



End-of-Life Choice

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Member of the World Federation of Right to Die Societies

**"I believe it is a fundamental human right to choose to die
when life will become intolerable because of the effects
of a terminal illness or debilitating condition."**

Lecretia Seales, who died aged 42 of a cancerous brain tumour in Wellington on June 3 2015.

THE CAMPAIGN GATHERS PACE

Our campaign for a law change to allow end-of-life choice has made a lot of progress in 2016 and as the year winds to an end President Maryan Street highlights some recent developments which are reported in detail in this issue.

"Thank you for your messages of encouragement and support since I took over as President in June. I do appreciate them. I am grateful also to Immediate Past President Dr Jack Havill for handing over the society's reins in very good shape. Jack and secretary Carole Sweney did a sterling job presenting some of the most critical issues MPs need to hear about when they appeared before the Parliamentary Health Committee's inquiry in August. Jack tackled suicide and the chair's insistence on conflating justifiable anxiety around irrational suicide with our wish for assisted dying; Carole focused on the vexed issue of dementia and the importance of legally binding End of Life Directives.

"We also report key points in the submission of Matt Vickers who continues to campaign for a law change in the wake of his late wife Lecretia's unsuccessful plea to the High Court last year. The committee is splitting into three sub-committees to hear oral submissions in Wellington (November 7 and 18), Auckland (October 14 and November 4) and Christchurch (October 28).

"It is important to show how much support we have so please try to turn out in force when our members appear before the committee.

"There is a note in this newsletter that will help you to get directly onto the Health Committee's website where you can read all the submissions that have been posted.

"While Matt Vickers was in New Zealand to make his submission, he launched his book *Lecretia's Choice: A Story of Life, Love and Death*. A moving tale that promotes our campaign, it is selling well. The launch was combined with the inaugural Lecretia Seales Memorial Lecture in Law Reform, given by Sir Geoffrey Palmer who made a novel contribution to the legal debate. Dissecting the legal issues with precision, he suggested a law change could include making the Family Court the arbiter of whether a person should get help to die, thus relieving doctors of the burden of making a decision. Elsewhere, doctors are protected by exempting them from the legal prohibition on assisting people to commit suicide.

"Sir Geoffrey's is an important and original contribution to the debate as no jurisdiction where assisted dying is legal provides for a judge's ruling. Some say it would not be desirable to protract and complicate a process by distancing the patient from their doctor, but we need to talk about it. EOLC/VES does not have a position on it as yet.

"Can I urge you to think about whether we should change our organisation's name to drop the contentious word *euthanasia*? A discussion paper has gone to branches for consideration and an indicative position must be reported back to the National Committee by December, pending a vote at next year's AGM.

"Finally, I want to pay tribute to our newest sub-branch in Christchurch, which has in just a few months signed up more than 100 members throughout the central South Island. A small but keen four-person committee has arranged displays in 30 public libraries in Christchurch and surrounds and I'm looking forward to talking to the city's U3A group in November."

PALMER WANTS JUDGE TO HAVE FINAL SAY

Sir Geoffrey Palmer, QC, New Zealand's leading constitutional lawyer, has advocated giving a Family Court judge the final say on whether a seriously ill person can receive medical assistance to end their suffering.

He said his proposal, which would excuse health professionals from having to take responsibility for approving a medically-assisted death, would be unique to New Zealand. Existing laws making it a crime to aid and abet suicide would remain on the statute books with a critical exception allowing medical assistance to die. But he said the existing maximum penalty of 14 years for other cases of assisted suicide was excessive and should be halved. The exception would permit medical assistance in dying for competent permanent residents aged at least 18 with a "grievous and incurable medical condition causing enduring suffering that is intolerable to the person in his or her condition" certified by two medical practitioners and then approved by a Family Court judge.

Sir Geoffrey revealed his proposal when giving the inaugural Lecretia Seales Memorial Lecture in Law Reform at Parliament on August 29. He worked with Lecretia and outlined the deterioration she suffered as a result of her brain tumour. He said assistance to help end her life seemed a reasonable thing for the law to allow if it could be done without danger to others and with sufficient safeguards against abuse. "What is the public purpose to be achieved from prolonging such a life? There comes a point when the life is simply not worth living. For the state and its law to place obstacles in the way of such a person experiencing intolerable suffering appears to the person to be a cruel punishment imposed by the law."

