



## *Deliverance Newsserver*

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### **1. Elderly are breaking law to die with dignity**

Sunday Mail (SA)  
SUN 01 OCT 2006,  
By KIM WHEATLEY

ELDERLY ARE BREAKING THE LAW TO DIE WITH DIGNITY, SAYS KIM WHEATLEY

``Life-and-death decisions are happening every day''

A COUPLE of months ago a woman rang me to discuss killing herself. She was calm, rational and, strangely, she sounded full of life. This woman, however, was in pain . . . excruciating pain she had endured for 15 years.  
And she wanted to end it all.

We talked for just a minute or two. She was going to speak out about her struggle with life and how no one - her GPs and a veterinarian friend - would help put an end to her agony. She invited me to her Adelaide home the following day, because I'd written a few stories on the pros and cons of euthanasia.

This was my only conversation with her. The following day her son rang me. His mother had had a bad night - she wasn't up to speaking.  
After a few conversations with the son and daughter over the next couple of days it emerged that the woman had changed her mind about going public. She feared someone precious to her would be charged with assisting her death.

That person had obtained the powerful barbiturate Nembutal - the death drug of choice for the elderly or the terminally ill.

About three weeks after our brief conversation she was dead.  
I don't know how it happened. Understandably, the family didn't want to elaborate.

Last week, a 73-year-old woman from Queensland spoke about how she smuggled a bottle of Nembutal from Mexico. She was among a group of 12 - one from South Australia, all elderly and none suffering a terminal illness - who bought the drug.

This woman described herself as being in good health, but spent \$3500 for the opportunity to buy her \$50 ``insurance policy'' - a 100ml bottle of Nembutal.

She broke the law by smuggling the bottle past Customs officials in two countries - Australia and the US.

This was a law-abiding person.  
"Never done anything like this before in my life," she said.

In June, a 93-year-old Adelaide woman travelled to Switzerland to end her life in the Dignitas euthanasia clinic. Like a

Queensland man who took the one-way ticket option last year, they both had to be well enough to travel, sick enough to die.  
These life-and-death decisions are happening every day. Families are dealing with the pain and indignity of a loved one's illness and, for many, the kindest act is a speedy death.

Dying with dignity is the well-worn mantra. I am not an advocate for voluntary euthanasia. My concerns are shared by many - potential abuse by family, depression clouding the judgment of those in unbearable pain, and possibly even a sense of guilt or burden influencing a sufferer to make their last decision.

THEN there is the floodgates argument. If we ever decide that a poor quality of life justifies ending that life, we have taken a step down a slippery slope that places all of us in danger, argue the pro-lifers.

However, palliative care - even the best available - is not enough in some cases. Grandmothers who have lived an unblemished life should not have to break the law. It is shameful that a frail 93-year-old should take her last trip to an overseas death clinic.

The Northern Territory was the only place in Australia to legalise voluntary euthanasia, albeit briefly, before the Federal Government overturned the legislation 10 years ago.

Four terminally ill people ended their lives before it became a criminal act again. Senator Amanda Vanstone now wants the states to "have another go" at legislation and it's easy enough to understand why.

But not by highlighting the kind of self-serving stunt which gave Sandra Kanck another 15 minutes of fame.

Attempts at legislation have failed five times in the South Australian Parliament, but Independent Bob Such maintains his draft

Bill will have the most stringent safeguards yet.  
Among them, only the terminally ill, who are in unbearable pain, will be eligible, and only after careful screening by doctors and psychologists.

Fortunately, I don't know what it's like to have a family member suffering a terminal illness. But a friend recently helped crystallise my thoughts.

She is a practising Catholic, believes life is sacred and that voluntary euthanasia is abhorrent. Her mother is riddled with cancer after four major operations and numerous doses of hideous chemotherapy.

On a good day she will have a shower and go back to bed.  
My friend now believes the only humane act would be to end her mother's suffering.  
"What she's going through is cruel," she says.  
"She has no life."

A first-hand experience of witnessing ultimate suffering has moved this practising Catholic's view full circle.  
She believes her mother would agree. But she is adamant she wouldn't want to influence her mother's decision.

It's unlikely SA's politicians will stop her pain when the Bill is introduced later this year. So, age pensioners will feel the need to break the law again, and again.

And imagine the last memory of a loved one is waving goodbye at a busy airport.

