Legalization of living will is high on the agenda of our society. The draft of the bill which was circulated to 'legal luminaries' elicited a favourable nod. However, it is a long way to achieve our objective of legalization of 'living will'. We all can accelerate the process by sending appeals to local member of assemblies and writing in the press and conducting seminars. We urge all of you to actively canvas the cause of our Society.

**Modification in Rules of the Society**

The Executive Committee felt that the Rules should be modified and categorised under defined headings. This may help us to register our society so that donors can avail themselves of tax exemptions.

The basic context and purposes have not been changed. The modifications are essentially as under:

1. Categorising the Rules under specific heads.

2. Adding two categories of memberships
   a. For senior citizens life membership to be less than the normal life membership fees.
   b. Honorary membership.

3. The General Body will meet every two years and not annually.

4. Please note the change of address as above. This may be a temporary arrangement and any further change will be duly notified to members.

Members interested in obtaining full details should communicate with the Office at the above address.

**Report of World Federation Conference**

Melbourne was the host to 11th International Conference of the World Federation of Right to Die Societies. It was held at Downtowner on Lygon between 15th to 18th October 1996. Our society was represented by Dr. Nagraj G. Huigol, Radiation Oncologist and Honorary Joint Secretary of the Society. What follows is his impression of the meeting.

The 11th International Congress of the World Federation of Right to Die Societies was convened on 15th October, 1996 on a very upbeat mood. The first legally assisted suicide of Bob Dent in northern territory of Australia had an overwhelming influence on most of the participants and proceedings.

Dr. Philip Nitezke who assisted in Bob Dent's euthanasia was one of the active participants.

The spotlight naturally was on Dr. Philip Nitezke a General Practitioner from Northern Territory of Australia. He assisted Dent in dying. He is also the designer of a simple but, an elegant, computer controlled infusion pump which once connected by the physician to patient's vascular system, transfers the control of switching on the machine to the person who has decided to terminate his/her agony by opting for euthanasia. Dr. Philip Nitezke, between talk shows and interview's, delivered talks on his infusion pump designed for euthanasia. He also participated in a fringe meeting sponsored by Mr. Derek Humphry.

The topics discussed during the conference were living will, assisted suicide, ethical and legal consideration of euthanasia and an audit of the prevailing practice of euthanasia in certain countries. The public forum was arranged in Royal Australasian College of Surgeon's building on 17th Oct. 1996. It was a well attended meeting. Dr. Ayck Smoock the president of the World Federation of Right to Die societies opened the days proceedings while Dr. Francis Macnab moderated the session. Dorothy Angell presented the role of nurses in euthanasia. She emphasized the importance of nurses in the entire scheme of assisted suicide.
Dr. Michael Irwin from UK, dealt with the arguments about assisted suicide including a critique on the 'slippery slope'. 'Slippery slope' is a perceived fear from anti-euthanasia group. It is felt that legalization of assisted euthanasia could lead to an abuse to eliminate people on the fringe of life. Dr. Faye Girsh gave the details of Oregon referendum. She closed her talk hoping that this time around the pro-euthanasia group will win. She suggested 'activist' measures which would include picketing, hiring lobbyists and so on. Dr. Marshall Perron, ex-M.P., who represents a small population of Northern Territory spoke on the act, which is now a law. Mr. Perron has been the moving force in getting the law enacted in Northern Territory.

He presented all the following known arguments for assisted suicide with dexterity and skill. The objections to assisted dying of terminally ill patients are many. If doctors invoke Hippocratic oath to stymie the proposal - theologians use the argument that all life is sacred. The other popular concerns are that legalisation of assisted dying might lead to lack of interest in palliative care, abuse of the provision to eliminate the decreased efforts to find cure for diseases, schism between practicing and, non practicing doctors, and, above all violation of the will of the God. There is also a concern that law once legislated will be difficult to regulate. Generally, the mood of the delegates who had gathered was very optimistic. The pro-life proponents picketed outside the auditorium before the public forum started.

