



## *Deliverance Newsserver*

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### **1. Dying for Help (extract)**

Australian Doctor  
3Mar06  
By Heather Ferguson

Another high-risk group that does not always get the attention it deserves is elderly men, says geriatric psychiatrist Professor Osvaldo Almeida, from the University of WA. While the rate has declined in men over 75, their suicide attempts are more likely to be successful – half of all attempts by elderly men succeed compared with only one in 30 attempts by young people.

UK figures show about 60% of elderly patients who attempt suicide have been in touch with their GP in the previous three months, says Professor Almeida, who is studying the effect of GP intervention on outcomes for elderly patients. "GPs should be on the watch-out for men who are grieving, who are isolated, or who have lost a social role," he says. "And there should certainly be screening for depression amongst the elderly every six months."

Two simple questions –  
"How are you feeling?"  
"Have you lost interest in any activities?" – will reveal depression in most affected patients, he says.

Among older patients, 60 – 80% will respond well to an antidepressant, says geriatric psychiatrist Dr Osvaldo Almeida.  
Complex contributing factors, such as loss of a social role, also need to be addressed, with referral to specialist care when necessary.

Professor Ian Hickie says, "The reality is preventing suicide relies on treating the primary cause, and the primary cause is depression."

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### **2. Two-thirds of GPs 'may be shortening patients' lives'**

The Guardian(UK)  
Hélène Mulholland  
Tuesday March 7, 2006

Almost two-thirds of doctors believe colleagues are intentionally administering pain relief knowing it may hasten patients' death, according to a survey published today.  
Over 200 GPs were surveyed by Dignity in Dying, the campaigning body for the legalisation of assisted dying. The survey found that almost two-thirds (62%) believe doctors sometimes

administer pain relief to a terminally ill patient knowing that it may hasten death under the principle of "double effect".

The principle of double effect permits a doctor to administer potentially fatal medication such as opioids (pain killers) provided that the intention is purely to control pain and symptoms - even if he foresees that his actions will hasten death.

But Dignity in Dying claims the principle is "unworkable", citing the high profile case of Dr Howard Martin, a GP from the north-east who was cleared last year of murdering three of his patients with morphine overdoses.

The prosecution claimed Dr Martin had administered huge doses of the drug with the intention of killing his patients, while Dr Martin maintained he was trying to relieve his patients' suffering.

Dignity in Dying's chief executive, Deborah Annetts, called for a proper regulated framework to protect both patients and doctors.

The double effect principle currently in place left patients at the mercy of doctor's intentions, rather than their own wishes, she said.

"This new finding confirms how frequently doctors are intimately involved with end of life decisions, and how slender the distinction is between what a doctor intends and what he knows but does not intend when he administers pain relief.

"The law is so opaque that doctors are constantly at risk of being charged and yet ironically, the law gives itself little chance of detecting or prosecuting abuse."

The British Medical Association dismissed the claim. A BMA spokesperson said: "There is a very clear moral and legal distinction between knowing that a treatment may cause harm, and deliberately intending to kill a patient. If a doctor's intention is clearly to relieve pain and distress they will not have broken the law."

The survey was part of Dignity in Dying's latest report to promote the case for legalising assisted dying, ahead of the second reading on the assisted dying bill, which was tabled by cross-bench peer Lord Joffe in the House of Lords last autumn.

The controversial bill seeks to legalise terminally ill patients' right to die, whereby a doctor gives a patient a fatal dose to self-administer.

The right to die has received widespread attention since the case of motor neurone disease sufferer Diane Pretty, who unsuccessfully fought for her right to die with the help of her husband in the European Court of Human Rights four years ago.

Though bills tabled in the Lords are rarely successful without government support, a parliamentary group chaired by former Labour minister Frank Field was set up earlier this year to lobby for better palliative care services and oppose moves to legalise assisted dying.

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### **3. Local experiments on euthanasia proposed**

The People's Daily  
March 06, 2006

A Chinese sociologist and political advisor has called for legal permission for experiments on euthanasia, or mercy killing, in certain regions of the country, to help "accumulate experience" in this regard.

"Conditions are not ripe yet for the nation-level legislation on euthanasia, but I suggest the state allow certain regions, cities or provinces to formulate relevant local regulations or

stipulations to legalize certain individual cases," said Zhao Gongmin, a research fellow with the Chinese Academy of Social Sciences.

Zhao, also a member of the 10th National Committee of the Chinese People's Political Consultative Conference (CPPCC), is attending here the annual full session of this top advisory body of China.

"Mercy killing has remained a highly controversial topic in recent years. But according to my study, a large number of people agree that patients should be allowed to seek a peaceful death when there is no hope of cure and they can no longer bear the pains from the illness," said Zhao.

"I think it is only a matter of time for euthanasia to become legal," he added. "Therefore, we should first allow some experiments on the local level for the purpose of accumulating experience."

A province-level hospital in North China's Hebei Province each year encounters one or two cases in which the patient with a fatal disease asks for mercy killing, reported Yanzhao City News, a leading newspaper based in the provincial capital Shijiazhuang, on Monday.

