BELGIUM

ADMD Honoured
The Association of Doctors of the ULB (Brussels University) has agreed to award its annual prize to the ADMD. The prize, of 2,500 Euros, was handed over in September.

ADMD are proud to record that this is the first time it has been honoured by a medical organisation and in their speech of thanks noted the significance of the award. They stressed that it bears witness to confidence in their activities and in their objectives. Now that the principles of euthanasia have been accepted ADMD’s efforts are concentrated on their effective application, primarily by giving information to the medical profession and the public.

Important Medical Publication
The Review of General Medicine, journal of the Scientific Society of General Medicine, published earlier this year an important clarification on the subject of euthanasia. The publication comprises two articles. The first is “Euthanasia in Belgium: state of play” and sets out the available data since the law came into force. The second – “Euthanasia: practical considerations” – gives all the information necessary for the correct practice of euthanasia.

ADMD express the hope that these articles will make a positive contribution to disseminating information more effectively to GPs.
FRANCE

The Dordogne Case
In the Newsletter of September 2005 there was a brief reference to the “Dordogne case” where a doctor, Laurence Tramois, and a nurse, Chantal Chanel, were accused of having brought about the death of one of their patients. The patient was Paulette Druais, who had pancreatic cancer and only a few days left to live. The case remains unresolved.

On 17 May, the day before the last court hearing, a petition of 48,649 signatures organised by ADMD was presented, demanding dismissal of the case, consistent with the outcome in the Victor Humbert case, where the case against the doctor and the patient’s mother was dismissed earlier this year. In addition the husband and son of Mme Druais wrote direct to President Chirac appealing to him to respect the family’s wish to see the case dismissed. But on 18 May, the State Prosecutor called on the Appeal Court of Bordeaux to refer the case to the Crown Court. On 13 June the Court decided to do that, highlighting yet again the inconsistency in the application of current French law. Dr Chaussoy of the Humbert case was present, as were the husband and son of the deceased though they were not party to the case.

An article of 20 May in Le Monde suggested that, in spite of differences between the two cases, essentially they both presented the problems of treatment at the end of life. It is all very well to say the answer lies in improved end-of-life care and development of better palliative medicine, the fact is that only recently the “National Audit Office” deplored the lack of palliative care beds in France – still stuck at 772, in spite of Ministerial promises at the time of adoption of the Leonetti law in November 2004 that 2,000 more such beds would be made available.

In the view of ADMD this case would never have come to court had it not been for the “denunciation by a senior health official who wanted to end a doctor’s career.” Dr Tramois works now solely as a GP in the same town and Chantal Chanel is still a nurse at the same hospital.

Most recently, on 3 July, Dr Tramois went public, in an article published in Le Monde in which she set out the reluctance she felt in bringing an end to the life of a patient and the extreme circumstances which persuaded her that it was the right thing to do. “Cases like those of Paulette Druais are exceptional but they are very real. To deny their existence, to deny the powerlessness or the limits of palliative medicine, to deny the need for a better legal framework, is to fail to respect our human nature”.

After the Morten Jensen Case: Article by Professor of Law
In June Merten Jansen, a young Dane living in France who was accused of killing his wife, was acquitted by the jury in less than half an hour. This case prompted Pierre Brunet, Professor of Law at Paris-X Nanterre, to write an article for the daily paper “Liberation”. The article was re-published in full by ADMD France and is summarised here.
“The acquittal of Morten Jensen decision underlines the wide gap, revealed by every euthanasia case, between the letter of the law, voted by Parliament, which simply forbids this practice, and the aspirations of a large part of the population allegedly represented by this same Parliament.

It is worth noting the first “off the cuff” reactions of some MPs. Some, the cautious, say there must be a debate. This seems to give hope to those waiting for nothing less for a very long time. Others explain that the law must be respected as it stands. One argument keeps coming up: “If we de-criminalise, there will be many more cases”.

This argument has, logically, one fundamental flaw.

Of course there would be an upsurge of cases if euthanasia were de-criminalised, because it is precisely to turn to euthanasia that people have been trying to de-criminalise it.