Doctors' Melbourne declaration seeking the right to extend assisted suicide to those terminally ill patients who seek it voluntarily was signed by physicians who attended the meeting. The last session of the meeting was addressed by a local GP. He narrated as to how he has helped people die even though the law of assisted suicide is not legal in Melbourne. He preferred to manually inject the cocktail of morphine and diazepam rather than using Dr. Neitzke’s infusion machine. This act of indiscretion was hailed as heroic by many but few like me felt that euthanasia must be performed strictly within legal parameters.

The 11th congress of the World Federation of Right to Die Societies concluded with a valedictory cocktail. The consensus of the delegates was that 'euthanasia' is just a few steps away in many western countries. Yet, Dr. Syme's view that the battle between pro-life and euthanasia proponents is a long and arduous one, and is more realistic than those who believe that euthanasia will be universally available in the near future.

Views expressed in the World Federation meeting are not necessarily that of our society.

GOOD BYE MY LOVE - A FILM REVIEW

The film explores the contemporary issue of assisted suicide for the terminally ill by using events in the life of Derek Humphry - Founder of Hemlock Society and former 'London Times' writer.

Humphry says there are serious errors at least on 11 counts. It should not be seen as documentation. It does yet provide enough material to think.

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LIFE’S FINALE - A BRIEF REVIEW

RE: MR. H.D. SHOURIE’S BOOK

The manifold issues connected with the concept of 'Right to Die with Dignity', and its collateral, 'Voluntary Euthanasia' have now assumed global significance. The subject has been widely discussed and debated in many countries abroad; but it has received scant appraisal in India. In India the subject has been shied away from due to ignorance, lack of awareness and due to social and theological dogmas and taboos. But to sweep the issues under the carpet in this day and age, because it is socially 'inconvenient' to discuss, is an exhibition of paucity in intellect.

It is gratifying that Mr. Shourie has had the courage of his conviction to highlight the many facets of the subject to create an awareness and need for social dialogue.....

The treatise brings in to focus the many dilemmas - moral, ethical, theological, social, legal and medical in nature - to which Mr. Shourie has addressed himself diligently. One can hardly contest the basic premise of the individuals right to choose an easy passage to death; nor can we take exception to his view that the medical professional must accede to the individual's choice.

The 'Living Will' and 'Power of Attorney' is acquiring increasingly greater significance and Mr. Shourie has made a strong case for it with detailed explanatory notes. The reader would be well advised to give deep thought to this matter. His expose of the various aspects of the law pertaining to suicide and to the recent contradictory judgments of the Supreme Court need to be persued.

Finally Mr. Shourie has indicated methods of self deliverance and their application.
There are two aspects in the book which this reviewer would like to project. There is no primary or well defined line between what is labeled as ‘active’ and ‘passive’ euthanasia. I believe that the two merge over the line when the patient has clearly expressed his desires. I therefore advocate only one terminology and that is ‘Voluntary Euthanasia’. I would also like to avoid the use of the term ‘physician assisted suicide’ and replace it by ‘physician assisted self-deliverance’. The only other comment I have is that many statements on various issues have appeared repeatedly in the book. Perhaps it was the intention of the author to do so to drive the point home.

There is no doubt that Mr. Shourie will face criticism - most of which will be based on emotive concepts of life and death which have been ingrained into us by societal and theological dogmas and influences. If such criticism does come about, it should be welcome as it affords an opportunity for debate and discussion.

On the whole, Mr. Shourie is to be applauded for his work, perhaps the first of its kind from this country. It should be read diligently by both the proponents and opponents of the subject.

Dr. B.N. Colabawalla
Chairman, Society for the Right to Die with Dignity

**Making Your Living Will**

A Living Will is a written statement of what health care you want should you become no longer able to take part in decisions about your medical treatment. A power of attorney given to a person you authorize to give or refuse consent to proposed medical treatment on your behalf in accordance with your Living Will. Either or both parts of Living Will may be used.

