



# End-of-Life Choice

## Society of New Zealand Inc

August 2020

END-OF-LIFE CHOICE SOCIETY OF NEW ZEALAND INC

Issue 57

Member of the World Federation of Right to Die Societies

### A GENERATION'S CRITICAL VOTE TO END THE SUFFERING

*By EoLC President Dr Mary Panko*

**Voting on the referendum starts in just a couple of weeks. After more than 40 years of struggle by our Society's members it has finally come down to one last effort.**

**This is a critical vote of a generation. It is clear that if it fails, no government is going to want to look at the issue of assisted dying again for years to come.**

It is great that the latest poll maintains our lead at 63% of voter support while our opponents are way down at 24% (the rest were undecided or likely to abstain). Our job now is to make sure people are actually on the electoral **roll, go out and vote** and **tick Yes** in the End of Life Choice Act 2019 referendum.

We cannot afford to be complacent. Over the next few weeks there will be a barrage of TV, radio and newspaper advertisements, as well as screeds of dire warnings online about the Act. When you see this material speak out about the lies it contains and the fact that these mistruths are invariably based on personal beliefs and not on long-established evidence. We need to keep explaining that this Act is hugely ring-fenced with safeguards, that it is designed to relieve terrible suffering for terminally ill people at the end of their lives, and will put an end to the terror of a bad death.

#### **MAKE SURE EVERYONE YOU TALK TO REALISES THAT NOT ONE ADDITIONAL DEATH WILL HAPPEN AS A RESULT OF THIS ACT – BUT FEWER PEOPLE WILL SUFFER.**

Our emphasis is that the End of Life Choice Act is totally about **personal choice**. The ultimate decision is not made by a doctor or a family member but by the terminally ill person themselves.

If you meet people still wrestling with the question of whether or not they would ever want to use assisted dying themselves, it's important to explain that a majority of No votes would kill the EOLC Act 2019 altogether and a similar measure is unlikely to be revived for years.

#### **A YES VOTE SIMPLY MEANS THAT THE ACT WILL COME INTO FORCE NEXT YEAR AND BE AVAILABLE FOR TERMINALLY ILL PEOPLE SHOULD THEY NEED IT AND ASK FOR IT THEMSELVES. THE KEY WORDS ARE END OF LIFE AND CHOICE.**

We have not forgotten the thousands of Kiwis living in Australia. Our sister organisations over the ditch have put notices on a number of Facebook sites, encouraging New Zealanders across the Tasman to ensure they are enrolled to vote and will support **Yes** for assisted dying at the referendum. Don't forget to tell your rellies to do the same if you have people over there.

#### **HOW CAN YOU HELP?**

With apologies to those of you who do not use the Internet, it is a fact that the best way we can get our message in front of the public these days is to extend our use of Social Media, especially Facebook. Unfortunately, this costs money and if you cannot get to meetings, write letters to newspapers, or drop explanatory information in mailboxes or on car windscreens, then **please consider a donation**.

- \* Go to either the Society's website <https://eolc.org.nz/>
- \* or to the **Yes for Compassion** website <https://www.yesforcompassion.org.nz/>

Help us fund these last days of the campaign. I know many of you have already been incredibly generous and all your donations have been utterly worthwhile – so thank you! You can also contact your local branch of EOLC to find out what they are doing and how you can help. We have heard much about the need to be kind in the days of Covid-19. This is our big chance to bring kindness to the bedside of terminally ill people for whom palliative care does not work and are relying on us to end their suffering.

By EoLC Editor David Barber

**Hypocrisy is seldom more blatant than when a committed religious disciple opposes assisted dying with evangelistic fervour while posing as secular and carefully avoiding any mention of their beliefs.**

Even worse when the disciple claims to be an experienced and independent “kiwi journalist on the hunt for the truth”, clearly implying that they have no axe to grind.

We saw a particularly egregious example in June when a devotee of an Auckland Pentecostal church conned sections of our increasingly pathetic broadcast media to promote her equally pathetic self-published book.

Caralise Traves demonstrated the declining professionalism in parts of our national radio and television services when her credibility went unchallenged in patsy publicity interviews.