Sir Geoffrey declined to express a view on the wider issue of euthanasia. "The question I ask on behalf of Lecretia is whether a legislative case can be made out to change the law so that it is lawful to allow the termination of life by a doctor at the request of the patient where there is compelling reason to do so. I am exploring only the proposition that life can be ended intentionally in order to relieve pain and suffering and what checks and balances may be required to prevent abuse. That is the law reform issue that flows from Lecretia's case." He concluded: "The law needs to be changed to allow her wish to be granted. This is not in my view a step that lessens the sanctity to be accorded to life. Death is inevitable. By making this suggested exception to the general principle we would be respecting life. And such a measure would not be a slippery slope toward some ambiguous twilight zone."

Noting that the committee had received 21,533 submissions – more than any Select Committee has ever previously received – Sir Geoffrey urged it not to waste the effort and resources the inquiry entails. "The Committee needs to produce some tangible policy outcome that is configured to the modern world and its conditions," he said.

When Judge David Collins declined Lecretia's High Court application for a medically-assisted death, he ruled that the "complex legal, philosophical, moral and clinic issues involved could only be addressed by Parliament changing the law." Sir Geoffrey said: "We await Parliament's response. The nation's central democratic institution must not fail to do its job in responding to new developments and keep the law up to date. Balancing the factors at play here should not be impossible when the issues are stripped of their undoubted emotional pull."

Read Sir Geoffrey's speech here: <http://ves.org.nz/news-etc/4266180>

BRITISH DOCTORS HELP TERMINALLY ILL TO DIE, SAYS PEER

Thousands of British doctors are defying the law to help their terminally ill patients to die every year, Baroness Meacher said in an interview after being appointed chair of Dignity in Dying UK.

"We know that thousands of doctors do help patients who are terminally ill and who are [mentally] capacious and who want to die," she told the *Sunday Times*. "They have sufficient compassion that they cannot bear to see their patients continue to suffer unbearably and so they are prepared to risk their own freedom to help their patients and I would say thank you to every one of those doctors."

The peer said her mother suffered weeks of "unnecessary suffering" before dying aged 92, an aunt with advanced liver cancer committed suicide and a terminally ill close friend ended her own life by starving and dehydrating herself.

The British Parliament voted down a Bill to allow assisted dying last year and the Baroness said that if she became terminally ill she would travel to Switzerland to be helped to die.

Two prominent physicians have come out in favour of assisted dying this year, despite continued opposition to a law change by the British Medical Association.

Continued Page 3

In June, **Sir Richard Thompson**, a former president of the Royal College of Physicians who was Queen Elizabeth's private doctor for 21 years, said helping patients to die - if they really wanted to - was part of any doctor's duty. And **Dr Clare Gerada**, a former chair of the Royal College of General Practitioners, insisted against strong opposition that the annual BMA conference debate the issue.

BMA leaders, however, shut it down after 10 minutes and reaffirmed the body's policy against assisted dying. (*Newsletter 44, July 2016*). This despite a petition by Dignity in Dying UK with 30,000 signatures demanding a fair, open and honest debate.

Dignity in Dying reported a poll showing that 84% of the British public thought the BMA should change its position, with a third of people surveyed saying it was damaging the relationship between doctors and patients.

The Australian Medical Association is considering changing its policy of opposition to one of neutrality on the issue, following a survey of members, according to the ABC. Andrew Denton has pointed out that only 29% of Australian doctors are members and there has never been a comprehensive survey of the nation's doctors on the issue, but it would be progress. He says there are doctors who have left the AMA because of its opposition to assisted dying.

The ABC said that physicians' associations overseas, including in a number of European nations and Canada, had changed in recent years from opposition to a doctor's participation in assisting death to supporting freedom to act according to their consciences.

There is no such progress at home to report, but VESNZ Immediate Past President Dr Jack Havill says there has been a big change in the attitude of health professionals to the issue of medical aid in dying. He says the NZ Medical Association will have to revise its stance very soon if it is to represent the views of their members. "At the very least it could actually survey them."

Jack says President Maryan Street took part in a forum with the Southern Regional Council of the NZ Nurses Organisation (48,000 members) that was reported sympathetically in their magazine *Kai Tiaki*. The NZNO submission to the Select Committee on assisted dying was relatively neutral and more concerned about legal safeguards for nurses who might be involved following a law change.

