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1. Show you care and think about a plan - The Advertiser
2. Most doctors help end lives of terminally ill patients, says study - The Guardian(UK)
3. Barton Arndt's wake-up call - Canberra Times
4. Everyone should be alert for loved ones - Cairns Post
5. Jain leaders challenge law banning suicide in India - Chicago Tribune
6. 10 Years Ago - NT News
7. Freedom for husband who helped disabled wife to die - The Independent(UK)
8. Top Vatican official opposes euthanasia - AP

1. Show you care and think about a plan

The Advertiser,
Fri 20thOct06
By CHRISTOPHER CAIN

EUTHANASIA remains a topic of debate within our community in a variety of forums relating to its medical, legal, ethical and social implications. But it is important to recognise that "end of life decisions" are made every day, in the community, in nursing homes and in our public and private hospitals.

In many of these situations, death has been expected and the individual's treatment options and their possible outcomes have been discussed and considered, not only by the individual but also by their family members.

The AMA believes everyone has the right to make their own health-care decisions, including withdrawing treatment (life-saving or sustaining treatments), provided they are considered competent to do so. In this context, "competent" means the individual has had the opportunity to consider their options and they fully understand the nature, significance and consequence of their condition or circumstance, as well as the likely outcome of any action they intend to (or not to) take.

If it is considered that any individual is not competent to make a decision due to their age, mental state or physical condition, the responsibility for these decisions falls to their legal guardian or immediate family members. None of us can predict when we might be confronted by a situation in which we will have to make decisions of this type, whether relating to our own treatment or that of a close family member or partner. It is therefore important these matters be considered and discussed openly and, where possible, a preferred course of action outlined and documented.

An Advance Care Plan outlines an individual's wishes regarding their future medical treatment, should a situation arise in which they are unable to advise their treating doctor themselves. This may be due to dementia or having had a stroke or an accident or illness that leaves them unconscious and unable to take an active role in the medical decision-making process.

Such a plan plays an important role in self-determination and may take the form of an Advance Directive - a document that allows a patient, who understands the implications of their choices, to state in advance how they wish to be treated in a given circumstance. An Advance Directive may also include an Enduring Power of Guardianship or Medical Power of Attorney. These are legal documents that give another person authority to make health-care decisions on your behalf. In this situation, it is important the person nominated understands what you expect or would want to be done regarding the administration of either life-saving or life-sustaining treatment.

Documentation of this type enables doctors involved in the treatment of patients with a terminal illness, one where the progression of the disease cannot be halted, where the effects cannot be reversed by treatment and where there is no real prospect of recovery, to do not only what is in the best interests of the patient but also, more importantly, what they want. While the legal and ethical issues around euthanasia continue to be debated, I urge everyone in the community to at least consider what they expect and would want to be done if they were placed in a situation where a decision needed to be made about the commencement and/or continuation of life-sustaining treatment.

This has more significance if you have been diagnosed with a terminal or life-threatening illness, but an Advance Care Plan would also be of value where an injury has resulted in a more sudden loss of one's independence. It is something we should all consider, discuss and, where possible, document formally.

* Dr Christopher Cain is state president of the Australian Medical Association.

2. Most doctors help end lives of terminally ill patients, says study

Sarah Boseley, health editor
Saturday October 14, 2006
The Guardian

Doctors help about two-thirds of terminally ill patients to die by withholding treatment or giving them painkillers they know will shorten life - but do it only when they believe death is a few days away and after consulting patients, relatives or other doctors, according to research.

Clive Seale, from the school of social sciences and law at Brunel University, west London, has produced the only authoritative figures on the extent to which doctors will hasten death, whether through euthanasia or stopping treatment. Contrary to what some might think - given his findings that doctors hasten death in more cases than not - Professor Seale says his research, to be published on Monday in the journal *Palliative Medicine*, shows that in Britain doctors take a more cautious approach than elsewhere.

In a survey of 857 doctors in the UK, he found that the vast majority - 91% - said the actions they had taken had not shortened life more than a week. In all other countries where the same survey was carried out - six in Europe, and Australia - doctors admitted to shortening

life by a greater margin. In countries where euthanasia was allowed, doctors said 59% of terminally ill patients would not have lasted the week under normal circumstances, and in those where it is banned, they said 81% would have died within seven days. In the UK, doctors claimed 88% had less than a week to live under normal circumstances.

