



exit
international

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SAVE THE DATE

Friday 11 November 2022
Melbourne Public Meeting &
Workshop

Wed 30 November 2022
Canberra Public Meeting &
Workshop

Saturday 3 December 2022
Sydney Public Meeting &
Workshop

Professor Sean Davison Introducing a New Director

After many years of mutual respect and friendship, Exit is absolutely delighted to welcome Professor Sean Davison as a new executive director at Exit International. Sean will work alongside Philip Nitschke in all aspects of Exit's operation.

Sean Davison will already be well known to many in the Exit community. Sean came to global prominence in 2010 when he was charged by New Zealand police with the attempted murder of his mother, Dr Patricia Davison. Pat died of an overdose of morphine in Dunedin NZ in October 2006. A long-time resident of South Africa, Sean had returned to New Zealand to be with Pat during her final months.

The formative experience of helping his mother to die would lead to Sean's first book. *Before We Say Goodbye*

documents the months leading up to Pat's long, drawn-out death and Sean's agonising decision to help her. Sean is the first to admit that Pat's death was a lesson in 'what *not* to do'. Despite being initially charged with attempted murder, Sean would later take a plea deal (a decision he regrets) on the charge of assisting a suicide.

The police came only to know about the precise nature of Sean's involvement in Pat's death after Sean sent his three siblings a pre-publication manuscript of his book. His sister Mary's reaction astounded him.

Mary's response was to accuse Sean of 'murdering' their mother. She said that she would be immediately reporting him to the police. The rest, as they say, is history.

Sean would go on to spend five months in home detention in Dunedin.

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Professor Sean Davison & Dr Philip Nitschke, Melbourne 2016

Welcome - Sean Davison

To do this he had to leave his wife Rayne and their three children alone in Cape Town (his home) for the duration of his sentence.

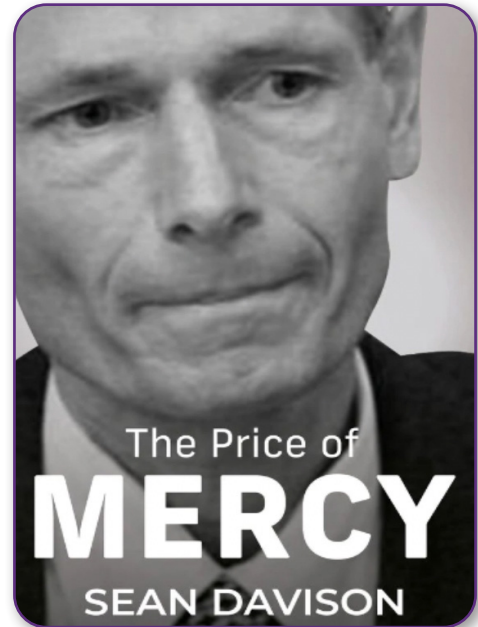
Sean spoke about helping his mother to die (and the high price he paid for this 'act of mercy') at Exit's 20th anniversary conference at the State Library of Victoria back in September 2016.

A Person of Conviction

Whereas some people would have shied away from anything to do with assisted suicide after such a close encounter with the law, not Sean Davison. On his return to South Africa Sean founded the advocacy group, Dignity South Africa. During the years that followed, he would go on to help another three people to have a peaceful and reliable death at a time of their choosing.

While initially it appeared that the South African authorities would turn a blind eye to Sean's 'active activism', in the days after the 2018 Cape Town conference of the World Federation of Right to Die Societies, Sean found himself suddenly and aggressively arrested. This time the charge was murder. And not just for the murder of one person. Sean would ultimately be charged with the pre-medicated murders of three men: Anrich Burger (a former doctor who had become a quadriplegic following a car accident), Justin Varian (who had MND/ALS) and Richard Holland (a South African triathlete who developed locked-in syndrome after being knocked off his bike).

In South Africa, a murder conviction carries a mandatory sentence of life imprisonment. Following some strong legal defence (and Sean's very public association with the late Archbishop Desmond Tutu), a plea deal was taken. This time Sean would spend three years in home detention in Cape Town. He was only allowed out to perform mandated community service (cleaning the prison toilets) and to work at the DNA forensics laboratory that he established some 25 years prior at the University of the Western Cape.



Sean's detention in Cape Town concluded in early June 2022. In October, Sean left South Africa, citing a lack of rule of law.

South Africa's loss is, undoubtedly, Exit's gain. Never has a right to die organisation been so fortunate to be embraced by a person with such an incredible track record in the area of end of life rights. Sean's breadth and depth of experience is unparalleled. As the immediate past president of the World Federation of Right to Die Societies, Sean's credentials are beyond question.

Sean initially plans to settle with his family in the UK. He will visit Australia and New Zealand over the 2022-23 summer to meet Exit members and to speak at Exit's scheduled public meetings and workshops.