A survey of nursing attitudes by Phillipa Malpas and others from Auckland University showed that 67% of those questioned favoured legalisation. Jack says it is known that many nursing submissions to the Select Committee favour a law change, including a group who have worked in palliative care and hospices. "There are now frequent letters to the *Kai Tiaki* editor on the issue."

Matt Vickers reported good feedback after he was asked to speak to a forum of rural medical practitioners. Jack says he was well received when he talked about assisted dying to a meeting of the Northland Faculty of the College of General Practitioners, which comprises 60 to 70 GPs north of Auckland, although one or two individuals were obviously challenged by what he said.

RELIGION NO REASON TO BAR LAW CHANGE - MATT VICKERS

Matt Vickers, whose late wife Lecretia Seales put a human face to the campaign for voluntary euthanasia, urged Parliament's Health Select Committee not to bow to those who cite religious reasons for not changing the law.

"It is clear that there is a large number of formulaic submissions collected in bulk by concerned and mostly religious institutions," he said when he appeared before the committee on August 24.

A choice about how one dies is not a choice that should be forbidden by our laws for religious reasons. I would ask you to remember that the submissions process is not a poll, and it tells you nothing about how New Zealand feels on a proportional basis. Whatever the numbers are, they do not give you a mandate to shirk your responsibilities.

What the submissions do tell you is that there is huge depth of feeling in some sectors of society. That depth of feeling is worthy of respect but you must have the forbearance to not let it sway your objective analysis. And the evidence may take you to a position that will require you to be principled and brave. My wife would have been capable of that, as she was with many of the projects that she worked on, and I hope that you are too. It may require some of you to support reform of the law, not because you personally favour the choice of aid in dying, and not because you would want the choice yourself, but because having listened to the evidence you accept that it is not for you or this Parliament to deny that choice to others who want it."

He told the committee: "Do not be seduced by conjecture, hypothesis and the misrepresentation of

Continued Page 4

evidence - as there are plenty of submissions that have attempted to do that." He urged it to consult with overseas experts and review the evidence of assisted dying legislation in practice in the United States, Belgium and Holland as gathered by Australian Andrew Denton. You won't find the truth about end of life practices in those countries in the slanted submissions of the Care Alliance or Family First."

Matt asked why assisted dying was prohibited when we know that between 5-8% of all recorded suicides are ill New Zealanders who might have lived longer had assisted dying laws been in place? "Why do we accept that the laws as they are force people to suffer against their wishes, when we know that palliative care cannot help all people in all cases?"

Matt said Lecretia believed that anyone facing a debilitating illness that was inconsistent with their identity should have the right to choose to be assisted to die. But he submitted that there was a minimum case for assisted dying - and that was for the terminally ill.

"When it is not a question of if someone will die, but how someone will die, it is very difficult to justify a position of not allowing them a choice. I believe that in those cases, it is impossible to justify the status quo."

Matt Vickers's book, *Lecretia's Choice: A story of love, death and the law*, was published in August. The title is self-explanatory.

STOP SAYING "ASSISTED SUICIDE"

VESNZ Immediate past president Dr Jack Havill urged the chairman of the Health Select Committee, Simon O'Connor, a Catholic who has been open about his opposition to voluntary euthanasia, to stop using the term "assisted suicide".

"It is confusing and inaccurate," Jack said during an oral submission to the committee on August 24. "I note that you use the words all the time and we would respectfully ask you not to use the term during the inquiry as it simply leads to misunderstanding and it was certainly not used in the petition."

Jack said: "Suicide is irrational, related to mental aberration, tends to be spontaneous and isolated without consultation and is very hurtful to those left behind. Medical aid in dying is a result of a rational request from a competent person, hastens death in those who are suffering unendurably without possible treatment and is done only after extensive consultation, family involvement and with various safeguards against misuse."

A former intensive care specialist, Jack also responded to claims that palliative care always meets the needs of dying sufferers. "I have looked at thousands of the submissions and they describe over 70 bad deaths per thousand submissions, many while undergoing hospice care," he said.

"When extrapolated to the 20,000 submissions, this will record well over 1000 cases."

Jack said this confirmed data based on 106 palliative care units across Australia showing that one-fifth of those in the last 24 hours of life died in moderate to severe pain.

VESNZ secretary Carole Sweney made the case for an End of Life Directive to be included in a law allowing medical aid in dying in her oral submission to the committee, saying dementia frequently came up in conversation as the biggest health fear.