Two things stood out from the survey, Prof Seale said: "The degree to which life is shortened in the UK is very low, and second, consultation with patients and relatives and colleagues is fairly high." Doctors in the UK were also more willing to discuss end-of-life decisions than doctors in other countries where euthanasia is illegal. But they did not have those conversations as often as doctors in countries where mercy killing is allowed.

3. Barton Arndt's wake-up call

Canberra Times
11Oct06

Thanks Bettina Arndt for the wake-up call ("Euthanasia: debate must not be silenced September 29, p13) and reminding us that we must be vigilant if we want to protect our hard-won rights to freedom of expression.

We live in a time where increasingly this Government seeks to curtail our right to information whether it is about how terrorists think or shortening a painful death from natural causes.

Censorship assumes that we the public are ignorant, weak-minded and prone to moral turpitude when it comes to decisions of great import.

But there is no evidence to support the view that information, such as that contained in the Peaceful Pill Handbook, influences people to act one way or another. I nursed my own mother as she died of a horrible disease, and subsequently worked as a volunteer palliative care worker for eight years.

Decisions about life and death appear different when confronted with the reality of how some people actually die.
Michael Shaik

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Helen Lewis, Kambah Bettina Arndt has my full support when advocating that it's up to us baby-boomers to keep debate alive

on this controversial subject. I have a dear foster mother who, up to a few years ago was healthy, vibrant and outgoing, and is now suffering the gross indignities of stroke-related dementia.

She always said: "If I get like that [demented], shoot me!" Of course, it isn't as easy as that; and nor should it be. But it should be possible, under carefully controlled circumstances and with the approval of loved ones, authorities and the medical fraternity.

Some medics do let patients in great pain be over-administered with pain killers to let them die relatively peacefully.

Apparently dementia is not considered to be suffering enough to warrant euthanasia by our authorities.

I believe that a great many Australians would welcome an easing of controls on euthanasia; indeed, Bettina mentioned 70 per cent who want a change to relevant laws.

As for religious opposition, frankly they should butt out of other people's lives. I was once a Catholic and remember their fondness for suffering as a character-building sacrifice and the desirability of what was called a holy death.

However, this is a secular society and the non religious should be able to die when they feel their time has come and leave instructions in advance for when such a time is their wish.

4. Everyone should be alert for loved ones

Weekend Post - Cairns
7Oct06

THE euthanasia debate is not simple. Culture, family and personal experiences shape our attitudes to the act of dying.

We all die one day and we leave loved ones behind.

My mother killed herself in Cairns last year with the help of a political society. This group publicly advocates euthanasia for those with a terminal illness but members covertly assist more than 50 who want to kill themselves.

Members are taught how to set up a death and avoid investigation by the coroner. Fran Clayton (2-10-06) may think youth suicide is a red herring to the debate, but I'm not sure.

Mum easily accessed specific information and was encouraged not to tell me what she was up to.

Mum was mentally ill, not terminally ill.
Given the state of this country's mental health systems, we should all be alert for our loved ones.

Marie Gleeson, Rigg St, Woree.

5. Jain leaders challenge law banning suicide in India

Sat, Oct. 14, 2006
By Kim Barker
Chicago Tribune

JAIPUR, India - Kaila Devi Hirawat is killing herself slowly, starving her way to salvation as her neighbors and family members watch.

Hirawat, 93, a frail, birdlike woman, has eaten nothing in more than a month, attempting to free her soul from its bad deeds, part of the Jain religious tradition that says fasting can lead to nirvana.

"I'm very happy," said her son, Shantichand Hirawat, 70, smiling. "It's good for her and it's good for the whole family."

Her fast has landed her in the middle of a controversy pitting the freedom of religion guaranteed by the Indian Constitution against a law banning suicide. Human-rights activists sued last month to have such fasts declared illegal. Jain leaders, a powerful group in India, say the constitution protects the fasts and people have the right to decide to die with dignity.

The argument also has led to a debate of sorts over the right-to-die issue in India, where euthanasia is banned and suicide is a crime. People who try to kill themselves are jailed. Hunger strikes are allowed to go only so far. In India, such strikes are a common form of protest. But if someone fasts to the point of danger, that person is sent to the hospital, given a feeding tube and slapped with a criminal charge.

