



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

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Secretary
Select Committee on End of Life Choices in the ACT
Legislative Assembly for the ACT
GPO Box 1020, CANBERRA ACT 2601

To the Chair and Members of the Select Committee on End of Life Choices in the ACT,

As a resident of Australia, I am writing to express my concern about the possibility of assisted suicide and/or euthanasia becoming legalised in the ACT. The reality is that physician assisted death is both unnecessary, and unsafe.

Palliative care providers across Australia are united in their opposition to euthanasia and assisted suicide as a means of 'treatment' for chronic or terminal illness. With good palliative care, pain and other symptoms can be effectively managed, so that "if you provide the right palliative care urgently, effectively and confidently, you don't have to have the sorts of deaths that proponents of this legislation are suggesting you can't avoid" (Former AMA Victoria presidents urge MPs to reject euthanasia legislation, abc.net.au, 19/09/2017)

Also I would like to quote a letter sent to all Victorian MP's written by 101 Victorian oncologists who vehemently oppose euthanasia and assisted suicide:

"We do not believe that it is possible to draft assisted dying laws that have adequate safeguards to protect vulnerable populations, especially those with incurable cancer, progressive neurological illness, the aged and disabled. These groups of people experience high rates of depression and isolation. The risks that such legislation poses for the majority of these outweigh any benefits for the few in our opinion.

Physician assisted dying places people at risk of coercion that is both active and passive. As a consequence of assisted dying laws, society re-assesses the value of life; and the individual is taught to devalue their own life. Those with serious illness may perceive that they are a burden on society or their carers and come to feel that assisted dying is appropriate for them.

Assisted dying laws are easily challenged from a human rights and equality perspective. Indications over time will be extended beyond adults with terminal illness, to those with mental illness alone, dementia, disability, children and the healthy elderly who have "completed lives". In Oregon USA in

June 2017 the senate debated a bill that would allow demented patients and others with “mental incompetence” to be starved to death. Oregon is not a lead that we wish to follow.

Physician assisted death is not, by definition, medical treatment. It is not palliative care. We as doctors and medical specialists do not want to intentionally end the lives of our patients, or provide them with the direct means to do so. Assisted suicide is in conflict with the basic ethical principles and integrity of medical practice and undermines trust in the medical profession. We strive to eliminate suffering but not the sufferers themselves.

Where cure of cancer is not possible, we seek optimal palliative care services to support and care for patients and their families at the end of life. Without easy access to quality palliative care, some may request physician assisted dying as they feel they have no other choice. This is especially so for people who live in rural, regional and remote areas and for people from culturally and linguistically diverse communities who have less access to palliative care services." (http://www.no euthanasia.org.au/101_vic_oncol_no)

Legalising assisted suicide and euthanasia sends a confusing message about suicide prevention. As a society, we are actively committing ourselves to reducing the tragedy of suicide – except, it seems, for those who are old and unwell. This is an inexcusable double standard. Furthermore, data from the US shows that the legalisation of assisted suicide is actually linked to an increase in the overall suicide rate, and a massive 14.5% rise of suicides among over 65s (D Jones and D Paton (2015), How does legalization of physician assisted suicide affect rates of suicide? Southern Medical Journal, 180 (10), pp. 599-604).

Instead, we need greater awareness of and resources for palliative care services, so that all people can access the medical, pastoral and spiritual care they need at the end of their life. This is the only truly humane and dignified response.

Karen Webb

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