The flaw in the argument is that it rests on a catastrophic version of events: a change in the law would lead to the elimination of one part of the population by the other. Similar claims were made in relation to abortion. It is the same fantasy every time: that a law permitting an action would mean everyone doing it.

The issue is not whether there would be more cases. The only political and moral question is whether or not one is willing to allow people to decide the fate of others and in what circumstances. This is what every citizen has the right to expect from his MPs: that they get to grips with the complexities of the problem and bring to it intelligent solutions which result from a collective effort and reflect the full range of different opinions.”

GERMANY

German Ethics Committee
The German Ethics Committee recently changed its stated views [see below] on end of life issues to one much closer to that of the DGHS but seems reluctant to press the Government to change the law. This is possibly a political stance because, although they are soon to be disbanded, this committee does not want to upset the Government.

They are to be replaced by a “German Ethics Council” whose members are likely to be chosen by the Christian Parties, who hold more power under the new government. In other words they could well take positions more opposed to those of DGHS, which foresees trouble ahead.

Three German Länder tried to pass a law which would forbid assisted suicides in any form or for any motive in their areas. Although they failed, DGHS thinks that something similar could be passed quite suddenly at the national level and take immediate effect. This could threaten not only the operations of Dignitas in Germany, the main target, but also those of DGHS itself.
International day for Prevention of Suicide

On 10 September, the International Day for the Prevention of Suicide, DGHS issued a press notice claiming that refusing to allow people self determination at the end of life actually drove them to suicide. They argued that the prolonging of life at all costs was seen as the highest moral and ethical good, along with the view that old people should hold on till they die “naturally” – which itself was routinely prevented.

DGHS said anyone holding such views was denying people the right to make their own decisions and driving them to a premature suicide. For as long as the terminally ill do not have a guarantee that their wished will be respected and that they will not face unbearable suffering, their only option is suicide. If they let the right moment pass, they are in the hands of fate or other people. This was causing preventative suicides in both Germany and Switzerland.

There should be a legal framework which would ensure care at the end of life but empower people to refuse it.

Items from DGHS Magazine, “Humane Life - Humane Death October 2006”

[I] Self-determination and care at the end of life

Statement of the National Ethics Council, 13 July 2006

The statement made by the National Ethics Council on the many social, legal and ethical problems and issues arising at the end of life presents a comprehensive picture of the actual situation. A clear emphasis is placed on the right of self-determination, respect for a person’s personal attitude to death and the priority of the patient’s will, which is also the decisive criterion for the DGHS.

[II] Legislation defects

An article by lawyer Dr. Oliver Kautz claims that legislation in Germany exceeds all proportion and measure. There can be no question of reducing bureaucracy given the approximately 80,000 separate regulations in German legislation alone. Legislators go too far with their obsession with creating rulings and so the quality of laws is decreasing. Numerous provisions have to be corrected after being passed. And there is reason to doubt whether members of parliament still understand the laws that they pass.”

Herr Papier, President of the Federal Constitutional Court, recommends that legislators should give more consideration to the liberal constitutional system and strengthen freedom, self-determination and a citizen’s own responsibility.

[III] Two interviews on the legal-political and medico-ethical fields

Physician Dr. Anton Wohlfart considers sensitive questions of assisted death and Justice Senator Dr. Roger Kusch, known far beyond the city boundaries of Hamburg, advocates a clear legal ruling on actively and directly assisted death too, which he is well able to reconcile with his Christian beliefs.
Dr. Kusch will be speaking in Hamburg in October at the invitation of the DGHS on the subject of “Assisted death as a legal issue”. The event will be open to the public.

[IV] Letter from Switzerland
The author Andreas Blum, long-term director of German-language radio, former member of the Swiss National Assembly, President of Swissaid, (the Swiss Development Aid Organisation), and member of the Executive Board of EXIT – German Switzerland since 2001, discusses in unequivocal terms the legally unsatisfactory situation in Germany relating to the right to die in dignity.

[V] DGHS and churches
In view of Germany’s plural and liberal society, the DGHS rejects the claim of the churches to sole representation on ethical and moral questions and calls for mutual tolerance in all social groups.

