

[REDACTED]
26th August, 2015

Lilian Topic

Secretary

Legal & Social Issues Committee Parliament House

Spring Street, Melbourne VIC 3002

Dear Ms Topic,

Re: Submission – Inquiry into End of Life Choices

I am a retired Magistrate, Coroner and Legal Practitioner and strongly support the goal of Dying with Dignity NSW to bring about State and/or Federal legislation that entitles a mentally competent adult experiencing unrelievable suffering from a terminal or incurable illness to receive medical assistance to end their lives if that is what he or she wants.

Terminally or incurably ill individuals should be able to access medical assistance to help them die at a time of their choosing. Dying with dignity and due care is not about euthanasia but some people get confused and agitate wildly without knowing the difference. There is a distinction between euthanasia and medically assisted dying. The intention to murder is not present in legally allowing doctors to assist mentally competent consenting adults who are enduring intolerable suffering from a severe and incurable medical condition to die comfortably, in a dignified and loving palliative care way.

Either this year or last year, in a historic 9-0 ruling, the Canadian Supreme Court (Canada's highest court) struck down the legislative law against medically assisted dying, and ordered the Canadian Parliament to draft and pass into law new legislation within one year allowing medically assisted dying, otherwise the Supreme Court declaration or ruling on the law will stand as the law of Canada.

The Australian Parliament and/or State parliaments needs to draft similar new legislation and pass it into law. The powerful opponents such as the Australian Christian Lobby and the Australian Medical Association can then test the legislative law in the High Court of Australia, just like it was tested in the Canadian Supreme Court (a court of similar hierarchy and precedence). The law is a noble premise and it must be ultimately supreme and declared or stated with right reason and in accordance with the principles of democracy and fundamental justice.

There is somewhere between 72% and 80% public support in Australia for medically assisted dying and I am aware of a private member's bill titled "Medical Services (Dying with Dignity) Bill 2012" which I believe could once again, come before the Senate shortly. Its pre-conditions to providing dying with dignity medical services are similar to the disallowed Northern Territory Act (1997) and Tasmanian Act (2013).

Please find enclosed copies of my newspaper printed letters and published opinion piece for your careful consideration. I do not propose euthanasia's slippery slope: Australia must not go down the road of the Netherlands or Belgium. Any State and/or federal legislation must contain carefully drafted legal pre-conditions to providing dying with dignity medical services.

I am, yours sincerely



RUNNING LIST OF PRINTED LETTERS AND OPINION PIECES PUBLISHED.....

"Dying with dignity and care"	Port Macquarie News	March 23, 2015
"Palliative care and medically assisted dying"	Port Macquarie News	April 6, 2015
"Palliative care is not euthanasia"	Port Macquarie News	April 15, 2015
"The real issues deserve a forum"	Port Macquarie News	May 29, 2015
"Better approach to end of life"	Port Macquarie News	June 3, 2015
"Time to act on medically assisted dying"	Opinion piece published by Newcastle Herald June, 2015.	

Author, Brian Winship of Port Macquarie
Co-ordinator of media and political lobbying,
DWD New South Wales, Port Macquarie Group

As at 11th August 2015

been entirely community-based. Submissions for financial assistance have so far been unsuccessful and have hindered the launch of its vocational rehabilitation program.

Now is the time for our elected leaders to acknowledge the value of this facility to our community and offer the assistance required.

most clicked on the net

Dying with dignity and care

LISA Tisdell's special report titled "Dying with Dignity" is spot on and does reflect the true debate about end of life choice and medically assisted dying. This debate is not about euthanasia but some people get confused and agitate wildly without knowing the difference.

Palliative care is defined by the World Health Organisation as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual". It provides a measure of comfort for the dying without postponing or hastening death, whereas medically assisted dying would allow doctors to assist mentally competent consenting adults who are enduring intolerable suffering from a severe and incurable medical condition to die comfortably, in a dignified and loving palliative care way.

Some doctors and some nurses are currently risking prosecution for hastening the death of their patients at home or of residents in nursing homes. They are breach-

ing the criminal law and their common law duty of care. Euthanasia hastens death and could amount to murder.