"Most often such requests come from patients suffering immense pains from incurable diseases or being unable to afford high medical expenses," a doctor with the hospital was quoted as saying by the newspaper.

Since euthanasia is not allowed by Chinese law, the hospital always rejects such requests, but sometimes will cease treatment according to the demand of patients or their families, said the doctor.

Media reports said that China's leading IT expert Wang Xuan, who invented a computerized laser photocomposition system for Chinese character typesetting reputed as "a new revolution of the Chinese printing sector," also demanded the application of mercy killing before he passed away last month at the age of 70.

"I firmly demand the application of euthanasia when my illness proves incurable," Wang, also a vice chairman of the 10th CPPCC National Committee, reportedly wrote in his will. "I don't want to waste any money of the state or energy of the doctors."

Source: Xinhua

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#### **4. Let people decide on euthanasia**

Date: 04/03/2006  
Illawarra Mercury

I WRITE on an old theme, but one that has never been resolved to the satisfaction of, what I suspect, is a majority of the public.

I have just returned from visiting a much loved lady of 92 years who has deteriorated, almost to a vegetative state, in a nursing home. I hasten to add that the care and compassion shown by the management and staff of the home is exemplary.

Could someone out there try to explain to me the thought processes of our legislators when they refuse to countenance the concept of regulated euthanasia?

I'm talking about euthanasia when all other avenues have been explored and found wanting and there is in place a rigorous system of checks and balances. This is no more relevant than

when the patient has attained a great age and it is accepted that the ravages of age cannot be reversed.

If they choose to play the religious card and claim that mere mortals should not be able to exercise the power of life and death, how do they reconcile that with the all encompassing benevolence that they ascribe to their particular deity?

Seeing out one's final days/weeks/months lying on a rubber sheet and having all one's personal needs attended to by others (however caring) does not seem to me to be consistent with the notion of a benevolent God!

Of course, a judgment would be rendered by making the question of euthanasia a subject of a plebiscite or referendum. Is it not a principle of democracy that our lawmakers are bound to reflect the will of the people?

Their reluctance to do so speaks volumes for their arrogance in assuming that they "know better" than the voters who put them into their white limousines.

BOB PALMER,  
Kiama.

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## 5. Weather

By Stephen Dunne  
March 6, 2006  
Sydney Morning Herald

New Australian drama adds a clear voice to a deathly debate.  
Weather: solid and rewarding.

Genre Theatre  
Location Q Theatre  
Address Joan Sutherland Performing Arts Centre, 597 High St., Penrith  
Date 1 March 2006 to 18 March 2006  
Phone Bookings (02) 4723 7600  
Online Bookings [www.railwaystreet.com.au](http://www.railwaystreet.com.au)  
Review

The old man (Terry Norris) has just arrived at a nursing home, accompanied by his wife (Julia Blake). He knows in advance that the food will be "crap" and the residents all idiot fogies. He laments that his life's remaining pleasures - red wine, spicy food, the occasional walk and living in his own house - will no longer be possible.

He is at the nursing home as a result of the cumulative, inescapable frailties of longevity. He had a fall, his wife can't lift him, he needs constant care and he said that he didn't want to be a burden. That's a nice and noble sentiment when uttered in abstract, but it pales when it collides with the aged-care reality of regimentation and cost-efficient compassion. But cantankerous and cynical as he is, he's not dumb, and can work out another solution.

Gary Baxter's play is at heart concerned with euthanasia and the debate about whether we have rights over our own existence.

Despite one of the most idiotically paternal bits of governance in recent memory that makes electronic discussion of the practice a criminal offence, the issue will remain, especially given our population's inexorable demographics.

Can humans not be allowed to decide their own full stop, and what's the point of maintaining a life that its owner rationally decides is no longer worth living?

Via the old man's memories, Baxter also gives us their 50-year marriage, with younger versions of the couple (Michelle Doake and Jo Turner) in scenes amplifying and explicating his and his wife's life well-lived. The portrait is nuanced and varied, leaving instant happiness to its proper realm of fantasy and showing the work, compromises and challenges of long-term coupledness.

While the thundery title metaphor is a little over-determined (these two never seem to have a sunny day with a gentle breeze), the play is strongly written and emotionally compelling.

Jennifer Hagan's direct and unfussy production draws excellent work from all four actors. Norris is a great cranky old bugger, contrasted with Blake's calm and unfussed care, though both flash with anger and raw emotion when needed. Doake and Turner are just as good. Their performances carefully embody mannerisms of their more aged counterparts, helping to maintain the conceit that young and old are the same two people.

Luiz Pampolha's lighting, Alice Babidge's design and Sarah de Jong's sound all effectively contribute to the matter and meaning of the piece (though the one pop song feels needless).

This is a good, solid and rewarding new Australian play, engaging a timely and urgent issue via subtly drawn characters and a mix of humour and emotion. Perhaps, like comedy, the secret of a really good exit is timing.

END

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