[VII] German Lawyers’ Conference
DGHS reports on the German Lawyers’ Conference, which took place on 20 September 2006. They suggest that there is some change of tone since assisted dying was discussed in the same forum 20 years ago but that some speakers thought a change of terminology was needed to help get a rational debate.

ISRAEL

The Terminally Ill Law
The Terminally Ill Law, passed by the Knesset in December 2005, comes into effect on 16 December this year. This law does not legitimise euthanasia and even specifically forbids all active deeds to hasten a patient’s death or to assist him/her to commit suicide. What is permitted is for doctors to withhold treatment for the terminal illness from the patient, taking into account the patient’s wishes and the extent of their suffering. This is subject to conditions set out in the law and is to be based on the instructions of the “responsible physician” as defined by the law. An article by the Vice President of LILACH can be read at www.worldrtd.net

ITALY

Debate about euthanasia in Italy

(1) Message from Mr Emilio Coveri
We are pleased to inform you that this week we applied to the President of the Italian Senate, Sen.Marini as well as to the president of the Senate Health Commision, Prof.Ignazio Marino, inviting them to meet an Exit-Italia delegation, in Rome, on the subject of the discussion that will take place in the Italian Parliamentary Commissions of the Senate about living wills.

Exit-Italia will be introduced and accompanied by Sen.Prof.Rita Levi Montalcini
who, during these days, contacted personally by myself, has accepted to be present together with Dott. Letizia Moizzi (Indro Montanelli's niece). As I reported during the Toronto Meeting, this is a first and important step in Italian politics and we hope that it will be useful and profitable for our Society and our country.

Best Regards,
Dr. Emilio Coveri, Exit-Italia, Il Presidente

(2) The Open Letter to President of the Republic, Giorgio Napolitano from Piergiorgio Welby, Co-President of the Luca Coscioni Association

Mr President,

I am writing to you, and through you I am addressing also those citizens that will have the opportunity to listen to these words, to this cry of mine, which is not one of desperation, but one full of human and civil hope for our country. Until two and a half months ago, my life may have been marked by rather serious difficulties, but I was able, at any time of the day, to use my computer and write, read, do research and chat with my friends on the Internet. Today, I seem to have fallen into an abyss from which there is no exit.

The day starts with the alarm of the lung ventilator device, while humidifying filter and the mouth catheter is changed; the day continues with the radio in the background, between frequent aspirations of tracheal secretions, the monitoring of oximetric parameters, personal cleaning, medication, and Pulmocare beverages.

I used to get up at ten at the latest, and start writing on my PC. Today, my pathology, muscular dystrophy, is in such advanced state, that I cannot make any movements, and my physical balance has become extremely precarious. I get up at noon with the help of my wife and an assistant, but more and more frequently I find myself sitting without opening my computer, because I feel dead tired. I force myself on the chair to assume, for at least an hour, a position other than lying in bed. When I go back to bed, at times I fall asleep, but wake up in a fright, perspiring and more tired than before. I turn on the radio, but listen to it without paying attention. I cannot concentrate because I am constantly thinking on how to put an end to this life. Around six, I make another effort to sit, with the help of my wife Mina and my nephew Simone. Every day I get worse, weaker and more tired. After about an hour they take me back to bed. I watch TV waiting for the Tavor tablet so that I can fall asleep and not feel anything, hoping that I will not wake in the morning.

I love life, Mr President. Life is the woman who loves you, the wind through your hair, the sun on your face, an evening stroll with a friend. Life is also a woman who leaves you, a rainy day, a friend who deceives you. I am neither melancholic nor manic depressive. I find the idea of dying horrible, but what is left to me is no longer a life. It is only a stubborn and senseless obstinacy of keeping active the biological functions. My body is no longer mine. It is there, spread before doctors, assistants, and relatives. Montanelli would understand me. If I were Swiss, Belgian or Dutch, I could escape from this utter outrage, but I am Italian and there is no pity in Italy.