Neither an experienced Radio New Zealand journalist, whose sympathies must be suspect, nor a bunch of presenters on a prime time TV3 programme that pretends to cover current affairs, questioned her claim to have conducted an impartial investigation into the issue.

Her book is, in fact, a clever piece of religiously-biased propaganda, with classic lines of misinformation, deliberately designed to confirm the beliefs of the already biased and to confuse the undecided. Of the 20 people she claimed to have interviewed less than a handful favour end of life choice.

The mother-of-two and activist of the so-called Ignite Faith Christian church in North Auckland should be ashamed of an unscrupulous, unethical and amoral exercise and the so-called journalists who unwittingly or otherwise helped her publicise it are a disgrace to their trade.

Some elementary research would have questioned her delusory claim to have had a 10-year career in top flight journalism “breaking national headlines on the front lines with Fairfax Media.”

A bit of digging might have revealed that her experience seemed limited to working on a community newspaper where the highlight, according to her own post on the Linked In website, was “being the first to report lightning splintering the top off a tree on a residential property in the middle of a stormy night”.

A Google search of the bi-weekly *Rodney Times*, where she rose to be chief reporter, highlights other stories promoting the sale of a millionaire couple’s \$10 million house and the appearance of road cones on top of two Norfolk pine trees.

She did not disclose in the book, or in any subsequent media interviews that she and her husband Will have been active members of the church in Arkles Bay, Whangaparaoa, since at least 2011. In August 2018, the church thanked its Facebook followers for their responses to the End of Life Choice Bill, saying “we will make an impact”.

Nothing wrong with that – she is entitled to her beliefs – but if she were the unbiased truth-seeking journalist she claims to be, she should have declared her background and inherent conflict with the concept of assisted dying.

Not her problem that she kept all that secret from Radio New Zealand and TV3 but they have a responsibility to provide balance and accuracy in their programming – a responsibility they effectively eschewed in weasel-word rejections of the End-of-Life Choice Society’s formal complaints that they breached broadcasting standards of balance and accuracy

The New Zealand Media Council’s principles are clear. They state: “Where an author’s link to a subject is deemed to be justified, the relationship of author to subject should be declared.”

We believe that this author’s link to the subject is perfectly clear from her background and should have been declared in the interests of an honest, impartial, debate on one of the most crucial issues of a generation.

History has shown that democracy suffers when tricksters con the media, but we remain confident that commonsense and justice for the suffering terminally ill will prevail on September 19.

OUR COMPLAINTS

**Radio New Zealand**

**Presenter Colin Peacock interviewed Caralise Traves on the Sunday programme on National Radio on June 28. He said: “The book is pretty comprehensive” and told her: “You’ve talked to an awful lot of people.” He didn’t point out that 17 of the 21 interviews she claimed to have conducted were people who admitted opposing assisted dying.**

She said she had interviewed our former president Dr Jack Havill, but did not mention his opinions. She recommended a book called *Dying Well*, but not his *Dying Badly*. She quoted lawyers opposed to assisted dying but none in favour.

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She quoted a campaigner for Euthanasia-Free NZ as saying: “We don’t know what’s happening overseas”, but did not say that more than 200 million people now live in jurisdictions that allow medical assistance to die for the terminally ill. And the presenter, one of RNZ’s most experienced broadcasters, never raised that question in an interview that fell well short of the professional standards one expects from National Radio.

RNZ rejected our complaint that the interview breached broadcasting standards on grounds of balance and accuracy. It turned down our request for comparable air time to provide a balanced view, saying: “There is no requirement for ‘stopwatch journalism’”.

Because an extensive debate had already occurred nationally “our listeners would be well aware that a range of views exist on this particular topic.”

In a remarkable piece of Orwellian double-speak, it claimed that nothing in the interview “could have misled our audience in any way”.