That's not the case if the person is a Jain attempting santhara, or fasting until death, a practice said to be 2,000 years old.

Like Hindus, the largest religion in India, Jains believe in reincarnation. But Jains also believe that salvation can be reached by an individual's effort to follow an ascetic, non-violent life. Fasting and self-control are seen as part of that effort.

The practice of fasting until death is supposed to be reserved only for Jains facing an unavoidable calamity - old age, disease or severe drought, for example. By fasting, it is thought that a Jain can free his or her soul, ending the cycle of reincarnation.

A Jain wishing to fast until death must receive permission from family members and gurus. About 200 Jains die in India from such fasts every year, according to scholars.

"This is not suicide, because suicide is impulsive," said Pana Chand Jain, a lawyer and retired judge, who will argue the case for Jains in front of the high court in western Rajasthan state, where Jaipur is the capital. "This is an action taken with a conscious mind, with the permission of family and of gurus. It is not secretly done. It is a religious practice."

But critics argue that this practice is similar to the long-banned Hindu practice of suttee, where a widow kills herself on her husband's funeral pyre. Critics say elderly people may feel pressured by their relatives to starve themselves so families can achieve higher social status and ultimately save money.

And once a fast is declared - often publicly - it's impossible for someone to change his or her mind, because of family pressure and the risk of shame, critics say.

"If a person is sick, and you ask them not to have food, it is the worst kind of crime," said Nikhil Soni, a Jaipur lawyer who sued to stop the practice last month. "They are motivating people by saying you can become a god by starving to death."

Jaipur, known as the "Pink City" because most buildings are painted pink, is the heart of the Jain community, which makes up about 0.4 percent of India's population but holds enormous economic power, often through the jewelry business. Many high-ranking Rajasthan government officials are Jains.

The community holds such sway that many were shocked when the Rajasthan High Court decided to accept Soni's legal petition and ask the Jain community to prove why these fasts are legal.

The lawsuit aimed to stop the fast of Vimla Devi Bhansali, 61, who started fasting Sept. 14 after being diagnosed with liver and brain cancer.

Despite the suit, she died after two weeks, one of four people in Rajasthan state to die from fasting in the past five weeks. The other deaths were of a 46-year-old woman who had cancer, a 94-year-old woman suffering from old age and a 75-year-old man who had pneumonia and gangrene.

Their deaths have been celebrated; advertisements and news stories have praised them. "The atmosphere in the house was not sad," proclaimed a headline on a story in the Jaipur newspaper about the death of Bhansali. "There was happiness on the faces of her family members," the story said.

After Kamla Devi Mehta, 46, died in early September, her family took out an advertisement praising her as "loving, simple-hearted, cultured, religious, sensitive and a philanthropist."

Her husband, Mansingh Mehta, said he was upset that the court system may interfere with a religious practice. He said his wife decided to fast after being diagnosed with esophageal cancer and died two days later.

"What she did was correct," said Mehta, 51, a jeweler and Jain community leader, who beamed when he talked of his wife.

"Whatever is happening is for the good. You can see it on my face."

The 93-year-old /Hirawat, one of two women now publicly fasting in Rajasthan state, suffered from no disease. Despite her age, she still walked a block to her temple and back home three times a day. Hirawat started her fast in late August but didn't declare it until Aug. 31, after meeting with her gurus and family members, they said.

Hirawat lies in her bed, clutching her prayer beads in her right hand, occasionally muttering something indecipherable. She sometimes drinks a cup of boiled water, nothing else.

Over her mouth, Hirawat wears a cloth painted with the swastika, a holy symbol for Jains and Hindus, to keep her from sharing germs with others. At first, she talked and repeated her prayers the required 108 times, counting each time off on her string of 108 prayer beads.

Now, she does not do much, lying in her bed, trying to touch the feet of her gurus when they visit, twice a day. Her daughters-in-law pray over her and try to make her repeat the prayers.

Hirawat is surrounded by a steady stream of visitors, who sit cross-legged on the floor in front of her.