You are probably thinking, Mr President, that I am appealing for a "dignified death" for myself. But no. That is not it. And I am not talking only about my death.
Death cannot be "dignified;" it is life that should be dignified or decent, especially when it is growing weak because of old age or incurable illness. Death is something else. To define death by "dignified" euthanasia is to deny the tragic dimension of dying. It is tantamount to continuing to conceal and to distort death that, driven from home, hidden by a screen in hospitals, neglected in the loneliness of the homes for the aged, seems to be something that it is not. For what is death? Death is an indispensable condition for life. Aeschylus has written, "It's hard to struggle. Decay is setting in, like a swelling flood. A blind ocean, a cesspool of pain surrounds me without even a glimmer of hope. There is no landing place. There is no landfall."

And yet there is a landfall, but euthanasia is not a "dignified death" but an appropriate death, in the words of a man of faith, Jacques Pohier. Appropriate is that which "carries to the port;" for Plutarch, the death of young people is a shipwreck, that of old people a landing at a port, and Leopardi defines it as the only "place" where rest, not bound but secure, is possible.

In Italy, euthanasia is a crime, but this does not mean it does not "exist:" there are calls for euthanasia which are not heeded to because the doctors are afraid of being criminally prosecuted, and conversely, acts of euthanasia may be practised without the informed consent of patients who are conscious. To grant a request for euthanasia, certain European countries, such as the Netherlands and Belgium, have introduced procedures that enable a "terminally ill" patient to plan with the doctor, the course for "landing" at an appropriate death. A law on euthanasia is not the incomprehensible request of a few eccentrics either. Even in Italy, there were four or five bills already introduced in the last legislature. The association of anaesthetists, with great circumspection, has asked for a clearer law; the recent decision of the lapsed (and not yet renewed) national bioethics committee on the advance directives for healthcare revealed that it was impossible to exclude any eventuality of euthanasia in the event that the doctor adheres to the advance provisions drawn up by the patients. Even in the Church's strict position there are certain openings, albeit within the confines of tradition, that allow for a heavy intervention with palliative cures and do not allow for intervention with disproportionate treatments that do not entail concrete benefits for the patient. Public opinion is always more aware of the inherent risks of leaving every decision about treatment up to the doctor. Many have helped a family member, a friend or a relative during an incurable or highly debilitating illness and have come to the decision, that if they were faced with the same predicament, they would not follow the same path. Others have witnessed the tragedy of a person in a persistent vegetative state.

When we face issues connected to the end of life, we are not dealing with a dispute as to who is in favour of life and who of death: all patients want to be cured, not to die. Those who share, with love, the course imposed by the illness on the loved one, want that person to recover. Between wishes and hopes, time passes relentlessly, and with the passage of times, hopes grow weaker and the desire to be cured becomes a desire to shorten the course of desperation before reaching that natural end that the reanimation technicians and machines that support or stimulate the vital function risk posting ever forward in time. As to our technical possibilities of keeping people alive, there will come a day when swarms of living dead will come out of reanimation centres, who will wind up vegetating for years. We will probably all have to learn that death is also a
learning process, and merely a matter of falling into a state of unconsciousness.

His Holiness, Pope Benedict XVI, has said that "to the claim often put forward that it is necessary to resort to euthanasia in order to eliminate suffering, we must corroborate the inviolable dignity of human life, from conception to its natural end." But what is "natural" in a reanimation room? What is natural in a hole in the belly and a pump that fills it with fats and proteins? What is natural about a hole in the windpipe and a pump that blows air into the lungs? What is natural about a body kept biologically functional with the help of artificial respirators, artificial feed, artificial hydration, artificial intestinal emptying, of death artificially postponed? I believe that it is possible to play with words for reasons of power or faith, but I do not believe that it is possible to "play" with the life and pain of someone else for the same reasons.

When a terminally ill patient decides to forego emotions, memories, friendships, and life, and asks to put an end to a survival that is cruelly "biological," I believe that his will should be respected and heeded with the compassion represented by the force and consistency of secular thinking.