### **TV3’s The Project**

**The most outrageous blatant lie that this programme on June 30 allowed the writer was a claim that “a lot of research” showed 20% of people favoured medically assisted dying, 20% were against and “there’s a big 60% in the middle that are ill-informed”.**

In fact, Otago University’s Jessica Young’s research of 20 years’ surveys found an average 68.3% in favour and any serious journalist reporting the issue would have done their homework and known that. Amazingly, the Mediaworks Standards Committee, which reviewed our complaints about lack of balance and accuracy, said it “does not agree that the statistics presented by Ms Traves significantly misled the audience.” It also quibbled with our submission that Jesse Mulligan was promoting the book as a definitive volume on the subject when he held up a copy saying: “If you want to do your homework, that is the book, it’s out tomorrow”.

The front cover of the book bears the words: “Kiwi journalist on the hunt for the truth”, but Mediaworks says: “At no point was the book referred to as an ‘independent assessment’ or ‘the truth’.”

Your society complained that presenter Kanoa Lloyd’s declaration on air that she would vote No in the referendum was apparently designed to persuade viewers how to mark their ballot and should have been balanced by allowing another “star” to declare an alternative view. The committee said she was entitled to a personal opinion and repeated the line “Balance is not achieved by a stopwatch.”

Confusingly, it said “the period of interest to achieve balance on this issue is still ongoing”, but it rejected the society’s offer to provide a speaker to give a different view on another programme. “In fact, The Project is still deciding whether or not it will feature any further discussions about the End of Life Choice Act and its referendum on the programme.”

## **A DOCTOR WRITES**

**By Dr Nick Carr, St Kilda, Melbourne**

**Dr Nick Carr is one of the first group of doctors to undertake mandatory training to provide voluntary assisted dying for patients in Victoria, since it became legal last year.**

On June 19, 2019, Victoria became the first state in Australia to have a VAD law. It allows the option of VAD for any Victorian resident with a terminal illness and life expectancy of less than six months (or 12 months for a neurodegenerative condition like Motor Neurone Disease). There are multiple restrictions and the law has been described as the most conservative of its kind in the world. Here’s what’s happened since then.

### **First, the bad bits:**

- 1 Not enough doctors (particularly specialists) have trained, so that access to help is patchy and, in some cases, non-existent in more remote areas.
- 2 Expected reluctance from faith-based institutions, but some surprising reluctance from other services, including one major public hospital.
- 3 Excessive paperwork - e-forms to complete, with an over-reliance on bureaucratic documentation. A patient was deemed ineligible, as, despite living in Melbourne since 1961, he had never taken Australian residency. I couldn’t help him and rather than wait for his pancreatic cancer to kill him, he committed suicide - exactly the outcome the law was designed to prevent.
- 4 Our law forbids doctors to tell patients of the VAD option. No problem for informed, articulate, English speakers who know that they have to ask, but a significant potential barrier for the marginalised. It’s like being told that I can tell someone with heart disease about pills, but not about stents or surgery.

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5 Someone has to provide a written prognosis. Sounds simple, but many specialists are uncomfortable about committing themselves on paper.

Because of all the above, the process is cumbersome and time consuming. Several patients I have been helping died before the process could be completed.

#### **The good bits:**

- 1 Main reasons people have asked for VAD have been to regain some control and choice; not having to wait for a possibly unpleasant event to kill them and not having to suffer the indignities of further losses of bodily function. For most, management of symptoms like pain and nausea has been well provided by palliative care services and these have not been the reasons for seeking VAD.
- 2 There's been no suggestion of coercion at any point – rather the opposite. Families are more likely to be reluctant but supportive.
- 3 Consultations as a VAD provider have been surprisingly unemotional. All the complex stuff about a horrible diagnosis, treatment failure and imminent death have been done, so by the time they come to someone like me for VAD care, it's about the practicalities. The overwhelming response has not been distress, but enormous relief that they are getting some control over this final stage of their lives.

The state wide “Navigators”, whose job is to assist people to find their way through the system, have done a superb job at helping patients, relatives and hapless doctors alike. The sky hasn't fallen in and no one has labelled me as *Dr Death*. The same seems to apply to other VAD providers.

After all the argument, hand-wringing and dire predictions, grannies are not being bumped off, nursing homes are not being emptied, nor are confused older people being coerced into signing on in droves. A small number of people have had the relief of an option previously denied them. An even smaller number have actually used the medication, and the experience has been overwhelmingly positive and peaceful.

