliative care and other treatment options, comes into effect.

To qualify, competent adults must have an incurable and advanced disease, illness or medical condition that is expected to cause death within six months (or within 12 months for a neurodegenerative condition) and are experiencing suffering, which they consider intolerable.

BELGIUM **Three doctors were charged with manslaughter in the first case of its kind under Belgium's medically assisted dying law and were acquitted by a jury in Ghent on January 31 after a two-week trial.**

They faced life imprisonment after being accused of unlawfully poisoning Tine Nys, 38, in 2010. One of her two sisters lodged a complaint saying that Tine Nys, who suffered depression, was addicted to heroin and had attempted suicide several times, had not been incurably ill as the law requires.

The trial of the doctor who made the lethal injection, the woman's GP and a psychiatrist was seen as a test case for Belgium's 18-year-old law.

FRANCE **A French court on January 28 acquitted a doctor who switched off the life support systems of Vince Lambert, 42, whose fate had been at the centre of a fierce family controversy about the right to die for a decade (Newsletter 54, August 2019).**

Lambert, who was left a quadriplegic with severe brain damage in a 2008 road accident, died in hospital last July. His parents, who had fought a legal battle to keep him alive, laid a criminal complaint against Dr Vincent Sanchez, claiming he had failed in his duty to show assistance to a person in danger.

AGM POSTPONED

The End-of-Life Choice Society's 2020 Annual General Meeting, which was scheduled to be held on June 13 in Wellington, has been postponed because of continuing uncertainty over impact of the COVID-19 outbreak.

President Mary Panko said members would be contacted with details of new arrangements for the meeting once they have been organised. She warned this may take some time.

After consulting members of the National Committee, Dr Panko said that although attendance at the AGM was not likely to meet the government's directive that events involving more than 500 people should be cancelled, it was in the general public interest to defer it.

"If you have already booked a flight to attend the meeting, explain to the airline that your event has been cancelled and seek reimbursement," she said.

"Similar difficulties may also affect local branch meetings, AGMs and other scheduled public events. Please keep in touch with your local branches to see what plans they have in the future."

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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*.

The book contains moving accounts of bad deaths of relatives and friends as told in heart-breaking submissions to Parliament's Health select committee. Select from the following:

- 1 This can be downloaded free on our website - www.eolc.org.nz
- 2 You can buy the printed paperback for only \$12, including postage, through the website store by Internet banking to **Kiwibank 38 90 06 02 26 036 02**, (Be sure to include your **NAME** and "**DONATION**" in the bank details).
- 3 By phone, using your credit or debit card, **09 215 4964** ([we will NEVER keep your credit card details](#)).

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 Cheques can no longer be accepted. You may donate through our website OR phone **09 215 4964** and provide your debit or credit card details ([we will NEVER keep your credit card details](#)).
- 2 Direct payments into our bank account **Kiwibank 38 90 06 02 26 036 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.

Purchase your Guide and Advance Directive today. Select from the following:

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- 4 Phone **09 215 4964** and provide your credit card details ([we will NEVER keep your credit card details](#)).

