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1. Euthanasia blast for SBS

Gold Coast Bulletin
MON 20 NOV 2006,

A RIGHT-to-life group has launched a scathing attack on SBS for its plans to air a euthanasia documentary.
Do Not Resuscitate is a film about three Victorians with terminal or incurable illnesses who want to take their own lives.

However, Right to Life Australia spokeswoman Margaret Tighe said SBS should not televise it.
``A Licence To Kill would be a more appropriate title for this film,'' she said.
``I think this documentary is very dangerous and harmful, and will unfortunately encourage some people watching it to take steps to end their lives.''

SBS Independent general manager Ned Lander rejected the claim.
``We are reflecting the debate in the community,'' he said.
``It's a sober and compassionate piece of film-making.''
Director Davor Dirlic said the film did not promote suicide.
The two-part documentary will begin on SBS on Thursday.

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2.Debra Messing mini-series being shot at Mermaid Beach

FRI 17 NOV 2006,

Gracing our shores as Starter Wife
By by Peter Gleeson chief reporter

HOLLYWOOD film-makers closed off part of Mermaid Beach yesterday, turning it into a seedy Malibu street scene for a US telemovie starring Will & Grace actor Debra Messing.

The six-hour US mini-series, to be shown on the NBC network, is being shot almost exclusively on the Gold Coast, including location filming in Peerless Avenue and stints at the Warner Bros studio at Coomera.
Shooting will continue until late January and the telemovie will air in the United States in May next year.

The Starter Wife stars Messing, who plays a divorcee trying to re-define herself after years of marriage to a Hollywood studio head, with Joe Mantegna and Aussie actor Miranda Otto.
The US telemovie is one of a number of big American movie productions being filmed on the Gold Coast, many lured to Queensland by generous government tax and employee incentives.
Australia's most influential film and TV producers are currently meeting on the Gold Coast at their annual convention.

The comedy Will & Grace, in which a heterosexual woman lives with a gay man who is also her best friend, has been one of America's highest rating TV shows since 1999.
Will, played by Eric McCormack, is a gay lawyer living in New York City with Grace (Messing), an endearingly clumsy and spirited interior designer who has been his friend since college.
In The Starter Wife, Mantegna plays Lou, a studio executive and Messing's ex-husband's boss. Otto plays Cricket, one of Messing's closest friends.
The Starter Wife is based on the novel by Gigi Levangie Grazer.

The newest player in the Australian film production scene is Gold Coast-based Launch Pictures, which has three feature films and a TV series already on the drawing board.
Gettin' Square writer, local lawyer Chris Nyst, will debut as a director in a Launch Pictures production, the short film The Hat's Last Roll, starring former boxer Joe Bugner.
Another Launch Pictures project will be a feature-length film on former Gold Coast cancer victim and euthanasia advocate Nancy Crick, who took her life in 2002.
Based on John Edge's book, the movie Telling It Straight, will begin production early next year.
Creative director Dan Lake said another production included a TV show that would be based on the Gold Coast.
``We are well into development with a team of high-profile, award-winning writers,'' he said.
Caption: Above: Film and television actress Debra Messing will star in The Starter Wife, a film being shot on the Gold Coast

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3. MP sinks Slipper into our Territory

NT News
SAT 18 NOV 2006,

By TARA RAVENS and STEPHEN JOHNSON

Southerners don't care about the STATE of the NT

The rest of Australia does not care if the Territory becomes the nation's seventh state, the head of a Federal Government committee said yesterday.

Peter Slipper, chairman of the House of Representatives Legal and Constitutional Affairs Committee, is visiting the NT this week to gather information on recent developments to advance statehood and explore the implications for federal arrangements.

"The rest of the country is supremely disinterested in whether the Northern Territory becomes a state," the Liberal Party MP said.

"Deep down they would say this is an anomaly because you really ought not to treat the Northern Territory in the same way you treat the Australian Capital Territory.

"It is bizarre and I think most people would say, ultimately, the Territory should become a state."

Mr Slipper said many Territorians were disappointed when the 1998 referendum on statehood failed because 51 per cent of voters said no.