### **A CLERGYMAN WRITES**

*By the Reverend Craig Kilgour, of Hastings*

**Having lost two wives to cancer, I have had close of experience of loved ones dying. And during 36 years as a Presbyterian minister, I spent a lot of time around dying, death and funerals. I will be voting Yes for the End of Life Choice Act at the September 19 referendum and my Christian faith has no conflict with that decision.**

In my years as a minister I witnessed unnecessary suffering and I believe we should have empathy and concern for those who suffer. My faith is based on the life and teachings of Jesus and all major religious traditions and their sacred writings have the same strong theme running through them - compassion, justice and mercy for all.

My first experience of a loved one dying was in 1983 when Jen, the love of my life and mother of our four sons, died of terminal cancer, aged 38. She was in the care of Te Omanga Hospice, Lower Hutt, at the time and I have the utmost respect for the hospice movement. Then, six years ago, my wife Sharon died of breast cancer five years after diagnosis in Tulsa, Oklahoma.

The issue of assisted dying became much more personal in September, 2018, when my 47-year-old nephew, who lived in Canada, decided to cease treatment for the cancer he had battled for five years.

Facing a very difficult future, and in consultation with his doctors, he was able to die peacefully surrounded by his family in accordance with the Canadian Supreme Court's decree that being able to die with dignity was a basic human right. Our family was unanimous that what took place was compassionate, just and right. He was brave and no one has the right to be critical of the choice he made.

I believe that we should also have that choice. We all have autonomy in decisions and choices concerning our health and for our lives. In a growing number of places throughout the world this right to die with dignity is now law. Where this has happened it has widespread public support. So let's give New Zealanders the same rights, pass the referendum and show the rest of the world that we care.

I have discussed this End of Life Choice Act with many. A few have been opposed, but the vast majority, including colleagues, church members, doctors and friends of all ages, have been for it. The law could be for a relatively small number of people who are close to death, in pain and suffering and want the right to choose to end their life in dignity, surrounded by loved ones.

**Do the compassionate thing and vote YES in the End of Life Choice referendum.**

*Craig Kilgour was born in 1942, grew up in Timaru and graduated from Otago University and Knox Theological College, Dunedin. He served as a Presbyterian minister in Maungatua, on the Taiera Plains, St Ninian's, Karori, and St Andrews, Hastings. He has been retired for 12 years.*

## WE HAVE A NEW ALLY

**We have a new ally in the fight for a law change to allow assisted dying for the terminally ill suffering unbearably. It's called Yes for Compassion. It is a campaign group specifically set up to fight for a YES vote at next month's referendum and led by the End-of-Life Choice Referendum Society, an incorporated organisation.**

*Yes for Compassion*, established by Dame Jenny Gibbs, philanthropist and long-standing member of the *End-of-Life Choice Society*, is politically agnostic, not tied to any party. It has a threefold message: Choice, Control and Compassion for Kiwis who do not wish to suffer needlessly at the end of their lives. The campaign's goals are to ensure that all New Zealanders can access the accurate, evidence-based, information they need to make an informed decision at the polling booth and to encourage a YES vote as the compassionate choice.

*Yes for Compassion* and the *End-of-Life Choice Society* collaborate where possible in the shared goal to see a Yes vote and the introduction of enabling legislation next year. The two organisations share some key members, including former EOLC Presidents Maryan Street and Dr Jack Havill and palliative care expert Dr Libby Smales.

*Yes for Compassion's* website features personal stories from Kiwis affected by the current ban on voluntary assisted dying and you can share your own story there. You will find especially moving a letter Matt Vickers wrote to his late wife Lecretia Seales on the fifth anniversary of her death. You can find it here:

<https://www.yesforcompassion.org.nz/matts-letter/>

If you haven't signed up to their mailing list, you can do so on the website

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

You can spread the word by forwarding their mailings to three friends who might be interested. If you have a Facebook account, please "**Like**" their page on

[www.facebook.com/yes4compassion](http://www.facebook.com/yes4compassion)

Sharing video content is particularly effective in getting our message across. You can print a poster from their website (**found on the "Get Involved" page**) and put it in your car or home window to pledge your support publicly.