Kim Wheatley is a senior reporter at the Sunday Mail

Caption: TO DIE FOR: A euthanasia kit available in Belgium for family doctors to use in patients' homes

Photo: euthanasia kit

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## **2. Book ban anger: it will hinder freedoms**

Sydney Morning Herald

Phillip Coorey Chief Political Correspondent

October 4, 2006

BANNING books because they contain arguments that are disagreeable or offensive is a self-defeating exercise, the Council of University Librarians says.

The council's executive officer, Diane Costello, said banning two militant Islamic books under anti-terrorism laws would only serve to make them inaccessible to "people doing the right thing".

"How can you refute arguments or understand the thinking of the people who are making these arguments if you can't have access to them?" she said. People with sinister motives could still obtain them through the internet.

The books, *Join the Caravan* and *Defence of the Muslim Lands*, were banned in July by the Classification Review Board after an application by the Attorney-General, Philip Ruddock, who was acting on advice from the federal police.

A ruling on a third book, *The Lofty Mountain*, is pending.

All were written by Abdullah Azzam, the so-called Godfather of Jihad, who was murdered in 1989.

*Defence of the Muslim Lands*, which contains a preface by Osama bin Laden, was written in 1984 in the context of the Soviet invasion of Afghanistan. It was reprinted in 2002 with a publisher's note recommending its violent exhortations apply to "all situations confronting Muslims around the world".

*Join the Caravan*, written in 1987, encourages readers to fight "non-believers", especially in Afghanistan.

The matter came to a head when the vice-chancellor of Melbourne University, Glyn Davis, wrote to Mr Ruddock complaining that the university had to remove the books from its library.

Professor Davis was seeking clarification and questioning whether the intent of the anti-terrorism laws was to bar access to such books by academics.

Mr Ruddock's spokesman said yesterday the letter had not been received. The university said it had been sent about 10 days ago.

Mr Ruddock said he would consider allowing limited access by researchers. "There may be some way in which, under appropriate supervision, that can be pursued."

His spokesman could not elaborate on the details of supervision, saying this would be worked out. He said the general ban would not be lifted. "The Attorney-General makes no apology for withdrawing books ... that can incite impressionable young people."

Professor Davis said yesterday said he welcomed academics being allowed limited access.

Ms Costello said supervising the reading of books "seems entirely impractical".

"That's turning librarians into policemen," she said.

Also yesterday, Amnesty International rounded on Mr Ruddock for saying sleep deprivation was not torture, but coercion.

A spokeswoman for Amnesty said sleep deprivation was cruel, inhuman and degrading, and often used alongside other techniques. "Combined, it would certainly amount to torture."

Under the rules for the new American military commissions, evidence obtained by torture would be inadmissible, while coercion is allowed.

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### **3. Ire over 'emergency exit' plan**

West AUSTRALIAN  
4th October 2006,

Depression groups worldwide have reacted angrily to news that a Swiss euthanasia clinic is pushing for assisted suicide to be available to depressed people "as an emergency exit".

Ludwig Minelli, who founded the Dignitas institute in Zurich eight years ago, said a case going before the Swiss supreme court this month involves a Swiss patient suffering from bipolar disorder, also known as manic depression, who wants the right to an assisted suicide. Dignitas is one of the few places in the world to take non-nationals through its assisted suicide program. It has reportedly assisted in the suicides of at least three Australians.

In his speech, given as part of the Liberal Democrats annual conference in Britain this month, Mr Minelli said allowing assisted suicide for the depressed opened up "an emergency exit", which would reduce their sense of despair and allow them to see new possibilities.

In London, The Times reported the lawyer used his speech to blame religion for stigmatising suicide. He attacked a "stupid ecclesiastical superstition" and said that he believed assisted suicide should be open to everyone.

"We should see in-principle suicide as a marvellous possibility given to human beings because they have a conscience . . . If you accept the idea of personal autonomy, you can't make conditions that only terminally ill people should have this right," he said.

But the speech has raised the ire not only of depression support groups but also of people with the mental illness — and even some pro-euthanasia groups.

Leonie Young, chief executive of Australia's beyondblue national depression initiative, said death was never the answer, especially at a time when there was effective treatment for depression and it was common for people to recover.

Suicide rates had gone down and people across the country were getting better after cognitive therapy, anti-depressants and continuing care.