"It is bad for the Northern Territory to be a poor relation in the Australian Federation," he said.

Former NT chief minister Steve Hatton told the inquiry yesterday that 74 per cent of Aboriginal people voted no at the 1998 referendum, while the majority of non-indigenous citizens were in favour.

"For Aboriginal people the issues are far more significant," he said.
"The Aboriginal (people) have been, not the biggest losers, but, they have been left out of the benefits of self-government."

Statehood Steering Committee chairman Barbara McCarthy said it was important the Territory's indigenous people - who make up 30 per cent of the population - were not ignored this time.

"If we do not take the time to see where we went wrong in1998 we're bound to make the same mistakes," the NT MLA said.

Minister for Statehood Syd Stirling said NT laws on euthanasia and a nuclear waste dump would not have been overturned if the Territory had been a state.

In May 2003 the NT Government flagged a five-year statehood plan to coincide with the 30th anniversary of self-government on July 1, 2008.

Former chief minister Shane Stone had wanted the NT to attain statehood in2001, to coincide with the centenary of Federation.

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4. Our statehood winds blowing

SAT 18 NOV 2006,
NT News

Australia's `poor cousin' looks at becoming the seventh state
THE challenging issue of statehood for the Territory is well and truly back on the political agenda. After two pieces of legislation -- including euthanasia -- being scuttled by Canberra, surely it is our time. TARA RAVENS reports.

AS the Northern Territory's campaign for statehood gains momentum, both Federal and Territory Governments know there are some serious challenges to overcome before it can be realised.
More than 80 per cent of Territorians want and actively support the change, although there is still widespread confusion about what ``becoming a state'' actually means.
Politicians have to work out the nitpicking details of the arrangement -- from the number of senators that Australia's seventh, but least populous, state would get to whether the Commonwealth would retain control of national parks and mining.
But those in the know say it is no longer a matter of if the territory becomes a state, more a matter of when.

``The Territory will become a state -- it may just take some time to get there,'' said Peter Slipper, chairman of the House of Representatives Legal and Constitutional Affairs Committee, when visiting the Territory this week.

The first real hurdle is garnering support from Aboriginal communities, which are seen as being, in a large measure, responsible for a failed referendum on the issue in 1998.
Former NT chief minister Steve Hatton told a federal committee hearing on the issue in Darwin this week that 74 per cent of

Aboriginal people had voted no.
The majority of non-indigenous citizens were in favour.
``For Aboriginal people, the issues are a lot more significant," Mr Hatton said.
``The Aboriginal (people) have been not the biggest losers, but they have been left out of the benefits of self-government."
Indigenous MLA and member for Arnhem Barbara McCarthy said the Territory could only move forward if it came to terms with its past. ``If we don't take the time to really understand what went wrong in 1998, then we are bound to repeat the same mistakes," she said.
``There are thousands of people here in the Territory who know what it's like not be a citizen in their own country."

More than 100 different Aboriginal languages are spoken in the Territory, which poses a whole of host of problems disseminating the information.
But National Land Council chairman John Daly warned that Aborigines -- who make up 30 per cent of the Territory's population

-- would continue to reject statehood until there were good faith negotiations with the NT Government over land rights, education and housing outcomes in indigenous communities.
``Aboriginal people are hostile to the idea of the transfer of power, including the power to compulsorily acquire Aboriginal land, to the Territory," Mr Daly said.
``I hope governments will be smart when thinking about the long-term future of the north.
``Their decision-making must include Aboriginal people."
Territorians rejected an earlier move to statehood in 1998, with a lack of community involvement blamed for the poll's failure.

The NT Government announced in May 2003 it would revive its statehood push, flagging a five-year community-based transition to coincide with the Territory's 30th anniversary of self-government on July 1, 2008.
This was recently sidelined and NT Minister for Statehood Syd Stirling said the government was no longer working on a specified timeframe.
``It takes as long as it takes, but we want to get it right," Mr Stirling said.
``We know there are lots of questions ... there are a range of opinions here in the Territory, but there needs to be discussion, there needs to be consensus."