There is a distinction between euthanasia and medically assisted dying. The intention to murder is not present in legally allowing doctors to assist mentally competent consenting adults who are enduring intolerable suffering from a severe and incurable medical condition to die comfortably, in a dignified and loving palliative care way.

On 6 February this year in a historic 9-0 ruling, the Canadian Supreme Court (Canada's highest court) struck down the legislative law against medically assisted dying, and ordered the Canadian Parliament to draft and pass into law new legislation within one year allowing medically assisted dying, otherwise the Supreme Court declaration or ruling on the law will stand as the law of Canada.

The Australian Parliament needs to draft similar new legislation and pass it into law. The powerful opponents such as the Australian Christian Lobby and the Australian Medical Association can then test

the legislative law in the High Court of Australia, just like it was tested in the Canadian Supreme Court (a court of similar hierarchy and precedence).

The law is a noble premise and it must be ultimately supreme and declared or stated with right reason and in accordance with the principles of democracy and fundamental justice. I do plead with Federal politicians of substance to listen and learn: there is somewhere between 72% and 80% public support in Australia for medically assisted dying. They can have a conscience vote by all means but please, be true to your conscience and not that of your political party or that of the powerful opponents and misguided lobby groups.

Brian Winship
Port Macquarie

Native forest logging costs

TREVOR Sargeant makes unsubstantiated claims in his letter about the timber industry, March 18 from his vantage point as coordinator of an industry task force working closely with Australian Forests Products Association, national timber industry lobby group supported by Tony Abbott.

He argues we must 'build on this region's competitive strengths'.

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your newspaper

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contact

Acting Editor Tracey Fairhurst tracey.fairhurst@fairfaxmedia.com.au

News Stories Lisa Tisdell lisa.tisdell@fairfaxmedia.com.au

Sports Stories Chris Ward chris.ward@fairfaxmedia.com.au

Classifieds Lynelle Frew classifieds.portnews@ruralpress.com

Home Delivery Rita Hawkins rita.hawkins@fairfaxmedia.com.au

Sales Manager Jason Ellem jason.ellem@fairfaxmedia.com.au

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Phone: 02 6588 6688

March 23, 2015

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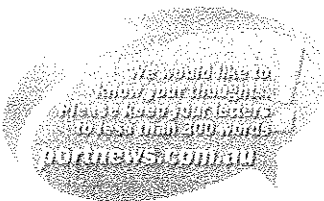
We wish we didn't have to report on this type of tragedy. So let's try to make sure it doesn't happen again. No matter how frustrated you get with holiday traffic, slow down. Have a rest. Don't take any unnecessary risks. And most of all take care.

your letters

Palliative care and medically assisted dying

WHAT are the definitions? Palliative Care is defined by the WHO as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual", whereas Medically Assisted Dying is the right of mentally competent consenting adults to seek medical assistance to end their lives if they are enduring intolerable suffering from a severe and incurable medical condition.

The former is allowed in Australia by law and the latter was allowed in Canada recently, by a historic 9-0 ruling of the Canadian Supreme Court (Canada's highest



court).

What is the difference? The former palliative care process must occur slowly by accumulation of drug effects allowing death when it comes to be dignified and loving; whereas the latter is to actively and deliberately end a life quickly with dignity, love and medical assistance.

Which is preferable? There is currently, no freedom of choice in Australia.

Palliative Care is legal but Medically Assisted Dying is not legal.

The conversation is current but conservative and confused.

It was a similar conversation in Canada but recently, the law was settled by the Canadian Supreme Court to

reflect the right to life, liberty and security of the person in accordance with the principles of fundamental justice to be expected in a free democratic society like Canada.

Who are the opponents? In Australia, the powerful opponents of Medically Assisted Dying are the churches and the AMA. It was the same in Canada but in August 2014, the Canadian Medical Association altered its long established opposition to physician assisted dying.

Its new policy allows physicians, within the bounds of laws, "...to follow their conscience when deciding whether to provide medical aid in dying".