After much work during the past five years, an Australia-wide safety net of 10,000 GPs trained to deal with mental health issues had been set up and the Coalition of Australian Governments had recently set aside \$1.9 billion to focus on mental health.

Ms Young said that comments about assisted suicide simply reversed the efforts that groups such as beyondblue had put into breaking down the negative stereotype that had surrounded depression.

British pressure group Dignity in Dying also said Mr Minelli had gone too far. Chief executive Deborah Annetts told the Times that the group was fundamentally opposed to assisted suicide for those with chronic depression.

"Any law in the UK must be based around choice for competent adults who are terminally ill," she said. "This is a fundamental safeguard to ensure that it is the patient who chooses, fully informed and aware of the decision they take."

A British biology professor, writing in the Daily Telegraph, said as a former sufferer of depression, he had thought repeatedly about suicide and believed that if the option proposed by Dignitas had been available to him, he would have considered it.

"Knowing all that I do about what it is like to have severe depression, this idea of an 'emergency exit' appals me," Lewis Wolpert wrote.

"In spite of the overwhelming power of my desire to commit suicide, I never attempted it and, eventually, the depression that had consumed me so completely began to lift . . . I now want to live as ardently as I once wanted to die."

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#### **4. Another Jain woman on fast unto death**

30 Sep, 2006  
TIMES of INDIA

JAIPUR: A day after 60-year-old Shwetambar Jain woman Vimla Devi Bhansali died while on terminal fast under the faith's Santhara tradition in the Pink City, another case has come to light of 93-year-old woman, who has given up food and water for the past 24 days under this ritual.

Kaila Devi, resident of Peetaliyon ka Chowk in the old Walled City, just after the Jain festival of Paryushanthat earlier this month that she would observe Santhara. Unlike Vimla Devi, who had brain tumour, Kaila Devi is not suffering from any disease except some old-age problems.

Married to a traditional jewellers' family, she lives in her ancestors haveli and is being looked after well by her sons, their wives, grandsons and other family members. Her family members said Kaila Devi has volunteered Santhara although she is not terminally ill.

In Shwetambar, Santhara is observed to embrace death by fasting. The community feels Santhara cannot be considered suicide, as the Santhara vow is taken by a person only when he feels that his life has served its purpose. The goal of Santhara is to purify the body and to strive to abandon desire.

For Kaila Devi, the option of reversing the process and leading a normal life is still open. However, she is adamant. "She is keeping well and talks to her sons and grand children, but is bed-ridden," said family members.

Justice Pana Chand Jain, a retired judge of the Rajasthan High Court, said Santhara is an age old Jain ritual and it should not be equated with suicide or mercy killing.

He said Sanlekhna (for Digambar Jains) and Santhara are the rituals of opting to die in a spiritual way and for thousands of years was recognised as a noble way of embracing death. Justice Jain said in the Jain religion those dying after observing Santhara are hailed as virtual religious heroes and the society gives the person a dignified funeral.

He added that in ancient times even gods and goddesses opted for death and Lord Rama embraced death by drowning himself in a river. Justice Jain said Santhara is a religious ritual and no law can prevent people from observing it.

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## **5. Death raises question about ancient ritual**

United Press International  
Oct. 2, 2006

The reported death of a cancer-stricken woman in India after she followed her Jain fasting custom has set off a legal fight against the ancient ritual.

Vimla Devi Bhansali, 60, of Jaipur in western Rajasthan state, who was diagnosed with cancer of the brain and liver, died last week after fasting for 13 days as per Jainism's 1,000-year-old "Santhara" or "fasting unto death" ritual, reports Britain's Daily Telegraph.

The small minority community of Jains, who are strict vegetarians, believe the ritual helps purify the body so as to free the soul after death.

But social welfare groups, in their court petition, claim Santhara is similar to suicide or euthanasia. A court has issued a notice to both the state government and the Jain community to show why the ritual should be continued.

Jainism's main teachings are self-renunciation and non-violence.

A Jain community spokesman said Santhara cannot be called suicide as it is "taken up by someone who has performed all his duties and wants to purify the soul before leaving the world."