Sean's new book *The Price of Mercy* is available on Amazon Kindle at: <https://amzn.to/3Sh9khU> The print edition can be ordered from the Book Lounge (who ship globally) at: <https://booklounge.co.za>

More about Sean Davison can be found at his considerable Wikipedia entry at: https://en.wikipedia.org/wiki/Sean_Davison

Landmark Dutch Court Case



COÖPERATIE
**LAATSTE
WIL.**



NETHERLANDS

HISTORIC LAWSUIT AGAINST THE STATE

On 10 October, a landmark Dutch court case commenced in The Hague when 29 members of the Cooperation Last Will took on the Dutch state over their right to assisted suicide, regardless of their state of health.

The case has come about after the Dutch Government outlawed the alleged distribution of Middel X powder (sodium azide) by CLW amongst its membership.

At the current time in the Netherlands, one must be seriously ill or suffering unbearably to get voluntary euthanasia from a Dutch doctor. This is pure, medical model law.

The new CLW case is seeking to establish the right of people (who are not ill or suffering unbearably) to get lawful help to die. According to CLW, older people who are not terminally ill should be able to decide for themselves when and how they die. The practical means of control are central to the right of citizens to determine their own end.

The European Context

The European Court has long recognised that a fundamental right to privacy protects a person's decision to die (with or without assistance).

On this basis, the Constitutional Courts of Germany and Austria have affirmed that any ban on (assisted) suicide is unconstitutional. CLW is now seeking clarification about how these legal protections apply in the Dutch context.

Dutch State Retaliation?

Since the CLW case, 10 members of the group have been charged by the Dutch public prosecutor with the alleged distribution of Middel X. The prosecutor is also seeking to determine whether CLW is a criminal organisation.

To Exit, the DPP looks motivated by petty vengeance. Strength to the CLW 10 in their push-back!

& then the Police Came for Him

Chris Lovelock's Remarkable Story ...



Chris with chapter coordinators on the Gold Coast in the days before Covid-19

A few months back in July, Exit's Melbourne Chapter Coordinator, Chris Lovelock, shared his end of life plans with a 'good friend' of 10+ years.

On hearing the news, the so-called 'friend' contacted the police who arrived at Chris' home in Melbourne and proceeded to detain him under Victoria's *Mental Health Act*.

Chris thought he could trust his friend with this precious information. His experience shows how wrong any of us can be. Chris writes:

At 0850 I received a phone call from Jeff saying "What's going on", and I explained fully but briefly. Jeff said that he would "have to" report my proposed action to "The Authorities".

At about 10.30 two police officers from the Boronia station arrived. It was then explained to me that they did not intend to arrest me but they had some sort of a document relating to the Mental Health Act which gave them the authority to detain me, using force if necessary, and transport me to a hospital of their choice where my mental health would be assessed by a suitably qualified person.

I think it was at that stage that I was told that an ambulance was on its way.

I pointed out that there was a chronic shortage of ambulances and I did not want to make that situation worse ... I don't believe I had a choice.

On admission to the Maroondah Hospital Chris was kept waiting for almost 12 hours in the emergency department before being transferred to Box Hill Hospital late that night. He was not seen by a psychiatrist until 11am the following morning when he was told he was suffering from 'adjustment disorder'. This psychiatric catch-all was rescinded 4 days later when it was declared he did not have a mental illness after all.

After 6 days of involuntary incarceration, Chris tested positive for Covid-19. At this point the Victorian health system sent the supposedly suicidal man home to self-isolate for 10 days.

Exit is now seeking legal advice in regard to Chris' compulsory detention. Under the Victorian *Mental Health Act*, an Assessment Order can only be made if the person 'appears to have mental illness' and 'needs immediate treatment' to 'prevent serious harm' to themselves. Chris has never appeared mentally ill, because he isn't.

Read Chris' story in full on the Exit Blog at:
www.PeacefulPillHandbook.com

EDITORIAL with Philip Nitschke

Welcome Sean Davison

I have long been asked about succession planning at Exit. My reply has always been that the right person has not yet been found. This month that search comes to an end when long time friend and colleague of Exit International, Professor Sean Davison, joins the Exit team as a new Executive Director.

I have known of Sean for many years, mostly via the media who have covered his many trials (literally) and tribulations. In 2016 we met for the first time when he spoke at Exit's 20th Anniversary conference in Melbourne. Sean Davison is a breath of fresh air by anyone's reckoning.

Not only is he a convicted triple murderer (a 'serial killer for all the right reasons' as he puts it) and someone who helped his own mother (a psychiatrist) to die, but Sean is a passionate advocate of de-medicalising the right to die debate. He is deeply supportive of DIY technologies and, as someone with a professional background in molecular biology and forensic medicine, Sean is perfectly placed to co-lead Exit's ongoing R&D program in practical end of life strategies.