I am aware, Mr President, that I have spoken to you, through my sick body, also of politics, and of objectives necessarily to be debated freely in Parliament, that do not call for your intervention or decision as to their merits. What I do take the liberty of recommending to you, however, is the defence of the right of each and every citizen to be apprised of the proposals, reasons, stories, wills and lives which, like mine are faced with this conundrum.

Luca Coscioni's dream was to free research and to give a voice - in every sense of the term - to those who are ill. His dream was interrupted and it became known only after it was interrupted. So it is now up to us to dream for him too. My dream, also in my capacity as co-president of the association that bears Luca's name, my will, my request, that I wish to bring before all authorities, starting with the political and judicial bodies, is today clearer and more precise in my mind than ever before: to be able to obtain euthanasia. So that Italian citizens can have the same opportunity that is granted to Swiss, Belgian and Dutch citizens.

Piergiorgio Welby

(3) Letter from Marco Cappato MEP

Dear members of the Right to Die Europe Association,

I'm writing these few lines on behalf of Mr. Marco Cappato (Member of the European Parliament) and the Luca Coscioni Association, to let you know about the debate that is going on in these hours in Italy about euthanasia and the right to die. I would like not only to send you some news, but also I would like to start thinking on how we can cooperate in this field, starting from the presentation of our initiative at the European Parliament in Strasbourg.

On the 21st of September the co-President of the Luca Coscioni Association, Piergiorgio Welby, sent an open letter (see the attach) to the President of the Italian Republic, Giorgio Napolitano. Mr. Welby, who suffers from progressive muscular dystrophy, specified that he is not asking for a "death with dignity. This is not the case. And I'm not only speaking about my own. Death cannot be dignified. Dignified is what life should be." Euthanasia, he insisted, "is not a death with dignity, but a timely death. There is no clash between those in favour of life and those against it: all sick people want to get better, not die." Mr. Welby
then recalled the words of the pope on the inviolability of human life, from its conception to its natural end. And he asked "But what exactly is natural about an intensive care unit? What is natural about a hole in your stomach and a pump filling you with fats and proteins? What is natural about a body kept functioning with the aid of artificial respiration. When a terminally ill person decides to give up memories, friendships and life, and asks to be able to put an end to a cruelly biological survival, I believe that his will must be respected with the pietas that is the strength and coherence of non-religious thought." Welby concluded his long and dramatic appeal by addressing the Head of State directly: "My dream, also in the role of the co-president of the association named after Luca, my will, my request, which I want to proclaim in any and all contexts, starting from political and judicial ones, is today as clear in my mind as ever: to be able to make use of euthanasia. I would like Italian citizens to be able to have the same opportunity as Swiss, Belgian and Dutch ones."

The President of the Republic replied very quickly to this appeal, wishing that the debate about euthanasia may be held in the Italian public arena. We think that international cooperation and support might be very useful to advance this subject in our country, as well as other countries.

Please feel free to react and comment to this brief letter

Best regards,

Marco Valerio Lo Prete

MEP’s assistant (mail to: marco.cappato@europarl.europa.eu)

NETHERLANDS

Earlier this year a Dutch court imposed a 15-month sentence on a 49-year old man who helped a friend commit suicide. The last 5 months of the sentence were suspended.

The court was told that the friend had bought heroin and methadone for 38-year old A van Dijck, who had long expressed the wish to die. The prosecution claimed there was evidence that the friend had himself administered the drugs – which would have led to a charge of murder.

The court ruled that the friend had not complied with the strict guidelines set out in law. For example he was not a qualified medical professional, as required under the law for assisted euthanasia. The court insisted on a custodial sentence with a view to discouraging others from taking similar action.

The man who supplied the drugs was acquitted of assisting the suicide, as the court accepted he did not know the purpose for which the drugs were required.

SPAIN
Police in Spain have been investigating the apparent mercy killing of a quadriplegic, who wrote an emotive internet blog pleading for help “to die with dignity”. For over 18 months Jorge Leon Escudero, aged 53, and who had lost the use of his arms and legs and was unable to breathe on his own, repeatedly asked for someone to help him end his life. In early May his body was found disconnected from the automatic respirator that kept him alive. His family issued a statement asking the police not to seek to find the person who helped Jorge to carry out his final wish.