Mr Stirling said statehood was a matter of equality.
The NT laws on euthanasia and a nuclear waste dump would not have been overturned by the Federal Government if NT had been a state, he said.
``We've seen two lots of legislation struck down, duly and validly passed by the NT Legislative Assembly and undone at Commonwealth level," he said. ``It's an important issue in terms of fundamental democratic rights ... we don't have a voice.

Sure we get a vote, but it's not worth the same as a Queensland or NSW vote because which way their state votes counts in an overall referendum.
``We are less than equals with Australians in other states."
Mr Slipper said there was overwhelming support for the idea, pointing to a recent study showing 82 per cent of Territorians wanted it. ``But Territorians still have quite a lot of work to do before they come to a decision," Mr Slipper said.
``A lot of people were disappointed when the campaign ran out of puff in 1998 and what has become clear to me is that what

Territorians of all colours and races need to do is to sit down and work out if they want statehood ...
``The rest of the country is supremely disinterested in whether NT becomes a state.
``There is an open mind in the Australian Parliament to NT becoming a state, but that mind is only open to a bi-partisan approach that has achieved a high level of community consensus.

``It's an important step forward. It is bad for the NT to be the poor relation in the Australian Federation."

Mr Stirling and his CLP counterpart Terry Mills will meet with Federal Attorney-General Philip Ruddock and Territories Minister Jim Lloyd in February to start the process of negotiating terms and conditions.
It may only be a breeze, but the winds of change are blowing.
Caption: FLASHBACK: There was a bipartisan approach to statehood in 1986

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5. When premature babies should be allowed to die

New Scientist
NewScientist.com news service
Gaia Vince

Struggling babies born after just 22 weeks' gestation should be allowed to die, but everything should be done to support babies born after 24 weeks, an independent ethics panel announced today.

For babies born between 23 and 24 weeks, doctors, parents and nursing staff should come to a mutual decision about whether or not to resuscitate, the researchers say.

The new guidelines by the UK's Nuffield Council on Bioethics, issued on Thursday, is the culmination of two years' research into when to give intensive care to babies that are born extremely prematurely.

They make recommendations on how to deal with the issue of babies born with very low chances of survival and high risk of severe disability, as well as how to resolve conflicts between parents and medical professionals on the treatment of premature infants.

Growing chances

There are only anecdotal reports of babies surviving after fewer than 22 weeks in the womb. At that time, babies have just a

1% chance of survival with intensive care and are almost certain to suffer severe disability, the researchers say.

After 23 weeks' gestation, a baby has just a 16% chance of surviving with intensive care, and a 64% risk of serious disability.

At 24 weeks, survival is 44%, but by 25 weeks, the survival rate is 63% and risk of severe disability is 40%.

"The majority of babies still die at 23 weeks and the majority have a serious disability, including illness such as cerebral palsy," says Andrew Whitelaw, professor of neonatal medicine at the University of Bristol, UK, who helped compile the report.

Prolonging the life of profoundly sick premature babies may be "inhumane" and place an "intolerable burden on the baby", the researchers say.

Hard choices

Such tiny babies often face as many as 50 interventions per day – everything from continual needle pricks, to having a tube in their throat, to brain surgery. The constant pain and stress that these infants face is unethical – in most cases the "treatment just prolongs the process of dying," Whitelaw says.

The difficulty, he says, is making the decision about whether to move from treatment to palliative care, because it is not always possible to tell for months which babies will survive and thrive and which will die or be left with horrendous disabilities, he told New Scientist.

Currently, the situation is fairly ad hoc, with individual hospitals across the UK imposing their own criteria for when to resuscitate, says Whitelaw. In some hospitals, the policy is to not resuscitate babies born at 23 weeks or less. In others, every single baby will be given intensive care. “It is important that these pioneering attempts are identified as doing research,” he says.

In some cases, it is simply not possible to treat very premature babies, he explains. “For example, the trachea might be too narrow to insert a tube into.” In other cases, the controversial decision will have to be made by doctors in consultation with the parents, who in most cases should have the final say on whether treatment is withdrawn from their child, the panel agrees.