Sean's period of home detention (3 years) in Cape Town (following his triple murder conviction) finally ended in June this year. In August, I was honoured to help launch his memoirs, *The Price of Mercy*. I have reviewed this book previously and consider it a ripping yarn of daring and courage.

There is no doubt that Sean was politically targeted by the South African authorities and that the State sought to make an example of him. For a country with so many social and economic woes (not to mention widespread corruption), it was astounding that a fight was picked with a professor who had loyally and sensitively helped three men (each in dire straits) to have a peaceful elective death.



Sean (in a wig, as per his parole restrictions) with his kids

Sean will initially be based in the UK but he may also seek a permanent Australian visa. Time will tell. I am very pleased that Sean will be coming to Australia and New Zealand in early January/ February. This means he will be able to meet Exit Members and start to get to know everyone.

Australia Legislates

Sometimes I don't know whether to laugh or cry when it comes to Australia and the country's obsession about safeguards in VAD legislation. The new Tasmanian 'VAD Navigation Service', South Australia's 'care navigators' & the Queensland VAD Review Board (replicated in other states) constitute crazy new heights in government bureaucracy.

At the recent 'Dying to Meet You' Forensic Medicine conference in Rotterdam, Dutch lawyer Laura De Vito said that she was glad she lived in the Netherlands where bureaucracy is kept to a minimum (6 safeguards) but where oversight and scrutiny of voluntary euthanasia was always pursued. She said she was glad not to live in Victoria with its 62+ safeguards which, in her opinion, made the legislation almost unworkable. Some even say the Victorian model is progressive compared to the other states!

‘Falling Through the Cracks’ Exit Meeting/Workshop Tour

What to do when the law doesn’t work for you?

This is the theme of Exit’s forthcoming Public Meeting & Workshop Tour - the first in the post-pandemic era.

Because the 2022 tour is focused on Australia (& NZ) and because these countries have recently introduced medical model, right to (ask to) die laws, it falls to Exit to proffer solutions for the vast majority of elderly people who will never qualify to use the new laws.

Most people will not qualify to use the Australian laws because they will not be terminally ill (& likely to die within 6 months). Most people want choice at the end of life. Most hope they will never need to take that step. Who doesn’t want to die peacefully (and unexpectedly) in one’s sleep?

A DIY Exit Plan is insurance for future should one’s quality of life deteriorate to such an extent that death is a preferable option.

Register now at www.ExitInternational.net

Oz Workshop Dates

Adelaide, SA
Bowral (Sth Highlands), NSW
Brisbane, QLD
Bundaberg, QLD
Canberra, ACT
Darwin, NT
Gold Coast, QLD
Hobart, TAS - note new date in Feb ‘23
Melbourne, VIC (2 workshops)
Newcastle, NSW
Lismore (Nth Rivers), NSW
Perth, WA
Sunshine Coast, QLD
Sydney, NSW (2 workshops)

*Exit Workshops are exclusive to Exit Members for whom there is no charge.
Further dates may be added.
Watch this space!*



Australia Legislates - Tasmania, Queensland & South Australia

On 23 October, the Tasmanian *Voluntary Assisted Dying* Act finally came into effect. Queensland and South Australian legislation follows in January 2023.

All these laws require applicants to be 'about to drop dead' from a terminal illness in order to qualify. Because of this exclusive criteria, the 2022-23 Exit International workshop tour will focus upon what one can do if (or when) one falls through the cracks.

How to use Australian VAD Law - Generalities

Qualifying Criteria

- Terminally ill (about to die in < 6 months)/ 12 months if neurological)
- Over 18 years
- State resident
- Have mental capacity
- Be suffering intolerably
- Acting voluntarily

You must not:

- Be mentally ill (unless also terminally ill)
- Be disabled (unless also terminally ill)
- Have dementia (unless also terminally ill)

Doctors in Australia are not allowed introduce the topic of voluntary euthanasia/VAD/ assisted suicide to you. If they raise the issue, they could be prosecuted for professional misconduct. (This sits in contrast to Dutch law where the doctor has an obligation to raise and discuss voluntary euthanasia options).

Admission Process - Generalities

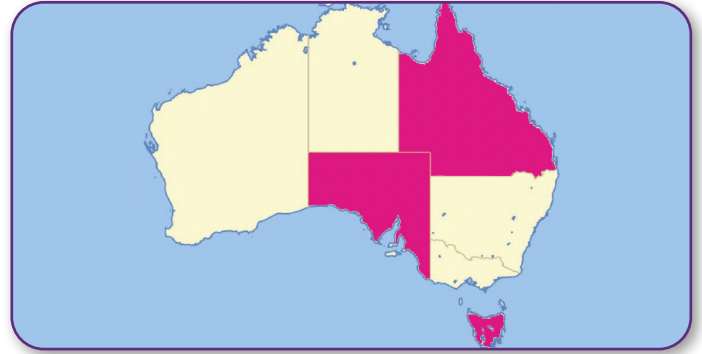
Request No 1 - oral

Request No 2 - in writing on the government form & witnessed (by 2 people in QLD & SA)

Request No 3 - in writing on 'final permission form'

Request No 4 - in writing on 'self-administration request form'

In South Australia, a successful application will produce the required 'VAD permit' (death passport).