How can the law be changed? Federal politicians in Australia should legislate immediately, to allow medically assisted dying to be legal from the end of 2015.

The powerful opponents of Medically Assisted Dying could then test the law in the High Court of Australia.

The rule of law is supreme when in accordance with the principles of fundamental justice and will have to be respected by all advocates of the change in a free democratic society like Australia.

I do plead with Federal politicians of substance to listen and learn: there is somewhere between 72 per cent and 80 per cent public support in Australia for medically assisted dying.

Canada, along with several European countries and at least fifteen states of the USA have introduced dying with dignity laws or have pledged to do so by the end of 2015.

Isn't it time Australia caught up with the rest of the world and the winds of change, or are our Federal politicians too bloody minded and unduly influenced by religious conservatives?

Brian Winship, Port Macquarie

Sue the crown for terrible acts

THE Marbo decision actually only applied to Islanders because they arrived after the Australian Murriss and believed they owned the land.

Australian Murriss knew that the land owned them and that their job was to nurture and protect it. They did a good job too.

your newspaper

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With Federal political assistance to listen and is somewhere between 80 per cent and 85 per cent support in Australia assisted dying. of the USA have dying with dignity pledged to do so by 5. Australia caught up of the world and the change, or are our citizens too bloody unduly influenced by conservatives? ship, Port Macquarie

your letters

Live well until the end of life

RE letter to editor from Dr Yvonne McMaster OAM, I agree with Brian Winship palliative care is indeed slow euthanasia.

It allows those with a terminal illness to have pain relief, and the dose of analgesics is gradually increased as the patients pain level increases till he/she receives a dignified and painless death. It is as Dr McMaster says living well as possible till the last possible moment.

What Brian Winship rightly stresses, is the need for government legislation, to allow those who have lost quality of life to have medical assistance for a dignified and peaceful death provided this choice has been documented in an advance health care directive whilst they were of sound mind.

I am an 86 year old EDA veteran affairs pensioner I have recently arrived home from Prince of Wales hospital where I had open heart surgery. I have several other failing parts and I am scared stiff that I may be confined indefinitely in a nursing home suffering from

Alzheimer's, dementia, incontinence and the like. I have just had check up from the cardiologist and he said to me you know Bill you were born in 1925 you are past your use by date, your heart has suffered a lot of damage so you must accept the fact that your end is nigh.

When the end is nigh it is best to avoid hospital. The health system is geared to actively treating patients and prolonging life not to recognize the dying.

There are thousands of patients in hospitals and nursing homes with no quality of life lingering on indefinitely awaiting the blessing of death to release them from their despair.

When quality of life is lost and the sufferer is confined to care with Alzheimer's, dementia, incontinence and the like palliative care is definitely not enough

I find it very difficult to believe that anyone with an ounce of compassion can deny those who have lost quality of life be it degeneration or terminal illness the right to make a choice for a dignified and peaceful death provided this has been documented in an advance health care directive whilst of sound mind.

If ever I am unfortunate enough to be placed in the same situation I hope there is a sympathetic doctor around to end my life in a dignified and peaceful manner.

In light of the government's unsympathetic attitude I have no option but to direct in my advance health care directive that if I should lose quality of life I do not want any medical treatment that will prolong my life and I do not want any further sustenance or fluid. Although it will take me a few days to die this option is better than the alternative. It would give me great peace of mind if I could get medical assistance to die in a dignified manner if I should lose quality of life.

It is my firm opinion that enforced prolonged life when quality of life is lost is a fate far

worse than death, I fear degeneration far more than I fear death, it is inhumane to leave those who have lost quality of life, whether it be degeneration or terminal illness that leaves them confined in a nursing home indefinitely suffering from dementia, Alzheimer's, incontinence and the like.

Bill Alcock
Port Macquarie

Palliative care is not euthanasia

I DO thank Dr Yvonne McMaster OAM for her contribution to the conversation on palliative care and the confusion that it is about dying. I most certainly did not mean to suggest to anyone lay or professional that ...this amounts to slow euthanasia". I did not use these words and Dr McMaster is correct: nothing could be further from the truth.