## ASSISTED DYING AND SUICIDE – THE FACTS

**Opponents of assisted dying often mischievously claim that it increases suicide rates. In fact, exactly the opposite is true. It is known that many people kill themselves – often prematurely and violently – because of the absence of a law allowing a peaceful end to their suffering.**

For the record: Voluntary assisted dying occurs in a setting of the love of family, fellowship of friends and the compassion of society. Suicide occurs alone, in dark and tragic desperation because anybody seen to have assisted faces a 14-year gaol sentence. Voluntary assisted dying is the option to relieve prolonged and irremediable suffering of people who are dying anyway in the twilight of their years.

John Weaver, a Canadian historian who researched suicide in the 20<sup>th</sup> century in New Zealand told the High Court hearing Lecretia Seales' plea for the right to an assisted death in 2015: "I was struck by the violence and indignity of the methods that were used to effect self-euthanasia (for instance, taping a bag over one's head, and handcuffing oneself having swallowed the key) as well as the negative effects on loved ones."

**After reviewing hundreds of cases of self-euthanasia, he said: "I now see medical assistance in helping a competent, terminally ill, patient who is experiencing unbearable suffering to die as preferable to the violent, lonely, undignified and distressing alternative of self-euthanasia.**

"The manner in which some individuals chose to end their suffering, to be certain of success, was violent and undignified. It could have been nothing less than immediately distressing to that individual and in the long term for family and friends." He said his research using files of the New Zealand Colonial Service showed 25 to 30 terminally ill individuals killed themselves in the late 20<sup>th</sup> century, leaving notes longer and more articulate than other suicide notes. "It was clear that they had made their minds up. It was also apparent that in cases of self-euthanasia some were driven by a wish to end their life while they still had the ability to do so.

"My review indicated that a proportion of the terminally ill felt that they were left with a choice between taking their own life while they were still able, often through desperate and sometimes uncertain measures, or risk losing the

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ability to act and thus being forced to endure suffering that they feared would be intolerable.

“Many had researched methods for killing themselves, as indicated by police reports showing that the deceased owned or had borrowed books on the subject, and some had used the methods described in the books. One such method was asphyxiation with a plastic bag as described above.”

Reports from Australia in recent years suggest one-in-10 suicides in Western and Southern Australia are terminally ill, there are seven in Queensland every week and the Victorian coroner reported one a week in that state.

On June 23 readers of *The Times*, London, were told the story of Ian Douglas, a terminally ill man who, after several attempts, ended his life with an overdose of opioids from the dark web. Writer Daniel Finkelstein said: “His adult children, although unaware of his plan, endured police interviews and intrusion into their father's phone and computer, as well as their phones. **“In his final note, left for those who might find him, he wrote: ‘I would like to put on record that had we more sympathetic assisted-dying laws in this country, in all probability I would still be alive today.’** If he had been certain that he would be helped to die by doctors when the time came, he would have been able to postpone his death. He acted when he did only because he was declining and he needed to be sure he could organise the whole thing himself.”

## NEWS FROM AROUND THE WORLD

### AUSTRALIA

**Hopes that Queensland would follow Victoria and Western Australia in adopting a voluntary assisted dying law this year were dashed when the government shelved the issue and passed responsibility for drafting legislation to the state's Law Reform Commission.**

It gave it a deadline of March 2021, a year after a cross party Health Committee recommended a law change following a year-long inquiry into the issue. The committee's reporting date had already been postponed from November 2019. The new delay means no decision can be made before voters elect a new state parliament on October 31. This makes VAD a key election issue for candidates contesting the 93 seats.

**Go Gentle Australia's** CEO Kiki Paul dubbed the postponement heart-breaking for the state's terminally ill. “While it is possible to postpone law reform, it is not possible to postpone the suffering of dying Queenslanders,” she said.

The state parliament of **Tasmania**, which has rejected an end-of-life choice bill three times, is poised to consider it again. Independent Mike Gaffney is fine-tuning a private member's Bill to present for a first reading in September.

Gaffney says he believes his Bill is sound and reflects the views and needs of Tasmanians. “It is simply about individual choice,” he says. “I am convinced that if politicians are listening to their communities, the majority of whom believe Tasmanians should have the right to choose, then the Bill will pass.”