Note - witnesses can generally not be:

- family members
- anyone receiving benefit after you are gone
- residential care provider
- fellow residents of a care facility
- the doctor
- the 'designated person' who completed the form (if relevant - eg. if you cannot write/ read)

At the second stage assessment, a 2nd doctor gives their opinion on you. If 2 consulting doctors decline an application, there is no VAD.

In Queensland, the process is summarised as 3 separate requests and 3 separate medical assessments. In Tassie, if self-administration is elected, an interview with the dispensing pharmacist must also be held (to ensure you know what to do).

During the final 48 hours, the patient is again assessed by the doctor. The person is examined for mental capacity, and to ensure that they are acting voluntarily. A further 'second opinion' can be requested by the doctor at this point. The dispensing of the pentobarbital remains always at the discretion of a Government Assisted Dying Commission.

Summary

There are well over 100 safeguards built into each of these legislative models (the Swiss have 2, the Dutch have 6). Exit's 2022-23 Workshops will answer the questions of those who feel they have neither the energy, nor the inclination, to subject themselves to this type of government intrusion in their private life (and death).

Changes to Swiss Regulations

In July 2022, the Swiss Academy of Medical Sciences (SAMS) published new 'medical and ethical' guidelines on death and dying. These apply to doctors working in Switzerland and cover three main areas.

1. Autonomous Wishes

The new guidelines state that the doctor must now undertake a consultation with the person not once, but twice over a set period of time of at least 2 weeks. If these two consultations must be done face to face, this may lead to the process becoming both more difficult and more expensive as candidates must plan on a 2 week stay in Switzerland prior to their VAD. This requirement is presumably designed to stop people flying in one day and dying the next.

2. Severe Suffering

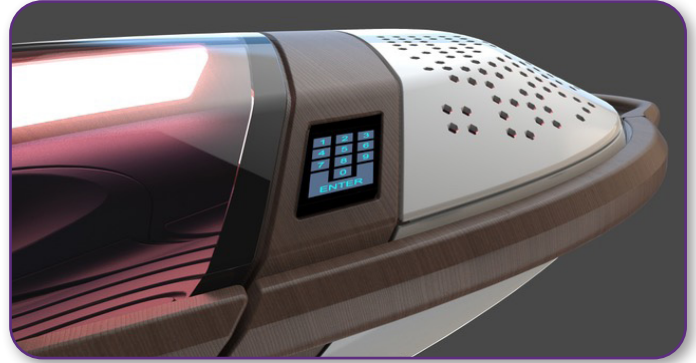
The second change to the medical guidelines concerns definitions of 'severe suffering'. Under the Swiss *Criminal Code* a person does not need to be sick to get a VAD in Switzerland. Under the new medical guidelines, it is no longer 'ethically justifiable' to provide 'assisted suicide in persons who are healthy': an 'abstract justification based on a diagnosis is not, in itself, sufficient'.

3. Mental Capacity & Autonomous Wishes

The third change that makes a VAD in Switzerland potentially more difficult is the need for a so-called 'independent third party' to confirm that the person has mental capacity and is making their decision voluntarily.

The Future of Assisted Suicide in Switzerland

In some ways, those who advocate for end of life rights in Switzerland are their own worst enemy. Nothing forces the assisted suicide groups of Switzerland to



use Nembutal. The groups could, for instance, use sodium nitrite and have none of the problems that they are potentially now facing.

They could also use nitrogen or helium gas, as Dignitas tried and quickly discarded back in 2008 (due to the extraordinary bad publicity they attracted).

But what if an elegant, non-drug method of assisted suicide did exist for foreigners in Switzerland?

What if something like the Sarco capsule were available? Would the new SAMS guidelines still be relevant since Sarco requires no controlled drugs, and no prescribing doctors?

Of course, some safeguards would still apply to the use of the Sarco. The person would need to have mental capacity and they would need to do the action (turn the Sarco on) themselves.

The Swiss *Criminal Code* represents a radical departure from the medical model laws seen in countries such as Australia, the US, New Zealand and Canada.

Despite SAMS attempting to medicalise the process, some groups are pushing back. Exit is available to answer queries on +41 (Switzerland) 615 1004 13.

A detailed discussion of the new Medical Guidelines is at Exit's Blog at: www.peacefulpillhandbook.com