"An End of Life Directive would enable a competent person to state that there is a certain point at which they would not want to stay alive because of the major loss of autonomy and their connection with the world. The directive then gives permission for medical aid in dying at that point, even if by then the person is no longer competent. With dementia, the person may not be competent but their unbearable, untreatable, suffering is still there."

Carole said it was discriminatory to insist that a person could qualify for assistance to die **only** if one had a terminal disease. "Unbearable suffering is experienced by a much wider group of ill people. Those suffering from conditions such as chronic obstructive pulmonary disease, multiple sclerosis and motor neurone disease to name a few, can suffer over long periods of time with an illness that is going to cause more suffering as time goes by. To exclude them from receiving assistance to relieve that suffering seems cruel and unacceptable. It shouldn't be what is causing the suffering but the fact that there is suffering we should be focused on.

"Who knows best if suffering is unbearable? Only the person involved knows how they are suffering. It shouldn't be for others to judge that." Carole said suicide - the legal but lonely, even brutal, end to life and a traumatic event for the family - should not be the answer. "That is like abandonment by the medical profession and the community." She said most people likely to qualify for medical aid in dying were already dying so no more would die but fewer would suffer.

EASY WAY TO SEE WHAT PEOPLE ARE SAYING

Many members have found Parliament's website difficult to navigate so President Maryan Street has identified a quick way to access submissions to the the Health Select Committee.

The link is: <http://bit.ly/2asoUq1>

Cut and paste that link into Google or whatever you use to find things on the web and it will take you straight to the correct page on the Parliamentary website. There you will find all the submissions listed in alphabetical order of the submitter's name (unfortunately the first name, not the surname), and Maryan warns: "Beware - there are nearly 22,000 of them!" She says you will be able to see which are formulaic submissions and which are original, unique pieces of writing. You can find your own submission and see what arguments others have canvassed. Maryan urges members to pass this information on to anyone else interested in this extraordinary number of submissions. She points out that it is not just a numbers game and the compelling nature of our stories is what we want to convey to MPs.

NEWS FROM AROUND THE WORLD

AUSTRALIA

Andrew Denton has urged supporters of voluntary euthanasia in Australia to "light a fire" to overcome objections and persuade the nation's politicians to change laws banning assisted dying. Denton, who made a huge impact in New Zealand when VESNZ brought him here in June, launched a moving book of patients' stories and a new organisation called Go Gentle Australia in Canberra in August. He said Australian politicians – who have rejected 28 attempts to change the law in federal and state parliaments - were too easily persuaded by vocal, mainly Christian, lobby groups engaging in a deliberate strategy of denialism and propagation of myths. "By failing to properly examine the claim that no safeguard can be devised to protect the vulnerable, our politicians have failed, instead, to protect the people they represent", he said.

Denton's book entitled ***The Damage Done***, is a collection of testimonies from patients and families, doctors, nurses and coroners that describes suffering across Australia created by the absence of a law for assisted dying. In a speech to the National Press Club, he said: "We are a compassionate society. But we have not been aware of the scale of the damage. That's why I've come to light a fire. A fire for all the people in this book and also for those whose stories we do not yet know. I invite them to come forward and make it bigger. I invite those doctors and nurses who've seen this suffering, and know it to be wrong, to add to this fire and light it in their hospitals and their communities. I invite all state coroners to build it higher by joining (Victorian State) Coroner (John) Olle in casting light on how our elderly are dying. Let us make a fire so big, no politician can ever again ignore it. To those whose beliefs instruct you that only God can decide how a human being should die, I urge you, step aside. May your beliefs sustain you and those you love, but do not impose them on the rest of us. To those doctors for whom 'doing no harm' means that you cannot, in conscience, participate, I urge you, too, to step aside. Do not stand in the way of other doctors who, in equally good conscience, see leaving a patient to suffer when they are beyond meaningful medical help as doing more harm. Step aside and let no one question your right to do so. The very core of these laws is that they are voluntary - for doctors and nurses as much as patients. And to those doctors who are sitting on the fence because you think it's all being taken care of, or because you don't understand how these laws work, educate yourselves. The safeguards written into these laws protect not just your patients, but also you."