Decisions like these are set to become more frequent, since fertility treatment increases the number of multiple births – a risk factor for premature birth – and improvements to intensive care techniques save the lives of more babies that would previously have died.
Best practice

UK doctors greeted the report with mixed feelings. While some welcomed the guidelines, Tony Calland, chair of the medical ethics committee of the British Medical Association (BMA), says much of the report echoes "existing best practice".

But he says he disagrees with stringent cut-off points for treatment. "The BMA believes that blanket rules do not help individual parents or their very premature babies,” he says. “Each case should be considered on its merits and in its own context. While we believe that not all patients, including babies, benefit from medical intervention if survival is unlikely, it is important that each patient's circumstances are assessed independently.”

The UK has the highest rate of low birthweight babies in western Europe. The issue has been dealt with in different ways in other countries. In the Netherlands, severely disabled babies with low chance of survival may be legally euthanised.

In the US, as in the UK, euthanasia is not permitted, but some premature babies are allowed to die naturally. Many US doctors fear litigation and so are more reluctant to withdraw treatment than in the UK, Whitelaw notes.

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6. Storyline Australia: Do Not Resuscitate

20Nov06
Sydney Morning Herald
SBS, 8.30pm

After dealing last week with abortion, Storyline Australia tackles another emotionally charged subject: euthanasia. We follow Steve, in the final stages of cancer of the oesophagus, Mary, who has ovarian cancer, and Judy, in the grip of multiple sclerosis. Their stories are raw, moving and hard to watch.

The camera work is close but it reinforces the intimate nature of the stories. Few viewers will be unaffected by the bravery and honesty on show here.

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7. Motor neurone disease victim fights to the end

New Zealand Herald
National News

Saturday November 18, 2006
By Juliet Rowan

Rein Terpstra reacts to sorrow over his wife Willie's death with the same kind of attitude she took to fighting motor neurone disease.

"Let's be happy for Willie," he said yesterday. "She was an amazing, good woman. I was so happy I could nurse her right to the end."

Willie Terpstra died on Thursday, aged 66, ending a fight against the crippling muscle-wasting disease that attracted worldwide attention when she went to China for controversial fetal-cell surgery in March last year.

Diagnosed with MND in 2003, Mrs Terpstra had two million cells from aborted fetuses injected into her brain during the $40,000 operation.

Within hours, she was able to talk to the degree her family could understand her, and gained relief from the torturous headaches and pains in her limbs that the disease caused.

But the improvements were temporary, and a year later her condition had deteriorated to the point where she was unable to eat, speak or hold her beloved bridge cards.

But through it all, Mrs Terpstra maintained her sense of humour and chose to share her plight to raise raise awareness of

MND, which affects up to 250 New Zealanders a year. Victims have a life expectancy of two or three years. Mrs Terpstra's dying wish was that more support be given to the MND Association.

Mr Terpstra, speaking at the couple's Rotorua home, said it was wrong for the Government to want to spend millions on a waterfront stadium in Auckland.

"There always seems to be money for such things, but the people that suffer have to scrape and scrape."

Although her condition deteriorated, Mrs Terpstra continued to play bridge and type into the "talking machine" she used to communicate with until just a few weeks ago.

But at the end, she was forced to sleep sitting up in a chair because of difficulty breathing.

Her husband, who quit his job at the Kawerau mill in August to care for her, slept in a chair by her side.

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8. Some doctors refuse to treat elderly

The Press, NZ
18 November 2006
By JOANNA DAVIS

Family doctors are illegally closing their books to people over 65, saying they are too time-consuming and expensive to treat.

Doctors say old people are sicker, usually with multiple problems, and often exceed the allotted 15-minute appointment time, sometimes just by taking twice as long to get undressed.

Chief Human Rights Commissioner Rosslyn Noonan says the practice is unlawful age discrimination.

"Every person, whatever their age, has the same right to the highest attainable standard of healthcare," she said.

"GPs, like anybody else providing goods and services, need to be mindful of their responsibilities under the Human Rights Act."