The WHO definition of palliative care does not talk about dying but "...impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual". Palliative care is for every patient

young and old, it is about living and the treatment of pain and suffering but a lot of doctors and nurses are very confused. There is probably no discipline in medicine so enshrined in misconception, according to palliative care physician Dr Frank Brennan.

He is reported to have said recently to a 427 strong audience attending a Dying with Dignity forum in Port Macquarie that palliative care is the concerted effort to control pain and other symptoms, to support the patient and the family through this challenging and precious time and to allow death, when it comes to be dignified and loving (Port Macquarie News, March 18, 2015).

Palliative care is certainly not euthanasia albeit slow or otherwise.

I am not confused and do want everyone to understand the differences between euthanasia, palliative care and medically assisted dying.

My clear point is however, that many people are confused including doctors, nurses and other health professionals.

Brian Winship
Port Macquarie

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The real issues deserve a forum

WHAT is more important: the right to same-sex marriage or the right to die with dignity?

A lot of our Federal politicians are now thinking carefully, about a conscience vote in support of same-sex marriage but not intelligently, about a conscience vote on the right to die with dignity.

The Australian Christian Lobby is opposed to same-sex marriage and the right to die with dignity and the Australian Medical Association is singly opposed to the right to die with dignity.

What a dilemma for our elected and representative Federal politicians because Ireland recently, overwhelmingly voted in a referendum of the people to allow same-sex marriage, joining other countries like Canada, New Zealand and thirty six states of the USA.

Canada, along with several European countries and at least fifteen states of the USA have introduced dying with dignity laws or have pledged to do so by the end of 2015.

Clearly, the majority of

Australians are in support of the right to same-sex marriage and the right to die with dignity: there is somewhere between 72 per cent and 80 per cent public support in Australia for medically assisted dying and most probably, equal or a higher percentage of public support for same-sex marriage.

They are both important human rights but I do think medically assisted dying is deserving of a much higher priority of consideration in the minds of our Federal politicians, in good conscience.

On the legislative front it will now be a race between Liberal Democrat Senator David Leyonhjelm to introduce his same-sex marriage bill and Greens Senator Richard de Natali to introduce his dying with dignity bill.

Greens senator Richard de Natali is in front at this stage because his Medical Services (Dying with Dignity) Bill is already in draft form and will be re-introduced this year, perhaps very soon in the Senate, whereas Liberal Democrat Senator David Leyonhjelm has said that he will not introduce his same-sex marriage bill until it was clear a

majority of Liberal MPs would support it with a conscience vote. Neither the Liberal Party or the Labor Party could ever allow a majority party vote on either bill but individual members would show respect for the good conscience of other members. But wait, there is a late entrant in this political race: none other than the Leader of the Labor Party Bill Shorten.

He is to move a private members bill in the House of Representatives next Monday 1 June 2015. Is this a gross act of grandstanding or a genuine act of political leadership?

Politics is a dirty, serious and funny business but am I getting too cynical in my old age of 73 years?

Brian Winship
Port Macquarie

True Christians embrace love

I ESPOUSE the Christian doctrine and firmly believe that a true Christian should have no qualms whatsoever in supporting marriage equality.

Jesus was our greatest champion against social injustice and a

your newspaper

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contact

Editor Tracey Fairhurst tracey.fairhurst@fairfaxmedia.com.au

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Empty house 'saddening'

OUR elected federal MP Dr David Gillespie, along with most of his government colleagues did not attend the introduction of Bill Shorten's marriage equality bill yesterday.

The photographs of a mostly empty House of Representatives are saddening and infuriating.

I worry what a young person struggling to accept their sexuality might think of those images and how society values them. We have one of the highest rates of youth suicide in the world and this will do nothing to correct that.

To my knowledge Dr Gillespie has not asked his electorate about how they feel about marriage equality but to not even represent his constituents on such a momentous day is disgraceful. Shame on him and his government.

Dr Mark Johnson
Port Macquarie

Thank you to a fine young man

A BIG thank you.