Everyone knows she is dying. Visitors sing prayer hymns, which ring out into the crowded alley below. A banner in front of the house proclaims the number of days that Hirawat has fasted. And her family is ready for the next step.

Family members have already published pamphlets with Hirawat's photograph, outlining her life and listing special prayers.

Soon, these will be handed out at her funeral.

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6. 10 Years Ago

THU 19 OCT 2006,
Northern Territory News
ON THIS DAY

10 YEARS AGO

TERRITORY Attorney General Denis Burke slammed the Federal Liberal Party yesterday and accused it of backing the "low act" that seeks to overturn the NT's right to die law.

Mr Burke said: "If you are going to try to address the issue of euthanasia, you should be courageous enough to do what we did in the Territory."

7. Freedom for husband who helped disabled wife to die

The Independent (UK)
By Maxine Frith, Social Affairs Correspondent
Published: 20 October 2006

A man who admitted helping his disabled wife commit suicide has walked free after a judge gave him a suspended sentence.

David March tightened the string around a plastic bag his wheelchair-bound wife, Gillian, had placed over her head in what was her third suicide attempt.

Mrs March, 59, had multiple sclerosis for more than 20 years and had demanded that if she was found unconscious she did not want to be revived. David March, 58, pleaded guilty to aiding and abetting suicide.

He had returned to their home in Caterham, Surrey, to find his wife had taken Valium and tied a plastic bag over her head, although she was still alive. March, a landscape gardener, told police that he had retied the string around the bag and sat with his wife for half an hour as she died, then called an ambulance.

He told them: "I loved her with all my heart and would do anything for her. Life was difficult."

He was originally charged with murder but his admission of the lesser charge was accepted because there was "no realistic prospect" of a conviction.

Assisting a suicide carries a maximum sentence of 14 years, but at the Old Bailey yesterday Judge Brian Barker gave David

March a nine-month sentence, suspended for a year, because of "exceptional circumstances".

The court heard Mrs March wanted her husband to find a new love before he was too old, and had screamed and shouted when she had been revived after two suicide attempts. The couple had married in 1979 and David March gave up his job in advertising to care for her after she was diagnosed with MS in 1984.

She had to give up her job as a legal secretary and had become incontinent and unable to walk. She had also written in her diary from 1992 about her intention to kill herself. She wrote that she did not want to die when she was 60 and leave her husband at an age when he was too old to find someone else. After her second failed attempt in 2005, she had written to her husband: "Enough is enough, 20 years is enough and 20 years is enough for you."

The judge said: "Your wife was determined... take her own life when she felt she had become too much of a burden. You were a husband who not only had a deep love for his wife but who displayed a selfless devotion to her. Society may understand your acts but cannot condone them."

Euthanasia campaigners have said such cases highlight the need for a law legalising assisted dying in Britain. This year, the Lords voted down a Bill that would have allowed terminally-ill people the right to die.

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8. Top Vatican official opposes euthanasia

Associated Press
Thu Oct 19,

VATICAN CITY - The Vatican's top official for health issues reiterated the Catholic Church's strong opposition to euthanasia

In an interview published Thursday, but said the church was in favor of allowing terminally ill patients to opt against aggressive treatment.

An Italian Senate committee has been hearing arguments over legislation to approve a living will — allowing people to decide in advance how they want to be treated if they become incapacitated in the last stages of a terminal illness.

Some politicians have viewed the measure with suspicion, warning that a living will could become a first step toward approving euthanasia.

Euthanasia is illegal in Italy, where the Catholic Church is politically influential. Euthanasia is forbidden by the Vatican, which insists that life must be safeguarded from its beginning to its "natural" end.

Cardinal Javier Lozano Barragan spoke in favor of a living will, telling Turin daily La Stampa that the Vatican opposed "those useless and disproportionate treatments before the imminent death of the patient, which have as sole consequence prolonging the agony."

He said that hydrating and feeding a terminal patient could not be considered aggressive therapeutic treatment.

"In no way, however, are we in favour of the idea of euthanasia — meaning that action, or omission — destined to cause the death of the patient," Barragan added.

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The Peaceful Pill Handbook by Dr Philip Nitschke & Dr Fiona Stewart

Copies available from www.peacefulpillhandbook.com

Launched in Toronto Sept 2006, now in second printing