Senor Escudero had been paralysed 6 years ago at an accident at his gym. He could write using small head movements and began a blog. He asked for help to end his life. He said “I need a healthy hand to hold the glass for me, acting according to my will which is still free. I have every thing prepared so they will remain incognito”.

In the months before he died, Senor Escudero had contacted the Spanish Association for the Right to Die With Dignity, asking for a sedative and for someone to disconnect the respirator. They had to tell him they could not help him as euthanasia was illegal in Spain.

A judge has opened an inquiry into the case. Under Spanish law euthanasia is illegal and carries a maximum prison sentence of 10 years.

The case has revived the debate over euthanasia in Spain, which was brought to public attention two years ago by the case of Ramon Sampedro and the film dedicated to his life and death. One in six Spanish doctors admit to helping people to die and 60% said they wanted the law changed.

SWITZERLAND

Assisted suicide is now possible in the University Hospital of Geneva (HUG)

The measure will be available only for exceptional cases but represents a breakthrough for the Association EXIT. The President of EXIT Suisse Romande, Jérôme Sobel, is delighted by this opening.

The decision taken by the Board of Governors of the HUG means in particular that the doctors of the association of assisted suicide EXIT will be authorised to go into the rooms of the HUG, though they will not have a monopoly in assisting patients in this way.

The press release makes clear that the HUG authorises assisted suicide only for patients who do not have a residence or who can no longer return to their home. The assistance will be given in oases of an illness with terminal prognosis, whose evolution indicates that the end of life is near.

The patient must be capable of discernment and must have made repeated serious requests. Moreover the patient must have refused all other alternatives and it should be impossible for him to return home. The position of the HUG is
now the same as that of the University Hospital Centre of the Canton Vaud in
Lausanne.

“It is a great step forward and I am very satisfied with this open and tolerating
strong line”, said Dr Sobel; “it is an additional liberty for the patient, a security
for the person who wants to manage his life until the end”.

Last March EXIT Suisse Romande had deposited a petition with more than
10,000 signatures with the Geneva authorities. EXIT has thus shown the strong
support of the population for the possibility of assisted suicide in the HUG.
“Nevertheless EXIT much prefers to act in people’s homes. The goal was not to
smash down doors but to be able to act in exceptional situations.”
[Tribune de Genève, 15.09.2006]

UK

British seek help from Dignitas
In June the press reported another case of a British citizen going to Switzerland,
to be helped to die by Dignitas. This was 47-year old Paul Bennett, who had
been suffering from motor neurone disease since 2002. A family member
commented that Mr Bennett would have had more time with his family, if he had
not been obliged to go abroad to die. He said this was not an isolated case;
many others were suffering and in extreme pain in the UK; their families should
be able to get the help they wanted from their own country.

Police investigating the case have interviewed several people connected with the
episode and continue (mid-September) to investigate the family.

In mid-September it was reported that four Britons had gone to Zurich for an
assisted death in the previous 6 weeks and that a total of 54 British people have
so far sought help from Dignitas, 12 of them since the high profile case of Dr
Anne Turner in January this year..

Chief Executive of Dignity in Dying, Deborah Annetts, issued a statement saying
these cases were gathering momentum – the message to the British public was
that, if you can afford to go abroad to die, there is no problem, but if you get
help here your friends or family could face 14 years in prison.

Chris Davies, MEP for the North West of England, earlier this year investigated
assisted dying in Switzerland and wrote a report urging the British Government
to change the law here. He commented: "Our law denies people in the most
extreme suffering to exercise their free will and seek help to die. This is not a
humane policy; it is more akin to torture. Unless we make changes to allow
people in these cases the chance to make a decision for themselves, the
numbers seeking to die in Switzerland will increase year by year.”

Religious Lobbying Changes BMA stance
At a policy-making meeting of the BMA (British Medical Association) in Belfast at
the end of June religious lobbying succeeded in overturning the neutral position
of the association in regard to assisted suicide, agreed only last year, and reverting to one of opposition.