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## **6. Ailing Indian family asks to die**

By Narayan Bareth  
BBC News, Jaipur  
Tuesday, 3 October 2006

The family of six sitting on a fast (Pic: Shahzad Khan)  
Six members of the same family in the western Indian state of Rajasthan have written to President APJ Abdul Kalam seeking permission to end their lives.  
All six suffer from a debilitating illness and say they are tired of leading a "crippled life".

"We want to end our lives, it is hard living in such miserable conditions," says Mukesh, one of the family.

Euthanasia is illegal in India. A court refused a terminally-ill patient's plea for mercy killing two years ago.

Unable to walk

Doctors have been unable to diagnose the disorder which the six family members developed a decade ago. It has affected their legs, leaving them unable to walk.

Mukesh, his 60-year-old mother Bishani Devi and four of his siblings live in an abandoned house in the state capital, Jaipur.

They began a fast on Monday.

The family earlier owned a small shop which was removed by the state administration as part of a drive against unregistered properties. Now, they live in abject poverty.

"Our only income is the 800 rupees (\$18) which we receive as pension from the government. We cannot survive with that. We are unable to bear the financial burden of our treatment," says Mukesh.

Although the state government has now said it will provide all help needed to them, the family says it has lost all hope.

"This illness has ruined our lives. It is better if the government allows us to die on our own," says Mukesh.

Euthanasia is outlawed in India and two years ago a court rejected a terminally-ill chess champion's plea to have his life support system turned off so that he could donate his organs before they were irreparably damaged.

Venkatesh, 25, was suffering from a genetic neurological disorder and later died in hospital.

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## **7. 'Peaceful pill' would give patients permanent rest**

WorldNet

Posted: September 14, 2006

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[http://www.worldnetdaily.com/news/article.asp?ARTICLE\\_ID=51969](http://www.worldnetdaily.com/news/article.asp?ARTICLE_ID=51969)

### **MATTERS OF LIFE AND DEATH**

**CAPTION: Philip Nitschke**

**Australian founder of suicide group promotes plan at conference**

An Australian doctor who promotes suicide as a way to die has introduced a new "peaceful pill" plan to advocates at a conference, touting the pill for its accessibility – and legality.

In a report on Canadian Television, Dr. Philip Nitschke of Exit International said that his plan allows for the self-appointed date with death he advocates.

"You can do everything yourself, acquire what you need, access what is ultimately the most peaceful way of a peaceful death," he told those attending a Toronto conference.

"If you can manage things yourself you don't break laws," he said about the instructions in his book on the subject.

The book describes a lethal barbiturate concoction that acts by depressing the central nervous system, and observers say it appears similar to drugs used in the few countries where euthanasia is allowed.

In Australia, Nitschke is faced with a law that prohibits even giving how-to consultations on suicide and he has moved his group's website to New Zealand to avoid that conflict. In

Canada, a proposal to allow assisted suicide died at the conclusion

of a recent Parliament, and in the United States, only one state, Oregon, now allows physicians to prescribe medications to be used for suicide.

The "self-help" idea earned some immediate opposition even from the right-to-die supporters.

Donald Babey of Dying with Dignity Canada said it doesn't address the final solution of having physician assistance.

Christian organizations such as Focus on the Family in Colorado Springs have written extensively on the issue of suicide and euthanasia. In one interview former U.S. Surgeon General C. Everett Koop said he believes euthanasia someday will dwarf the abortion industry.

It's like letting a snake out of a basket, Focus said: Once it's out, there's no telling where it will slither.

Nitschke said, in a LifeSiteNews.com report, that volunteers with his organization donated several thousand dollars to assemble a lab at a New South Wales farm where they were able to put the drug into a crystalline form.

Nitschke, who has been discussing the concept of such a pill for several years, said 100 people already are waiting to use it.

Other Exit International recommendations have included a plastic bag over one's head, a homemade unit to generate carbon monoxide, or use of large amounts of sleeping pills such as Nembutal, according to the group's website.

On his website, Nitschke has posted a letter from Bob Dent, who was helped by Nitschke into the hereafter in 1996.

"The Church and state must remain separate. What right has anyone, because of their own religious faith (to which I don't subscribe), to demand that I behave according to their rules until some omniscient doctor decides that I must have had enough and goes ahead and increases my morphine until I die?" he wrote at the end of his battle with cancer.

"If you disagree with voluntary euthanasia, then don't use it, but don't deny me the right to use it if and when I want to," he wrote.