GPs blame inadequate funding for the elderly and have raised their concerns at national level in response to a Health Ministry review of the primary health organisation (PHO) funding formula.

GP group Pegasus Health's clinical leader, Graham McGeoch, said if GPs were good with older people, their practice tended to get filled up with them.

"If by bad luck you end up with a lot of over-80s, you'll have a number of people you need to see 20 or more times (a year)," he said.

"Then you suddenly find you're making a loss."

McGeoch said one GP at the Barrington Medical Centre where he worked had closed his books to elderly patients.

The receptionists told any elderly who called that he was not taking new patients.

McGeoch said the bulk-funding formula was not sophisticated enough to compensate GPs for the extra work.

He said GPs' annual lump-sum payment per person over 65 of about $220 could be topped up by a maximum of $217 if the patient had two or more chronic conditions.

The partner of a GP in South Canterbury, who did not want to be identified, said the practice of closing the books to the elderly was rife there.

"Timaru is particularly bad. If you're over 70, chances are you cannot get a GP," she said. "They say there aren't any, but there are if you're young."

Her partner, a GP for more than 10 years, had closed his books, saying the elderly had complex health problems, were a higher medico-legal risk and were too slow, taking up receptionist time as well as regularly exceeding the 15-minute slot in his examining room.

She said GPs should not be vilified for restricting the number of elderly patients as they were running a business and needed to be compensated for the work they did.

All GPs sign PHO service agreements that oblige them to accept enrolments from any patient unless they already have a problematic relationship with that person.

The document prohibits refusing to enrol people "because of their health status and/or anticipated need for health services".

Carolyn Gullery, chief executive of Canterbury's biggest PHO, Partnership Health, said there was a "let-out clause" if GPs wanted to close their books because they were too busy, but the intention was not that this be used to exclude the elderly.

She said the broad-brush approach to over-65s funding was causing problems across the country "because people aged 65 to 75 don't come (to the doctor) that often, but those aged 75 to 85 come maybe eight or nine times.

"There's a recognition that this may not be the best way of funding it," she said.

Noonan said the funding issues were matters for negotiation between GPs and the Government.

"At the end of the day, sacrificing a particular group of people is not the way to go about changing the system."

Age Concern Canterbury chief executive Andrew Dickerson said cutting out older patients was "totally unacceptable".

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9. Euthanasia response

Warnambool Standard
SHANE FOWLES
November 17, 2006

THE controversial issue of euthanasia has divided political candidates in the south-west with neither of the two major party contenders committing support to the right of terminally ill people to end their lives.

South West Coast incumbent Denis Napthine is against euthanasia, believing more resources should be invested in palliative care and pain management.

His Labor challenger Roy Reekie said he would take any conscience issue to the electorate and vote along the majority's lines.

``My principle on a conscience vote is that it is not a personal thing. The vote belongs to the community,'' Mr Reekie said.

Euthanasia lobby group Dying With Dignity Victoria is asking candidates their views on the topic in the lead-up to the election.

The Democrats and Social Alliance parties have the option of euthanasia as an official policy, with every Greens candidate also behind the push to legislate medically-assisted suicide.

DWDV vice-president Neil Francis said while neither major party had plans to initiate changes in the next term he was confident the issue would arise in Parliament soon.

``One of the reasons for polling the candidates was to find out their views because we expect there will be a conscience vote on the issue,'' Mr Francis said.

He said survey research showed 73 per cent of Australians supported the right to end their own lives with dignity.

But with ``a particularly vocal, religious-right minority'' against it, politicians ``felt uncomfortable'' about the issue.

However, support for euthanasia continues to grow with about 40 per cent of candidates contacted by DWDV in favour of its charter.

South West Coast People Power candidate Mike Noske would introduce a private member's bill if elected.

Dr Napthine said he would vote against any changes to the existing legislation.

``I would vote against (euthanasia). I believe human life is precious,'' Dr Napthine said.

``I would increase investment in palliative care management to ensure people can live the final stages of their life with dignity and pain-free.