In response to the BMA vote Deborah Annetts, Chief Executive of Dignity in Dying, regretted the change of position. She said the vote reflected extensive lobbying by very active and organised religious groups. In fact a survey the previous day had shown that 60% of doctors supported the neutral stance of their association. Millions of people in the UK, she said, would be deeply disappointed by what the religious lobby groups had done. The BMA would now be obliged to engage with this issue on a doctrinaire basis not a neutral and professional one.

On the day of the BMA meeting a letter was published in the “Guardian” newspaper signed by 200 doctors urging neutrality as the only policy which would allow effective dialogue between doctors and patients. 40 patients also wrote pressing doctors to respect their views in favour of choice

**Media interest in Assisted Dying**
A popular TV soap opera “Emmerdale” recently featured a mercy-killing storyline, in which a husband gives in to his wife’s pleading for help to die. She had been suffering from cancer for several months. Another, “Holby City”, ran a story in early October about a woman doctor going to Switzerland for help to die.

According to Dignity in Dying these stories highlight the public interest in the whole issue of assisted dying and the problems presented by the current legal situation. The case for a change in the law was well made.

In August the Guardian newspaper published a major feature by a man who had helped his wife to die. His wife was suffering with motor neurone disease. He described their first attempt to help her to commit suicide at home. This failed, in itself a traumatic episode. The husband then contacted Dignitas in Switzerland, having already been in touch with them at an earlier stage, and a date was chosen. He successfully took his wife to Zurich, accompanied by their son, and she died there in June. At the end of the article the husband, whose real name was not of course used, spoke of the doctors who had wanted to help them but could not risk their careers; he also talked of the discrepancy between the law and the views of the vast majority of the population.

There have been several other radio and TV programmes on the question over the last few months, not least a TV broadcast by a prominent radio presenter, Jenni Murray, who revealed that she has made a pact with two friends to help each other to die when/if life becomes too terrible.

**“The Dying Process”: a talk to Friends at the End**
In Scotland Friends at the End held its largest ever meeting in June, addressed by Dr Julia Lawton, a social anthropologist. She discussed the question of the dying process, in particular as dealt with in hospices. Dr Lawton had first spent 5 months in a day-care centre and 10 months in a hospice for in-patients. She concluded that people’s notion of a “good death” is not always met in hospices, where, even if pain is controlled, other distressing features of physical
deterioration cannot be overcome and still leave many patients asking for sedation or euthanasia. Thus she challenged the hospice movement’s idea of dying with dignity, if the bodily realities of dying are recognised. She suggested that the popularity of the hospice movement stems from the fact that their image of dying is what others want to believe and is sustained by hiding the realities of patients’ continued suffering.

**Friends at the End (FATE)**

**The UK Guide to Dignitas**
In early June FATE placed a large advertisement in each of two major national newspapers – the Times and the Guardian. The aim was to promote the UK Guide to Dignitas, as well as FATE itself.

This publication and the advertisements have resulted in a significant increase in FATE’s membership as well as the number of enquiries they are receiving. Within the last year, 104 new members have joined FATE, 60% of them since these advertisements appeared. Since June alone, there have been 141 enquiries, with a steady increase in the numbers each month. About two thirds of these enquiries are for the Guide, while the others are mainly requests for information about living wills and Derek Humphrey’s book/CD, “Final Exit”.

**Presentation by English and Scottish politicians**
Saturday 11th November will be an important day in FATE’s calendar. Following the AGM which will be held on that day, there will be a presentation by two politicians, both of whom are working to change the law. Their topic is “Doctor-assisted suicide – the political perspective”. FATE hope to learn from Dr Evan Harris MP and Jeremy Purvis MSP (Member of the Scottish Parliament), how they can influence parliamentarians on both sides of the Border. The Press have been invited, so there could be further publicity and snowballing of interest.

FATE continue to work both from the political and the practical perspectives; hence their ongoing close relationship with Dignitas. Their policy has always been to campaign for changes in the law and equally to offer practical help to those in need of information and support.