Focus analysts, however, argue that this was the same way that the Nazi extermination of groups of people began: first with the old and infirm, then the handicapped, and eventually entire blocks of people just because they belonged to that group.

In the U.S., Vermont at one point considered the "Death With Dignity Act" and California has reviewed a plan, but Oregon's physician-assisted suicide plan has been approved by the courts.

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## **8. Whose rights at stake?**

Courier Mail  
TUE 03 OCT 2006,  
By Mirko Bagaric

Euthanasia is too susceptible to abuse, writes Mirko Bagaric  
Life and death issues do not lend themselves to clear definition

KILLING terminally ill people is an appealing concept until you look at the empirical data on where it takes society.

That's why we should resist recent calls by euthanasia supporters such as Senator Amanda Vanstone to legalise voluntary euthanasia.

We rightly are moved by the requests of some terminally ill people to hasten their death. The minimisation of pain and suffering ought to be one of the main priorities of a civilised society. Moreover, we strongly value the notion of personal liberty and from the perspective of the parties directly involved in euthanasia (the patient and health worker), the practice is not inherently objectionable. In the case of clear-minded, rational people it will advance their autonomy and sometimes relieve them of considerable pain.

These reasons underpin the euthanasia catch cry of the "right to die". On the surface this sentiment is powerful. This stems largely from the fact that we are drawn to rights claims. They are individualising notions and promise to provide us with a sphere of protection from the unwarranted demands of others. These arguments were capably advanced by Vanstone in a speech last week marking the 10th anniversary of Australia's first legal voluntary euthanasia death in the Northern Territory.

Rights appeal to those of us who have a "me, me, me" approach to moral issues. But buried only slightly beneath such an approach are the inescapable realities that as people we live in communities; communities are merely the sum of a number of individuals and the actions of one person (exercising his or her rights) can have an (often negative) effect on the interests of others.

Thus, in assessing the moral status of any act it is necessary to look beyond the rights of those immediately affected. There is no moral theory that allows people to exercise their rights in complete disregard of potential effects on others. It is at this point that the arguments in favour of euthanasia lose their lustre.

The risks of legalising euthanasia do not outweigh the potential benefits. There are two principal adverse side-effects of legalising euthanasia. First, legalising voluntary euthanasia carries the risk that health professionals will commit acts of non-voluntary euthanasia.

This can perhaps be addressed by stringent safeguards. The empirical evidence, however, suggests to the contrary.

One of the few nations that legalises euthanasia is the Netherlands. This is also the nation where the practice is most widespread.

Two wide-ranging studies in the '90s revealed alarming levels of abuse in relation to end-of-life decisions. Each of the studies showed that in a climate where voluntary euthanasia is condoned, abuse is prevalent. There were about 1000 instances of non-voluntary euthanasia (ie, where death was caused without the patient's consent) in each study and in the first study 27 per cent of doctors admitted to terminating a patient's life without request.

Why did this happen? It is not because of a general insensitivity or callousness by the Dutch towards issues of life and death.

On any measure the Dutch are compassionate, inclusive and caring people who donate more than twice that of Australia to the developing world.

Perhaps the House of Lords Select Committee on Medical Ethics in its report examining the issue of euthanasia identified the reason for the widespread abuse: Issues of life and death do not lend themselves to clear definition, and without that it would be impossible to ensure adequate safeguards against non-voluntary euthanasia were voluntary euthanasia to be legalised. It would be next to impossible to ensure that all acts of voluntary euthanasia were truly voluntary, and that liberalisation of the law was not abused.

The final, related, argument against euthanasia is that legalisation carries the risk that it will foster or instil the notion that some lives (namely, the terminally and gravely ill) are less valuable than others. This sets an undesirable precedent. Followed to its logical conclusion it would leave the door ajar for similar arguments to be made in relation to all people whose capacity to flourish is for some reason (whether physical, mental or social) gravely impaired. There is no principled basis for distinguishing between qualitative and quantitative impairments. If reduced life expectancy is seen as being a basis for less value being attributed to life, then why not other handicaps or disadvantages?

Society does not regard deliberate killing as a solution to any (other) personal problems. We do not kill the miserable, depressed or evil. This is because of the supreme value placed on all human life. Problems are not cured by killing people. So it should be in the case of euthanasia.

