



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: 33

Date Authorised for Publication: 29/3/18

From: Greg Cornwell
To: [LA Committee - EOLC](#)
Subject: Submission
Date: Wednesday, 24 January 2018 11:23:39 AM
Attachments: [Select Committee on End of Life Choices in the ACT.docx](#)

I attach a submission into End of Life Choices in the ACT inquiry. I am prepared to appear before the committee and have no objection to my submission being made public.

Greg Cornwell AM

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Select Committee on End of Life Choices in the ACT

I am pleased to make a submission to the select committee inquiry into end of life choices in the ACT: an emotional and moral issue as much as a health matter which remains one of the major challenges still to be addressed by Australian society.

It is a topic which has interested me for a number of years.

Why does the question of a person's right to die remain one of the last taboos of society when so many others: homosexuality, miscegenation, slavery, to name a few, have been confronted and largely settled?

Why when human rights are trumpeted against discrimination, sexism, child labour and treatment of prisoners in jail, for example, is this most obvious of basic rights simply ignored?

To address comments to the committee's specific Terms of Reference:

(a) 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;

If one stops and thinks about this question it is almost an oxymoron because so much of the medical community is dedicated to keeping people alive and, as evidence amply suggests, at all costs, rather than addressing preferences in end of life management.

How many in the medical community would be prepared to ask if a patient wanted to die – in spite of their principal responsibility being to the welfare of a patient not to continue pain and suffering that they may stay alive?

Palliative care is held up as the answer to this vexing question but it is not for everybody. Most people are dying when they get to the hospice so their life circumstances are at best prolonged. And while such care represents an excuse to avoid addressing a euthanasia alternative there is unquestionable hypocrisy in pumping increasing amounts of a pain-relieving drug into a dying person until they overdose.

Palliative care at home or hospice often for religious reasons is very acceptable for many but should not be seen as the solution for everyone.

(b)ACT community views on the desirability of voluntary assisted dying being legislated in the ACT;

I am not aware of the results of any local survey or of any local survey itself being conducted on the matter, however general conversation with my peers indicates strong support.

Again however those people are predominantly my own (80 years) age, whether or not the immortal young would share the view I don't know.

It could be argued most people – as they approach most issues – would not care if legislation existed or not however there is no reason why the 80 plus percent in favour from surveys across Australia should not also be reflected in Canberra's population. Even if not all voted in agreement in a referendum at 80 plus there still is a wide margin of support.

(c)Risks to individuals and the community associated with voluntary assisted dying and whether and how these can be managed;

The argument so frequently used against voluntary assisted dying is that of the family or friends for money or property killing off an elderly relation or colleague.

It is difficult to see how this can occur if proper safeguards are employed: agreement from two doctors, a time limit for living, cooling off period, competence of the patient to make the decision, etc. Indeed there are numerous checks and balances available from legislation world-wide which can be borrowed to prevent abuse.

On the matter of risks to the community I find only the concern the choice might spread to other people's situations. There is nothing in the Terms of Reference limiting legislation only to the aged and, as evidence suggests, other people seeking voluntary assisted dying should not be denied the opportunity subject to the checks and balances outlined above.

(d) the applicability of voluntary assisted dying schemes operating in other jurisdictions to the ACT, particularly the Victorian scheme;

While it is desirable we obtain the safest, most compassionate scheme taking the best legislation from around the world, we must ensure this is consistent with that of other states and territories of Australia – even to the extent of a less than perfect system. Australia is bedevilled with expensive go-it-alone schemes: different rail gauges, road rules etc., which should not be repeated on such a sensitive issue as voluntary assisted dying.

We should not have differing rules that encourage best-deal-death shopping for the desperate and while residential limits could impose restrictions such bureaucratic control is abhorrent and very unnecessary if our states will co-operate.

I would prefer the issue to be conducted at a federal level – like same-sex marriage – for the continuity and consistency it provides. However now that Victoria has legislated (and unless that State is prepared to withdraw its law in favour of a Federal replacement) I suggest we go along with our southern colleagues for reasons outlined.

Nevertheless Victoria might be obliged to alter current law too because one of the problems with individual States introducing their own legislation is that in order to pass the proposal compromises – often with the support of individual members – are necessary. These, particularly say, the time limit to allow voluntary assisted dying to apply, could be bargained to be so short as to be meaningless in terms of the purpose of the legislation. At least with a Federal law you are only dealing with one parliament.

(e) the impact of Federal legislation on the ACT determining its own policy on voluntary assisted dying and the process for achieving change;

If we moved to a Federal parliament decision there would be no difficulty as the ACT would be part of the decision. Now Victoria has moved and other jurisdictions may follow it is again difficult to justify the ACT being exempt from what ideally should be national legislation, however that may be achieved.

As mentioned earlier it is undesirable to have different rules between States for voluntary assisted dying but it is equally unsatisfactory ACT residents should be obliged to travel at least interstate (NSW failed by one vote in its recent attempt and can be expected to try again) to exercise a right enjoyed by others. A similar situation absurdly existed pre-self-government with donor transplant donations.

It is now 29 years since self-government was granted and such anomalies in law should be repealed.

(f) Any other relevant matter;

The convincing result of the Yes vote in the same-sex marriage plebiscite was a victory for those who seek more legislative courage from our elected representatives.

From the Prime Minister down commentators spoke words which resonated with the justice of the cause: commitment, fairness, tolerance and, particularly, love.

And not only individuals supported the campaign. In a show of good corporate citizenship many big businesses publicly added their weight, QANTAS and locally, Canberra airport come to mind.

Such overwhelming altruism for backing the rights of others and allowing among other virtues tolerance and especially love to be recognised should encourage our lawmakers and the people they serve to move compassionately to a similar resolution in favour of voluntary assisted dying.

Greg Cornwell AM

January 23, 2018