



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

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Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 164

Date Authorised for Publication: 29/3/18

Inquiry into End of Life Choices in the ACT

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Friday 23rd February, 2018

BACK GROUND

A retired Senior Telecommunications Technical Officer in the disciplines of Telecommunications and Radio with 40 Years of Service at the age of 63. I am a full time carer for my 91-Year-Old Mother attending to her daily needs as a Resident of the A.C.T. for 63 Years.

With a rapidly A.C.T. Ageing Population, and with the unforeseen shortages of doctors, carer services, nursing services, specialist services and the like, now is the time to address these issues of vital importance and concerns for current and future generations living in the A.C.T.

I would like to thank the A.C.T. Parliament for granting me the privilege of addressing the Committee's full terms of reference, in relation to the formation of an Assisted Dying Bill in the A.C.T.

THE COMMITTEE'S FULL TERMS OF REFERENCE

1. Current Practices utilised in the medical community to assist a person to exercise their preference in managing the end of their life, including palliative care;

The Patient should be diagnosed as having a terminal illness, and that all avenues to treat the underlying condition of intolerable and unrelievable suffering have been totally exhausted. The patient should be given a choice of palliate care or equivalent services that are available at that time, referral or consultation should not be compulsory.

2. ACT community views on the desirability of voluntary assisted dying being legislated in the ACT;

Only a small percentage of people at the end of their lives will require or need assisted dying as a last resort, in particular for those who have no chance of recovery or relief as it opens an option for them to end the urelievable suffering.

3. Risks to individuals and the community associated with voluntary assisted dying and whether and how these can be managed;

That three requests are made by the patient, by two independent doctors, by two independent witnesses, implement a cooling off period and the ability to withdraw the request at any time are all necessary steps to ensuring that a request is voluntary.

That doctors should not be involved in interventions that have as their primary intention the ending of a person's life.

To nominate an independent person or a Medical Power of Attorney to administer the medication if a person is unable to administer the lethal medication themselves. That a nominated person is not forced to act against their conscience, and is not forced to administer the lethal dose of medication.

That a protection clause be legislated to doctors, families and others from the risk and considerable fear of prosecutions for acts of compassion and kindness that may be regarded as criminal acts under the current law.

For a person to access Voluntary Assisted Dying, must be an A.C.T. resident for a period of no less than 3 years to eliminate any interstate persons coming to dye in the A.C.T. for that who do not have Voluntary Assisted Dying legislated in that state.

It is essential that an Assisted Dying Review Board or Panel be implemented.

4. The applicability of voluntary assisted dying schemes operating in other jurisdictions to the ACT, particularly the Victorian scheme;

The Tasmanian proposal is cumbersome and expensive, too difficult to determine fair and equal representation of views.

The Victorian model is by far intensively well researched and legislated, That very strong consideration should be given in favour of the Victorian model for the A.C.T. Assisted Dying Bill to be legislated.

5. The impact of Federal legislation on the ACT determining its own policy on voluntary assisted dying and process for achieving change; and

- An adult, 18 years and over, with decision-making capacity about their own medical treatment.
- People whose decision-making capacity is in question due to mental illness must be referred to a psychiatrist for assessment.
- Ordinary resident in Victoria and an Australian citizen or permanent resident.

The person must be:

- at the end of life (final weeks or months of life); and
- suffering from a serious and incurable condition which is causing enduring and unbearable suffering that cannot be relieved in a manner the patient deems tolerable.

Suffering as a result of a mental illness only does not satisfy the eligibility criteria.

Parliamentary Committee recommendation:

- The request must come from the person themselves.
- The request must be voluntary and free of coercion.
- The request cannot be made in an advance care directive.
- The request must be enduring.
- The person must be able to withdraw the request at any time.

Parliamentary Committee recommendation:

A person must be properly informed. The primary and secondary doctor must each properly inform the person:

- of the diagnosis and prognosis of their condition, as well as the treatment options available to them, including any therapeutic options and their likely results;
 - of palliative care and its likely results;
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- that they are under no obligation to continue with a request for assisted dying and may rescind their request at any time; and
- of the probable result and potential risks of taking the lethal drug.

Parliamentary Committee recommendation:

- The primary and secondary doctors must be independently satisfied that the patient's request is enduring and that a reasonable amount of time has passed between the patient's initial request and the provision of the lethal drug.
- In making this judgement the primary and secondary doctors must have regard to the patient's particular condition and its likely trajectory.
- The primary and secondary doctors must also assess the reasonableness of the request. This is to ensure that the patient truly understands and appreciates the nature and consequences of the decision to request assisted dying, as well as the alternatives to assisted dying, and that the patient's request is not ambivalent.
- Each doctor must be properly qualified to make a professional diagnosis and prognosis regarding the patient's specific condition. Each doctor must also assess the eligibility criteria.

Parliamentary Committee recommendation:

- No doctor, other health practitioner or health service can be forced to participate in assisted dying.

Parliamentary Committee recommendation:

A person should self-administer the lethal drug; the singular exception is where people are physically unable to take a lethal drug themselves. In this case, a doctor should be able to assist the person to die by administering the drug.

Parliamentary Committee recommendation:

That an Assisted Dying Review Board be established to review each approved request for assisted dying. Membership of the Assisted Dying Review Board should include:

- a representative of End of Life Care A.C.T.
- a doctor
- a nurse
- a legal professional
- a community member.

The function of the Board will not be to approve or reject requests from patients to access assisted dying. That is the role of the primary doctor and independent secondary doctor in each case. Neither will the Board hear appeals from people whose requests to access assisted dying have been rejected.

The purpose of the Board is to ensure that doctors are complying with requirements of the assisted dying framework.

If the Board finds a breach of the assisted dying framework, it should forward its report to the appropriate authority. Depending on the nature of the breach, this may be ACT Federal Police, the

Page 3 Conclusion:

Coroner or the Australian Health Practitioner Regulation Agency. Those bodies will then determine whether to investigate the case further.

The Board should report to Parliament on the operation of the assisted dying framework, including any trends it identifies and recommendations for improvement. For the purposes of increased transparency and accountability, during the first two years of operation these reports should be every six months. Following that the Board should report annually.

6. Any other relevant matter.

That a clause be inserted to the effect of the end of life choice in the current Enduring Power of Attorney legislation.

That legal protection be granted, to the dying person to protect their estate and or their life insurance policies, trust accounts, for fraudulent personal gains.