We all have a responsibility to set out our wishes for health care in the future against the possibility that we may be unable to communicate those wishes at the time. This situation may arise through accident or illness and those caring for us may find themselves uncertain as to what medical treatment we could wish. If this is not recorded they will have to decide as best they can. They may find the uncertainty and responsibility distressing. In the event, setting out our wishes will increase our chances of receiving the treatment we want in that situation.

Always execute Living Will in time.

**An Undying Quest**

Though his days are ended, though he is almost departed, though very near death already, I bring him out of destruction's lap, and save him for life, to last a hundred autumns, and so with the person who is nearing death”.

Atharava Veda - III, 2, 2 —— thus said an ancient physician. The quest of modern physician is no different from that of this Vedic doctor. The high-tech medicine has extended the Frontiers of medicine. In the process there are times when the spirit of medicine is sacrificed at the alters of unguided medical men.

The quest of humanity must be to pursue a happy and fulfilling life. Physicians along with the rest should assist in this endeavour. A man riddled with cancer in every inch of the bone must be provided with adequate pain killers even if it expedites then death of the person. For there cannot be a greater agony than uncontrolled excruciating pain.

A man who has willed against artificial support systems to be administered under certain circumstances should be allowed to walk in to his grave unimpeded. Our society should grant autonomy to individuals, compassion in distress and dignity in dying. We all should work towards achieving this goal.

Dr. Nagraj G. Huiligol
Radiation Oncologist & Hon. Jt. Secretary, SRDD

**My Eternal Wish**

I wish to be a unique bird in the blue sky
Not a flower which is dry
I wish to be bright star in the moonlit night
Not a candle which melts in day light
I wish to be the first drop of rain on the dry soil
Not destroy the green earth and create a toil
I wish to be the blossom in my lovers garden
Not fall ill and be a burden
I wish to be many more things
I know which can be never fulfilled
But one thing I really wish......
I wish to die a peaceful death
Not struggle till my last breath

Ms. Rajshri Pal
Re: Mr.M.V.Kamath, Jaico Book, New Delhi

"..For if there is a fact that is endlessly striving, it is that so few knew the art of dying. For dying, like living, is an art and if only most of us mastered the art of dying as much as we seek to master the art of living, there would be many more happy deaths.

The fact of the matter, however, is that the art of living is not different from art of dying; in fact, the one flows in to the other, and cannot be separated one from the other. He who has mastered the art of living has already mastered the art of dying; to such, death holds no terrors."

"The fact of the matter is that to die a peaceful death, one must accept death gracefully. To deny death its final conquest is to invite a suffering of a special kind. Death is not evil. It is a friend to be welcomed with open arms. Victor Hugo understood it. Yeats appropriated it. Voltaire had no difficulty in taking death to his bosom.

And Pope John, that most lovable of Popes said any day was good to die, as any day was good to be born. And since there is no way in which we can abolish death, why don’t we accept its inevitability with courage if not joy?"

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**WEB SITE**

URL - to access archived data
http://www.reference.com/cgi-bin/pn/listetsearch?list=right-to-die efn.org
http://www.msrpc.wro/edgewise
click on Future for Australian Situation
http://www.hemlock.org/hemlock

**BOOKS FOR YOUR SHELF**


Understanding human behaviour, a guide to health care provider. This book has 4 Chapters on death and dying. The 6th edition provides an added chapter on 'Euthanasia'.

Death: The final stage of growth, by Englewood. An Oxford University Press publication.


Philosophy of life and death. M.V.Kamath. Publishers Jaico Books

Life's Finale - Voluntary Exit by H.D.Shourie
A Sterling Publication Pvt. Ltd., L-10 Green Park Extension, New Delhi 110016 (Price Rs.60/-)