``I think a lot of euthanasia supporters are not aware of the enormous progress made in pain management and palliative care,'' Dr Napthine said.

Nationals candidate David O'Brien said he supported his party's stance on allowing individual conscience voting on the issue.

While supporting the right to choose, Mr O'Brien wanted strict medical regulations to ensure that that freedom wasn't abused by those who weren't terminally ill.

In Polwarth, Labor candidate Darren Cheeseman refused to make a comment to DWDV.
The Liberals' Terry Mulder has given no response at all.

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10. Last meal with the man who chose death

Sunday Times(UK)
SUN 19 NOV 2006,

Last meal with the man who chose death;Interview;Dave Richards
By Sarah-Kate Templeton

Last week Dave Richards flew to Switzerland to undergo voluntary euthanasia, a practice illegal in Britain. He invited Sarah-Kate Templeton to a final dinner to hear his reasons.

DAVE RICHARDS had an appointment with death. It was of his own choosing, but he could not help thinking about the life he was leaving behind. "I have had a particularly good run for my money," he mused as he ate his last meal in Britain.

Four courses were delivered to his room at the Gatwick Hilton last Monday evening.

He consumed them as his neatly packed suitcase lay on the table beside him, his wheelchair sat at the corner of the room and his walking stick was propped up against his chair.

Just over 42 hours later he drank a deadly solution of barbiturates after flying to Zurich and entering the clinic of Dignitas, the organisation enables the terminally ill to commit suicide.
Four years ago Richards, 61, was diagnosed with Huntington's disease, a genetic brain condition that causes the progressive loss of control of movement and mental ability. He had not yet suffered any mental deterioration but his speech had become faint and he had difficulty swallowing.

He had also lost the strength in his legs and struggled to walk unaided. "I can walk to some extent," he said. "For the last year I have not been able to get upstairs in my house, (so) I have my sleeping arrangements downstairs."

After a fall last year he feared that if he waited much longer he might not be physically able to travel to Zurich.

Richards, whose intense blue eyes and bushy blond hair hinted at former good looks, had invited The Sunday Times to join him for his last meal in Britain in the hope that any publicity might encourage a change in the law.

He preferred to dine in his room rather than in the hotel restaurant, concerned about making a scene with the involuntary movements of his arms and legs.
He had travelled alone by taxi from his home on the Isle of Wight and, as he calmly ate his meal, he resisted any assistance. He preferred to eat his bread rolls dry rather than trouble anyone to butter them and, when he dropped his napkin, he almost fell in his determination to reach it.

Speaking haltingly, he reflected on his life. He had studied sculpture at art school in Brighton and began to collect fossils on its beaches. Then he made a good living as a welder. "I worked in the North Sea, two weeks on and two weeks off. I got work in Africa and ran a welding operation in Lagos."

While living on the Isle of Wight he added dinosaur fossils to his collection. He was enthralled by the wildlife on the island's beaches and on his walks along the River Yar. "The bird life was fascinating," he said. At one point he kept bantam hens and geese.
Certain subjects were off limits during the interview. Richards refused to discuss his family and friends, although he did express gratitude for the time he had spent with them. In the days before his death they had accompanied him to his favourite places on the Isle of Wight.

He said he was not religious and had no interest in talking about what might lie beyond death. Asked if he thought there was an afterlife, he replied simply, "No."
Why was he choosing to die now? "I think this is as opportune a time as any," he said.

It was the dread of ending up in an institution, dependent on others to care for him, that drove him to the "Zurich option", he said. One of his worst fears was completely losing his ability to swallow and having to be fed by tubes.
His only cause for complaint was that British law prevented him having an assisted death in this country. Earlier this year a bill by Lord Joffe, a crossbencher, to make physician- assisted suicide legal had been voted down in the House of Lords after a powerful intervention by the bishops.

"I am disappointed that there is not more help for people with terminal illness in this country," said Richards. "I am disappointed that the religious side of the House of Lords succeeded in voting the bill down. One of my good friends believed it was my human right to have this option. I would have hoped doctors would have been able to assist me at the end on the Isle of Wight."

