



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 125

Date Authorised for Publication: 29/3/18

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Inquiry into End of Life Choices in the ACT

Public Submission

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I write to express my opinion *in favour* of assisted dying legislation being introduced in the ACT.

I write as a property owner in the ACT, although I currently live in QLD. It may be that I move to the ACT or retire there and would like my own end-of-life options to include voluntary assisted dying (VAD). I also write with the knowledge and skills of a trained medical specialist, with 14 years' experience as a specialist in anaesthesia who works regularly in the ACT.

Although I do not work in the field of palliative care, I have some experience of the field from my years as a medical student. I also have witnessed first hand the suffering of relatives dying from incurable cancer. I am aware, that even in Australia, palliative care physicians accept that approximately 4% of the people they care for suffer "bad deaths". To emphasise, the specialists at the coal face of palliative care, in first world Australia, with all the drugs and techniques of our world-class medical system, still fail approximately 4% of their patients during their quest to palliate them well. This is not acceptable.

I see a number of arguments against VAD, which do not stand up to critical scrutiny:

- 1) that VAD is akin to murder and is morally or ethically wrong and should be rejected on those grounds. This argument is most commonly used by those who hold religious beliefs. I believe that those religious people confuse religious freedom with religious privilege. In modern Australia the (strongly held) beliefs of a minority of largely religious people should not be used as an argument to prevent VAD for those who do not hold that belief. VAD is just that – voluntary. Those who hold beliefs against VAD, can choose not to take advantage of it, whilst not impeding others' rights.
- 2) that disabled people will be threatened, made to feel inferior if VAD is introduced. In the USA, in the jurisdictions which have VAD, this has been shown not to be the case. The lived experience in places where these laws already exist shows that this argument against VAD is just not realistic.
- 3) that the elderly will be threatened, or feel obliged to end their lives so as not to be a burden on their families or society. Once again, in those jurisdictions which have VAD this is not the case. On the contrary, the elderly feel empowered and reassured that if the time ever comes, they will not have to resort to violent means to end their own suffering, as was reported in the Victorian coroner's report.
- 4) that once such laws are enacted, an inevitable slippery slope of lessening of restrictions will ensue. There is mixed experience of this around the world. Belgium is often used with inaccurate representations of what has happened there. If a country decides that its VAD laws are too restrictive and some people are still allowed to suffer, then it is right and just that the laws be re-examined and if necessary, broadened so as to allow others suffering from conditions not captured in earlier legislation be able to end their suffering, at their time of choosing, with dignity. In practice though, the laws have largely **not** been broadened in most places.

Some use the argument that since the numbers of people taking advantage of the laws has increased in some jurisdictions, that that is proof of the slippery slope effect. It is normal for there to be a spike in deaths when the laws are passed, as there is a whole cohort of people awaiting the opportunity to end their suffering. As time passes and it is also normal for there to be an increase in deaths because populations tend to increase and also because more people become aware of the availability death with dignity pathways.

In Holland the majority of requests are **denied** and of the ones which are granted only a small percentage of people take advantage of the laws at the end of life.

There has for a long time been strong community support for some form of VAD. The fact that the majority of the community holds a particular view doesn't automatically make it right – but it should enter into the consideration.


Some argue that laws cannot be drafted in such a way as to protect the vulnerable. Across the world there now 10's of millions of people, possibly more, living in jurisdictions which have had the courage to tackle this difficult topic. In some of these places, the laws have been in operation for many many years. If they had turned out to be such failures, we would know it by now. There is no conspiracy of silence to prevent any failures of these laws from becoming well-known.

It is a tragedy that we treat our suffering animals better than we treat some of our suffering brothers and sisters. I am fully confident that the ACT can find a way to help our suffering citizens, whilst assuaging the fears and concerns of those who are not in favour of VAD.

The thoroughly researched podcast series by Andrew Denton entitled "**Better Off Dead**" should be mandatory listening for this committee. I really hope that all members of the committee listen to all of it.

I am grateful for the opportunity to voice my opinions on this topic and have them considered.

Thank-you and kind regards,

A black rectangular redaction box covers the signature area. There are faint blue ink scribbles visible around the edges of the redaction.

Dr Attila Nagy