On Sunday, May 31 I was driving home to North Arm Cove from Newcastle and I got a flat tyre, near the Karuah turn off.

I'm a 60 something young woman. Not great these days at changing tyres.

It was raining and I phoned the NRMA who told me they would come in 60 minutes.

We're so lucky to have them. Well, as I was unloading my boot to find the spare, a ute pulled up

and a young man got out and said: "I'd like to help you change your tyre".

I was very thankful, but said, it's raining and I just called the NRMA.

He insisted on helping and while I held the umbrella, he changed my tyre, bless him.

While we chatted as he worked we discussed the big storm that had devastated so many recently.

We introduced ourselves, praising the SES who had been fantastic.

Our small North Arm Cove community had a fund raiser recently to help out the SES.

Sam, had been working in Tea Gardens helping with the SES. He finished with my tyre, and I asked him his surname.

Sam Walters from Port Macquarie thank you so much for your help, your smile and thanks to your loving family who have brought up a young man doing his mechanic apprenticeship to be such a delightful human being.

Lee Clayton
North Arm Cove

Better approach to end of life

IT is abominable to grow old: growing old is to endure the slow onset of and accumulation of disability; the transformation of a once sensible human being into a physical and emotional wreck; inevitably destined to become a burden on family and society.

Acute care hospitals are no place for the elderly. Some doctors view old patients as a different species of human being. They refer to them as "crumbles", "accotics" or "bed blockers" and do sometimes describe them on their admission to nurses as being either cute, difficult or mute. What does that tell us about the way some doctors view the elderly? Half the patients in an acute care hospital are over the age of sixty-five and mostly, their health care is reactive: responding to a crises, intervening too late, patching them up and either shipping them home well or off to a nursing home or hospice to die.

Elderly patients want to die

pain free (31%) or quickly (22%); pain free and with dignity in a special palliative care ward or environment outside of these acute care hospitals and away from the obscenities of acute care hospital turf wars by medical specialists and stupid condescending remarks of inexperienced or immature doctors.

I am sadly, not aware of any specialised, custom-built, stand-alone aged care public hospitals in Australia which are staffed 24 hours a day by dedicated medical specialists, nurses and allied health practitioners such as physiotherapists and social workers specially caring for their elderly patients in a sympathetic and conducive environment.

It is time for the elderly to be provided with means tested public resources of much better care in public hospital-like facilities so that many more can live on in their communities and homes and not believe that they would rather be dead than demented, rather be dead than dependent, rather be dead than grow old.

Brian Winship,
Port Macquarie

your newspaper

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people becoming sick, and animals losing their hair are also claimed in these documentaries.

The process of hydraulic fracturing or "fracking" is broadly misunderstood. The method of gas extraction involves drilling wells 700 metres to 2 kilometres into the earth, identifying seams of gas within layers of coal or shale in the U.S. It must be noted that gas from

large volume of water is needed for the hydraulic fracturing procedure, and in some cases only 50 per cent of the water comes back out. This "processed water" is highly toxic and needs to be managed safely. Any leakage into the earth or atmosphere needs to be avoided, and therefore governments in NSW and Queensland have banned holding pools for this water.

future. With the coal industry continuing to suffer in the Hunter it seems that CSG cannot be ignored. In the Camden region, AGL has been extracting gas from 144 wells over the past 10 years with no adverse effects on the environment. The NSW government indicates that only 5 per cent of the state's gas is produced in NSW, with the rest coming from other markets. AGLs

farming/agriculture industries in the Hunter without adversely affecting the environment, the talk should turn into action.

Christian Pynsent is a director/analyst at TierONE Equity Management, writer of the TierONE Macro Review, and casual academic in finance at the UON

Time to act on medically assisted dying

Politicians must legislate on "dying with dignity", writes Brian Winship.

WHAT are the definitions?

Palliative care is defined by the World Health Organisation as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual".

Medically assisted dying is the right of mentally competent consenting adults to seek medical assistance to end their lives if they are enduring intolerable suffering from a severe and incurable

medical condition. The former is allowed in Australia by law and the latter was allowed in Canada recently, by a historic 9-0 ruling of the Canadian Supreme Court.