### UNITED STATES

**The seven million people of Massachusetts are well on the way to joining the one-in-five Americans who already live in states where medically-assisted dying is legal. The state legislature's joint committee on public health recommended on June 8 acceptance of a Senate bill entitled**

***“An Act Relative to End of Life Options”.***

Similar to laws that already exist in Oregon, California, Colorado, the District of Columbia, Hawaii, Maine, New Jersey, Vermont, and Washington, the bill offers the terminally ill the option of physician-assisted death with lethal pharmaceuticals. It would allow dying patients to make an oral request for assistance to die and a prescription for medication they can self-administer to bring about a peaceful death.

Basic requirements are that patients are capable adults, residents of the state and have been determined by their attending physician to be terminally ill.

It is an amended version of a previous Senate bill originating in January 2019 and is now accompanied by a similar measure from the lower chamber.

The bill has been referred to the committee for Health Care Financing which is due to report back by the end of the year.

## WHAT THEY SAID

***“I wish for a death, if I’m able, on the back of my horse Julia with my wife, family and friends around me for support. I will die as I have lived, with spirit, energy and passion.”*** Stuart Armstrong, a prostate cancer victim from Lincoln, Canterbury, writing on the Newsroom website.

*“They’ve relieved suffering and given the family a moment of closure to say goodbye to their loved one. Not knowing how you will die is very frightening. Now people have the comfort of knowing they can have some control.”* **Dr Cameron McLaren**, who has been involved in over 60 requests for a voluntary assisted death in Victoria.

*“Denying people the option to relieve their own suffering at the end of life will one day be viewed as just as barbaric and nonsensical as withholding pain relief during childbirth.”* **Sarah Wootton** and **Lloyd Riley** in their book *The Case for Assisted Dying*. (That policy was once advocated by the church and many medical professionals until Queen Victoria demanded pain relief during the birth of Prince Leopold.)

*“There exists physical pain beyond the reach of morphine. Terminally ill patients of sound mind but suffering unbearable agony should be empowered to choose, legally and peacefully, the moment of their death. The religious convictions or paternalistic instincts of doctors are irrelevant.”* **Ian McEwan, British author**

*“I wouldn’t push the button today, but when the pain starts getting to that stage, it’d be a great option for people to die with dignity. I’ve led my life with dignity, why the hell do I want to go out any other way? I want to go out on my terms.”* **Peter Simpson**, former secretary of the Queensland Electrical Trades Union, who is fighting stage-four melanoma.

*“We cannot continue to allow people to suffer as they die and our constituents will not allow us to prevaricate on this any longer. We should do what the public expects us to do – to grasp the nettle, beginning with an inquiry into the existing law on assisted dying and how it should change.”* **Kevin Hollinrake**, MP of Britain’s ruling Conservative Party.

## ANNUAL GENERAL MEETING

### There are no changes at the helm.

The End-of-Life Choice Society’s executive officers for 2020-21 were confirmed as unchanged at the annual general meeting held online on June 27 as there were no other nominations for any position as follows:

**President** - Mary Panko (Auckland)      **Vice-President** - Linda Kennington (Kapiti-Horowhenua)  
**Secretary** - Helen Cartmell (Wellington)      **Treasurer** - Peter Cowley (Gisborne)  
**Newsletter Editor** - David Barber (Kapiti-Horowhenua)  
**National Membership Secretary** – Ann Mace (Wellington)

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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. This can be downloaded free on our website

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

## 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 9006 0226 0360 2**  
(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.

The guide 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.

To purchase your **Guide and Advance Directive**, select from the following:

- 1 You can download a **FREE** copy, which you can print yourself from the website <http://www.eolc.org.nz>
- 2 If you would prefer a printed and bound booklet to be posted to your home address, simply make a payment of \$18 to **Kiwibank 38 9006 0226 0360 2**.  
Be sure to include your name and the word "**GUIDE**" in the bank details.
- 3 You may purchase directly through the website.
- 4 Phone 09 215 4964 and provide your credit card details. We will NEVER keep your credit card details.