Andrew's book can be downloaded free on his website <http://gogentleaustralia.org.au>

UNITED STATES OF AMERICA

An extensive review of attitudes to death and dying and practices in countries where euthanasia and physician-assisted suicide (PAD) have been legalised found no evidence of widespread abuse, the *Journal of the American Medical Association* reported in July. "Euthanasia and physician-assisted suicide are increasingly being legalised, remain relatively rare, and primarily involve patients with cancer," the journal said in a "special communication". It concluded: "Existing data do not indicate widespread abuse of these practices." Between 0.3% to 4.6% of all deaths were reported as euthanasia or physician-assisted suicide in jurisdictions where they are legal. The frequency of these deaths increased after legalisation. More than 70% of cases involved cancer patients, typically older, white, and well-educated. The review, which covered the period 1947 to 2016, considered polling data, published surveys

Continued Page 6

of the public and physicians, official state and country databases and interviews with doctors and death certificate studies in the Netherlands and Belgium. Significantly it found: "In no jurisdiction was there evidence that vulnerable patients have been receiving euthanasia or physician-assisted suicide at rates higher than those in the general population." It noted that euthanasia or physician-assisted suicide can be legally practiced in the Netherlands, Belgium, Luxembourg, Colombia and Canada. Physician-assisted suicide, excluding euthanasia, is legal in five US states and Switzerland.

While public support for euthanasia and physician-assisted suicide in the US had plateaued in the range 47%-69% there was increasing and strong public support in Western Europe. In the US, less than 20% of physicians had received requests for help and 5% or less had complied. In Oregon and Washington state, under 1% of licensed physicians write prescriptions in a year. In the Netherlands and Belgium, about half or more of physicians had received a request and 60% of Dutch physicians had granted such requests. The report said a large proportion of patients receiving physician-assisted suicide in Oregon and Washington reported being enrolled in hospice or palliative care, as did patients in Belgium.

A group of anti-choice physicians in California failed in a bid for an injunction to stop the state's new End of Life Option Act which extends end-of-life choice to 52 million Americans. A judge denied their request on August 26, ruling that the law posed no threat to anyone, "especially the doctors who filed the suit knowing full well they can opt out of the law at any time and for any reason," said George Eighmey, Death with Dignity president.

The state attorney general's office confirmed that medical professionals could refuse to prescribe and dispense the drugs. The law also specifies that the terminally ill people must be able to administer the drugs themselves. But Eighmey warned that the plaintiffs would file an appeal and a similar lawsuit was pending in Vermont, "where the same shadowy anti-choice group that represented the California doctors is pushing their views with local physicians." Pro-assisted dying campaigners are promoting legislation for a law change in 17 other states.

Nearly 20 years after Oregon became the first American state to adopt a law allowing physician-assisted dying no evidence has emerged that the strict criteria are not being adhered to, a palliative care conference in San Francisco was told on September 10. Since the law was enacted in 1997, fatal drug prescriptions have been written for a total of 1545 people and 991 of them died from taking them. More than three-quarters had cancer, Dr Charles Blanke, professor of medicine, Knight Cancer Institute, at Oregon Health and Sciences University in Portland, told the Palliative Care in Oncology Symposium, *Medscape Medical News* reported. He said users were predominantly elderly, white and well educated, almost all were in hospice care and almost all took the medications at home after telling loved ones of their decision. Blanke said the most common reasons were related to quality of life, autonomy and loss of dignity and it was relatively rare for patients to claim they were suffering from inadequate pain palliation.

Dr Blanke said that even though the number of prescriptions had increased over the years, deaths under the law made up only a tiny fraction of Oregon residents' mortality. Noting that only about two-thirds of patients actually took the prescribed drugs once they filled the prescription, he said: "It could be that just knowing that they have the option is enough. It's there if they need it, and it may relieve their fear of loss of control."

The American Academy of Hospice and Palliative Medicine has taken a position of neutrality as to whether physician-assisted dying should be legally permitted or prohibited.

BRITAIN

Stage and tv actor Lord Brian Rix, who died in August aged 92, changed his mind about assisted dying after becoming terminally ill.

Father of a Down's syndrome daughter, Lord Rix voted against an assisted dying Bill in the Lords in 2006 but later when he was dying wrote to the Speaker, Baroness D'Souza, saying: "My position has changed. I am only too conscious that the laws of this country make it impossible for people like me to be helped on their way, even though the family is supportive of this position and everything that needs to be done has been dealt with. Unhappily, my body seems to be constructed in such a way that it keeps me alive in great discomfort when all I want is to be allowed to slip into a sleep, peacefully, legally and without any threat to the medical or nursing profession. I think it's wrong that people like me are stranded like this."