What is the difference?

The former palliative care process must occur slowly by accumulation of drug effects allowing death when it comes to be dignified and loving, whereas the latter is to actively and deliberately end a life quickly with dignity, love and medical assistance.

Which is preferable?

There is currently no freedom of choice in Australia. Palliative care is legal but medically assisted dying is not legal. The conversation is current but conservative and confused. It was a similar conversation in Canada, but recently the law was settled by the Canadian Supreme Court to reflect the right to life, liberty and security

of the person in accordance with the principles of fundamental justice to be expected in a free democratic society like Canada.

Who are the opponents?

In Australia, the powerful opponents of medically assisted dying are the churches and the Australian Medical Association. It was the same in Canada but in August 2014, the Canadian Medical Association altered its long established opposition to physician-assisted dying. Its new policy allows physicians, within the bounds of laws, "... to follow their conscience when deciding whether to provide medical aid in dying".

How can the law be changed?

Federal politicians in Australia should legislate immediately, to allow medically assisted dying to be legal from the end of 2015. The powerful opponents of medically assisted dying could then test the

law in the High Court of Australia. The rule of law is supreme when in accordance with the principles of fundamental justice and will have to be respected by all advocates of the change in a free democratic society like Australia. I do plead with federal politicians of substance to listen and learn: there is somewhere between 72 per cent and 80 per cent public support in Australia for medically assisted dying.

Canada, along with several European countries and 15 states of the US have introduced dying with dignity laws or have pledged to do so by the end of 2015. Isn't it time Australia caught up with the rest of the world and the winds of change?

Brian Winship is a retired lawyer and co-ordinator of media and political lobbying for Dying With Dignity NSW Inc for the Port Macquarie Group

ENLISTMENTS
Pte Frederick Michael Howley, Islington, 10th Rifs 7th ALH Regt

THE DARDANELLES.
London, Thursday. The Press Bureau has issued the following report in connection with the operations at the Dardanelles: On the night of June 15 a party of the enemy, led by a German officer, gallantly attacked the trenches held by a British brigade. A few reached the parapet, and were killed, but the majority fell before reaching the



THE HUNTER REMEMBERS Centenary of World War I Compiled by David Dial More at theherald.com.au

trenches. Fifty dead were counted, including the leader. Strong bombing parties also led an attack on trenches we captured on the night of June 12, and forced us back thirty yards until daybreak. Then our machine guns enfiladed the vacated trench, and the Dublin Fusiliers, attacking with the bayonet, recaptured it. Two hundred dead Turks were found in the trench, but our casualties were very slight.

MATTERS IN SYDNEY.

Sydney, Friday, Mr. Holman, the State

Premier, has been informed that the first drafts of wounded soldiers for Sydney are on their way to Australia. Beyond that no information is contained in the message. Mr. Holman states that already arrangements have been made for accommodating 1300 invalids, and other places are being secured. The hospital room includes provision for 500 men at the Randwick Children's Home, and if the whole of that institution is secured for wounded soldiers there will be space for about 400 more.

FROM THE BOOK

Should breastfeeding mothers be allowed to get tattoos? A judge banned a Hunter mum from breastfeeding because of the risk of HIV following a tattoo. The decision has since been overturned (see page 11).

It's technically a no no. So the artist she went to is responsible for telling her that and if proven correct, to be held responsible. Pregnant or breastfeeding, you shouldn't get a tattoo.

Sooty King

Sounds like this mother getting a tattoo whilst breastfeeding is the least of the issues for this poor baby.

Lisa Elle

You've got more chance of getting pregnant from a toilet seat than contracting HIV from a professional tattoo artist.

Richard Zappa Strickleton

Why would you put your child at risk, couldn't the tat wait. Having a tattoo is something she has every right to go get, choosing that over the health of your child though is unum.

Ian Jodi Dyer

onlinepoll

Today's question
Is a fine of \$120,000 sufficient for spilling tonnes of grout in Sugarloaf State Conservation Area?

Yesterday's result
Should breastfeeding mothers be allowed to get tattoos?

