



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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**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: 78**

**Date Authorised for Publication: 29/3/18**

**From:** [REDACTED]  
**To:** [LA Committee - EOLC](#)  
**Subject:** Submission to ACT's Select Committee on End of Life Choices  
**Date:** Tuesday, 6 February 2018 10:05:45 PM  
**Attachments:** [ACT inquiry into end-of-life choices submission February 2018.docx](#)

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I'm submitting this to the ACT's Select Committee on End of Life Choices. Submissions. I believe the closing date is Friday, 23 February, 2018.

For authenticity I am giving you my name, but should my submission ever get quoted or reprinted anywhere, including online, I do not authorise you to disclose my name. In this situation, please consider this a "Name withheld" submission.

See the 'Word' attachment for my submission

Thanks

[REDACTED]

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I'm a 51 year old Australian woman.

Over 20 years ago I was diagnosed with both cancer and a very rare and serious neurological disease (a form of dementia) that basically turned my world upside down. I went from being a very happy, energetic and career driven woman with a Masters Degree and in charge of the accounting department of a multi-billion dollar corporation, to someone who is now almost housebound, suffering untreatable and horrific chronic pain, horrendous fatigue, constant & significant 24/7 hunger and thirst, very poor memory and a myriad of other problems (20 of them, all-in-all). Because of the two diagnoses that I've already had, I'm at a significantly higher risk of getting a cancer recurrence, I'm at a high risk of having a stroke, and at a higher risk of a recurrence of dementia.

For many, many years I lived in fear of my future. Fear of the high risk of a horrendous and painful death since up to 15% of terminal cancer pain cannot be controlled satisfactorily, and given all of my current untreatable pain, this is very likely. Fear of the personal degradation I would feel should I be a living corpse with unending hunger and red, raw skin from incontinence, which I almost suffer from right now; or degradation after having a stroke or dementia recurrence.

But that was all before I heard of the existence of “dying with dignity” aka voluntary euthanasia (VE), the various Dying with Dignity state societies, EXIT International and Philip Nitschke.

Hearing about the existence of something like "voluntary euthanasia" has eliminated all my fears about a potentially horrific future. It has, quite literally, injected "life" back into my life and I'm happy making the most of today without even having to think of and worry about an unknown and horrendous tomorrow.

And I'm VERY proud to say that my whole coping strategy and attitude, particularly my passionate support of the legalisation of “dying with dignity” has been highly commended by a psychologist at a very reputable Pain Clinic here in Sydney. But the best thing he said was that my support of voluntary euthanasia was very understandable given my situation. He could not find any fault in the way I lived or thought. And over 80% of Australians agree with me. Over 80% of Australians believe that VOLUNTARY euthanasia should be legalised. Pity the 3 elderly Australians that commit suicide each week in the face of painful suffering (and this is a very conservative estimate, as most suicides do not get acknowledged as such). For this alone I implore you to "legislate to regulate".

And talking of old age -

Did you know that optimism and effective coping mechanisms are more important to successful aging than physical health? In short - attitude has the greatest effect and is the best indicator of successful aging. And as I've mentioned, my whole attitude toward aging and my future is totally stress-free, calm and happy. Despite the horrendous odds of a cancer recurrence. In light of my increased risk of dementia or of having a stroke.

And by legalising the act of VOLUNTARY euthanasia you will not be increasing the number of Australians being given drugs with the specific intention of hastening their death. This is already happening. In one study 36% of surgeons have admitted to giving doses of medication greater than those required to relieve symptoms with the intention of "hastening death" (1) Yet in 2006 in Oregon, where voluntary euthanasia is legal, only 30 people died utilising the legislation. Only 3-0.

In summary, VOLUNTARY euthanasia is an act of mercy and a manifestation of control. Dying without suffering is a benchmark of a civilised society.

While the ACT is looking into "dying with dignity" you might also like to look at how you also deal with "advance care directives".(2) These are like a "final will and testament" of what medical treatment you'd like people to carry out on you if you're not in a position to be able to physically tell them, for example if you've had a stroke, heart attack, if you're unconscious et al. This stops the medical profession from continuing medical treatment which you haven't authorised, and that might leave you in a condition that you do not wish to live in – for example, totally and permanently comatose.

And people have been calling for reform on the whole topic of 'advance care directives' (also known as "living wills, see below) for years and years –

<http://www.abc.net.au/news/2011-06-09/experts-call-for-reform-of-living-wills/2753172>

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**FOOTNOTES -**

(1) Medical Journal of Australia  
2001 Douglas et al

(2) Here is some information about ACD in the ACT  
<https://www.advancecareplanning.org.au/resources/advance-care-planning-in-my-state>

**Name - PLEASE DO NOT PUBLISH THIS ANYWHERE -**

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