A few days ago he told his psychologist that the "Zurich option" was imminent and that he would not be seeing her again. "She shook my hand and wished me well."
He was accompanied on his journey by Michael Irwin, a retired Surrey GP who now risks prosecution for openly assisting the disabled man to the clinic in Zurich where he watched him die.
Richards's own family doctor, his neurologist, his psychologist and

his care worker were all aware of his intention to end his life. In his final days Richards had meetings with several health workers. They all shook his hand and wished him well.
His plight has renewed calls for voluntary euthanasia to be made legal in Britain.

Advocates of a change in the law say that if assisted dying were legal in Britain, patients like Richards could live for longer, knowing that they could be helped to die in their own country when life became unbearable.

At lunchtime on Tuesday, soon after his early morning flight arrived in Zurich, Richards had an appointment with Hans Kull, a consultant physician working for Dignitas. Kull verified Richards's medical records and confirmed that he had Huntington's disease.
Richards, accompanied by Irwin, then checked into a hotel by Lake Zurich, where he spent his last night. "We got to the hotel and spent four or five hours just talking," recalled Irwin. "We discussed everything from Fred Hoyle and 'Is there life in the universe apart from ourselves?' to Formula One racing."

Richards's appetite was undiminished by the grim prospect ahead of him, Irving added. In his room the two men ate a Zurich speciality of veal and fried potatoes, followed by sorbet, ice cream and chocolate.
At 10.15am on Wednesday, Richards and Irwin took a taxi to the Dignitas clinic for their 11am appointment. "He said to me, 'This is like going on a long journey'," Irwin said.

The clinic is situated in a block of residential flats. Irwin pressed the buzzer and they were greeted by a Dignitas assistant named Arthur.
Richards was asked to sign more forms regarding his cremation and the disposal of the possessions he had with him in Zurich. He was then repeatedly asked by Arthur if he was quite certain that he wished to swallow a barbiturate solution that would kill him.
At this point Arthur turned on a video camera to ensure that, for legal reasons, a record was taken to show Richards had willingly taken his own life.

Richards was helped onto a bed where he sat up ready to swallow the lethal medication. Irwin said to him: "Look Dave, I will never forget you. You are beginning the journey that you want to take."
Richards then shook Irwin's hand and said: "Thank you, Michael," while giving a sad half smile.

He took about 30 seconds to drink the bitter liquid in small sips.
He then ate a piece of chocolate to help to get rid of the taste.
Within four minutes he became drowsy and another four minutes later he was deep in a coma.

Richards died at 12.40pm. His ashes will be scattered at one of his favourite spots on the Isle of Wight where he used to go searching for fossils.

To comply with Swiss law, Irwin informed the police of what had happened. "The policeman questioned me about how we arrived and where we stayed the previous night. After another half an hour I was told I could leave."
Irwin, who travelled back to Britain alone, is now waiting to find out if the police will question him about the trip. It is illegal to

help someone to commit suicide and punishable by up to 14 years in prison, although no one has ever been prosecuted for taking a patient to Dignitas. About 50 Britons are believed to have died at the clinic. Earlier this year Stefan Sliwinski, from Clacton-on-Sea, was questioned by Essex police after accompanying his mother, Valerie Sliwinski, 58, who had cancer and multiple sclerosis, to the Dignitas clinic.

"You have got to be very determined to go to Dignitas and the escort has got to be strong-minded," said Irwin. "Am I breaking the law? The police cannot tell me.

Other people helped Dave with the paperwork. Various people would have played a part in breaking the law."

Julia Millington, political director of the ProLife Alliance, said:
"It is always tragic when anybody chooses to end their life in this way but the law in the UK cannot be formed on the basis of individual cases. To change the law to legalise euthanasia in the UK fundamentally changes the role of the doctor from someone who cures the patient and cares for the patient to someone who kills the patient."