Perhaps adequate safeguards could be implemented to prevent voluntary euthanasia leading to non-voluntary euthanasia, and perhaps we could be adequately conditioned into accepting that deliberate killing in one context does not implicitly cheapen the value of all human life. However, we should tread slowly before condoning practices which suggest that some lives are not as valuable as others.

This approach will seem insensitive to those desperately seeking a quiet and peaceful exit. It is an unfortunate aspect of morality that there are times when each of us will have his or her interest set back in order to promote or maintain the common good. This is, however, an indispensable part of living in a community.

Yet we cannot ignore the pleas of those in pain. The compassionate way to address calls for euthanasia is for an increased level of commitment to the dying. In many cases this means better pain and depression management.

People contemplating euthanasia should not be encouraged to do so. They should be told that their life continues to have immense meaning and it would be a tragedy if it was deliberately cut short.

Professor Mirko Bagaric is the author of *Euthanasia, Morality and the Law*  
Caption: 'LIFE is in God's hands' . . . protesters near the Dutch senate building in The

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## **9. It's time for a reality check on euthanasia**

The Advertiser  
WED 04 OCT 2006, Page 018  
By DR GREGORY PIKE

There have been numerous attempts to legalise euthanasia in SA. Naturally, some have pointed to The Netherlands where assisted suicide and euthanasia have been practised openly for decades. So it's timely to take a Dutch euthanasia reality check.

Netty was in her fifties, physically healthy, but suffering emotionally. One son had suicided, the other died from cancer, and then divorce ended her marriage. Two months after the death of her son she sought assisted suicide and received it with the help of her doctor, a psychiatrist who failed to acknowledge her depression and agreed with her that her life was not worth living.

Hers is one of the few Dutch assisted suicide cases to come under the public gaze but it highlights something deeply problematic about Holland's experiment with medical killing.

Just as euthanasia advocate Phillip Nitschke argued information on a suicide pill should be available to troubled teens, legalised euthanasia in Holland has become a dreadful answer to the sadness, loneliness and depression that mark so many lives at one time or another. When Mum lies silent at the end of her days and euthanasia is an option, will she hear: "Well, you decide Mum", and be confirmed in her belief no one really cares?

In the Northern Territory's brief experiment with euthanasia, seven people made formal use of the legislation. Details of the cases were published in the medical journal *The Lancet*. It makes for sad reading that our community effectively agreed with people distressed about their condition that death was their solution, when instead genuine care could have made all the difference.

This solution has taken The Netherlands considerable time to get used to. Which is hardly surprising since people are instinctively averse to ending the lives of fellow human beings under any circumstances. At least at first.

In Holland, what began as assisted suicide soon became euthanasia. First it was the terminally ill, now the chronically ill. Initially for physical illness, now for psychological distress. At first, strictly on voluntary request, now without it. The Rummelink Reports into euthanasia in The Netherlands cite thousands of cases where euthanasia has occurred without a request from the patient. Some euthanasia doctors "just know best".

For those who think euthanasia in Holland is all about rational adults, it's time to think again. The Dutch now permit euthanasia for 12-16 year olds. In what has become known as the Groningen Protocol, dozens of disabled babies have been illegally euthanased by doctors who are pressuring the government for legal permission to terminate infant lives.

Despite the rhetoric about strict criteria, mandatory reporting and tight regulation, it is impossible to safely manage legalised euthanasia. As Herbert Hendin, head of the American Suicide Foundation and Professor of Psychiatry at New York Medical College, puts it: "One hardly knows which is more chilling, the widespread flouting of the scant and effectively toothless legal regulation of euthanasia in Holland, or the sangfroid with which it is defended by the Dutch practitioners." Sangfroid is from the French, meaning literally, cold-blooded.

Institutionalising assisted suicide and euthanasia will also rob people of the critical and valuable moments in their last days to "make their peace" and honestly "close the book". Premature departures with a lethal injection make short shrift of that, and can leave others grieving over lost opportunities and things left unsaid.

What's more, turning doctor into executioner drastically undermines the culturally powerful figure of physician as trusted guardian of life into something far more sinister. In the end, it is a naive assumption that where Holland has failed, we can make it work. For legalising euthanasia is by nature fatally flawed.

\* Dr Gregory Pike is director of the Southern Cross Bioethics Institute.

END

## ***Deliverance Daily Newsserver***

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