1. Mademoiselle and the Doctor - Sundance
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1. Mademoiselle and the Doctor

Screening on Sundance Channel (US)

NEXT SHOWING:
Monday 10.09.06 at 09:00 PM
Monday 10.09.06 at 05:00 AM
Saturday 10.14.06 at 02:30 PM
Friday 10.27.06 at 01:00 PM

http://www.sundancechannel.com/film/?ixFilmID=7355

CAST & CREW
DIRECTOR
Janine Hoskings

ACTOR
Lisette Marie Flanary
Dr. Philip Nitschke
Mademoiselle and the Doctor
directed by Janine Hoskings
2004 - 89 mins - Color

Adult Language, Adult Content

In her thought-provoking examination of the right-to-die debate, filmmaker Janine Hoskings introduces viewers to Lisette Nigot, a healthy, witty 79-year-old French woman living in Australia. Having accomplished all she wanted to do with her life, Nigot says she does not want to celebrate her 80th birthday. For advice, she turns to Dr. Philip Nitschke, an advocate for euthanasia for terminally ill patients. Hoskings’s heartbreaking documentary follows the relationship of Nigot and Dr. Nitschke as they meet to discuss a “final project.”

Dr. Philip Nitschke, an advocate for euthanasia, and Lisette Nigot, 79 year old woman, discuss their belief in euthanasia and the power of choice.

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2. Daughter angry about suicide support

'My Mum was talked into dying'

Sonia Campbell
CAPTION: Family concerns: Irene committed suicide in 2005, an act her daughter Marie says her mother was “brainwashed” into by euthanasia supporters.

Denial: Euthanasia advocate Philip Nitschke says his organisation was not involved with Irene’s death.

Marie Gleeson knew her mother was mentally ill, but she is convinced she was “brainwashed” into ending her life.

Mrs Gleeson’s 78 year old mother Irene – who suffered from chronic paranoid schizophrenia – committed suicide in July 2005 after consulting a group founded by euthanasia advocate Philip Nitschke.

She had at least one meeting with Dr Nitschke in Cairns, went through a series of complicated steps leading to her eventual suicide, and phoned the Nitschke-led organisation, Exit International, on the day she died.

“Without a doubt she was (brainwashed),” Mrs Gleeson told The Weekend Post. “Mum was mentally ill, not terminally ill”.

“Had I known the power of this organisation and the secretiveness. Had I known and fully understood the power that was involved behind the scenes…I would have done anything to stop her.

“I feel like going to the people behind it and saying this is my backyard and you have no right to become involved.

“You come in and see my mother in trouble and you encourage people to disconnect from those that care about them. You just take this lady at face value and believe what she’s saying…without consulting her family.”

Mrs Gleeson believes her mother would have contacted the group during times of depression associated with her schizophrenia.

While Dr Nitschke has fought condemnation in the past for supporting people who were not terminally ill, but wanting to die, he told The Weekend post Mrs Gleeson’s mother would have had a “rational” thinking mind.

He said he was “almost certainly” would have met Irene, but denied having any involvement with her death.

“We won’t help people to end their lives because it is against the law in Queensland,” Dr Nitschke said.

“The fact that she was a member (of Exit International) then, yes, we talk to people and give them access to information. (But) when a person indicates that they don’t want their children involved we respect their decision”.

Dr Nitschke said the group did not help anyone “psychiatrically certified” and undertook “deep background” checks and medical referrals in every case.

Mrs Gleeson now plans to lobby the State Attorney General to remove a “how to” euthanasia guide from sale.
FORMER Labor Minister Steph Key says she's sick of being treated like a "bloody criminal" for taking taxpayer-funded study tours.

"Most of us work our butts off and we get treated as if we're always trying to skim something and put our snouts in the trough," she told the Sunday Mail.

"Most of us aren't trying to rip off the system - we're actually trying to be responsible politicians and you get treated like a bloody criminal."

The catalyst for her comments is contained in a report to Parliament in which she takes a swipe at the media covering her June trip to The Netherlands and Britain to study voluntary euthanasia.

Ms Key was particularly incensed by the media "demanding that I take a side, a position publicly on voluntary euthanasia".

The Sunday Mail spoke to Ms Key in London after meetings with politicians and two doctors who had helped people to die in The Netherlands.

The Ashford MP says she learned about campaigning and the technical issues of drafting legislation after speaking to people involved with draft Bills for the British and Scottish parliaments.

However, despite Independent MP Bob Such's plans to introduce a private member's Bill on the issue, Ms Key believes any attempt in South Australia would fail, particularly in the Legislative Council.

"I haven't got (a Bill) yet because I still think there needs to be some more campaigning," she said.

While pushing for greater debate on voluntary euthanasia, she also wants debate about media standards, particularly when it comes to reporting study trips.