Caption: The block where Dignitas has its clinic, and top, a view inside.
Photograph by Mark Latzel|Richards waves farewell at Gatwick
with retired GP Michael Irwin, who agreed to accompany him to
Zurich. Photograph by Dwayne Senior
Section: HOME NEWS

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11. Health debate 'timely'

The Southland Times(NZ)
20 November 2006
By STU OLDHAM

Senior medical specialists say it is timely for New Zealand to debate the merits of euthanasia of newborn babies who have no chance of life but are kept from dying for days and sometimes months.

Some senior doctors acknowledge that decisions are already being made every day in New Zealand not to resuscitate babies with irreversible conditions, and say that the release in the United Kingdom last week of new guidelines on the treatment of babies is an opportunity to reopen the debate in this country.

The doctors say babies are being allowed to die when it is clear there is no cure, or when keeping the baby alive would only prolong the painful, and inevitable, descent to death.

They say that while they are not actively euthanasing the sickest of babies – that is still against the law in New Zealand – some wonder whether it is now a debate worth having.

In the United Kingdom, the Royal College of Obstetricians and Gynaecologists unsuccessfully urged an inquiry to "think more radically" about non-resuscitation and euthanasia as options for managing the sickest of newborns.

In its submission to the inquiry into the ethical issues raised by the policy of prolonging life in newborn babies, the college made it clear that it was not advocating mercy killing, but that it wanted the issue to be debated.

The inquiry agency, the independent Nuffield Council on Bioethics, last Thursday published new British medical guidelines that said intensive care should not be given to babies born before 22 weeks.

Those born between 22 and 23 weeks should not normally receive intensive care unless parents requested it and doctors agreed, according to the new guidelines, which looked set to fuel new ethical debate.

The head of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists New Zealand committee, Dr

Alec Ekeroma, said the debate into end-of-life decision making was long overdue.

Technology could help babies survive some of the most extreme and painful conditions for weeks or months, as their families endured a great deal of stress.

Society needed to decide whether that was fair, he said. Dr Ekeroma said doctors daily made decisions not to resuscitate babies with irreversible and deadly conditions "that are not compatible with life ... if they are going to die anyway". Palliative care was offered – but euthanasia was not, he said.

Modern scanning techniques meant most severe illnesses or deformities could be discovered in the womb and the baby could be aborted, though for some that had its own ethical issues, Dr Ekeroma said.

'There are so many variables, and so many ethical issues, but this has to be a subject the public debates so we don't find ourselves caught out by decisions that are made overseas.' Dr Alec Ekeroma

There were many pitfalls to active euthanasia. Doctors made mistakes, and even children with severe deformities and illnesses could beat the odds and live long, productive lives, he said.

"There are so many variables, and so many ethical issues, but this has to be a subject the public debates so we don't find ourselves caught out by decisions that are made overseas," Dr Ekeroma said.

Middlemore Hospital neonatal clinical leader Lindsay Mildenhall said New Zealand doctors believed a baby born from 25 weeks was more likely to have "an outcome that society would consider satisfactory" than those isolated in the British guidelines.

"If a baby is a goer, then we have to go for it.
"But if a baby is clearly not able to live, if it is so unwell that it will not have a positive outcome, then we are clearly not going to support a baby that is trying to die."

Euthanasia and other active measures should be debated – but the debate alone would not change local practice: "we are not bloodthirsty, we don't and won't call it quits on children that we think can survive".

University of Otago Bioethics Centre director Professor Don Evans said the active intervention debate was no different to other euthanasia debates of recent times.

Those debates were usually about end-of-life decisions – the latest was about the first hours out of the womb.

It was accepted that futile interventions should not be pursued if it was certain that the patient was still going to die. However, that was entirely different to actively ending a life early.

"If out of all this debate society considered euthanasia acceptable, we'd be left with the question 'Do these deformities or illnesses make this a life worth living?' And that's not a question I think doctors are equipped to answer."

Disabled Persons Assembly president Mike Gourley agreed, adding "the fact that we could even consider a debate like this tells us that there is still a sense that the value of a life can be measured, and what value does that say we have on the life of a baby born disabled?"

The Catholic John Paul 2 Doctors Association, through spokesman Dr David Atkinson, simply asked: "is euthanasia the hallmark of a civilised society?".

END

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