Zack Moss, of Dignity in Dying UK, said his decision to be open about his change of mind as a result of experiencing a terminal illness was a sign of a rare humility. Lord Rix was president of Mencap, a charity for people with learning disabilities, and Moss said he understood both the concerns of disabled people and the importance of having choice at the end of life. "His plea demonstrated what many disability organisations fail to recognise: *that the views of terminally ill people are paramount in the conversation.*"

Continued Page 7

BELGIUM

Belgian paraplegic Marieke Vervoort, 37, lauded her country's voluntary euthanasia policy after winning a silver medal in her wheelchair 400-metre race at the Rio Paralympics on September 10.

Vervoort, who was 15 when she was diagnosed with an incurable and degenerative spinal condition, said she signed euthanasia papers in 2008 because of relentless pain. "It is really difficult to get those papers," she said. "You have to see different doctors for them to see that you have a progressive disease or a mental disease. You need three different signatures from doctors and to talk with a psychiatrist to see if it is really what you want."

"When I didn't have those papers, I would have committed suicide. It makes people live longer. It doesn't mean that when people sign the papers, they have to die two weeks later. I signed my papers in 2008. Look now, 2016 and I won the silver medal. Now my fear of death is gone," she said. "Assisted death is something like they operate on you, you go to sleep and never wake. It feels like it will be peaceful. I don't want to suffer when I die." She said she will have to seek further approval from doctors when she decides that the pain is too much but explained that her papers gave her hope and control.

CANADA

More than 130 people received medical aid to die in five provinces in Canada after the federal law permitting it came into force on June 17, the Canadian Broadcasting Corporation reported in early September.

Ontario and British Columbia accounted for most cases. In Quebec, the first province to pass a law providing for end of life choice, 253 patients requested medical help to die between December 2015 and June 2016. Of this number, 166 were approved and 87 declined.

SWITZERLAND

Interest in choosing how and when to die has risen dramatically in Switzerland, the Euthanasia Research and Guidance Organisation (ERGO) reported. It said more than 1200 people underwent assisted suicide in Switzerland last year, over a third more than in 2014. In 2003, 187 people were helped to die. "This is interesting because Switzerland legalized assisted suicide (doctor and non-doctor) as far back as 1942," ERGO reported. "It indicates a serious change in modern attitudes to end-of-life situations."

CHANGING OUR NAME - YOUR VIEWS

You will have a chance next year to vote on a possible name change to remove the word "euthanasia" from the society's title, but meanwhile there are just a few more weeks to make your views known to branch officials. As reported in the Newsletter Issue 44 (July 2016) a motion urging the National Committee to survey members on a name change was passed at the AGM in June.

Auckland branch said we were the only end-of-life choice society in the world retaining the word and it had become a liability, putting off prospective members and inhibiting support for our cause. Others said the word was recognised internationally and a name change would confuse the public and politicians at a time Parliament was holding an inquiry into the issue.

The committee sent a discussion paper with a comprehensive list of pros and cons to branches which have been canvassing members. Branch officials have until December 2 to return a ballot paper with nine suggested names, including the option of retaining the current title. The three most preferred names will be put on another voting paper sent to all members next year and the result declared at the June 2017 AGM.

WORLD RIGHT TO DIE DAY

The growing international campaign for end-of-life choice will be marked with World Right to Die Day on Wednesday, November 2.

"All around the world we are seeing sovereign countries, together with an increasing number of states in America, acknowledging the force of public opinion in favour of assisted dying," said VESNZ President Maryan Street. She said there was mounting reassuring evidence from countries where the power of compassion has provided for law changes to make assisted dying legal.

The first World Right to Die Day coincided with the international federation's conference in Paris in 2008.

VESNZ branches are invited to mark the day by promoting the cause to the public and Members of Parliament in their regions.

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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.

DONATIONS AND CONTRIBUTIONS

You can make a contribution in any amount of your choice - in single, monthly, or yearly donations.

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Your donations help us to continue the expansion of our work and help us continue to work for your right to make decisions for your End-of-Life Choice.

GUIDE TO DYING - YOUR WAY

End-of-Life Choice has teamed with medical and legal experts to assemble a comprehensive step-by-step guide to help you create an **Advance Directive** that reflects your wishes. It also contains information on choosing an Agent, someone you entrust to ensure your wishes are carried out. It 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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