She maintains that many politicians deliberately avoid talking about study tours because it is considered to be "some sort of evil".

"The media overall was, I thought, pretty dismal, but the Sunday Mail and Stateline seemed to understand it (voluntary euthanasia) was much more complicated than just saying 'yes' or 'no'," she said.

"I think, 'Do they want their Members of Parliament to be up to date and informed about what's going on, or do we stick in our own little glass house and just respond to whatever the current nonsense is that's being perpetrated?'

"I just see it as being a really narrow way of looking at things."

Outspoken campaigner on politicians' perks, No Pokies MLC Nick Xenophon, believes MPs' travel is essential to bring back "new and fresh ideas".

"The more information MPs give, the more they engage in the community, the less that MPs' travel will be looked at with disdain," he said.

"Steph Key - I don't happen to agree with her views on voluntary euthanasia but it was useful for the public debate for her to be there."
4. Elephant in the room

Letters
The Age
6Oct06

MELANIE La'Brooy (Opinion, 3/10) should have asked a second question: why does the Labor Government have no policies on abortion, gay civil unions, voluntary euthanasia and advance health care directives? It is the elephant in the room, the question no one openly discusses.

The answer is the minority Catholic right in the Bracks Government that threatens to tear the party apart if it so much as seriously discusses such issues. It does not represent Victorians, it does not even represent mainstream Catholics, 72 per cent of whom support legislative change for voluntary euthanasia (2002 Morgan poll).

At least, however, this coming election gives voters the chance to elect minor party members (Greens, Democrats, independents) to the upper house from where private members' bills on these issues may be introduced, and decided on a conscience vote.

Dr Rodney Syme, president,
Dying With Dignity Victoria

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Take me to the vet

Adelaide Advertiser
10Oct06

ON euthanasia, it's my body, my life and my choice.
Forget the doctor and take me to the vet.
Animals don't suffer. Why should I?

PAULINE LISTER,
Glenelg.

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5. Proposed 'SWAT' teams to provide guidance on bioethics

Asahi.com
10/09/2006
BY HIROSHI KONISHI, THE ASAHI SHIMBUN

They won't have special night vision optics or the latest munitions, but bioethics "SWAT teams" recently set up in Japan will come armed with a deluge of good medical advice.

While the name may sound odd, the bioethics SWAT teams, says Atsushi Asai, a professor of bioethics at Kumamoto University's Graduate School of Medicine, will fill a much-needed gap. Members will be on hand to respond specifically to doctors and family members unsure of how to deal with terminally ill patients.
Although the project is still in its early days, all the signs are so far positive, says Asai, who is in charge of the 13-member research body tasked with getting the teams off the ground.

To start with, the group, which includes doctors and nurses as well as legal experts, will focus on compiling a checklist that includes the main points the envisaged SWAT teams would need to be aware of before offering advice. Such points include the condition of the patient, the prescribed course of treatment and the patient's intentions.

When doctors and family members are unable to make clear decisions on what to do because they are uncertain of a patient's wishes, or when relatives cannot sufficiently understand medical explanations, team members will analyze the situation from an ethical, legal and social viewpoint before dispensing advice.

It is thought that, initially, guidance will be offered via the telephone or e-mail messages.

If questions remain unresolved, however, team members may meet directly with those seeking assistance.

In addition to helping terminally ill patients, the team will also provide support for family members facing difficult choices, such as how to provide nutrition to advanced Alzheimer's patients who cannot take food on their own. They may also offer guidance to prospective parents who have been told the fetus has major defects.

While the research team is for now relying on subsidies from the Ministry of Health, Labor and Welfare, plans call for creating a nonprofit organization in or after fiscal 2007.

It is hoped the project will also lead to the creation of a network of bioethics experts.

While such support measures have increased in the United States since the 1980s amid intensified debate over the "dying with dignity" issue, similar discussions have yet to gain a foothold in Japan.

As a result, a number of recent euthanasia cases here have recently been investigated as criminal complaints.

Prior to the official start of the project, group member Noriko Nagao of the Center for Biomedical Ethics and Law at the University of Tokyo's Graduate School of Medicine conducted a survey of hospitals designated as clinical training providers.

Of the 267 hospitals that responded, 90 percent said there was a need for some form of support in regard to care for terminal patients.

According to Asai, while there are various guidelines at the research level, in the majority of cases, decisions are left up to the doctor in charge.

"There are cases where care starts out as a life-saving measure but ends up as a life-prolonging measure. We want to provide methods for thinking about such situations," said Asai.

The group is planning to hold a workshop to educate potential members and will also sponsor a symposium in November to discuss the best interests of terminal patients.(IHT/Asahi: October 9, 2006)

END
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